

VENTRICULAR ARRHYTHMIA (VARD) OR VENTRICULAR TACHYARRHYTHMIA (VTA)

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Abstract: The general name of heart rhythm disorders, in which the source of ectopic activity or re-entrant circle is located under its bundle, i.e. in its branches, Purkinje network or ventricular myocardium. During the ECG, ventricular extrasystole is recorded in the form of single impulses in about 5% of healthy young people, and during daily ECG monitoring - in 50% of subjects, which is the norm. With age, ventricular extrasystole is often detected.

Key words: VTA, VARD, Research, Prognosis, Prevention

Clinical manifestations of ventricular tachyarrhythmias can vary significantly - from absolutely asymptomatic cases to palpitations, chest discomfort, chest pain, suffocation, dizziness, presyncope and fainting, and full blood circulation. until the suspension of liq. Palpitations, dizziness, and syncope are the three most important symptoms that require a careful history and further investigation to rule out VT. With ventricular extrasystole, the patient usually complains of cardiac arrest, interruptions in its work, tremors and tremors in the area of the heart. In an atypical location, chest pain, weakness, and dizziness may occur. In addition, heart rhythm disturbances can cause anxiety, fear of death and, in more severe cases, panic in the patient. Complaints about interruptions in heart activity during extrasystole may be related to provoking factors (smoking, alcohol, excessive physical activity, etc.) and / or exacerbation of the disease that causes extrasystole. However, symptoms of arrhythmia may appear without any triggering factors.

Research

The diagnosis of ventricular extrasystole is confirmed on the basis of objective examination, cardiac auscultation data, electrocardiography (ECG) and 24-hour Holter ECG monitoring.

During the objective examination, attention is paid to the clear pulsation of the neck veins, which occurs when the ventricles contract prematurely. A characteristic feature is an uneven pulse with a long pause after an emergency contraction of the heart.

During auscultation, arrhythmic sounds of the heart, a change in the tone of the first tone (caused by the sound of the closing of the mitral and tricuspid valves and appears during the contraction of the ventricle), and a split of the second tone (appears in a short time) can be heard. the time during which the heart relaxes due to occlusion of the aorta and pulmonary arteries).

The diagnosis of ventricular extrasystole can be confirmed only by means of instrumental studies. If there is a suspicion of ventricular extrasystole, the patient first undergoes an ECG examination, which allows recording the emergency QRS complex. A standard 12-lead ECG can help identify genetic disorders associated with ventricular arrhythmia (VA) and sudden cardiac death (SCD), such as channelopathies (long QT syndrome and short QT syndrome, Brugada syndrome, CPVT) and cardiomyopathies (ARC and). HCM). Structural heart pathology is indicated by ECG signs such as His bundle block, atrioventricular (AV) block, ventricular hypertrophy, and Q wave characteristic of coronary heart disease or infiltrative cardiomyopathy.

The use of echocardiography to assess LV and RV function and detect structural cardiac pathology is recommended for all patients with suspected or confirmed VT or at high risk of developing severe VA or SCD.

If ventricular arrhythmias are known or suspected to be induced by physical activity, patients are advised to perform a dosed exercise test to establish the diagnosis, determine the prognosis, and evaluate the results of drug therapy or RFA.

Exercise stress testing (electrocardiography/echocardiography/perfusion single-photon emission computed tomography) in VA patients with a moderate or high probability of SA based on age or symptoms to induce ischemic changes or ventricular arrhythmia) is recommended. as well as to clarify the diagnosis and prognosis in cases of exercise-induced VT or suspicion of this pathology, including catecholaminergic polymorphic VT

When echocardiography does not accurately assess LV and RV function and/or structural changes, cardiac MRI or CT should be considered as a diagnostic modality in patients with VA.

Recommended that coronary angiography be considered to confirm or exclude hemodynamically significant coronary artery stenoses in 21 patients with life-threatening VA or in 21 patients with moderate or high probability of COPD based on age and symptoms .

An intracardiac electrophysiological study is recommended for the induction of VT in patients with a characteristic clinical picture, but no ECG was recorded during the attacks, as well as in cases where the diagnosis cannot be made based on the ECG recorded during the paroxysm. and check diagnosis (EFI). Intracardiac PVC EPS has been used to assess VT induction, map potential ablation sites, assess the risk of recurrent episodes of VT or SCD, and identify causes of loss of consciousness that may be associated with arrhythmias and implantable cardioverter defibrillator (ICD) use. ' is used to define instructions. .

Treatment.

The most important prerequisite for the successful treatment of ventricular arrhythmias (VA) and the prevention of sudden cardiac death is the effective treatment of the underlying heart disease and comorbidities. IHD is the main cardiac pathology causing VT and SCD. Treatment of the underlying disease causing VT and SCD should be in accordance with current clinical recommendations for the diseases/conditions in question.

Prognosis. Prevention.

The prognosis of the course of ventricular extrasystole is influenced by its form, the morphological pathology of the heart tissue, and the presence of hemodynamic disorders. Functional and idiopathic single contraction of the myocardium does not threaten human health and life. As a rule, patients with a benign course of ventricular extrasystole without organic pathologies of the heart live for a long time.

Frequent polymorphic PVCs that develop on the background of organic heart damage can lead to heart failure and sudden death if left untreated. This type of ventricular extrasystole threatens human life. Therefore, all patients with symptoms of cardiac arrhythmia should consult a specialist in time. It is also important to periodically undergo a preventive examination by a cardiologist to detect the disease at an early stage.

The patient should be aware of the cardiovascular risk factors that he and his family members have - smoking, excess body weight, psycho-emotional stress, sedentary lifestyle, high cholesterol level. The effects of these risk factors can be reduced. It is especially important to correct modifiable risk factors if the patient and his/her family members have non-modifiable risk factors, which include: sudden cardiac death in the family, early brain stroke, myocardial infarction, diabetes mellitus; These factors also include male sex, old age, physiological or surgical menopause in women. Correction of risk factors is required not only for the patient, but also for his family members. It is carried out through the implementation of family primary prevention and educational programs designed by the attending physician.

Basic advice for the patient and his family

1. At least 7 hours of sleep per day is considered sufficient;
2. Body weight should be close to ideal (BMI less than 25 kg/m²). For this, depending on the body weight and the nature of work, the daily calorie content of food should be from 1500 to 2000 kcal. Protein consumption - 1 g / kg body weight per day, carbohydrates - up to 50 g / day, fats - up to 80 g / day.
3. It is recommended to keep food diaries; the patient is advised to avoid fatty and sweet foods, to give preference to vegetables, fruits, cereals and wholemeal bread;
4. Limit salt consumption to 5 g/day;
5. You should eat foods rich in potassium (fresh fruits, vegetables, dried apricots, baked potatoes);
6. Smoking should be stopped or limited;
7. Alcohol consumption should be limited to 30 ml/day of absolute ethanol;

8. Agree with the attending physician on individually acceptable loads for the patient: walking, cycling, skiing, gardening;
9. Psycho-emotional stress at work and at home can be managed with the right lifestyle. You should limit the length of the working day and household stress, avoid night shifts and business trips;
10. Young athletes should not abuse nutritional supplements and take anabolic steroids to increase muscle mass.

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