Special Issue

Advances in the Diagnosis and Management of Genetic and Non-genetic Cardiomyopathies

Message from the Guest Editors

Cardiomyopathies are defined as myocardial disorders in which the heart muscle is structurally and functionally abnormal in the absence of coronary artery disease, hypertension, valvular disease, and congenital heart disease sufficient to cause the observed myocardial abnormality. Cardiomyopathies are classified as genetic and non-genetic according to the underlying etiology. In recent years, several advances in the diagnosis, management, and risk stratification for adverse events have been observed. This Special Issue aims to identify the gaps in the diagnosis and management of cardiomyopathies based on a combination of original research and review papers. Potential topics include:

- The epidemiology of cardiomyopathies;
- The role of genetics in diagnosis, risk stratification, and management;
- Diagnostic approaches, including multimodality imaging and novel techniques;
- Medical and surgical treatments:
- Specific aetiologies (e.g., Fabry disease, cardiac amyloidosis, cardiac sarcoidosis);
- Pediatric cardiomyopathies.

Guest Editors

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Deadline for manuscript submissions

closed (29 March 2024)



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There has been an explosion of gene and target based research and therapeutics in the multitude of fields that compose clinical medicine. The *Journal of Clinical Medicine*'s (*JCM*) staff and editorial board are dedicated to providing cutting edge, timely, and peer-reviewed articles covering the diverse subspecialties of clinical medicine. The journal publishes concise, innovative, and exciting research articles as well as clinically significant articles and reviews that are pertinent to the myriad of disciplines within medicine. The articles published are relevant to both primary care physicians and specialists. The journal's full-texts are archived in PubMed Central and indexed in PubMed. Please consider submitting your manuscripts for publication to our journal and check us out on-line!

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