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Non Inducible VT – Long Term Outcome.

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Background:

These days there is an expanding population of Defibrillator (ICD) recipients for primary prevention. The new guidelines cause a significant economic burden and some of the health care providers still demand a positive VT study for approval of device implant in primary prevention recipients. We evaluated the long term out come in all the patients who underwent a VT study in our institution and did not receive an ICD.

Methods:

The study group included 165 patients who underwent a VT study in the last 10 years, since January 2000, at our institution. We excluded all patients who received an ICD. The study protocol we use is induction attempts at 2 RV sites, apex and outflow. In each site we pace in 3 drive trains up to S4 and tightest RV bursts down to refractoriness.

Results:

The study group included 51 (31%) patients who did not receive a device. The mean age at study 64 ± 9 (33-82 years), LV Ejection fraction $38 \pm 11\%$ (20-62 %), 9 (18%) were woman. The mean follow up was 46 ± 23 month. 36 (71%) had ischemic heart disease, 21 (58%) had undergone coronary artery bypass prior to the study. Altogether 10 died in follow up (7/10 with IHD), at least 3 did not die suddenly.

Conclusions

As expected there is significant mortality over the years in this group of patients. Although not necessarily arrhythmic. The arrhythmic survival maybe better than expected possibly due to the fact that our protocol is more aggressive than protocols used in large trials such as MADIT / MUSTT.