

Left ventricular mass index predicts all-cause mortality

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(HealthDay)—Left ventricular (LV) mass index independently predicts

all-cause mortality and the need for revascularization in patients undergoing invasive coronary angiography, according to a study published online July 19 in *JACC: Cardiovascular Imaging*.

Ahmed Abdi-Ali, M.D., from the University of Calgary in Canada, and colleagues examined the influence of LV hypertrophy in individuals with known or suspected coronary artery disease. Data were included for 3,754 [patients](#) undergoing invasive coronary angiography and cardiovascular magnetic resonance imaging. LV [mass](#) and volumes were determined and indexed to body surface area.

The researchers found that 8.4 percent of patients died and 4.5 percent received revascularization at a median of 44.9 months. Each 10 g/m² increase in LV mass index correlated with increased risk of mortality (hazard ratio, 1.06) and greater need for revascularization (hazard ratio, 1.10), in multivariable analysis. Moderate-severe hypertrophy correlated with a 1.7- and 1.8-fold increased risk of [mortality](#) and need for revascularization, respectively, by pre-defined thresholds. The findings were mainly seen in those with a LV ejection fraction of >35 percent, with respective hazard ratios of 2.93 and 2.20, respectively.

"This establishes relevance for LV mass measurements in clinical decision-making surrounding both the need and timing of [revascularization](#) in this population," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry; the APPROACH initiative received contributions from industry sponsors.

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