**HEMODINAMIC ADAPTION TO EXERCISE IN HYPERTROPHIC CARDIOMYOPATHY**

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Exercise stress test is a useful tool for symptom evaluation in patients with hypertrophic cardiomyopathy (HCM). Current guidelines for HCM assign exercise testing a class IIa recommendation for the assessment of functional capacity and response to therapy. Latent obstruction in HCM is an important pathophysiologic entity and may cause heart failure symptoms. The recent ESC guidelines assign class of recommendation IB to exercise stress echocardiography in symptomatic patients without a resting LVOT to detect provocable exercise-induced LVOT obstruction and mitral regurgitation. Myocardial ischemia has been clearly demonstrated in HCM patients, and it is a major risk factor for sudden cardiac death. Coronary microvascular dysfunction, caused by different mechanisms such as structural abnormalities of small vessels, inadequate capillary density, fibrosis, myocyte disarray, and increased left ventricular end-diastolic pressure may provoke diffuse impairment of coronary flow reserve, thus representing a substrate for recurrent ischemia. In the expert consensus of the European Association of Cardiovascular Imaging, the assessment of myocardial ischemia was an important topic in HCM but the best way for its evaluation remains unclear. Increased at-rest flow velocity and decreased vasodilator peak flow velocity concur to blunt CFVR in HCM, mirroring coronary microvascular dysfunction unrelated to presence and extent of left ventricular hypertrophy. Thus, CFVR assessment by transthoracic Doppler represents an attractive additional biomarker for identifying patients with HCM at increased risk. Recently, our study demonstrated that SE imaging ischemia-related criteria (CFVR reduction and NWMA) were the best predictors for risk stratification purposes: the authors suggested a multifactorial approach to SE, considering clinical signs and the presence of ischemic-related signs, in addition to the standard, recommended evaluation of the stress-induced LVOT gradient.