



14th ANNUAL SCIENTIFIC SESSION ABSTRACT FORM

Deadline for RECEIPT of Submissions:

Abstracts - December 3, 1992

Young Investigator Awards - January 8, 1993

Read Rules Carefully Before Typing Abstract

EACH ITEM MUST BE COMPLETED TO AVOID DISQUALIFICATION:

A. CORRESPONDING AUTHOR: (Please type)

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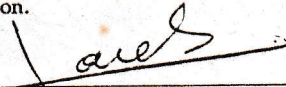
B. Indicate the one Abstract Category which most closely describes the subject material. Choose from the categories listed on back of the abstract form.

Abstract Category Number 34

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I affirm that this abstract will not be published or presented at a major North American meeting, or otherwise distributed, prior to the NASPE 14th Annual Scientific Session, that any animal studies conform with the AHA position on responsible use of animals in research, and that any human experimentation conforms with the principles of the Declaration of Helsinki of the World Medical Association.


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MECHANISMS OF DEATH IN PATIENTS WITH CHRONIC CHAGAS DISEASE FROM A NON - ENDEMIC AREA

Jacob Atie, MD, Sergio Xavier, MD, Alessandro Hassloch MD, Ivana Martins, MD, Marco Pierobon, MD, Marcia Pinheiro, MD, Marta Freitas, MD, Evandro Chagas Hospital, Fio-Cruz, HU-UFRJ, Rio de Janeiro, Brazil.

To access the risk and mechanism of death in Chronic Chagas Disease (CCC), we studied 280 pts from June 89 to November 92 with the following protocol: 1. Serial electrocardiogram, echocardiogram, stress test, and 24 hr Holter were performed every 6 months, and during the past year, an electrophysiological examination (EPS) was performed in pts with complex ventricular arrhythmias. During this period, 5 pts died: 4 from sudden death and one from cardiac failure. There were 3 males and 2 females, with a mean age of 55 ± 5 years (48-66). All pts had bundle branch block (BBB); 3 right BBB and left anterior hemiblock (LAH), one left BBB, and one LAH. These pts all had complex ventricular arrhythmias on Holter, with very frequent non-sustained ventricular tachycardia (NSVT). One pt had syncope and sustained ventricular tachycardia (SVT) documented clinically and during EPS. 4 pts had severe left ventricular dysfunction (LVD) with an ejection fraction <30% and the remaining pt had a left ventricular aneurysm.

Conclusions: 1. The association of severe LVD and SVT or NSVT identifies pts with CCC and a high risk of sudden death. 2. Despite the high prevalence of LVD, pts died suddenly and not from cardiac failure. 3. None of the pts had death secondary to bradyarrhythmias.

ABSTRACT AUTHORS: Names of authors (first name, middle initial, last name) and degree.

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