

Implantation of Cardioverter Defibrillator for 1ry and 2ry Prevention of Sudden Death With and Without Defibrillation Treshold Testing 3Year Follow Up

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BACKGROUND:

DFT testing at the time of ICD implantation is considered as an implant criterion. This practice has been put into reconsideration, due to the growing amount of evidence that DFT testing may not reproduce the natural conditions of arrhythmias and therefore may not constitute a good predictor of outcome. It has been proven that DFT is not free of complications and finally long-term survival may not necessarily be affected by DFT testing.

AIM OF STUDY:

We compared the outcome of ICD recipients who underwent defibrillation threshold testing (DFT) with that of patients in whom no testing was performed.

METHODS:

A total of 231 subjects with primary or secondary prevention indication received ICD's between Jan 2007 and Oct 2009 in our department. DFT was performed in 93 patients (86% men; mean age 59 years (at the date of implantation); 30% primary prevention; 5.3% right side implantation; 55.9%VVI, 30% DDD, 35.8%CRTD some were upgrade from VVI or DDD to CRTD; 72% with ischemic CM (DFT group), while DFT was not performed in 138 patients: 85.5% men; mean age 66.2 years; 44.9% primary prevention; 3.6% right side implantation; 44.%VVI, 33.%DDDR, 30.4%CRTD, some were upgrade from VVI or DDD to CRTD; 77.5% with ischemic CM (no-DFT group).

RESULTS:

We compared total mortality, appropriate and inappropriate shocks and ATP therapy during an average follow up of 20 months. Comparing the DFT and no-DFT groups, we found an overall mortality rate of 9.6% versus 10.2%. There was no difference in mortality between groups regarding primary or secondary indication. In the DFT group 51% had at least one episode of ATP or shock; 56% of the shocks were appropriate and 44% inappropriate. In the Non DFT group, 29% had at least one episode of ATP or shock; 67.5% were appropriate and 32.5% inappropriate.

CONCLUSIONS:

No significant differences in the incidence of clinical outcomes considered emerged between DFT and no-DFT groups. These results should be confirmed in larger prospective studies.