TKD TÜRK KARDİYOLOJİ DERNEĞİ ARŞİVİ
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EDITOR

Dear Colleagues,

Cardiac amyloidosis is an important infiltrative myocardial disease that can cause heart failure with restrictive cardiomyopathy and preserved ejection fraction. In clinical practice, it is often overlooked or misdiagnosed. New data indicate that, contrary to what is believed, it is not a very rare entity. Cardiac involvement has a decisive role in a poor prognosis. In more than 90% of cases, cardiac amyloidosis occurs due to immunoglobulin light-chain amyloidosis (AL) or transthyretin (TTR) amyloidosis. TTR amyloidosis may be a result of either a mutation (mTTR) or an accumulation of natural amyloid (wtTTR). Although AL amyloidosis is very rarely seen, if it is not diagnosed and left untreated, the average survival time is approximately 3 to 6 months. Life expectancy in TTR cardiac amyloidosis cases is reported to be 3 to 4 years. However, with early diagnosis and treatment, it is possible to prolong survival in all 3 types of cardiac amyloidosis for years. In recent years, significant advances in the diagnosis and treatment have increased interest in cardiac amyloidosis and it has become an increasingly recognized disease. The pathogenesis, types, epidemiology, clinical findings, and conventional treatment of cardiac amyloidosis, as well as developments in diagnosis and treatment, have been summarized to provide expert guidance based on the available literature.

We hope that it will be a helpful guide in the management of cardiac amyloidosis in clinical practice.

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