RIGHT VENTRICULAR VS LEFT BUNDLE BRANCH PACING-INDUCED CHANGES IN ECG DEPOLARIZATION AND REPOLARIZATION

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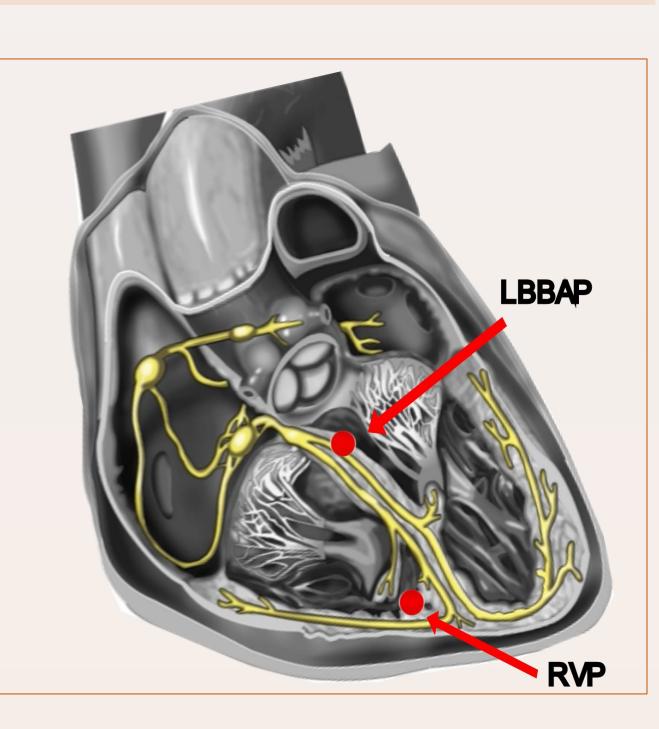
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INTRODUCTION

- Right ventricular pacing (RVP) has been conventionally used in patients with indication for cardiac pacemaker implantation as anti-bradycardia therapy. However, RVP can cause ventricular dyssynchrony and lead to increased risk of heart failure and atrial fibrillation^{1.}
- Left bundle branch area pacing (LBBAP) has come up as a novel and more physiological pacing form with improved feasibility and safety².

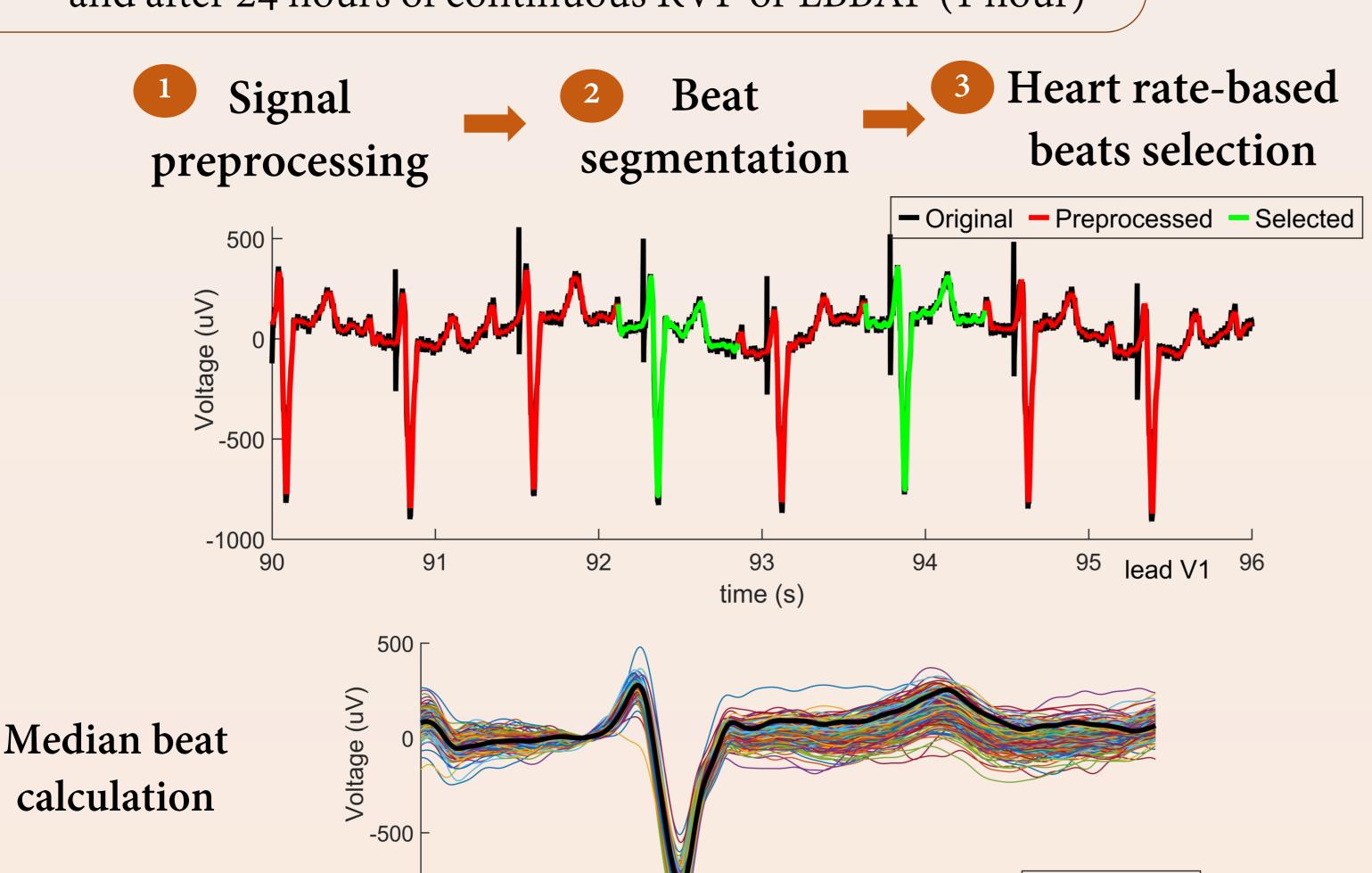
OBJECTIVE: Evaluate ECG depolarization and repolarization indexes in RVP and LBBAP, and compare the changes in those ECG indexes induced by RVP and LBBAP.



METHODS

Data

- 55 patients (33 LBBAP, 22 RVP)
- Standard 12-lead ECG recordings: at baseline (10 min) and after 24 hours of continuous RVP or LBBAP (1 hour)



0.2

0.3

0.1

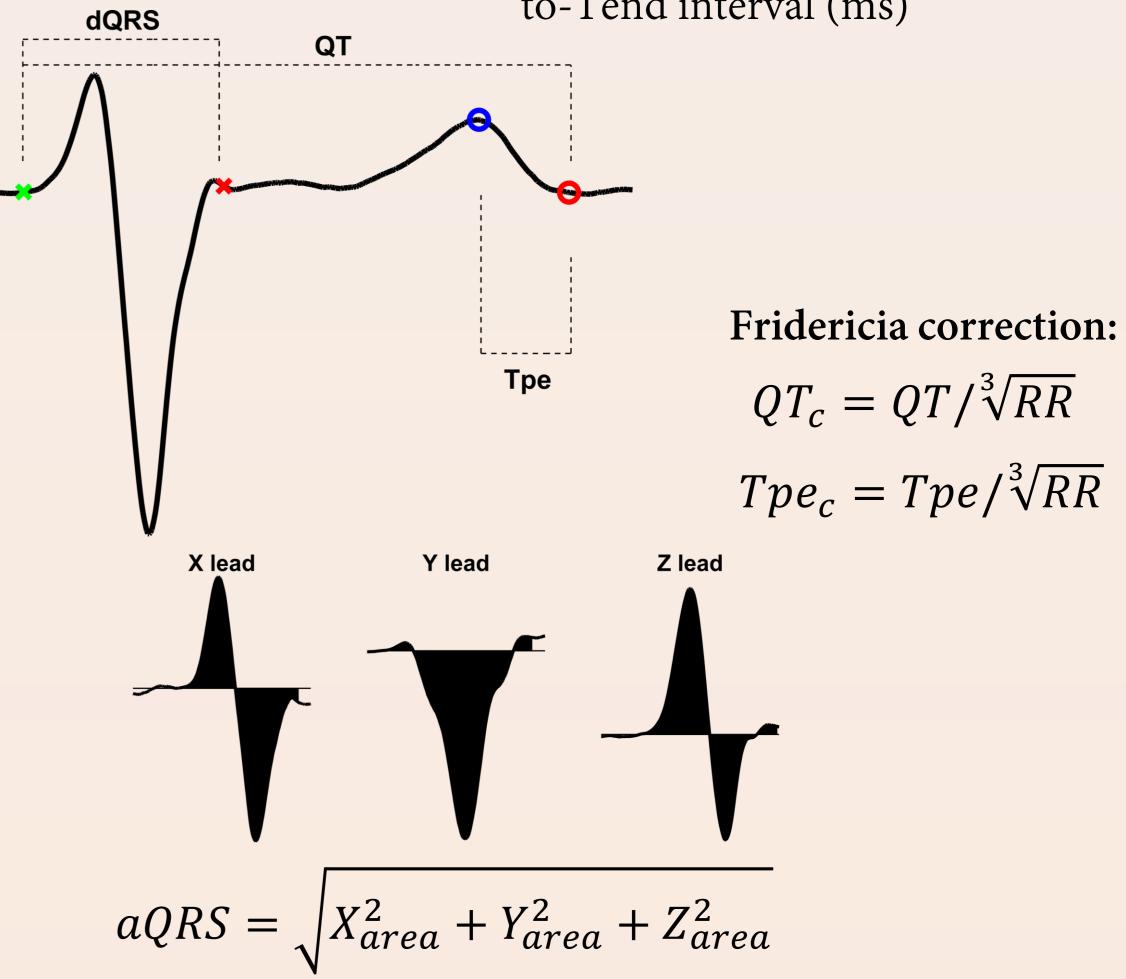
ECG indexes calculation

- •RR: heart rhythm (ms)
- •dQRS: QRS duration (ms)

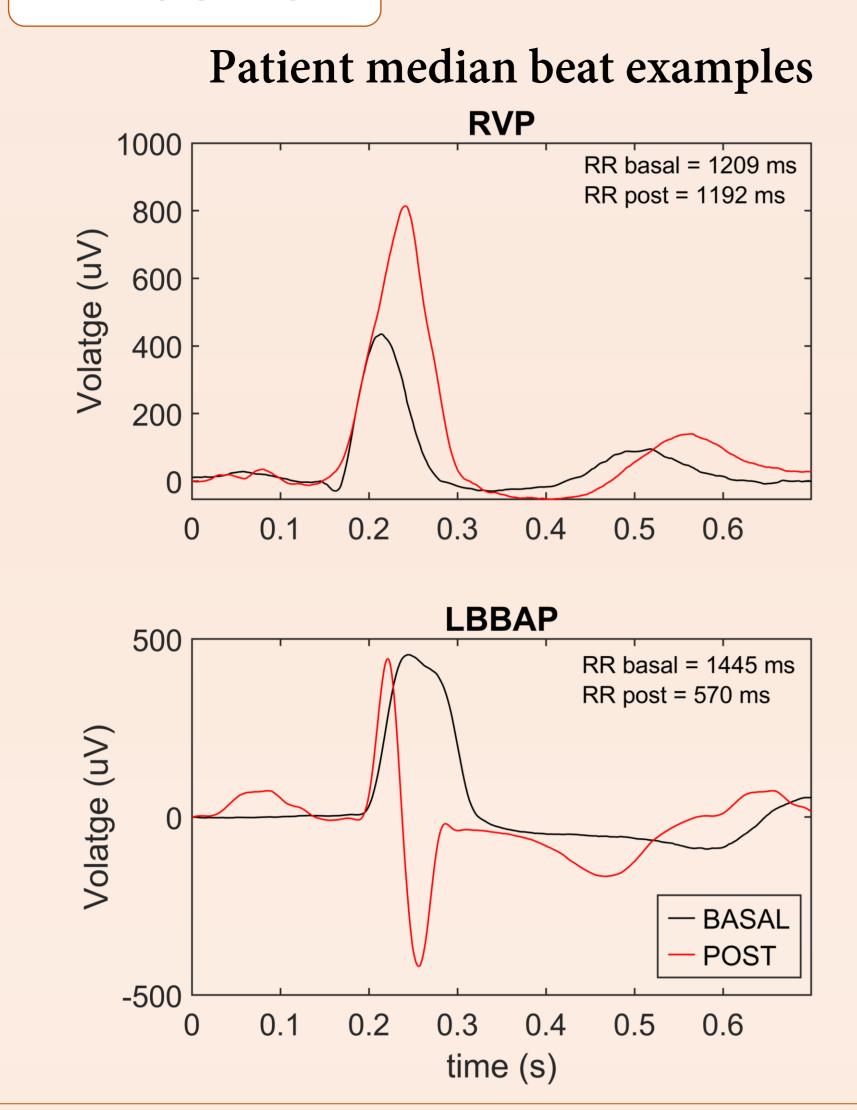
•aQRS: area QRS (uVs)

- interval (ms)
 - - •Tpec: heart-rate corrected Tpeakto-Tend interval (ms)

•QTc: heart-rate corrected QT



RESULTS



-1000

 Δ dQRS post-basal 100 time (ms) median: 8.5 median: -20 RVP LBBAP p<0.01 Δ aQRS post-basal 200 area (uVs) median: -21 -200 median: 39 **LBBAP** p<0.01

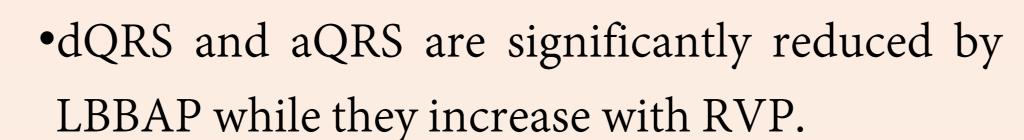
- Median Beat

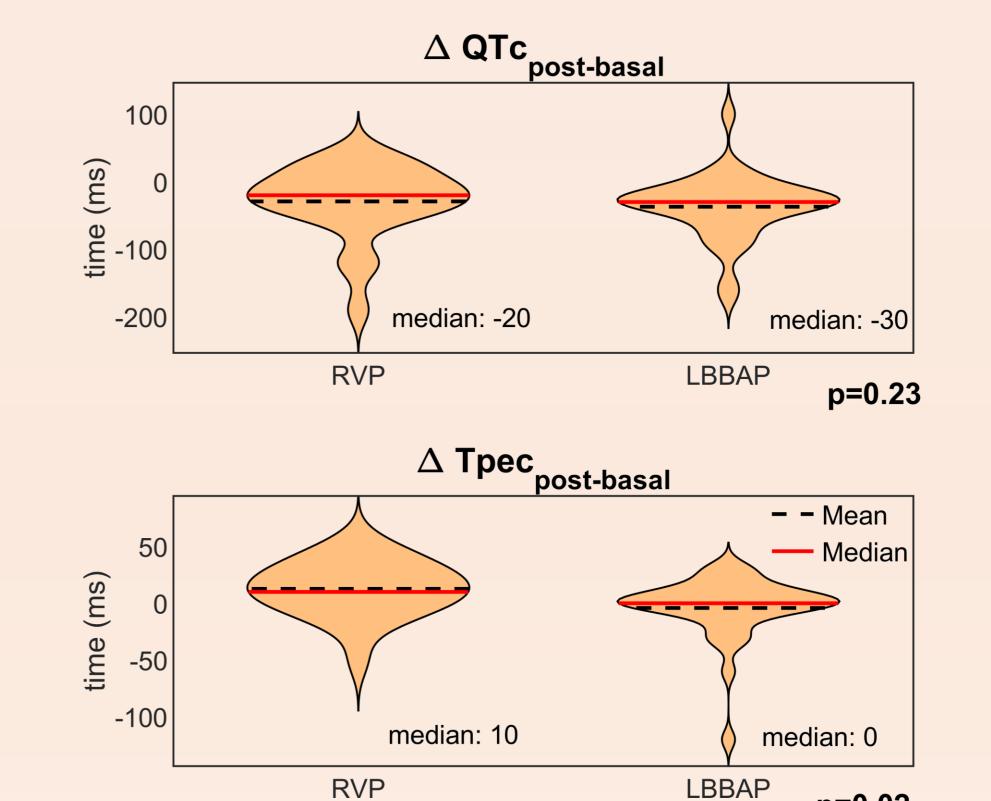
0.7 lead V1 0.8

0.5

0.4

time (s)





- •QTc is reduced by both RVP and LBBAP.
- •Tpec is increased by RVP but reduced by LBBAP.

p=0.02

CONCLUSIONS

- dQRS, aQRS and Tpec are significantly reduced when using LBBAP instead of RVP.
- LBBAP leads to more synchronized ventricular depolarization and shorter heart rate-corrected repolarization intervals than RVP.

REFERENCES

- 1. Lamas GA, Lee KL, Sweeney MO, et al. DOI:2002;346:1854–1862.
- 2. Chen K, Li Y, Dai Y, et al. DOI: 2019;21:673-680.



