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**Left ventricular non-compaction cardiomyopathy: how many ...**

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Nov 05, 2020 · Introduction. **Left ventricular non-compaction cardiomyopathy (LVNC)** remains a subject of unsettled debate between those who perceive it to be a primary genetic cardiomyopathy<sup>1</sup> and those who believe excessive trabeculation to be a morphological feature shared by distinct pathological processes and therefore not a single disease.<sup>2</sup> The defining abnormality is the presence of prominent left ...

Cited by: 1 Author: Andrew D'Silva, Bjarke Jensen  
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Left ventricular non-compaction, the most recently classified form of cardiomyopathy, is characterised by abnormal trabeculations in the left ventricle, most frequently at the apex. It can be associated with left ventricular dilation or hypertrophy, systolic or diastolic dysfunction, or both, or various forms of congenital heart disease. Affected individuals are at risk of left or right ...

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## Noncompaction cardiomyopathy

Rare Congenital Disease

Non-compaction cardiomyopathy, is a rare congenital disease of heart muscle that affects both children and adults. It results from abnormal prenatal development of heart muscle. During development, the majority of the heart muscle is a sponge-like meshwork of interwoven myocardial fibers. As normal development progresses, these trabeculated structures undergo significant compaction that transforms them from spongy to solid. This process is particularly apparent in the ventricles, and particularly so in the left ventricle. Noncompaction cardiomyopathy results when there is failure of this process of compaction. Because the consequence of non-compaction is particularly evident in the left ventricle, the condition is also called left ventricular noncompaction. Other hypotheses and models have been proposed, none of which is as widely accepted as the noncompaction model.

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Summary. Left ventricular non-compaction, the most recently classified form of cardiomyopathy, is characterised by abnormal trabeculations in the left ventricle, most frequently at the apex. It can be associated with left ventricular dilation or hypertrophy, systolic or diastolic dysfunction, or both, or various forms of congenital heart disease.

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