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Autor(en) des Beitrags: Haïssaguerre, M; Sacher, F; Nogami, A; Komiya, N; Bernard, A; Probst, V; Yli-Mayry, S; Defaye, P; Aizawa, Y; Frank, R; Mantovan, R; Cappato, R; Wolpert, C; Leenhardt, A; de Roy, L; Heidbuchel, H; Deisenhofer, I; Arentz, T; Pasquié, JL; Weerasooriya, R; Hocini, M; Jais, P; Derval, N; Bordachar, P; Clémenty, J

Titel des Beitrags: Characteristics of recurrent ventricular fibrillation associated with inferolateral early repolarization role of drug therapy.

Abstract: OBJECTIVES: Our purpose was to evaluate the efficacy of antiarrhythmic drugs (AADs) in recurrent ventricular fibrillation (VF) associated with inferolateral early repolarization pattern on the electrocardiogram. BACKGROUND: Although an implantable cardioverter-defibrillator is the treatment of choice, additional AADs may be necessary to prevent frequent episodes of VF and reduce implantable cardioverter-defibrillator shock burden or as a lifesaving therapy in electrical storms. METHODS: From a multicenter cohort of 122 patients (90 male subjects, age 37 +/- 12 years) with idiopathic VF and early repolarization abnormality in the inferolateral leads, we selected all patients with more than 3 episodes of VF (multiple) including those with electrical storms (> or =3 VF in 24 h). The choice of AAD was decided by individual physicians. Follow-up data were obtained for all patients using monitoring with implantable defibrillator. Successful oral AAD was defined as elimination of all recurrences of VF with a minimal follow-up period of 12 months. RESULTS: Multiple episodes of VF were observed in 33 (27%) patients. Electrical storms (34 +/- 47 episodes)
occurred in 16 and were unresponsive to beta-blockers (11 of 11), lidocaine/mexiletine (9 of 9), and verapamil (3 of 3), while amiodarone was partially effective (3 of 10). In contrast, isoproterenol infusion immediately suppressed electrical storms in 7 of 7 patients. Over a follow-up of 69 +/- 58 months, oral AADs were poorly effective in preventing recurrent VF: beta-blockers (2 of 16), verapamil (0 of 4), mexiletine (0 of 4), amiodarone (1 of 7), and class 1C AADs (2 of 9). Quinidine was successful in 9 of 9 patients, decreasing recurrent VF from 33 +/- 35 episodes to nil for 25 +/- 18 months. In addition, quinidine restored a normal electrocardiogram. CONCLUSIONS: Multiple recurrences of VF occurred in 27% of patients with early repolarization abnormality and may be life threatening. Isoproterenol in acute cases and quinidine in chronic cases are effective AADs.