

The aim of this study is to investigate the features of chronic heart failure (CHF) in patients with chronic myocarditis (CM) in the setting of left bundle branch block (LBBB). Methods. To assess the severity of CHF depending on the degree of LBBB, 51 CM patients with signs of CHF were studied. Patients were divided into 2 groups. The first group consisted of 21 patients (mean age, 36.7 ± 1.1 years) with LBBB and the second group consisted of 30 patients (mean age, 32.5 ± 1.0 years) without conduction disturbances. All patients underwent resting electrocardiography and transthoracic echocardiography. Results. As CHF progresses, patients with LBBB have statistically significant increases in left ventricular (LV) posterior wall and interventricular septum thickness, left ventricular myocardial mass index (LVMMI), and left atrial (LA) size compared to patients without conduction disturbances. End-diastolic size and end-diastolic volume were not significantly different between groups. A more pronounced deterioration of systolic cardiac function was observed in group 1 patients. In patients with functional class (FC) II CHF without LBBB, LV ejection fraction (EF) remained at the lower limit of normal ($58.9 \pm 2.3\%$), whereas in patients with LBBB, LV EF decreased ($47.1 \pm 1.0\%$). Patients in group 1 showed more pronounced signs of diastolic dysfunction at an early stage of CHF compared to patients in group 2. Thus, the pseudonormal type of diastolic dysfunction is diagnosed in the majority of group 1 patients with I FC CHF and the restrictive type in group 1 patients with II–III FC CHF. Conclusion. Thus, complete block of LBBB in CM patients leads to earlier cardiac remodeling with marked impairment of myocardial systolic and diastolic functions.