Abstract

The aim of our work is to study the effect of impaired RV function on the response and clinical outcome of CRT patients

The study included 30 cardiomyopathy patients with refractory heart failure, fulfilling criteria for CRT implantation

They were subdivided prospectivly according to their RV function into 2 equal groups (A&B) with 15 patients in each

There was no significant difference between the 2 groups in the pre-implantation data as age, sex, risk factors, aetiology of HF, laboratory data.

All the patients take full anti-failure medications, according to guideline with maximum tolerable doses

The implantation data showed no significant difference between the two groups except the higher number of the CRT leads (3 lead system) in group A

Comparison between the 2 groups showed superiority of group A as regard the clinical improvement of the NYHA class, 6MWD and HR regression, but there was no significant differences in QOL score.

Group B showed higher incidence of hospitalization for HF related complications and for none cardiac hospitalizations.

Evaluating Reversed remodeling by Echo showed superiority of group A in the regression of LA dimensions, regression of LV dimensions and volumes, improvement in EF and Tei index. But there was no significant difference between them in the EPSS and D.D.

As regard the CRT response there was higher incidence of responders in group A clinically (11 patients, 73.3%) and by echo (13 patients, 86.5%) as compared to group B (10 patients, 66.6%) clinically and by echo (4 patients, 26.6%).

5 patients (16.5%) are none responders by all the criteria (i.e. clinically and by echo) and are included in group B.

For 6 month follow up period, no mortality was noticed among our patients