

General Cardiology webinar on Ventricular arrhythmias and sudden cardiac death: what's new in the 2015 ESC Guidelines?

Correct answers to the pre and post test can be found below (in red).

Q1. In which patient is an implantable cardioverter defibrillator (ICD) a Class I indication:

- A. non-ischemic cardiomyopathy, LVEF 25%, NYHA I
- B. non-ischemic cardiomyopathy, LVEF 35%, NYHA III
- C. previous myocardial infarction, LVEF 20%, NYHA I
- D. previous myocardial infarction, LVEF 35%, NYHA II
- E. both B and D are correct

Comment: patients with NYHA class I heart failure, ischemic heart disease and LVEF <30-35% had a class IIa indication in the 2006 ACC/AHA/ESC guidelines on ventricular arrhythmias and preventable sudden death.

Q2. Which of the following measures are new class I/IIa/IIb indications according to the 2015 guidelines on ventricular arrhythmias and sudden death:

- A. catheter ablation after a first episode of ventricular tachycardia in a patient with an ICD
- B. post-mortem genetic analysis if an inheritable arrhythmia is suspected
- C. subcutaneous ICD in selected patients
- D. wearable cardioverter defibrillator in selected patients
- E. all of the above

Q3. What is the cutoff value of QTc which is sufficient by itself to diagnose long QT syndrome :

- A. > 440ms
- B. \geq 450ms
- C. > 460ms
- D. \geq 470ms
- E. ≥ 480ms
- Q4. A patient is admitted for an acute anterior myocardial infarction and underwent emergent percutaneous coronary revascularization. His LVEF was estimated at 25%, and runs of asymptomatic non-sustained VT were observed on telemetry at day 3. Which of the following should be considered:
- A. amiodarone treatment
- B. electrophysiological study before discharge
- C. ICD according to LVEF at 6-12 weeks
- D. implantation of an ICD before discharge
- E. wearable cardioverter defibrillator before discharge

Comment: an electrophysiological study within 10 days of a myocardial infarction for risk stratification, or prescription of a wearable cardioverter defibrillator are Class IIb indications ie *may* be considered.