**PERIPRATUM HEART FAILURE WITH NORMAL EJECTION FRACTION: A NOVEL ENTITY IN THE SPECTRUM OF PERIPARTUM CARDIOMYOPATHY**

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Objectives: To describe the clinical characteristics of patients with peripartum heart failure (HF) without any evidence of systolic dysfunction.

Background: Current definition of peripartum cardiomyopathy (PPCM) is restricted to patients with left ventricular (LV) systolic dysfunction (ejection fraction EF <45%). Data on peripartum HF with normal ejection fraction (PHFNEF) are scarce.

Methods: Electronic medical database (2006-2011) of a tertiary medical center was screened to identify patients with PHFNEF (defined as EF >55%, meeting Framingham criteria of HF, diagnosed one month prior to 5 months post-delivery). Upon review and adjudication of confirmed cases by a board-certified cardiologist, clinical characteristics, echocardiograms and outcomes of these patients were then compared to consecutive age-matched controls, with traditionally defined PPCM (EF <45%).

Results: A total of 23 patients with PHFNEF were identified. Exclusion of patients with PHFNEF secondary to hypertension (n=9), preeclampsia (n=1) and diabetes-mellitus (n=2) yielded 11 patients (Group I). Appropriate age-matched traditional PPCM controls identified during the same time window, formed Group II (n=16). Patients with PHFNEF had significantly lower B-type-natriuretic peptide (BNP), systolic and diastolic LV dimensions, Tei Index, likelihood of having pulmonary hypertension, left-atrial size, and incidence of HF decompensation during delivery (all p values <0.05). They also exhibited relatively attenuated E’mitral annular velocities. No difference in time of presentation was observed. At follow-up, these patients were more likely to be in lower NYHA functional class.

Conclusions: Peripartum HF with preserved systolic function is a distinct entity that merits recognition and inclusion into the larger spectrum of peripartum cardiomyopathy.