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Short-term and long-term prognosis of ventricular tachycardia ablation in patients with structural heart disease

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Catheter ablation is an adjunctive therapy to prevent or reduce ICD therapy for patients with SHD when AADs are ineffective or not desired. According to multiple trials, ICD shocks results in reduction of survival. As such, in clinical practice, one should try to reduce the risk of ICD shocks in all patients with AADs and catheter ablation. The study enrolled 85 patients with ICD and recurrent episodes of SMMVT despite AADs, between March 2015 and March 2018 in Shaheed Rajaei cardiovascular medical and research center. All patients evaluated for recurrence of VT after ablation, post procedural mortality, re-hospitalization and per procedural complications. Mapping was performed endocardial or epicardially with 3D electro anatomic mapping systems. Conventional mapping techniques and substrate-based ablation were used. As a result, we enrolled 85 patients referred to this center with episodes of VT storm, unresponsive to AADs. All have SHD, 47.1% of patients (n=40) readmitted after ablation because of recurrence of the same VT (n=11), other VTs (n=9), DHF (n=8), ICD shocks (n=6) or other reasons like vascular complications after ablation (n=1), device replacement (n=4) and other arrhythmias (n=1). In 20% (n=17) of patients, second procedure and in 1.2% (n=1) third procedure were done. ICD therapy was done in 39.5% patients after first procedure and 7.1% patients after second procedure. AAD usage was significantly reduced after ablation (P value=0.002).

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