

Abstract

Cardiac resynchronization therapy (*CRT*) is a relatively new therapy for patients with symptomatic heart failure resulting from systolic dysfunction. Ventricular Remodeling alters the structure and shape of the heart in ischemic and non ischemic heart disease. CRT is one of the aspects of treating congestive heart failure in patients with wide QRS complex, LVEF of $\leq 35\%$ and NYHA class III and IV.

In our study, we followed up patients at baseline and 6 months after CRT to detect clinical and echocardiographic effect of CRT and to determine whether a low LVEF is a predictor of unresponsiveness to CRT or not.

We defined echocardiographic responders as an increase in LVEF $\geq 5\%$, 6 months after CRT. Clinical responders were defined as an improvement in at least one NYHA class 6 months after CRT.

Our study population included 25 patients with a mean age of 53 ± 11 years, with 22 males and 3 females. About 60% of the study population had IHD and 40 % had non-IHD.

Key words:

Atrial fibrillation - Cardiac resynchronization Therapy -
Echocardiography .