ERRATUM

16th World Congress in Cardiac Electrophysiology and Cardiac Techniques - Cardiostim 2008

Response to resynchronization according to the left pacing site

Christophe d’Ivernois, Jérôme Lesage, Anahita Lagrange, and Patrick Blanc

Hôpital Universitaire Dupuytren, Limoges, France

Online publish-ahead-of-print 4 August 2008


The abstract below was inadvertently omitted from the 2008 Cardiostim Supplement, 16th World Congress in Cardiac Electrophysiology and Cardiac Techniques. The supplement sponsor would like to apologise for this error.

Purpose: The recommended ideal left ventricular (LV) lead position for cardiac resynchronization therapy (CRT) is at the lateral or postero-lateral wall. However, LV leads cannot always be implanted at the expected site. The aim of our study was to compare the clinical response to resynchronization when the LV lead could be implanted or not at the lateral or postero-lateral wall.

Method: In consecutive patients implanted with a CRT device, we determined the final position achieved by the tip of the LV lead in the left anterior oblique projection. Patients were followed for 6 months after implantation. They were defined as responders if they were alive, had gained 1 NYHA class and had not been hospitalized for heart failure.

Summary of results: The study population consisted of 77 patients (56 men, 71 ± 10 years, 81% NYHA class III, 19% NYHA class IV). The mean ejection fraction was 27 ± 8%. Coronary artery disease was present in 26%, 21% were in chronic atrial fibrillation, 19% were upgrades. The mean LV end-diastolic diameter was 69 ± 9 mm. The LV lead was implanted at the lateral or postero-lateral wall in 54 patients (group A) and at the anterior or antero-lateral wall in 23 patients (group B). At 6 months, 7 patients (9%) died (all in group A). The responder rate was 69% in group A compared to 96% in group B.

Conclusion: The responder rate was not inferior when the LV lead was implanted at the anterior or antero-lateral wall. Thus, in case of failed implantation at the lateral or postero-lateral wall, positioning the LV lead in a more anterior location appears to be a reasonable alternative. Further studies are required to confirm these findings.

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2008. For permissions please email: journals.permissions@oxfordjournals.org.