Treatment with ACEI (OR=6.13, p=0.09) and HTA (OR=2.62, p = 0.06) tend to be positively associated with ARF while a contrast dose above 80 mL tends to be negatively associated (OR=0.24, p = 0.08).

High dose of contrast administration was associated with low Cl Cr (spearman correlation coefficient=0.19, p < 0.03) and decrease of Hb (-1.2L, p < 0.02).

Conclusion: Acute renal failure is a frequent and severe complication after CRT implantation. Careful pre and post implantation management is required. Mechanism seems more complex than a contrast induced nephropathy.

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Long term follow-up of patient implanted with ICD before 2000

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Background: ICD is an effective treatment to prevent SCD but very long term follow-up is poorly known

Methods: We retrospectively studied the 67 patients implanted with an ICD at the University Hospital of Toulouse between 1989 and 1999.

Results: Characteristics of the population are (number of patients): males: 56, ischemic heart disease (IHD): 42, mean EF 42%, secondary prevention: 62, abdominal implantation: 30, dual chamber devices: 57. Data were complete for 58 patients (mean follow-up: 100 months +/- 103), nine patients were lost to follow up (mean 52 +/- 40 months). Survival rate (of the 58 patients) is respectively 93%, 71% and 48% at 1, 5 and 10 years. Cause of death was cardiac for 10 patients (7 terminal cardiac failures, 2 sudden cardiac deaths and 1 endocarditis), extra cardiac for 7 patients and unknown for 13. Independent factors of global mortality are: age (p=0.038), IHD (p=0.035), NYHA > 2 (p=0.0058), EF < 35% (p=0.0005). 37 patients experienced appropriate ICD therapy, 13 of them suffered an electrical storm. 18 patients presented with inappropriate therapy (oversensing: 44%, supra ventricular tachycardia: 39%). Non rhythm complications occurred in 27 patients (infections: 4, ICD lead related complications: 7, delay of healing or haematoma: 12).

Conclusion: Patients implanted with ICD before 2000 remain at high risk of mortality and morbidity.

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Prevention of unnecessary ventricular pacing with the IRS Plus algorithm

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Purpose: Chronic right ventricular pacing (VP) has been linked to deleterious effect on cardiac function. This registry was designed to quantify the tachycardia: 39%). Non rhythmic complications occurred in 27 patients (infections: 4, ICD lead related complications: 7, delay of healing or haematoma: 12).

Methods: We retrospectively studied the 67 patients implanted with an ICD at the University Hospital of Toulouse between 1989 and 1999.

Results: Characteristics of the population are (number of patients): males: 56, ischemic heart disease (IHD): 42, mean EF 42%, secondary prevention: 62, abdominal implantation: 30, dual chamber devices: 57. Data were complete for 58 patients (mean follow-up: 100 months +/- 103), nine patients were lost to follow up (mean 52 +/- 40 months). Survival rate (of the 58 patients) is respectively 93%, 71% and 48% at 1, 5 and 10 years. Cause of death was cardiac for 10 patients (7 terminal cardiac failures, 2 sudden cardiac deaths and 1 endocarditis), extra cardiac for 7 patients and unknown for 13. Independent factors of global mortality are: age (p=0.038), IHD (p=0.035), NYHA > 2 (p=0.0058), EF < 35% (p=0.0005). 37 patients experienced appropriate ICD therapy, 13 of them suffered an electrical storm. 18 patients presented with inappropriate therapy (oversensing: 44%, supra ventricular tachycardia: 39%). Non rhythm complications occurred in 27 patients (infections: 4, ICD lead related complications: 7, delay of healing or haematoma: 12).

Conclusion: Patients implanted with ICD before 2000 remain at high risk of mortality and morbidity.

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Recall alerts in implantable cardioverter-defibrillator recipients: implications for patients and physicians

Jérôme Schwartz, Hugues Blangy, Pierre-Yves Zinzius, Luc Freysz, Etienne Aliot, Nicolas Sadoul

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Backgrounds: Implantable cardioverter-defibrillator (ICD) malfunctions sometimes need recall. Despite the increasing number of device implantation, ICD recalls and advisories’ impacts have been little studied. The aim of this study was to determine the rate of ICD generator advisory in our center and to examine its clinical and financial implication.

Methods: We analyzed weekly FDA Enforcement Reports issued between January 2000 and December 2008 to identify all advisories involving ICD generators and leads. We performed a retrospective analysis of all implanted patients affected by an advisory in our Cardiology department.

Results: During the 8 years of the study period, 13 advisories were issued for generators and 1 for leads, leading to a total number of 278/1051 (26.4%) device with recall alerts, divided into 196 generator failures and 82 lead failures. Premature generator replacement was performed in 11 patients whereas 9 patients underwent lead replacement. There was no major complications attributable to advisory device replacement, and minor complications occurred only in 1 patient (lead extraction failure). Recalls accounted for 593 extra outpatient visits with a mean number of 2.20 ± 2.19 per patient. The total estimated cost of the device advisories in our population was 334 528 ı.

Conclusions: ICD recalls and safety alerts frequently occur in ICD recipients and tend to increase in number and rate. Although potentially serious, they are not associated with substantial complications. Financial implications are important.

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Is it a risk of stroke in Wolff Parkinson White syndrome?


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Atrial fibrillation (AF) is a major cause of stroke. AF incidence is increased in Wolff-Parkinson-White syndrome (WPW), represents about 10 % of spontaneous arrhythmias and has several mechanisms as the degeneration of atrioventricular reentrant tachycardia (AVRT) into AF, the AF facilitation by the atrial insertion of accessory pathway (AP) or another origin. The purpose of study was to assess the incidence of stroke in patients (pts) who had a preexclusion of high risk of mortality and morbidity.

Methods: We retrospectively studied the 67 patients implanted with an ICD at the University Hospital of Toulouse between 1989 and 1999.

Results: Preliminary results have been obtained in 158 pts (mean age 78±9 years, 55% male). Median VP% was 3.9 in pts with SND vs 25.3 in pts presenting an impaired AV conduction (p=0.024). The median VP% was 4.2 in pts with normal baseline PR interval vs 39.5 in pts with prolonged (>200 ms) PR interval (p<0.0001). AF burden was significantly lower in pts with VP% less or equal to 10% (0.4% vs 4.2%, p=0.026).

Conclusion: IRS Plus reduces unnecessary VP, especially in pts with pure SND. Avoiding VP appears to decrease AF burden.

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