

Dětská kardiostimulace

Roman A. Gebauer

HERZZENTRUM

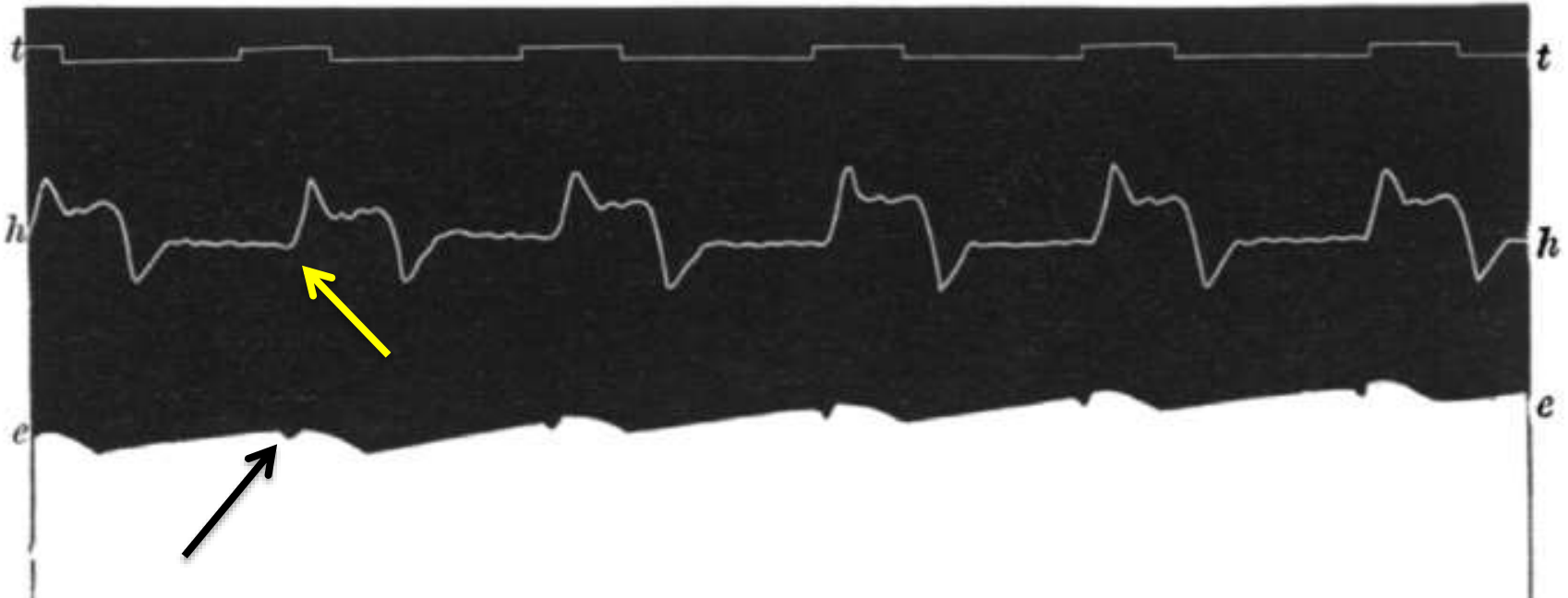
LEIPZIG

Once upon a time...

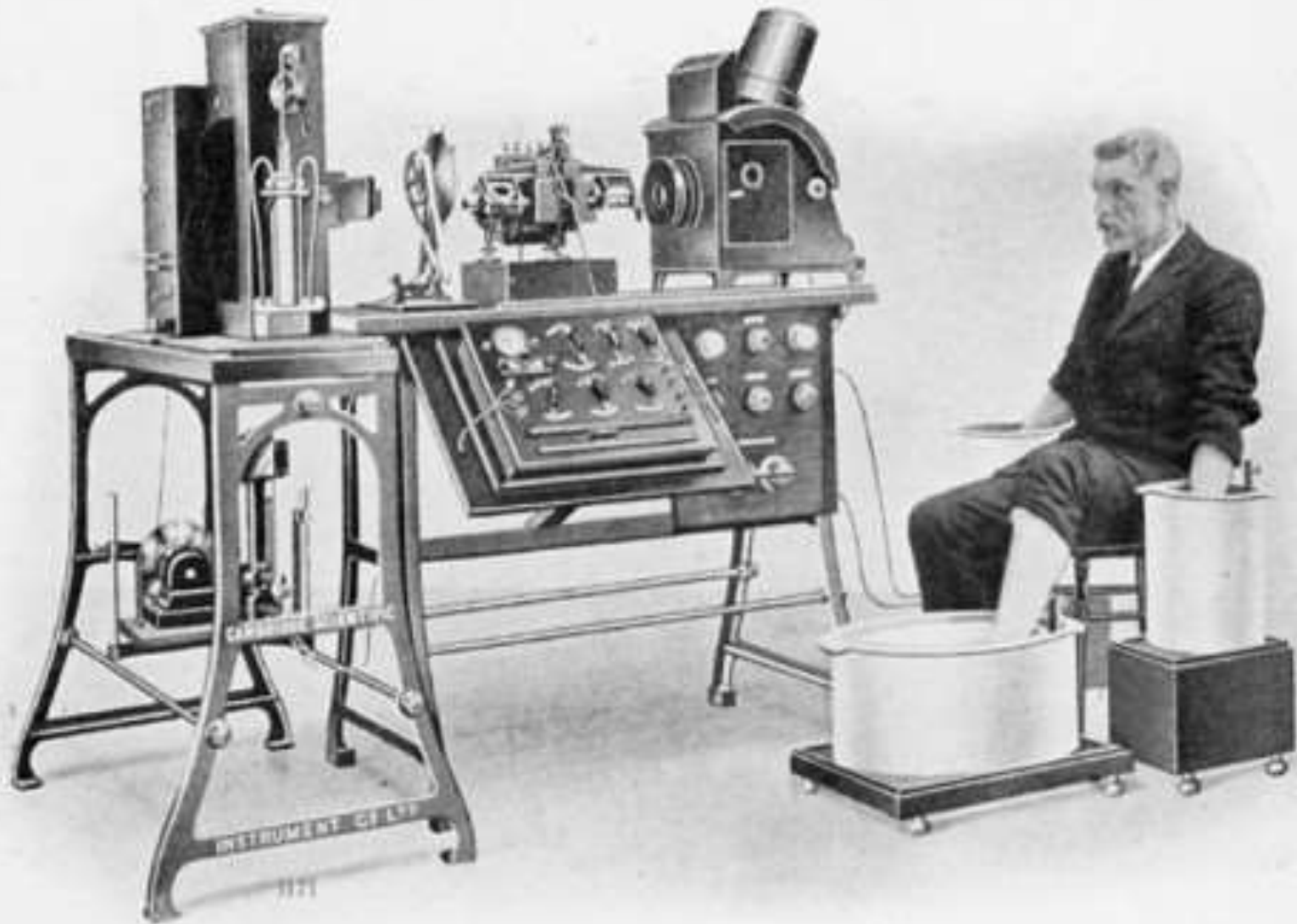
- Hippocrates (460-375 BC)
 - ✓ "Those who suffer from frequent and strong faints without any manifest cause die suddenly"
- Aristotle (384-322 BC)
 - ✓ "The heart is the source of all movement, since the heart links the soul with the organs of life"
- ... to by bylo na dlouho 😊

The first ECG...

"...Each beat of the heart gives an electric change, beginning at one end of the organ and ending at the other..."



"I do not imagine that electrocardiography is likely to find any very extensive use in the hospital. It can at most be of rare and occasional use to afford a record of some rare anomaly of cardiac action."



PHOTOGRAPH OF A COMPLETE ELECTROCARDIOGRAPH, SHOWING THE MANNER IN WHICH THE ELECTRODES ARE ATTACHED TO THE PATIENT, IN THIS CASE THE HANDS AND ONE FOOT BEING IMMERSSED IN JARS OF SALT SOLUTION.

The first pacing machines



When the patient comes equipped with this device, he can be treated at any time, and the device can be used for a long period of time.

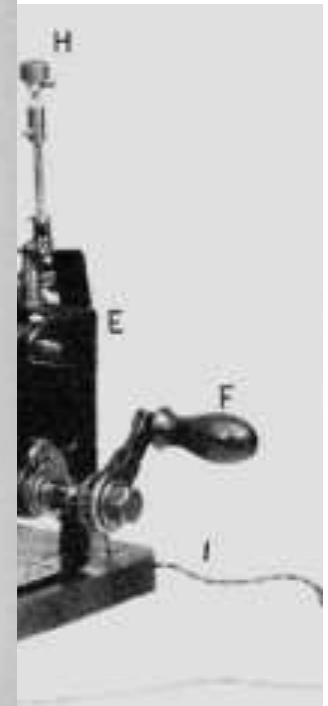
PHYSICIAN INFENTS SELF-STARTER for Dead Man's Heart

WHAT you need is a device that will start the heart of a dead man. It is a device that will start the heart of a dead man. It is a device that will start the heart of a dead man. It is a device that will start the heart of a dead man.

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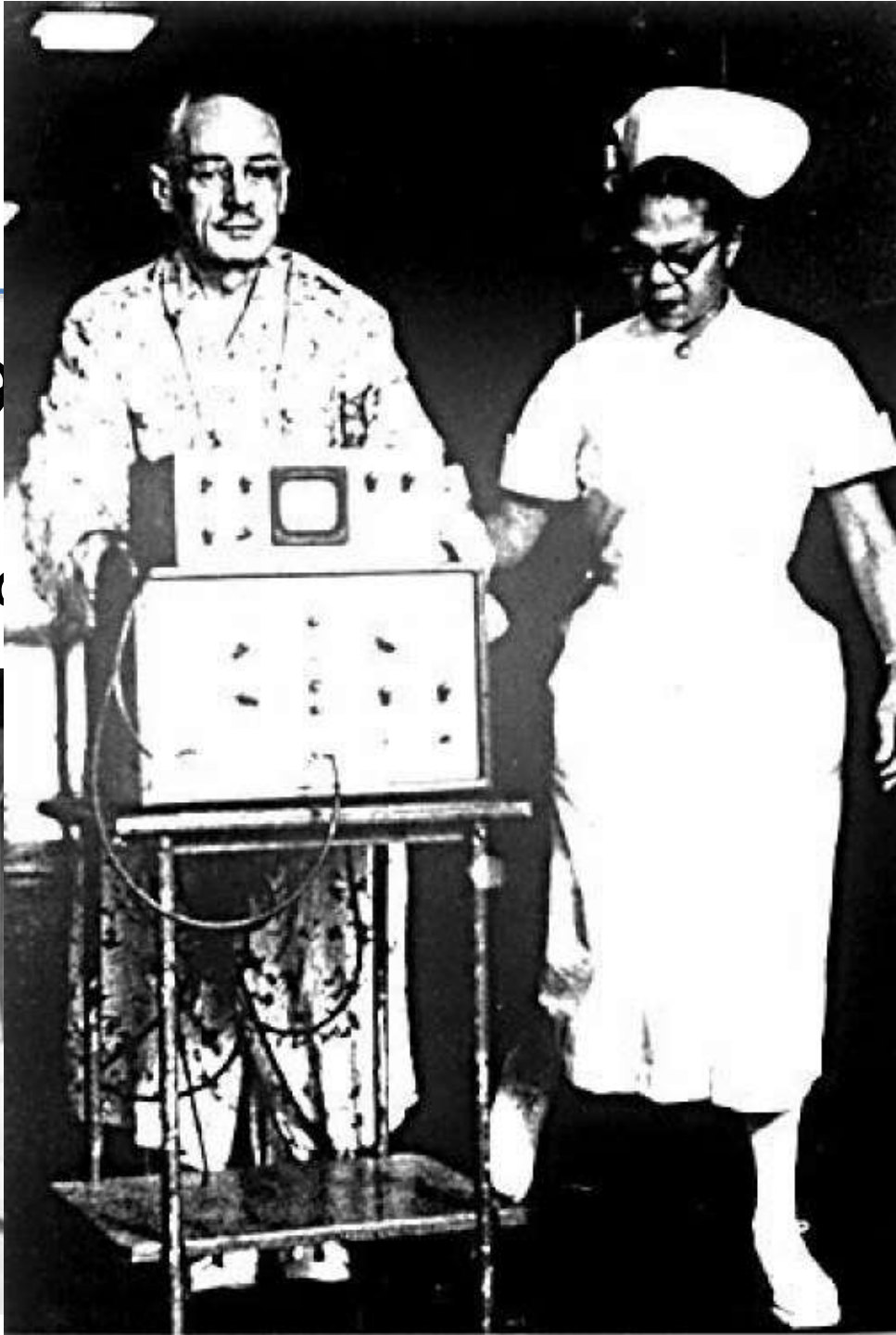
space



The

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- Early 1950s
✓ P. Zoll
pacemaker



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The first pacing machines - cont.

- Late 1950's - early 1960's

"Golden Years of pacing"

- ✓ 1957 - first battery operated wearable pacemaker
- ✓ 1958 - first totally implantable pacemaker
- ✓ 1960 - first long-term correction of AV block, with a implantable pacemaker
- ✓ ...

The first pacing machines

- 1957 - first battery operated wearable



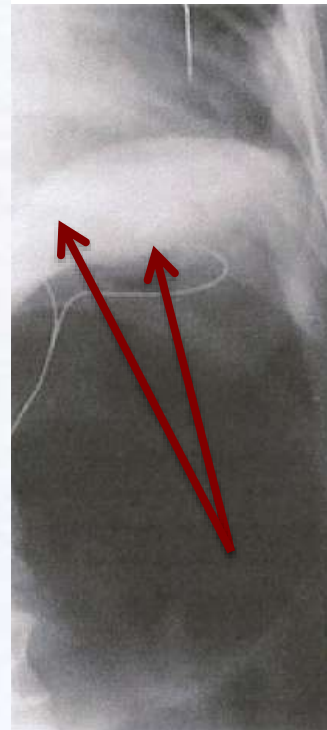
The first pacing machines

- 1958 - first totally implantable pacemaker
 - ✓ in Sweden by surgeon Ake Senning & engineer

Rur

✓ Pat

○ 2



Further evolution

Paradigm Shifts in Cardiac Pacemakers

1950s

AC-powered
pacemakers
tethered to an
extension cord
(Furman)



1950s

Battery-powered
transistorized
"wearable"
pacemakers
(Lillehei/Bakken)



1958

First fully
implantable
pacemaker
(Elmqvist/
Senning)



2015

Implantable
pacemaker—
basic system
had not evolved
significantly



Future directions of cardiac pacing

Improve cardiac resynchronization and cardiac efficiency

- Position of the pacing lead
- Cardiac resynchronization therapy (CRT)
- Reduction of unnecessary ventricular pacing
- Recruit His-Purkinje conduction

1990 - 2010

"Pacing induced cardiomyopathy"

Dyssynchrony

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graph TD; A[Dyssynchrony] --> B[Regional heterogeneity of function and loading]; B --> C[Structural and cellular remodeling]; C --> D[Dyssynchronous cardiomyopathy];
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Regional heterogeneity of function and loading

Structural and cellular remodeling

Dyssynchronous cardiomyopathy



How

ny?

Gu

CHD

Permanent Cardiac Pacing in Children - Choosing the Optimal Pacing Site: A Multi-Center Study

- **Cross-sectional study (N=178, 21 centers)**

- ✓ CAVB, structurally normal heart

- ✓ Initially normal LVEF

- ✓ Pacing sites (pts)

- ✓ RV

- RVOT (8), RV lat (44)

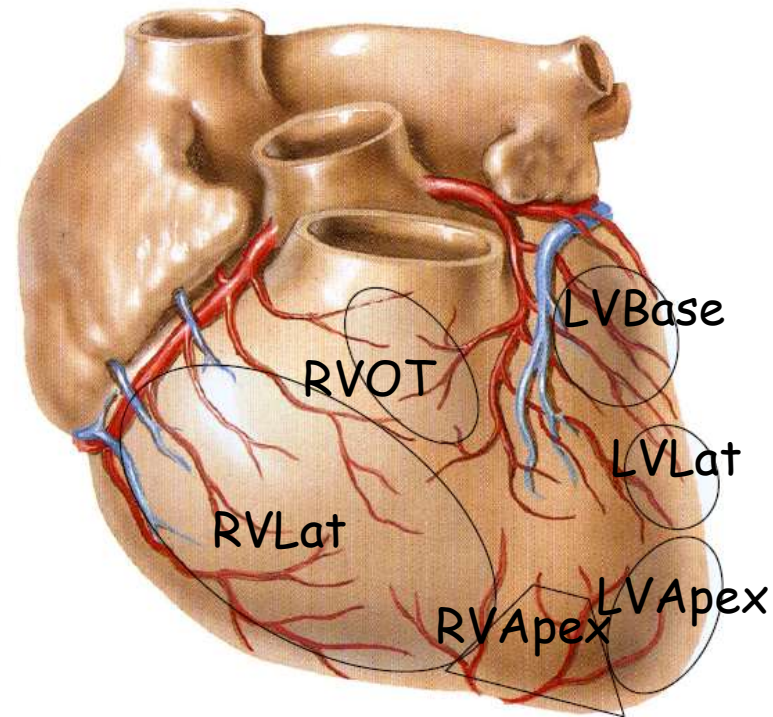
- RVA (61), RV Septum (29)

- ✓ LV

- LVA (12), LV lat (17)

- LV Base (7)

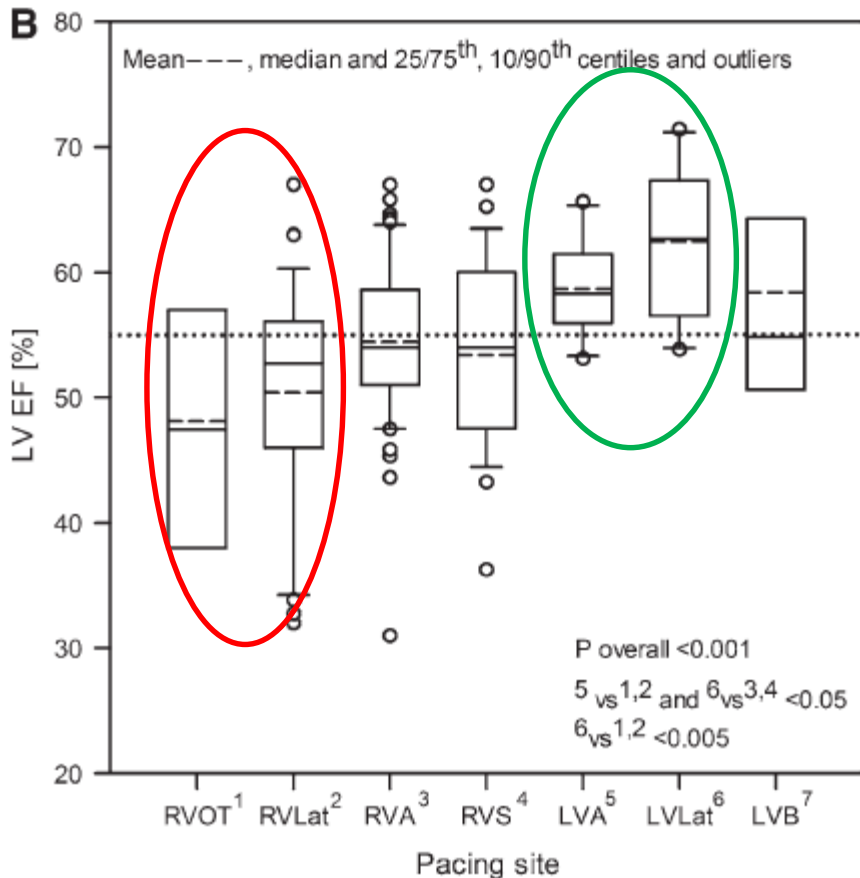
- ✓ Pacing duration 5.4 yrs



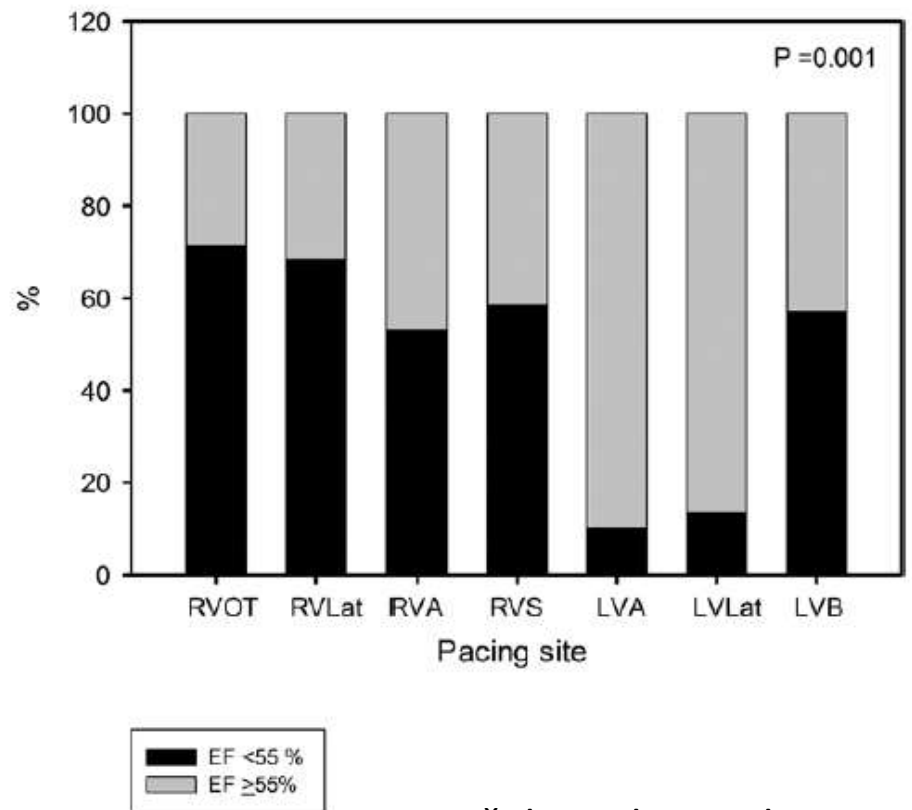
Permanent Cardiac Pacing in Children - Choosing the Optimal Pacing Site: A Multi-Center Study

Prevent conventional pacing associated cardiomyopathy by proper placement of the ventricular leads

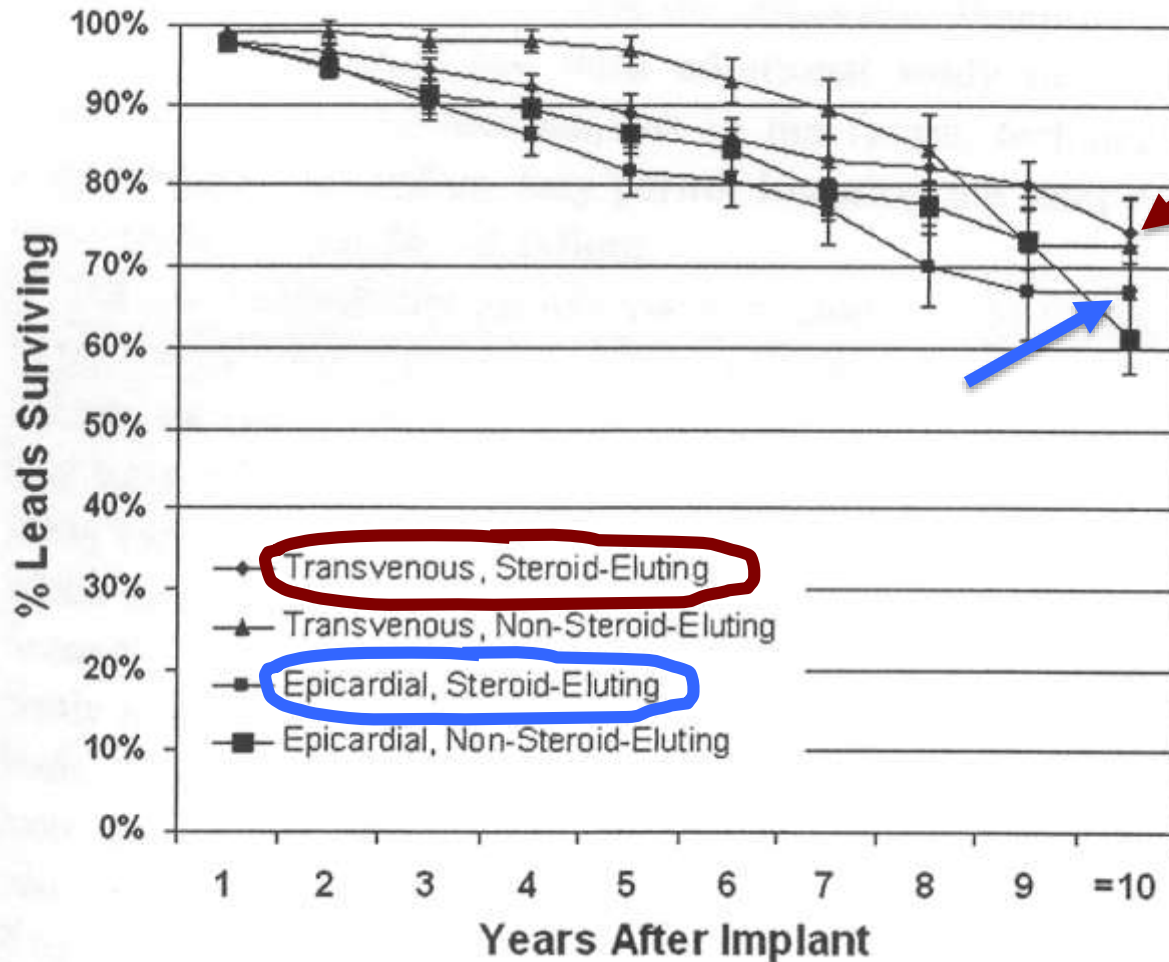
LV ejection fraction at follow-up



Proportion of pts with LVEF < 55 %



The lead - "Achilles" heel of the pacing system



Risk factors for lead failure

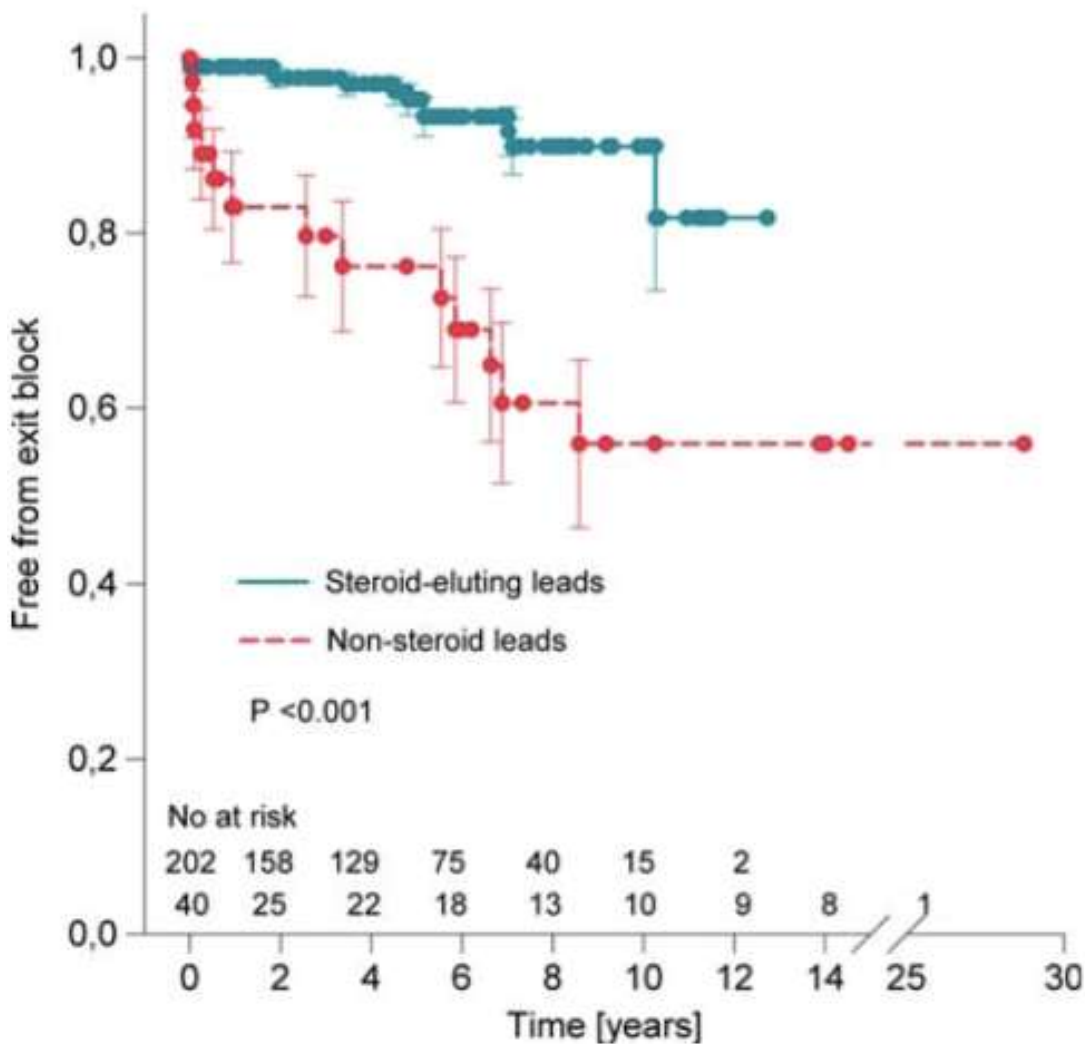
✓ Age <12 years
(HR=2,7, p<0,001)

✓ CHD

(HR=1,8, p=0,001)

✓ Epicardial lead
(HR=1,6, p=0,007)

The lead - "Achilles heel" of the pacing system



Risk factors for lead failure

- ✓ Unipolar lead
(HR=2,7, p<0,001)
- ✓ Height at the time
of implantation
(HR 0.81, P=0.028
per each 10 cm
increment)

Future directions of cardiac pacing

Improve cardiac resynchronization and cardiac efficiency

- Position of the pacing lead
- Cardiac resynchronization therapy (CRT)
- Reduction of unnecessary ventricular pacing
- Recruit His-Purkinje conduction

Reduce hardware to reduce lead failure, valve injury, device infection

- leadless pacemakers
-

Special Article

Totally Self-Contained Intracardiac Pacemaker*

J. WILLIAM SPICKLER, PH.D., NED S. RASOR, PH.D.†, PAUL KEZDI, M.D.
S. N. MISRA, M.D., K. E. ROBINS, P.E., AND CHARLES LeBOEUF, P.E.

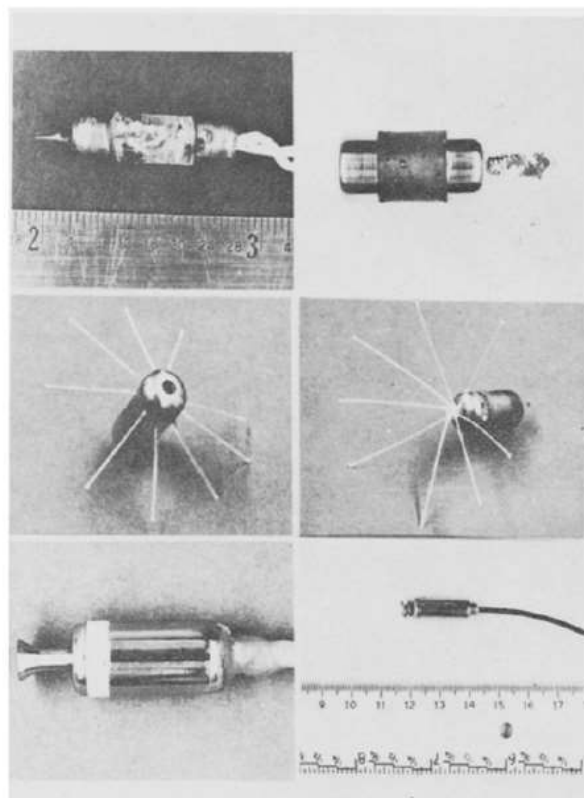


Fig. 2. Some early unsatisfactory dummy capsules used to explore attachment technique.

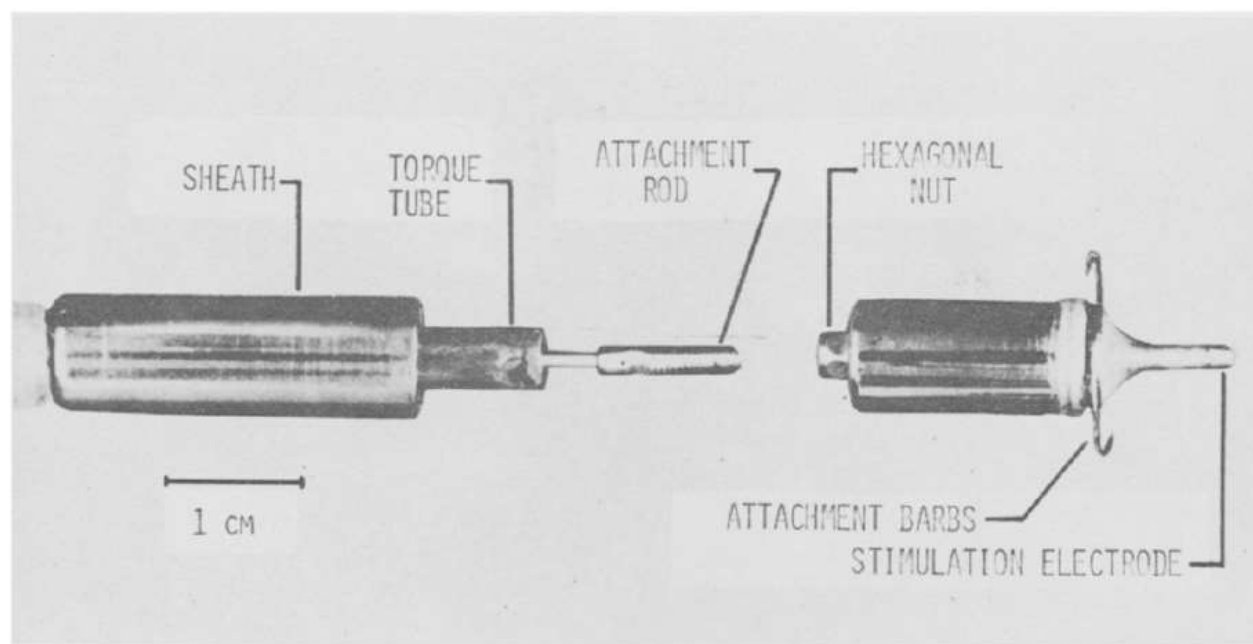
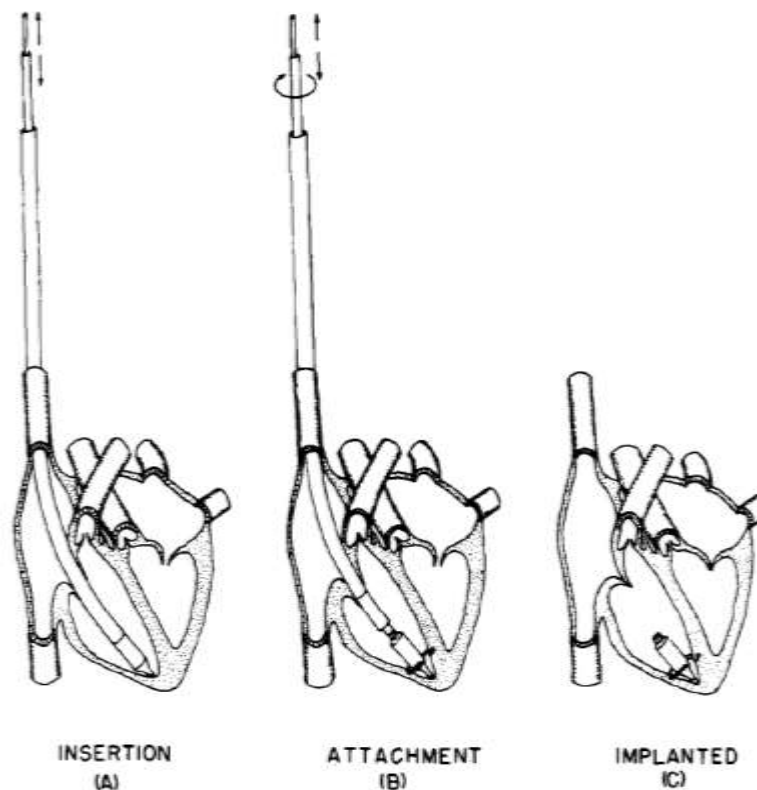
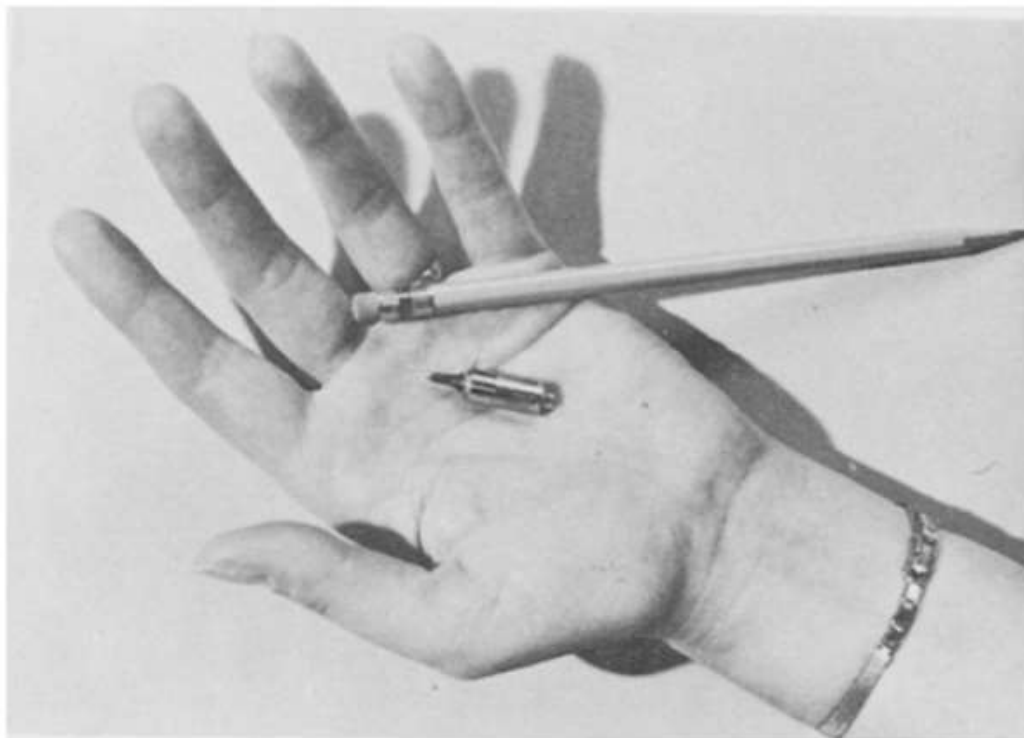


Fig. 4. Intracardiac pacemaker with catheter for transvenous insertion.

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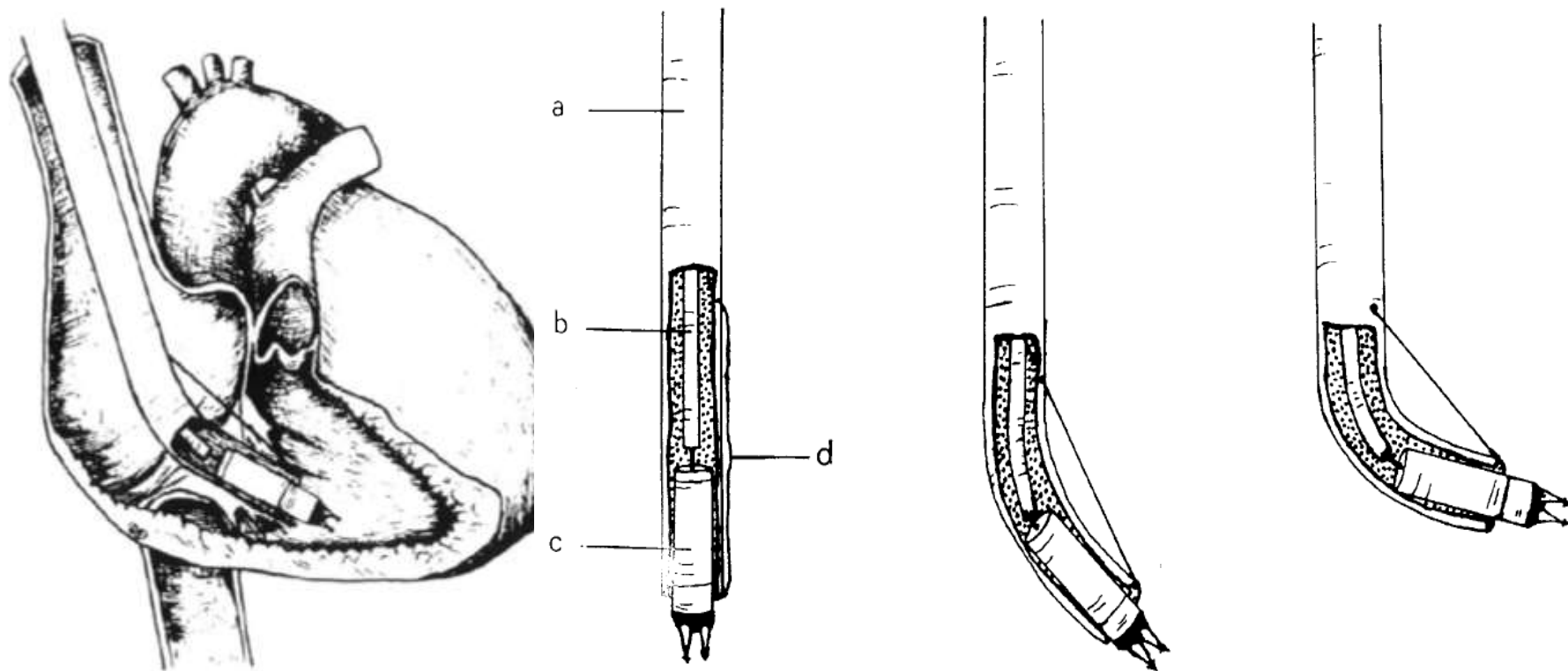
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A Miniature Pacemaker Introduced Intravenously and Implanted Endocardially. Preliminary Findings from an Experimental Study

P.E. VARDAS, C. POLITOPOULOS, E. MANIOS, F. PARTHENAKIS, and C. TSAGARAKIS

Cardiology Dept., University of Crete Medical School, Greece



Leadless pacemaker

Nanostim, St. Jude Medical



- ✓ Active fixation
- ✓ Size 6x42 mm; Weight 2g
- ✓ Battery longevity \approx 8.4yrs
- ✓ Introducer 18F

Micra, Medtronic



- ✓ Passive fixation
- ✓ Size 7x26 mm; Weight 2g
- ✓ Battery longevity 7-15 yrs
- ✓ Introducer 24F

Leadless pacemaker



Advantages

- ✓ absence of lead complication
- ✓ reduced infection rate
- ✓ absence of pocket complications

Nanostim

Limitations

- ✓ single-chamber ventricular pacing only
- ✓ not for patients with CRT indication
- ✓ R-Mode problems

Leadless pacemaker - multicomponent system - *WiSE-CRT* system

N=35 pts.

Successful implantation in 34 pts.

Indications

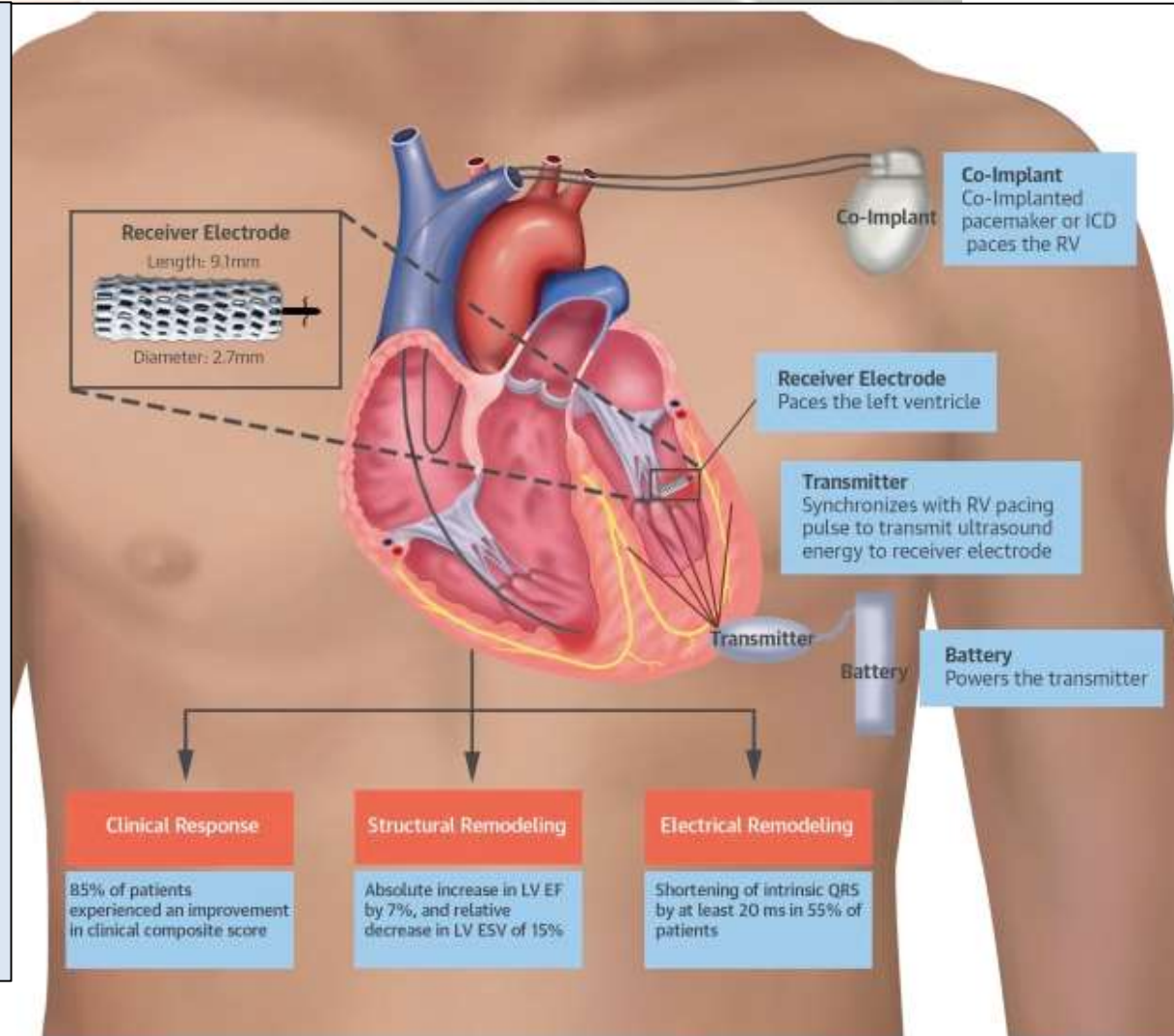
- ✓ Difficult CS anatomy (n =12)
- ✓ Failure to respond to conventional CRT (n = 10)
- ✓ High CS pacing threshold or phrenic nerve capture (n = 5)

Results

Clinical composite score improvement at 6 m. in 28 pts.

Complications

Serious events < 24 h in 3 pts.
24 h - 1 month in 8 pts.



Reddy, V.Y. et al. J Am Coll Cardiol. 2017;69(17):2119-29.

Madhavan M. JACC, 2017

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Reduce hardware to reduce lead failure, valve injury, device infection

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Eliminate batteries and other hardware

- In development: Batteryless pacemakers that harvest the mechanical energy of cardiac contraction to power the pacemaker
- In development: Biological pacemakers that are gene- or cell-based

Conformal piezoelectric energy harvesting and storage from motions of the heart, lung, and diaphragm

Canan Dagdeviren^{a,1}, Byung Duk Yang^{a,1}, Yewang Su^{b,c,1}, Phat L. Tran^d, Pauline Joe^a, Eric Anderson^a, Jing Xia^{b,c}, Vijay Doraiswamy^d, Behrooz Dehdashti^e, Xue Feng^f, Bingwei Lu^b, Robert Poston^e, Zain Khalpey^e, Roozbeh Ghaffari^g, Yonggang Huang^c, Marvin J. Slepian^{d,h}, and John A. Rogers^{a,i,2}

^aDepartment of Materials Science and Engineering, Beckman Institute for Advanced Science and Technology, and Frederick Seitz Materials Research Laboratory, and ¹Departments of Chemistry, Mechanical Science and Engineering, and Electrical and Computer Engineering, University of Illinois at Urbana-Champaign, Urbana, IL 61801; ^bCenter for Mechanics and Materials and ^fDepartment of Engineering Mechanics, Tsinghua University, Beijing 100084, China; ^cDepartment of Civil and Environmental Engineering, Department of Mechanical Engineering, Center for Engineering and Health, and Skin Disease Research Center, Northwestern University, Evanston, IL 60208; ^dDepartment of Medicine and Sarver Heart Center and Departments of ^eSurgery and ^hBiomedical Engineering, The University of Arizona, Tucson, AZ 85724; and ^gMC10 Inc., Cambridge, MA 02140

- Advanced implantable materials and devices
- high-efficiency mechanical-to-electrical energy conversion from the natural contractile and relaxation motions of the heart, lung, and diaphragm
- several different animal models

Summary

- From simple anti-bradycardia devices to complex programmable systems
- Prosynchronization strategy
- Lead is still the problem
- Leadless pacing - not for children available
- ~~Mini~~ batteryless pacemakers are the future !!!

9. ročník víkendového EKG/ECHO kurzu pro pediatry a dětské kardiology

Termín: 7.-9. září 2018

***Orea Resort Devět Skal, Sněžné - Milovy 11,
592 02 Svratka***



- Interaktivní EKG a echo kurz
- Intenzivní zábava
-

Thank you for attention!

