

Arrhythmias and Clinical EP

LONG-TERM OUTCOME OF NONCOMPACTION CARDIOMYOPATHY PATIENTS WITH IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS COMPARED WITH PATIENTS WITH DILATED OR HYPERTROPHIC CARDIOMYOPATHY

Poster Contributions
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Background: Patients with noncompaction cardiomyopathy (NCCM) are at increased risk of ventricular arrhythmias and sudden cardiac death. Therefore, ICDs are used for primary and secondary prevention, but the long-term outcome is still unknown. The aim of this study was to investigate the long-term outcome of ICD therapy in NCCM pts, compared with those with dilated (DCM) or hypertrophic cardiomyopathy (HCM).

Methods: Prospective data from our ICD registry was used to analyze the ICD therapy and survival in pts with NCCM (n=68; 52% male, median age: 45y), compared with the cohort of DCM (n=458; 65% males, median age 57y) and HCM (n=158, 69% males, median age: 53y).

Results: An ICD was indicated for secondary prevention in 12 pts (18%; 50% male, median age 47y) and primary prevention in 56 pts (82%; 52% male, median age 43y) versus 15 and 85% in DCM pts and 21 and 79 % in HCM pts; $P=0.20$). During a median follow-up of 4.2 years, IQR [2.0-6.9], appropriate and inappropriate ICD interventions were not significantly different (see figure), while the 10-years survival was significantly better in NCCM (94%) compared with DCM (69%) and HCM (79%). DCM pts were most symptomatic with NYHA class \geq II in 90%, followed by NCCM (65%) and HCM pts (41%).

Conclusions: At 4.2 years' follow-up, appropriate and inappropriate ICD interventions in NCCM were comparable to those in DCM or HCM. In contrast, the long-term survival was significantly better in the NCCM group, probably due the younger age and less symptomatic heart failure.

