**ARE THERE DIFFERENCES IN PATHOPHYSIOLOGY AND VENTRICULAR REMODELING BETWEEN SYSTOLIC AND DIASTOLIC HEART FAILURE?**

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There are considerable differences in morphology, functional derangements and left ventricular remodeling.

Differences in morphology: In systolic heart failure the ventricle dilated and spherical In diastolic heart failure it is ellipsoidal and non-dilated.

Functional: In systolic heart failure contractile function and ejection fraction is reduced. Left ventricular volume /mass ratio is increased and wall stress is increased. In diastolic heart failure, myocardial stiffness is increased and the ejection fraction is preserved Contractile function is maintained. Left ventricular volume mass ratio is decreased and wall stress is decreased.

Remodeling: In systolic heart failure, myocyte hypertrophy is eccentric, myocyte length is increased. The extracellular matrix is disrupted and the collagen fibers are thin. In diastolic heart failure myocyte hypertrophy is concentric. The extracellular matrix is disorganized but the collagen bundles are thick.