

Cardiorheumatology is one of the most pressing fields in current medical research, with numerous unresolved issues. Systemic inflammation contributes to the progression of atherosclerosis, alterations in the morphofunctional characteristics of the myocardium, an increase in recurrent hospitalizations, and a worsened prognosis.

Methods. This review presents modern categories of immunological biomarkers, including those indicating direct myocardial injury, secondary angiogenesis, myocardial fibrosis, and general vascular risk markers, which hold significant potential for assessing the progression of chronic heart failure in the context of rheumatoid arthritis.

Results. The presented groups of markers are not currently included in clinical guidelines for the management of chronic heart failure. However, they demonstrate meaningful associations with established parameters such as natriuretic peptides, left ventricular ejection fraction, and indicators of diastolic dysfunction, thereby offering practical value in daily clinical decision-making.

Conclusion. Immunological diagnostics in evaluating cardiovascular diseases associated with comorbid conditions is an emerging and actively evolving field. This approach is particularly relevant for patients with chronic heart failure and rheumatoid arthritis, given the strong pathophysiological link between autoimmune inflammation and heart failure development. Markers such as galectin-3, pentraxin-3, transforming growth factor-beta, γ -carboxyglutamate-containing matrix protein), neopterin, and vascular endothelial growth factor may help predict early signs of CHF decompensation.