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SALA ITALIA

ELETTROSTIMOLAZIONE

La terapia di Resincronizzazione Cardiaca 25 anni dopo

HIS BUNDLE PACING PLUS LV LEAD IN CRT PATIENTS

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BACKGROUND: His-bundle pacing (HBP) in LBBB pts can recruit latent conduction system resulting in QRS narrowing/normalization thus shortening the Q-LV. Recently HBP has been evaluated as an alternative to CRT with positive results.

OBJECTIVE: The purpose of this study was to assess the clinical, echo and QRS response to permanent HBP added to standard LV pacing in CRT-indicated patients.

METHODS: we retrospectively analyzed 27 patients (mean age 76±7 years; 19 males) with standard indication for cardiac resynchronization therapy. Basal mean QRS duration was 155±29 ms, basal mean EF 30±5% and basal mean NYHA class 2.8±0.5. AV-block was present in 7 (26%) patients. All patients received the lead in the hisian area (15 S-HBP and 12 NS-HBP) and the LV lead via coronary sinus (0 MPP). 14 patients (52%) had ischemic cardiopathy; 22 patients (81%) had hypertension, 13 patients (48%) had diabetes and 5 (18%) patients had severe kidney disease. A CRT-D device with coil in the RV apex or septum was implanted in 4 patients; in these cases HB lead was plugged into the atrial port. The remaining patients received CRT-P devices with HB lead plugged in the RV port. We set V-V interval to 0 ms.

RESULTS: All the patients were checked yearly with in-clinic visit and echo. Mean follow-up was 4.2±2.8 years. At the end of follow up mean QRS duration was 131.4±22 ms (P 0.03); mean EF 39±10% (P 0.003). 9 (33%) patients were classified as 'super-responders' with final EF more than 45%. In two cases EF decreased. Median VP was >99%. 11 patients showed an high burden of AT/AF (>50%). The mean longevity of the devices was 4.1±1.5 years. During the first year of follow-up 4 patients (15%) patients experienced heart failure episodes.

CONCLUSION: HBP associated to LV pacing in HF patients showed a positive effect in cardiac remodelling. 71% patients resulted 'responders' of which 33% were 'super-responders' with a final EF more than 45%. QRS duration and clinical outcomes significantly improved.

