In our poster presentation we present two cases of patients with severe advanced heart failure. The patients were sent to echocardiography assessment with a history of several weeks of progressive dyspnoea and left bundle block on ECG.

**Patient 1:** Man, born 1958, smoker, negative family history. 5/2009 two month progressive dyspnoea; NYHA III/IV; on ECG: LBBB; echocardiography: EF 25%, diffuse hypokinesis. 6/2009 CABG (RIA LIMA, RMS); NYHA III. 11/2009 Implantation BIV ICD; NYHA II/III. Th: furosemid 40 mg, atorvastatin 20 mg, aspirin 100 mg, carvediol 2x12.5 mg, ramipril 5 mg, spironolactone 25 mg daily. 11/2010 start with ivabradine therapy 2x5 mg daily. 03/2011 echocardiography: improvement diameter of LA, LV, EF 40%, NYHA II.


**Conclusion:** The central role of careful echocardiography follow up of heart failure patients is essential for optimal pharmacology therapy management, including ivabradine addition to the therapy. Our case results correlate with ECHO sub-study conclusion of SHIFT study. We show schematically in diagrams the significant improvement of echocardiography parameters after ivabradine addition. The good clinical status correlates with lowering of level NT pro BNP too.

**KEYWORDS:** heart failure, echocardiography, ivabradine.

**CITATION:** Cardiol Croat. 2013;8(9):288-289.
Literature


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