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Do implantable cardioverter defibrillators really improve survival of patients listed for heart transplantation?

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Abstract 0376 – Figure: Survival free of late AF and AFL by transplant

Methods 380 consecutive patients listed for heart transplantation between 2005 and 2009 in one tertiary heart transplant center were enrolled in a retrospective registry. 122 patients received an ICD before or within 3 months after registry (ICD-group). Predictors of death in the waiting list were assessed by Cox regression.

Results 15.6% of patients died while awaiting heart transplantation. Non-ICD patients presented more often haemodynamic compromise requiring mechanical circulatory support (MCS, 34.2% vs 14.9%, p<0.0001) and were more likely to die while in the waiting list (19.0% vs 8.3%, p=0.006). However, in the multivariate model, ICD did not remain an independent predictor of death. The need for a MCS and LVEF were the only independent predictors of death (p<0.0001 and p=0.001). Death was mainly due to haemodynamic compromise (76.6% of deaths), which occurred more frequently in the non-ICD group (14.7% vs 5.8%, p=0.019). Unknown/arrhythmic deaths did not significantly differ between the two groups (3.9% vs 1.7%, p=0.19). ICD-related complications occurred in 21.4% of patients, mainly due post-operative worsening of heart failure (11.9%).

Conclusion Haemodynamic failure appears as the main determinant of mortality in patients awaiting heart transplantation. ICD seems to have little benefit on survival in this population.

Keywords implantable cardioverter defibrillator; heart transplantation; heart failure.

The author hereby declares no conflict of interest