LONG TERM FOLLOW UP OF CRT IN CHF PREDICTORS OF SURVIVAL

Thesis

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Abstract

Cardiac resynchronization therapy *(CRT)* is a relatively new therapy for patients with symptomatic heart failure resulting from systolic dysfunction . CRT is one of the aspects of treating congestive heart failure in patients with wide QRS complex, LVEF of ≤ 35 % and NYHA class II and IV . The study focuses on the pre CRT implantation and post implantation in NYHA class , ECG morphology with QRS width and echocardiographic changes in LVEF , LVEDD, LVESD, PASP and MR, TR that occurs in patients after CRT implantation and the effect of CRT on clinical outcome and mortality of patients within 1-3 years after implantation.

Our study population included 80 patients, 17 patients were dead and 5 patients failed to contact so 58 patients were followed up . Mean age of baseline patients were 62.63 ± 8.9 years; there were 61 males (76.2%) and 19 females (2.8%). 48 patients (60%) had dilated cardiomyopathy (DCM) as a cause of heart failure and 32 patients (40%) had ischemic cardiomyopathy (ICM) . We defined echocardiographic responders as an increase in LVEF ≥ 5%, 1-3 years after CRT implantation.

Predictors of survival in our study after CRT implantation are female, non-ischemic cardiomyopathy, sinus rhythm , moderate NYHA class II/III and high LVEF . Predictors of non-survival are old age, male, ischemic cardiomyopathy, NYHA class III/IV, low LVEF, severe MR and high PASP.

Key words : CHF – Cardiac resynchronization therapy – predictors of survival .