Investigating and Prognosticating

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ECG reading is an art. In certain situations, ECG can mimic or mask the disease. All waves, segments and intervals are important. Often, long QT interval is missed and needs to be properly looked as it may be the seat of arrhythmias.

Management of arrhythmias always remains a challenge for the physicians. Patients are being treated for insignificant arrhythmias like benign ventricular premature beats with broad spectrum antiarrhythmics. Residents, even some physicians get frightened to see innocuous arrhythmias after thrombolytic therapy and needless therapies are being given.

Arrhythmias arise from the heart and it has remained an issue close to the heart. And the physicians should know when arrhythmias not to treat. In today’s world, arrhythmias may be the only condition in cardiac diseases which can be curable i.e. PSVT, certain ventricular tachycardias, and some atrial fibrillations.1,2

Sudden cardiac death has always baffled the physicians. Can we prevent death? There are devices which have offered newer therapeutic options like Cardiac Synchronization Therapy (CRT) in Heart Failure and Automated Implantable Cardioverter-Defibrillator (AICD) which have given improved quality of life and better morbidity and mortality benefits, but at a cost which may be a big limiting factor in developing nations.

Pacemakers have also worried the physicians at large. What are we supposed to follow up in such patients and what are to be avoided. There have been myths and facts.

Indian experts in cardiac arrhythmias have covered various topics which are relevant to a practising physician. The compendium aims to cover all areas of arrhythmia science as well as clinical pearls like syncope and followup of a pacemaker patient. We have tried to resolve certain issues pertaining to arrhythmias in this supplement issue on arrhythmias for practicing physicians. Hope members will find them useful.

REFERENCES