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High Risk of Sudden Cardiac Death Managed by Cardiac Implantable Electronic Device

Huzairi Sani^{1,2,3}, Ahmad Bakhtiar^{1,2}, Muhammad Hanis^{1,2}, Khairul Shafiq^{1,2}

1 Cardiology Unit, Department of Internal Medicine, Faculty of Medicine, Universiti Teknologi MARA (UiTM), Sungai Buloh, Selangor, Malaysia
2 Cardiac Vascular and Lung Research Institute (CaVaLRI), Pusat Perubatan Universiti Teknologi MARA (UiTM), Sungai Buloh, Selangor, Malaysia
3 Integrative Pharmacogenomics Institute (iPROMISE), UiTM Puncak Alam Campus, Puncak Alam, Selangor, Malaysia

ANSWER TO JCHS-IQ-02-2022

Answer: C

Discussion

The chest X-ray reveals implantable cardioverter-defibrillator (ICD)-pacemaker combination with two leads projected at the right atrium and ventricle. A pulse generator placed subcutaneously in the left infraclavicular area. There are shock coils seen as thickened radio-opaque structures on the lead. Automatic implantable cardioverter defibrillators function as patient monitoring and therapy in the event of life-threatening ventricular tachyarrhythmias.

Her Cardiac MRI reported increased left ventricular wall thickness (IVSDd 18mm, LPWDd 10mm, basal septal 22mm, mid septal 17mm, basal inferior 14mm, mid inferior 19mm, apical inferior 11mm, basal anterior 10mm and basal lateral 7mm). The maximum left ventricular thickness is required as one of the parameters in clinical risk prediction for sudden cardiac death. There was no systolic anterior motion of the mitral valve seen. She was diagnosed with Hypertrophic cardiomyopathy (HCM) with high sudden cardiac death risk score of 7.36% [1]. The indication of ICD in this case is for primary prevention from sudden cardiac death due to ventricular tachyarrhythmia [2, 3].

HCM is characterized by left ventricular hypertrophy of various morphologies. The presentation varies from asymptomatic, heart failure, chest pain or arrhythmias to sudden death in the young depending on the site and extent of cardiac hypertrophy. The cardiac hypertrophy is caused by mutations in one of several sarcomere genes which encode components of the contractile apparatus.

Learning Points

- The indication and evidence base for cardiac implantable electronic devices continues to expand providing a better clinical outcome.
- ICDs comprises of a single lead with one or two shock coils which are radiopaque on chest x-ray.

Conflict of Interest

Authors declare none.

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Corresponding author:

Huzairi Sani,
Department of Internal Medicine,
Faculty of Medicine,
Universiti Teknologi MARA (UiTM),
Jalan Hospital, 47000 Sungai Buloh,
Selangor, Malaysia.
Email: huzairis@gmail.com

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