



TITLE: Comparison of ventricular tachycardia ablation outcome in patients with ischemic and non ischemic 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 tachycardia (VT). In this study, we describe our experience with ablation of VT in patients with ICM and non ischemic cardiomyopathy (NICM).

Methods and results

185 patients suffering from aforementioned cardiomyopathies presented to our EP lab for VT (ICM 124/185 (67%) and NICM 61/185 (33%), male 168/185 (91%), age 61±14 years, left ventricular systolic function 31%±10 % (ICM) and 31%±11% (NICM). The median procedure time in ICM was 178 minutes and in NICM 193 minutes. There were complications in 19/185 (10%) patients (mostly groin complications), but no deaths.

After one ablation, during a median follow up time of 13±14 months arrhythmia free survival in ICM was 52% and in NICM 32% (p=0.01).

Conclusions

In our patient population 52% of ICM and 32% of NICM patients showed freedom from recurrence of VT after one procedure.

In patients with ICM and DCM substrates are different in scar location, extent and transmural. These differences seem to influence the anticipated outcomes in patients presenting for catheter ablation with VT.

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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