

Figure 1. Endocardial biopsy: 4 tissue specimens received showing severe lymphocytic myocarditis with necrosis.

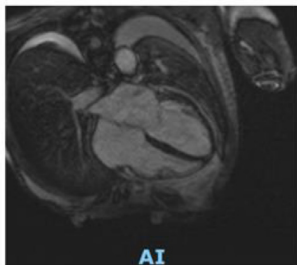


Figure 2

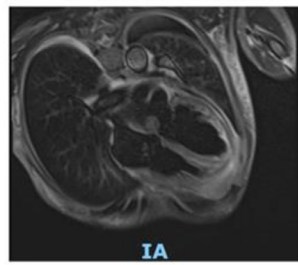


Figure 3

Figure 2 and Figure 3. MR cardiac w/wo IV contrast: LVEF 44%; global hypokinesia; evidence of subepicardial enhancement along mid to apical lateral wall, consistent with nonischemic pattern and clinical history of myocarditis. Left atrial appendage thrombus.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
C-reactive Protein	12.4	11.5	11.0	25.8	17.6	8.8	4.9	3.0
EBV IgG					179.0			
EBV IgM					<10.0			
EBV Antibody					<5.0			
ANA			Neg					
Rheumatoid Factor			223					
Double-stranded Antibody			<12					
Coxsackie			Negative					
Echovirus			Negative					
CMV					Negative			
RVP	Negative	Negative						
COVID	Negative	Negative						
Strongyloides Antibodies					Negative			
Trapanema Pallidum Antibody				Negative				
Lyme Antibody			Negative					
Hepatitis B Surface & Core Antibody		Reactive						
Hepatitis B PCR			Not Detected					
TTE		Obtained					Obtained*	
Cardiac biopsy				Obtained				Obtained

Cardiac MRI
Day 3: initiation of steroid treatment; solumedrol 1000 mg x1 followed by 500 mg BID on Days 4-7
Obtained*: limited TTE performed

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Pharmacological Treatment For Pulmonary Arterial Hypertension: Availability And Access In Latin America And The Caribbean

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Introduction: The management of Pulmonary Arterial Hypertension (PAH) includes pharmacological and surgical strategies to control symptoms and increase survival. Current management guidelines provide recommendations about these strategies; however, their availability may be limited in different regions of the world. **Objective:** To evaluate the current

availability and access to the pharmacological strategies for the management of PAH in Latin America and the Caribbean (LA&C). **Methodology:** The Council on Heart Failure and Pulmonary Hypertension (CIFACAH) of the Inter-American Society of Cardiology (SIAC) conducted a survey to evaluate the availability and access (cost paid by patient) of pharmacological, interventional and surgical options for PAH in February 2023. Delegates from 21 LA&C countries that are part of the SIAC received and completed the survey. **Results:** Regarding pharmacological treatment for PAH, 100% of the countries have access to at least one nitric oxide pathway medication (sildenafil), 81% of the countries have access to at least one endothelin pathway medication and 81% of the countries have access to at least one prostanoind pathway medication (Table #1). The survey classified access to pharmacological therapies as the percentage of the cost / value of medication that must be paid by the patient, as follows: 0%: No additional payment; <50%: pay for less than 50% of the cost; 50-99%: Pay for most of the medication; 100%: Pay for all. Access to at least one medication at 0% cost (no additional payment) for nitric oxide pathway therapy, endothelin pathway therapy and prostacyclin pathway therapy is available in 67%, 67% and 76% of the countries, respectively. By the other side, access to at least one medication paying full cost (100%) for nitric oxide pathway therapy, endothelin pathway therapy and prostacyclin pathway therapy is available in 76%, 67% and 59% of the countries, respectively. **Conclusion:** The availability of pharmacological treatment for PAH is high and varies between pharmacological groups and different countries in LA&C. However, availability is different from accessibility, as the latter depends on many factors, including cost. Access to these medications at no cost or at full cost is available in almost two-thirds of LA&C countries, although most countries have health care systems that cover a percentage of the medication cost.

Table 2. Percentage of cost paid for the patient per countries.

MEDICATION	Countries (n)	Countries (%)
Nitric oxide pathway		
Available in 21 countries	21	100
Cost paid 0%	14	67
Cost paid < 50%	6	29
Cost paid 50-99%	4	19
Cost paid 100%	16	76
Endothelin pathway		
Available in 17 countries	17	81
Cost paid 0%	12	67
Cost paid < 50%	6	33
Cost paid 50-99%	2	11
Cost paid 100%	12	67
Prostacyclin pathway		
Available in 17 countries	17	81
Cost paid 0%	13	76
Cost paid < 50%	4	24
Cost paid 50-99%	1	6
Cost paid 100%	10	59

Table 1. Available therapies for Pulmonary Arterial Hypertension.

Medication	Countries (n)	Countries (%)
Nitric Oxide Pathway		
Sildenafil	21	100
Tadalafil	17	81
Riociguat	13	62
Endothelin Pathway		
Bosentan	16	76
Ambrisentan	8	38
Macitentan	9	43
Prostacyclin Pathway		
Selexipag	8	38
Iloprost	14	67
Epoprostenol	5	24
Treprostinil	8	38

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Stress, Coping, And Quality Of Life In Caregivers Of Patients With Medically Managed Heart Failure, Ventricular Assist Device, Or Cardiac Transplant

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