



## **TITLE: Ablation of ventricular premature complexes in patients with ischemic or dilated cardiomyopathy: a single centre experience**

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### **ABSTRACT**

#### **Introduction**

Both ischemic (ICM) as non – ischemic cardiomyopathy (NICM) are associated with an increased risk of ventricular premature complexes (VPC). In this study, we describe our experience with ablation of VPC in patients with ICM or dilated cardiomyopathy (DCM) being the most prevalent NICM.

#### **Methods and results**

186 patients suffering from aforementioned cardiomyopathies presented to our EP lab for VPC (ICM 103/186 (55%), male 146/186 (76%), age 64±13 years (range 16-87), left ventricular systolic function 43±13 % (range 10-65), 156/186 (84%) of antiarrhythmic drugs. The median procedure time was 153 (range 15-185) minutes and median fluoroscopy time was 6 (range 0-30) minutes. There were complications in 24/186 (13%) patients (mostly groin complications), but no deaths.

After one ablation, during a median follow up time of 7 months (range 1-51), arrhythmia free

survival was 65% (83/128, 58 patients were lost to follow-up). Arrhythmia free survival was statistically not significant different in patients with ICM compared to those with DCM presenting with VPC (p=0.879).

#### **Conclusions**

In VES, the subdivision into ICM or NICM seems to play a lesser role in catheter ablation.. Overall, post-procedural results show an arrhythmia free survival of 65% in the entire patient population with only a modest increase in periprocedural risk.

### **BIOGRAPHY**

Maurice Ilg is a doctoral student at the German Heart Center Munich, Germany. At the age of 27 he completed his medical studies at the Technical University of Munich, during which he had started his doctoral thesis. This work is his first publication to date.



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