Sudden cardiac death: clinical perspectives from the University of Maiduguri Teaching Hospital, Nigeria

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Background Despite tremendous advances in the management of cardiovascular diseases and cardiac arrest, there is paucity of information regarding sudden cardiac death in sub-Saharan Africa. We present a two-year review of sudden cardiac death cases among patients managed at a Nigerian tertiary hospital.

Material and Methods Patients admitted from January 2012 to December 2013 were prospectively followed-up and cases of sudden cardiac death identified. Diagnosis was based on records of events preceding death, direct interview of attending physician/nurses, and family members/eye witnesses for out-of-hospital sudden cardiac death. Causes of death were obtained from the death certificates for cases of in-hospital events.

Results Three hundred and eighty eight (M:F=1:1.3) patients with a mean age of 42.2±19.30 years were admitted into the cardiac unit during the period, out of whom 56 (14.4%) died. Twenty three (41.1%) were classified as sudden cardiac death. The predominant etiology was ischemic cardiomyopathy (39.1%), followed by peripartum cardiomyopathy (21.7%) and dilated cardiomyopathy (17.4%). Rheumatic heart disease was diagnosed in 17.4%, while 4.3% had pulmonary hypertension. Nineteen (82.6%) of the subjects had congestive cardiac failure. Hypokalemia and hypocalcaemia were recorded in 44 patients (88%), very important in more than half the cases and often associated with myocardial fibrosis. Of the 50 Holter ECG performed, we recorded an episode of ventricular hyperexcitability in 44 patients (88%), very important in more than half the cases and often associated with myocardial fibrosis. There was no one sudden death among patients treated for ventricular hyperexcitability with peripartum cardiomyopathy, followed by peripartum cardiomyopathy. Most of the victims were young, and there were no optimum resuscitative measures.

Conclusion Sudden cardiac death is common among our patients admitted with cardiovascular diseases. The most common etiology is ischemic cardiomyopathy, followed by dilated cardiomyopathy. Of the 50 Holter ECG performed, we recorded an episode of ventricular hyperexcitability in 44 patients (88%), very important in more than half the cases and often associated with myocardial fibrosis. There was one sudden death among patients treated for ventricular hyperexcitability with myocardial fibrosis. Of the 50 Holter ECG performed, we recorded an episode of ventricular hyperexcitability in 44 patients (88%), very important in more than half the cases and often associated with myocardial fibrosis. There was no high degree conduction disturbances.

The author hereby declares no conflict of interest

Prognostic value of heart rhythmic events in systemic sclerosis

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Background Systemic sclerosis (SSc) is a multi-systemic disease, responsible for the occurrence of fibrosis interesting skin and some organs such as the heart. The rhythm and conduction disturbances are probably one of the main prognostic factors for heart involvement in systemic sclerosis. Conduction disorders are common and generally not serious, and arrhythmias, especially ventricular ones are more threatening. Performing Holter ECG. Shows significant abnormal Heart rhythm disturbances percentage.

Purpose Make a descriptive analysis of various rhythm disorder and conduction defects in a population of patients with SSc.

Material and methods From December 2010 to June 2014, 234 patients including 205 women and 29 men with systemic sclerosis were included. Each patient underwent a baseline ECG, cardiac echo Doppler looking for heart damages. A cardiac MRI was performed to search a myocardial fibrosis when segmental wall motion abnormalities were found by echo. 50 Holter ECG has been performed.

Results All patients were in sinus rhythm. Supra ventricular, ventricular premature beats or a combination of both were found in 12.8%. Conduction disorders (first degree AV block, Mobitz 1 AVB, ILBBB, LBBB, RBBB, LAHB) were found in 11.5%. There have been 3 ventricular tachycardia and one sudden death among patients treated for ventricular hyperexcitability with myocardial fibrosis. Of the 50 Holter ECG performed, we recorded an episode of paroxysmal AFCA, supra ventricular hyperexcitability in 39 patients (78%), ventricular hyperexcitability in 44 patients (88%), very important in more than half the cases and often associated with myocardial fibrosis. There was no high degree conduction disturbances.

Conclusion Rhythm and conduction disorders are frequently encountered in systemic sclerosis and constitute one of cardiac manifestations affecting the vital prognosis.

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Elderly patients and preexcitation syndrome. Why they should be managed as young patients?

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Introduction Few data are reported on pre-excitation syndrome (PS) in the elderly. The aim was to investigate the influence of advancing age on clinical presentation, treatment and long-term outcome of PS.

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