

Prevenzione morte improvvisa nelle miocarditi

ACC/AHA/ESC PRACTICE GUIDELINES ACC/AHA/ESC 2006 Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death

Myocarditis, Rheumatic Disease, and Endocarditis

Recommendations

Class I

1. Temporary pacemaker insertion is indicated in patients with symptomatic bradycardia and/or heart block during the acute phase of myocarditis. (*Level of Evidence: C*)
2. Acute aortic regurgitation associated with VT should be treated surgically unless otherwise contraindicated. (*Level of Evidence: C*)
3. Acute endocarditis complicated by aortic or annular abscess and AV block should be treated surgically unless otherwise contraindicated. (*Level of Evidence: C*)

Class IIa

1. ***ICD implantation can be beneficial in patients with life-threatening ventricular arrhythmias who are not in the acute phase of myocarditis, as indicated in the ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices, who are receiving chronic optimal medical therapy, and who have reasonable expectation of survival with a good functional status for more than 1 y. (Level of Evidence: C)***
2. Antiarrhythmic therapy can be useful in patients with symptomatic NSVT or sustained VT during the acute phase of myocarditis. (*Level of Evidence: C*)

Class III

ICD implantation is not indicated during the acute phase of myocarditis. (*Level of Evidence: C*)