1550863

The outcome of patients with Left Ventricle Dysfunction Implanted with CRTP vs. CRTD

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Background : Cardiac resynchronization therapy (CRT) is an established modality that improves heart failure symptoms. Implantable cardiac defibrillator (ICD) improves survival in patients with severe heart failure. It is not absolutely established if patients who need CRT-P implantation should be implanted CRT-D routinely to improve their survival.

Methods: The aim of this study is to evaluate the prognosis of patients who underwent CRT-P vs CRT-D implantation. A retrospective cohort analysis of 124 consecutive patients older than 18 that were implanted CRT-P or CRT-D during hospitalization between 1/ January 2005 and 1/ January 2008. Two groups were compared: those with CRT-D and those with CRT-P. The primary outcome was one-year mortality. The secondary end-points were readmission and complication rate after pacemaker implantation.

Results: There were 53 patients with CRT-D and 71 patients with CRT-P. Baseline characteristics did not differ except a higher rate of men, smokers, and patients wih COPD in the CRTD group. In additio CRTD group had a lower EF and larger end systolic and end diastolic left ventricle diameters.

Overall one-year mortality rate in the CRT-D group was 15% vs 17.6% in the CRT-P group, P=0.8. We did not find any difference in the readmission rate (43% vs 49 %, P=0.59) and the rate of procedure or 1-year device related complications (7.5% vs 8.5% %, P=1) between the two groups.

Conclusions: In our study CRT-P and CRT-D patients had similar one-year mortality, readmission and complication rates.