Poster Contributions
Poster Sessions, Expo North
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Session Title: Ventricular Arrhythmias in Cardiomyopathy
Abstract Category: 7. Arrhythmias: VT
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Background: Whether syncope represents a nonsustained arrhythmia in patients with non-ischemic cardiomyopathy (NICM) is not clear. In a large database of patients with NICM who received ICDs we compare the outcomes of patients according to presentation symptom stratified by cardiac arrest, syncope, or no prior syncope or cardiac arrest. We hypothesize that NICM patients presenting with syncope would have a similar occurrence of ventricular arrhythmias in follow-up compared to those with cardiac arrest prior to their original implant.

Methods: NICM patients implanted with ICDs from 1990 to present were seen in our clinic at 3 month intervals. The primary endpoint of our analysis was ventricular arrhythmias and overall mortality.

Results: Of 584 patients with NICM implanted with ICDs, 144 presented with syncope or presyncope, compared to 54 with cardiac arrest and 386 without either syncope or cardiac arrest. In a mean follow-up of 43 ± 40 months 155 patients had ventricular arrhythmias treated by their ICD and 122 deaths. Patients with syncope were at higher risk of ventricular arrhythmias compared to those presenting with cardiac arrest and no cardiac arrest, and at similar risk of overall mortality.

Conclusion: Patients with NICM and syncope are at high risk of ventricular arrhythmias in follow-up. Thus, the pre-ICD implant syncopal event likely represents a nonsustained ventricular arrhythmia. This data provides support for the implantation of ICDs in NICM patients presenting with syncope.