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The attempts to diagnose and treat children with asymptomatic arrhythmias in Japan

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Even though arrhythmias in children are not uncommon, we less frequently encounter patients with rhythm disturbances in Clinical settings. One of the main reasons for this is that children cannot express their symptoms well. This can lead to the delayed diagnosis that in turn causes progression to either heart failure or tachycardia-induced cardiomyopathy. Therefore, it is essential to strive to detect children with arrhythmia who seem to be asymptomatic, to diagnose, and to treat them properly, in order to improve their quality of life in the future. In Japan in 1994, the government revised the law and all first-grade students in elementary, junior high and senior high school nationwide have to receive electrocardiography on entrance. According to the past report in 2009, 616 (0.69%) out of 89,099 children who received school-based cardiovascular screening in Tokyo had any abnormal findings. Among them, premature ventricular contraction was the most frequent at 60%, followed by WPW syndrome at 19%, premature atrial contraction at 4.7%. However, those patients identified through school-based cardiovascular screenings include a large number of asymptomatic children, and there are many cases where it is difficult to manage them. In this presentation, I will outline the management and problems associated with asymptomatic children with arrhythmias extracted from school-based cardiovascular screenings held in Japan.

Biography

Satoru Takeno is graduated from Akita University in 2001. After completing the residency program in general pediatrics at the International Medical Center of Japan, he started his career as a pediatric cardiologist at Kyoto University Hospital. Since 2011, he has engaged in pediatric electrophysiological study and catheter ablation at Kindai University. His specialization is the developmental change of the atrioventricular node in children. He has dedicated his work to investigating the maturational changes of electrical conduction around the triangle of Koch, and the possible mechanisms of developing atrioventricular nodal reentrant tachycardia in children.

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