

Race Drives Peripartum Cardiomyopathy Outcomes

BY BRUCE JANCIN
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NEW ORLEANS — Full recovery of left ventricular function is significantly less likely in black patients than in white patients with peripartum cardiomyopathy, Dr. Sorel Goland reported at the annual meeting of the American College of Cardiology.

There are other intriguing racial differences in the clinical profiles of patients with peripartum cardiomyopathy (PPCM).

Black patients are significantly younger at diagnosis, more likely to have gestational hypertension, and less likely to pre-

sent with symptoms prior to delivery, and they tend to have worse outcomes, according to Dr. Goland of the University of Southern California, Los Angeles.

She presented a retrospective study involving 52 black and 104 white women with PPCM.

Baseline left ventricular ejection fraction averaged 28% in both groups, with half of all patients having an ejection fraction of 25% or less.

But only 18% of black patients experi-

enced complete recovery of left ventricular function as defined by an ejection fraction of at least 50%, compared with 61% of white patients.

Mean age of the black women at diagnosis of peripartum cardiomyopathy was 26 years, compared with 30 years in white patients.

Two-thirds of black patients had gestational hypertension, as did 46% of white patients.

More than 80% of black women had

PPCM symptoms after delivery, compared with half of white women.

Black patients also had a significantly greater mean left ventricular end diastolic diameter, both at the time of diagnosis and at last follow-up, an average of roughly 2 years later.

The combined end point of death or cardiac transplantation occurred in 31% of black patients, a significantly higher rate than was seen in white patients, Dr. Goland reported. ■

Radiologic Work By Gravidas Tied To Lymphoma

LOS ANGELES — Radiologic technicians who work during pregnancy have twice the risk of having a child who develops lymphoma than those who do not work during pregnancy, according to a poster presentation by Kimberly J. Johnson, at the annual meeting of the American Association for Cancer Research.

On the other hand, working as a radiologic technician during pregnancy did not significantly increase the risk of leukemia or solid tumors among the offspring, Ms. Johnson of the department of pediatrics, division of epidemiology/clinical research, at the University of Minnesota, Minneapolis, and her colleagues wrote.

The study used 63 years' worth of self-reported data involving 81,354 offspring of 38,239 female members of the U.S. Radiologic Technologists cohort. During that time, 230 of their offspring developed leukemia, lymphoma, or solid tumors before the age of 19.

A radiologic technician was considered to have worked during pregnancy if she reported having worked during the child's birth year as well as the prior year.

After adjusting for maternal age and birth year in a multivariate analysis, the investigators found no significant changes in the hazard ratio for leukemia or for solid tumors, but the hazard ratio for lymphoma was 1.99.

To account for occupational radiation exposures that differed by a work era, the investigators separated the data for children born between 1921 and 1959 from those born between 1960 and 1984. The investigators noted a significant increase in the risk of lymphoma only for those children born during the later era.

The investigators are trying to determine whether there is a significant relationship between the estimated dose of radiation received during pregnancy and cancers among the offspring.

The study was supported by the National Cancer Institute, the University of Minnesota, and the American Registry of Radiologic Technologists.

—Robert Finn

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