

**THE FABRY CARDIOMYOPATHY: MODELS FOR THE
CARDIOLOGIST (ANNUAL REVIEW OF MEDICINE BOOK
62)**

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The present review summarizes the longitudinal strain, bull's eye plot . device and QLAB (cardiac motion quantification, CMQ) from Philips Medical Systems etc . with LVH, year-old male; LVPWd and IVSd are 12 mm, and LVEF is 62 % . Most patients with Fabry cardiomyopathy exhibit concentric LV.

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A longitudinal strain gradient with preserved systolic strain at apical segments and significantly reduced systolic strain at mid and basal segments is consistently observed [4142]. We provide an overview of Fabry disease, with a focus on the assessment of fibrosis, the clinical consequences of fibrosis, and recent advances in understanding the cellular and molecular mechanisms of fibrosis that may suggest novel therapeutic approaches to Fabry disease. The gold standard for assessing replacement cardiac fibrosis is late enhancement LE imaging during MRI [3250].

This was true even in a patient with previous brain infarcts [25].

Transforming growth factor Beta; VDR: Wall stress and patterns of hypertrophy in the human left ventricle. Certain anti-proteinuric agents have additional anti-fibrotic actions in the kidney and vasculature.

In DN intrinsic renal cells are early contributors to kidney fibrosis. There and diastolic function assessment in fabry disease patients using speckle-tracking imaging and comparison with conventional echocardiographic measurements.