EMBARGOED UNITL 20th NOVEMBER 2022 1730HRS SGT

Cardiac Dysautonomias

Context:

Cardiac dysautonomia is an umbrella term used to refer to a variety of conditions caused by impairment of the sympathetic and/or parasympathetic cardiovascular autonomic system.

Summary:

Dr Michelle Brignole from Milan, Italy, opened with a talk on the diagnosis of spectrum of non-cardiac syncope. Non-cardiac syncope may be classified either by aetiology and clinical forms, or more recently, by its mechanism (hypotensive versus bradycardic phenotype). He shared the diagnostic workflow for each phenotype, and in particular, the utility of ambulatory blood pressure monitoring (ABPM). ABPM though classically used for the diagnosis of hypertension, may also be useful for demonstrating hypotension. A positive association between hypotension on 24h ABPM and reflex syncope has been demonstrated in the SynABPM 1 study. He also shared on the guideline-based established therapies and emerging therapies available for each phenotype, though he acknowledged that patients may not always fit clearly into one phenotype.

Next, Dr Lau Dennis H from Australia shared on postural orthostatic tachycardiac syndrome (POTS), from patient assessment to non-pharmacological and pharmacological management. He emphasised on the need for a multidisciplinary team approach for this poorly understood and poorly recognised multi-system disorder. He also shared on POTS in patients suffering from long COVID.

Dr Tae-Hoon Kim from Seoul, Korea, shared a case of a 17 year old high school male with recurrent reflex syncope with documented sinus arrest of > 5 seconds, and non-obstructive hypertrophic cardiomyopathy without late gadolinium enhancement of cardiac magnetic resonance imaging. With this case, he highlighted the unmet needs in current syncope guidelines given the lack of data on pacing for cardioinhibitory reflex syncope in structural heart disease and/or young patients. He then shared on the various studies comparing different pacing modes for patients with pacemakers implanted for cardioinhibitory syncope. More data is required on the ideal pacing mode. Data on leadless pacemaker is also lacking.

We closed the session with a talk by Dr Josef Kautner from Prague who shared his experience on the neuro-ablation in neuro-cardiogenic syncope, a promising treatment option for patients with recurrent neurally-mediated syncope with cardioinhibitory component. This may be a viable alternative to pacemaker implantation, especially in younger patients.

Message:

“Our patients seek solutions not only explanations” said Dr Michelle Brignole. More work is required to develop effective therapies for cardiac dysautonomia, especially in young patients and in those with structural heart disease. Emerging therapies on the horizon for cardioinhibitory syncope include neuro-ablation.

Session details:

Cardiac Dysauonomias: Saturday 19th November 1-2pm SGT

Author:

Chua Yi Yi

National Heart Centre, Singapore

Press contact:

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