How to manage the VT storm

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Contents

The timing (?) of Catheter ablation

Sympathetic blockade



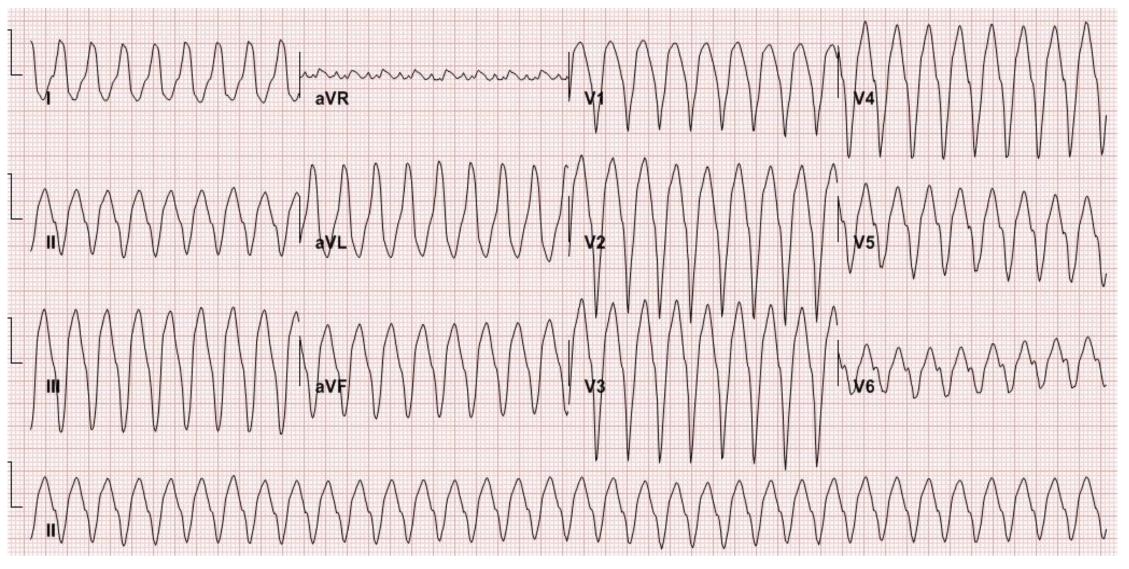
Electrical storm

Def : arrhythmic storm, refers to a clinical condition characterized by 3 or more arrhythmia episodes of VT or VF leading to ICD therapies, occurring over a single 24 h period

Incidence : 10%-40% in secondary prevention 3.5%-4% in primary prevention

Mortality : odds ratio - 3.87 (CI 2.5-5.99)

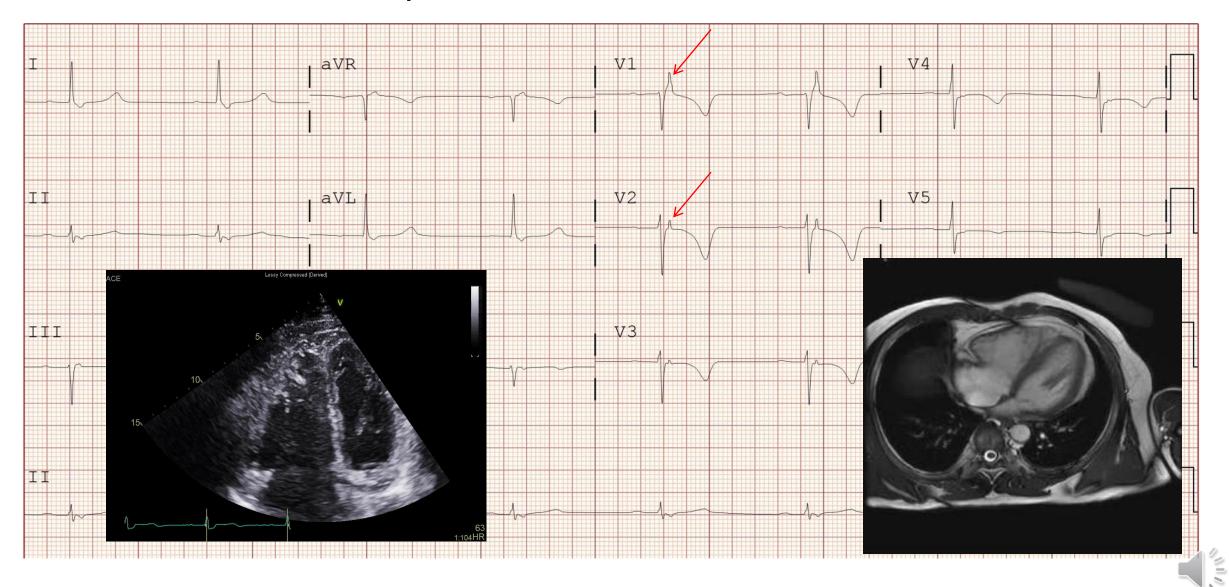
53 YO Male, VT→ ICD



By courtesy of Y Jo MD

100

Frequent ICD shock in ARVD



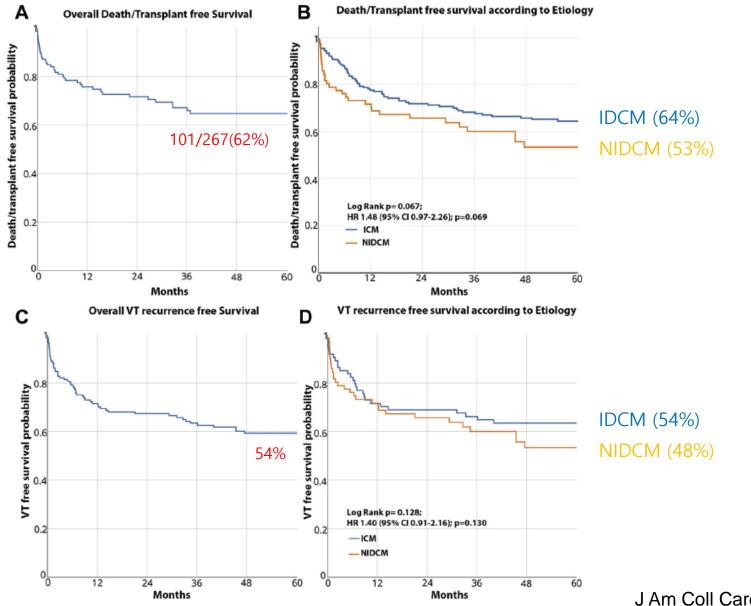
By courtesy of Y Jo MD

Catheter ablation in Electrical storm

Author/Year	# Pts ICM	# Pts NICM and other	Mortality ICM	Mortality NICM and other	VT Recurrence ICM	VT Recurrence NICM and other	Storm Recurrence ICM	Storm Recurrence NICM and other	Follow-up Duratoin (months)
Sra 2001 ¹⁰⁶	19				37%				7 ± 2
Silva 2004 ⁶³	9	6			13%				12 ± 17
Carbucicchio 2008 ¹⁰⁷	72	23			34%		8%		Median 22
Arya 2010 ⁸³		13				38%			Med 23
Pluta 2010 ¹⁰⁸	21				19%		0	0	3
Deneke 2011 ⁶⁶	17	14			29%	35%	0	14%	Med 15
Kozeluhova 2011 ⁸²	38	12			52%		26%		18 ± 16
Kozluk 2011 ¹⁰⁹	18	6			34%		12%		28 ± 16
DiBiase 2012 ¹¹⁰	92				34%				25 ± 10
Izquierdo 2012 ⁶⁷	19	4					35%		Med 18
Jin 2015 ¹¹¹	40				53%				17 ± 17
Muser 2017 ⁸⁴	196	71	29%	27%	46%	52%	5%	6%	Median 45
							7% at 60 mo	9% at 60 mo	
Kumar 2017 ²⁹	186	101	25% at 12 months	28% at 12 months	49% at 12 months	64% at 12 months	32/186	27/101	51 ± 46 , median 42
			27%	27.5 %	47.5 %	59 %			

Catheter ablation in Electrical storm

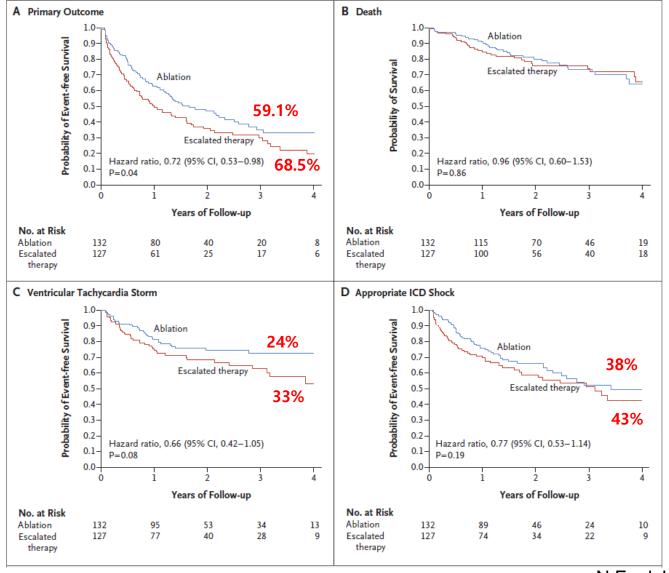
267 pts IDCM 196 pt – EF 28%, NIDCM 71 Pt - EF 32% FU : 45 month



J Am Coll Cardiol EP 2017;3:767–78

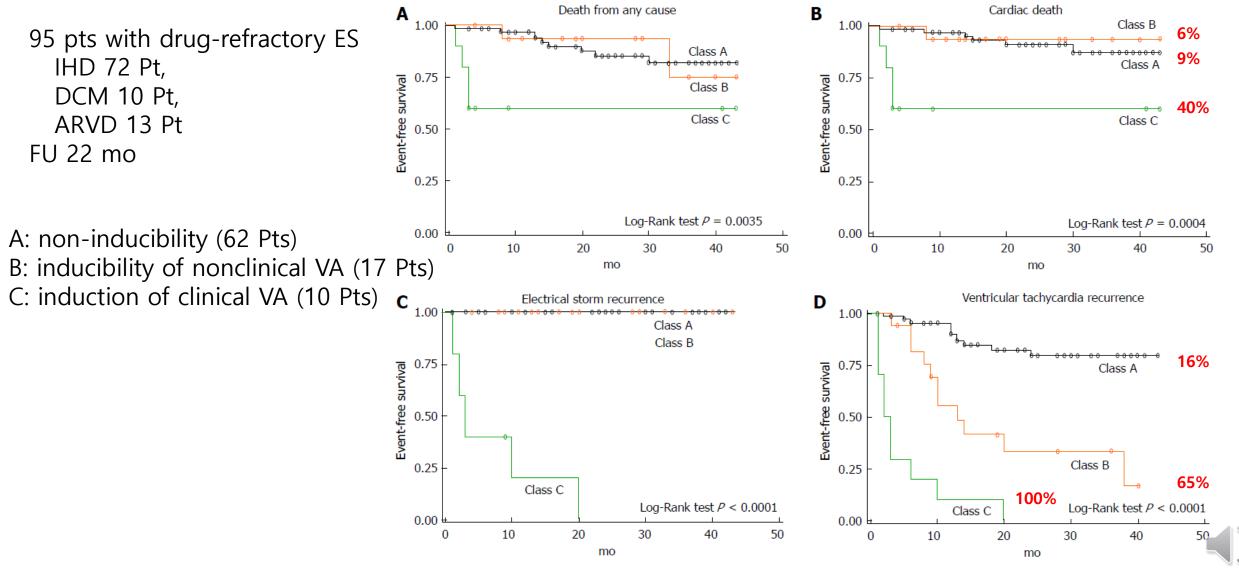
Who first ; Catheter ablation or medication

259 pts with VT refractory to AAD 127 Pt – escalated tx (amiodarone 300mg+mexiletine) 132 Pt - ablation FU : 28 month 1' endpoint : death, VT storm, shock



N Engl J Med 2016;375:111-21

Success vs failure during Catheter ablation



Circulation. 2008;117:462-469

Sympathetic blockade

Increased sympathetic tone in LQTS, CPVT

 \rightarrow key factor of initiation and maintenance of ES

Procedure

Sedation

Thoracic epidural anesthesia

Stellate Ganglion blockage

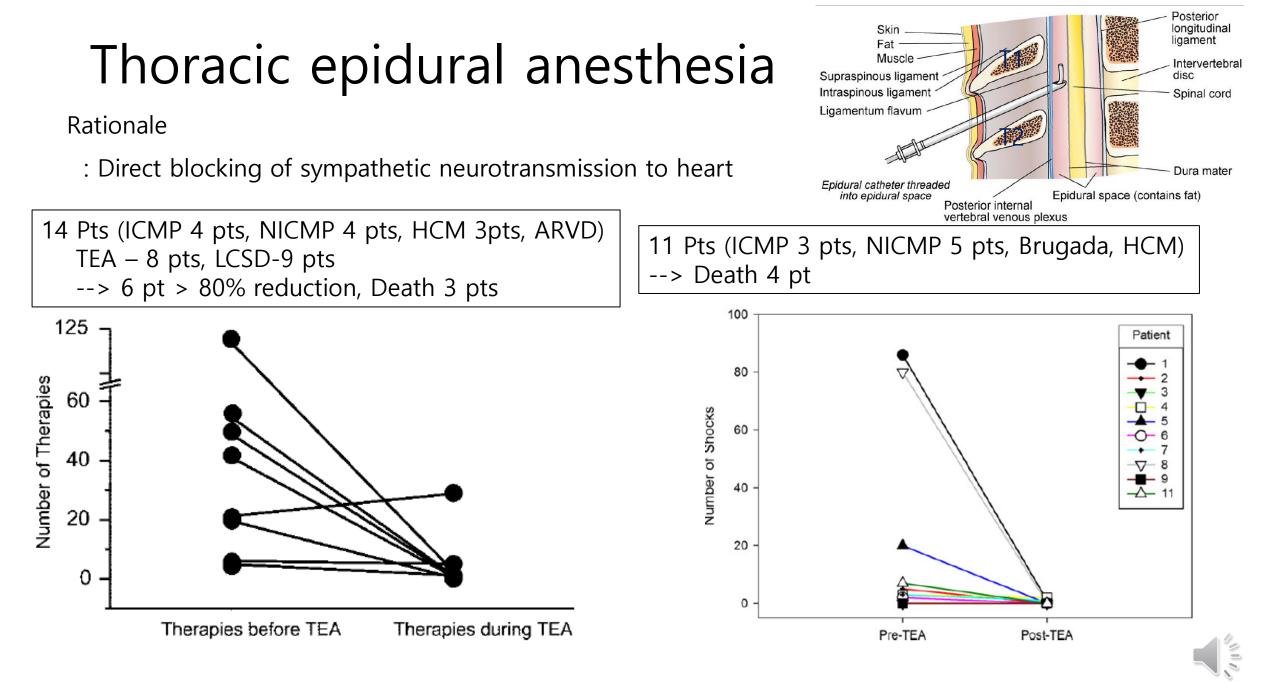
Surgical Cardiac sympathetic denervation -

Renal sympathetic denervation

Temporary

- Long term effect





Circulation. 2010;121:2255-2262

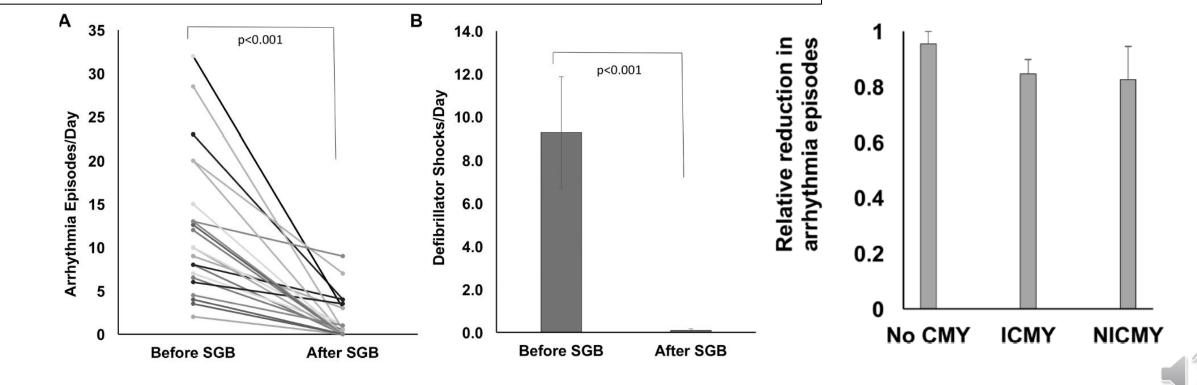
J Am Heart Assoc. 2017;6:e007080

Stellate ganglionic block

Stellate (cervicothoracic) GB : APD prolongation → transmural repolarization heterogeneity ↓, ERP ↑, VF threshold ↓

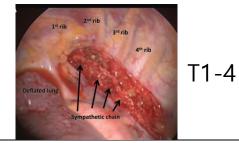
Systemic review : 38 Pts (AMI 15Pt, LQT 7Pts) with electrical storm, EF 31% Bupivacaine (0.25-0.5%), Lt SGB (34 Pt) or both SGB (4Pt)





JACC Clin Electrophysiol. 2017 ; 3(9): 942–949

Cardiac sympathetic denervation



65 Pts (ICMP 30 pts, NICMP 35 pts), prior Ablation 22% 121 Pts (ICMP 33 pts, NICMP 86 pts), bilateral CSD → FU 27mo prior Ablation 66% 47 Pt (72%) –complete response(>75% reduction of VT) bilateral (98 pt) or Lt (23 pt) CSD \rightarrow FU 1.5 yr Freedom of Shock/death - 53% at 2 yr 1.0 1.0 VT/ICD Shock-Free Transplant-Free Survival 0.8 50% 0.8 NICMP Cum Survival 0.6 NICM 0.6 ICM 0.4 0.4 ICMP 0.2 -0.2 P=0.435 0.0 0.0 10 2 6 8 12 0 .00 5.00 10.00 15.00 20.00 25.00 Follow-Up (Months) Duration in months

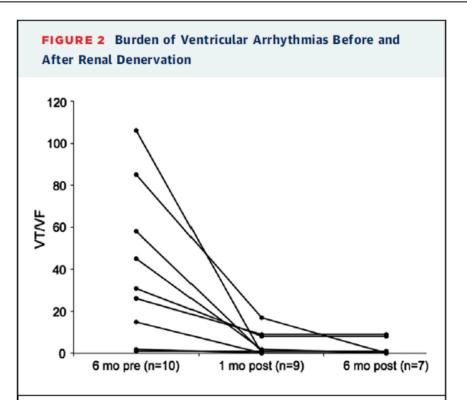
J Am Coll Cardiol 2017;69:3070-80

J Cardiovasc Electrophysiol. 2021;32:1065–74.

Renal sympathetic denervation

• RSD \rightarrow decreased sympathetic activity

10 Pts with refractory VA (ICMP 2 pts, NICMP 2 pts, Chagas disease 6pt) FU : 6 mo --> Death 3 pts



32 Pts with refractory VA Catheter ablation (16pt) vs CA+RSD (16 pt) FU 15 mo

 \rightarrow VT/VF episode (CA vs CA+RSD)

3 mo : 12.8 vs 2.4 (P< 0.05)

6 mo : 6.1 vs 2.3 (P< 0.05)

12 mo : 5.9 vs 2.2 (P< 0.05)

18 mo : 5.6 vs 1.8 (p< 0.05)

 \rightarrow Mortality : similar



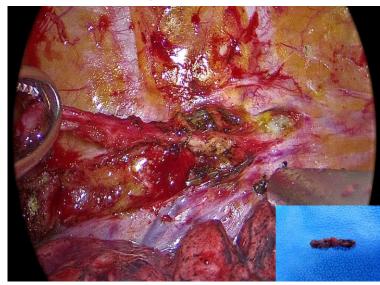
J Am Coll Cardiol Intv 2015;8:984–90.

Am J Cardiol 2016;118:1207e1210

Back to patient 4 mo ICD FU



POD 13 day : bilateral CSD



* Mode : UVI (ICP) * Lower rate : 40 bpm

	Threshold		Pacing	Densing (D)		Imagdanag		
	Amplitude		Amplitude		Sensing(R)		Impedance	
Atrium	-	v	-	v	-	mV	-	ohms
Ventricle	1,25	v	3,0 , 2,5	v	11.7	mV	360	ohms

* Longevity: 7,7 months/ Jears, Cell voltage: 9/1. + Charge time n. 1 Sec * Pacing rate : AS-VP % AS-VS % AP-VP % AP-VS %

1	pao	cing	sensing		Impedance		Battery state	
	Atrium	Ventricle	Atrium	Ventricle	Atrium	Ventricle		
Well		C		4		4	0	
Bad								

*Comment

Atriur Ventrio * Longe

Bad

Vp 1.8%

No Episodel

1 Yr ICD FU

* Mode : WI (ICD) * Lowe

wer	rate	;	40	
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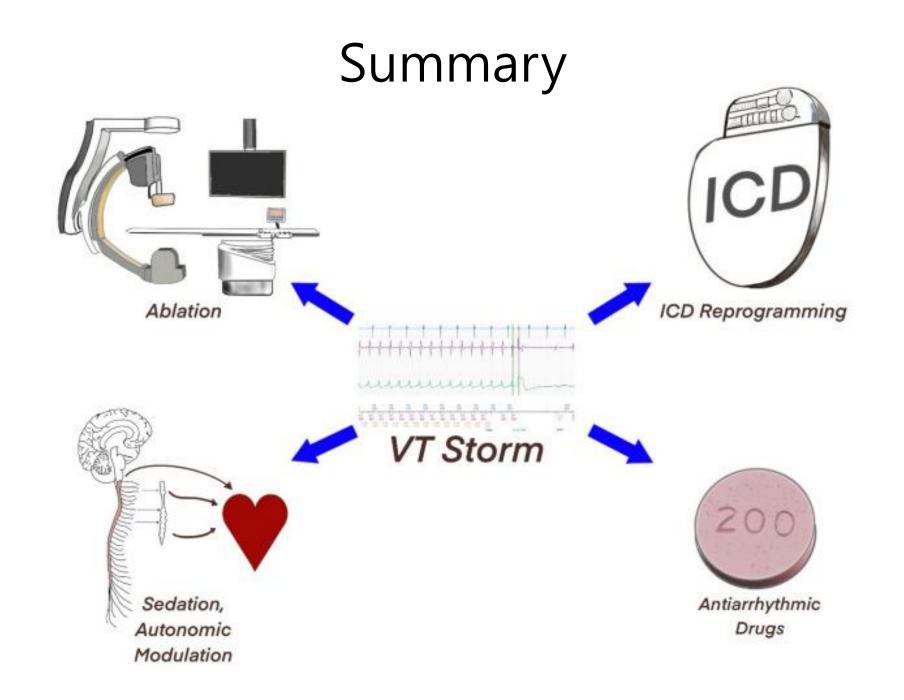
bpm

	Threshold Amplitude		Pacing Amplitude		Canainal	D)	Incoderate		
					Sensing(R)		Impedance		
m		v	-	V	-	mV	-	ohms	
icle	1,25	v	2.5	v	11.7	mV	390	ohms	

* Pacing rate : AS-VP % AP-VS % AS-VS % AP-VP % Impedance Battery state pacing sensing Atrium Ventricle Ventricle Atrium Atrium Ventricle 0 Well 9 9

*Comment up <1 %.







Thank you for your attention !!!!