

EFEKTI I VALSARTANIT MBI DISPERSIONIN E RRITUR TË QT-SË NË VESIN AORTAL

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Summary

VALSARTANIAN EFFECTS ON THE INCREASED DISPERSION OF QT IN THE AORTAL VICE

It is well known that there is a close relation between sudden cardiac death and serious ventricular tachyarrhythmias in patients with aortic valve stenosis. QT dispersion (QTd) reflects the ventricular repolarization heterogeneity and has been proposed as an indicator for ventricular arrhythmias.

The aim of our study was to analyze the ventricular repolarization phase in patients with aortic valve disease (isolated aortic stenosis, aortic regurgitation or both), in order to search for possible abnormalities that might contribute to an explanation of the electrical instability peculiar to this valve disease.

Methods:

We selected a population of 44 patients with aortic valve disease (29 m and 15 F, mean age $54,4 \pm 10,4$ years). As controls we considered a group of 40 age-matched healthy subjects, mean age $53,5 \pm 7,8$ yrs, P = NS. Disease severity was assessed by echocardiography. Various electrocardiographic intervals (QT, QTc, QTmax, QTmin, QTadj) and indices (QT and QTc dispersion) were adopted for a detailed non-invasive evaluation of the ventricular repolarization.

Results:

We found that QTd, QTcD, Qtcmax and QTc min were greater in patients than in controls ($84,2 \pm 36,9$ vs $31,8 \pm 11,4$; p < 0,0001 for the values of QTcD). The more important finding is that this greater QTcD was significantly reduced after receiving Valsartan ($84,2 \pm 36,9$ versus $41,5 \pm 25,3$ with p < 0,0001). Our findings also showed that QTcD in the patient group correlates well with left ventricular index mass (LVIM) and frequency of premature ventricular complexes.

Our findings suggest that a prolonged duration of ventricular recovery and greater dispersion of ventricular repolarization in patients with AVD might account for the electrical instability proper to this valve dysfunction.

Conclusions:

High values of QTc dispersion are sensitive noninvasive markers to determine the risk for syncope in patients

Studime elektrofiziologjike, klinike dhe eksperimentale kanë treguar rëndësinë e johomogenitetit të repolarizimit të miokardit në lindjen e aritmive ventrikulare.

Dispersioni i QT është vlerësuar si një matës i qartë i këtij johomogeniteti.(16,17) Studime recente kanë treguar që repolarizimi jouniform miokardial është i pranishëm në pacientët me ves aortal.(9,10) Pikërisht kjo rritje e dispersionit të

repolarizimit miokardial si dhe aktivizimi i tepruar i sistemit reninë- angiotenzinë- aldosteron (SRAA) në nivel qarkullues e indor në prani të një substrati ekzistues aritmogen është edhe njëri nga shkaqet e instabilitetit elektrik, takiaritmive ventrikulare serioze dhe sinkopeve në këtë patologji (3,4,7,8).

Shumë studime evidentojnë dispersionin e QT si faktor prediktiv për vdekjen subite dhe aritmitet ventrikulare (9,10,11,12). Pra rritja e

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