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Does Early LV Mechanical Resynchronization Affect the Clinical and Echocardiographic Outcome among CRT Patients?

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Background: CRT through Biventricular pacing aims to restore intraventricular [IntraV] synchronization in pts with advanced heart failure. Recent publications questioned the value of baseline dysynchrony in prediction of response to CRT.
The aim of this analysis was to evaluate the relation between early resynchronization, and both clinical and echocardiographic outcome.
Methods: We evaluated all pts who were successfully implanted with CRTP/D devices at our heart center since 1998. All pts with evidence of IntraV dyssynchrony at baseline were included in this analysis. Mechanical resynchronization, as detected by tissue doppler imaging during the first year of follow up was achieved, if there was 30% or more reduction in either lateral to septal delay or Yu score [12 segment standard deviation]. Clinical and echo were analyzed.
Results: A total number of 458 pts were implanted successfully since 1998. 254 pts were excluded due to incomplete data or absence of baseline dyssynchrony. 204 pts were included in this analysis. 52% of these pts showed evidence of resynchrony. There was no difference between the baseline characteristics of both groups except for baseline 6MW and QoL. More severe IntraV dyssynchrony predicted early resynchronization. There was no difference in clinical and echo outcome between the groups with and without resynchronization
Conclusion: Only half the patients with baseline dyssynchrony achieve mechanical resynchronization after CRT. No baseline clinical or echo parameters predicted resynchronization. There is no correlation between early resynchronization and clinical or echo outcome. This finding adds to the debate regarding the value of TDI dyssynchrony parameters.