CLINICAL PROGRESS

Symposium: Clinical Recognition and Treatment of Primary Myocardial Disease

Introduction

By W. Proctor Harvey, M.D.

IT HAS become evident that primary myocardial disease represents one of the more neglected aspects of heart disease today. It is often overlooked or misdiagnosed; in addition, it is frequently considered rare, unimportant, or that treatment is of no avail. As will become evident on reading this symposium, there are misconceptions concerning its rarity or unimportance, as well as treatment.

Primary myocardial disease has been a subject of much confusion, and contributing to this has been that of terminology. A number of terms other than primary myocardial disease have been used to denote this condition; they include myocardopathy, cardiomyopathy, cardiopathy, myocardosis, myocarditis, diffuse myocardial disease, idiopathic cardiac hypertrophy, and others. Even among the contributors to the present symposium there are individual differences in terminology and classification. Perhaps there is no ideal term, but we have chosen that of primary myocardial disease to designate this group of patients. Possibly in the future there may be the opportunity to assemble the various authors over the world to attempt to arrive at a universal terminology and classification as well as to provide discussions leading to a better understanding and treatment of this disease process.

The contributions to this symposium represent a composite of experience from 3 cities, Cincinnati, New Orleans, and Washington, D. C., and from at least eight hospitals in these cities. Before attempting any discussion on treatment each contributor was asked to define his own concept of this disease, its etiology—proven as well as theoretical—and then to discuss his plan of treatment. Although it will be seen that there are some points of difference, there is general agreement, as a whole, as to the important basic fundamentals in management of this problem.

Drs. George Burch and John Walsh discuss the importance of prolonged bed rest and climate control in the treatment of the dilated heart. Approximately 50 patients diagnosed as “idiopathic myocardial disease” having persistent cardiac enlargement have been studied. Dr. Burch and his co-workers’ views represent the most authoritative, since they have pioneered and demonstrated the great importance of bed rest.

Drs. Noble Fowler and Mosche Gueron discuss their observations and management of patients studied at the Cincinnati General Hospital and the Cincinnati Veterans Hospital. Although the term, “primary myocardial disease” is used, a stricter classification is employed in contrast to the same term used by several of the other contributors to this symposium.

Dr. Thomas W. Mattingly has always advocated the term, “primary myocardial disease,” and his classification is the broadest, incorporating many causes of pathology involving the myocardium. Dr. Mattingly’s con-
tribution is the only one designated to concentrate on the minute details of treatment, whereas others have discussed treatment in more general terms. At least one discussion of treatment in detail was considered advantageous in the over-all structure of this symposium.

The Georgetown section by Drs. Segal, Harvey, and Gurel represents the largest group of patients studied. Their classification is broader, similar to Dr. Mattingly's, but at the same time keeping the subdivisions of the unknown (or idiopathic) and known (or specific) etiologies. Stressed is the concept that primary myocardial disease represents a spectrum of symptoms and signs of severity of pathologic involvement of the myocardium; emphasized also is that it is a spectrum of residual or continuing myocardial damage varying from mild to severe, which in turn can probably be correlated with the patient's course and prognosis. A high index of suspicion is considered necessary to detect the presence of primary myocardial disease, thereby leading to earlier diagnosis, earlier treatment, and, it is hoped, to a positive influence on treatment.

Sincere appreciation is expressed to the authors for their contributions to this symposium on the clinical recognition and treatment of this increasingly important, although often neglected, aspect of heart disease.
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