Response to “Resolution of Dyssynchronous Left Ventricular Failure via Cardiac Resynchronization and Subsequent Radiofrequency Ablation in an Infant with Preexcitation”

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In a recent article entitled Resolution of Dyssynchronous Left Ventricular Failure via Cardiac Resynchronization and Subsequent Radiofrequency Ablation in an Infant with Preexcitation, Ilina et al. [1] present the case of an infant with severe heart failure due to ventricular dyssynchrony provoked by a preexcitation. The patient initially was considered for transplantation but was epicardially paced 6 weeks later, leading to improvement of her clinical status. She was successfully ablated 5 years later, and the pacing device was explanted.

The article emphasizes the fact that ventricular preexcitation may produce a completely abnormal activation of the heart, leading to a pure electrical dyssynchrony, appropriately corrected in the reported case by left epicardial pacing. This important information should be considered as a possible physiopathologic explanation for any patient with preexcitation who presents with severe heart failure.

However, it is important to consider that implanting a pacemaker for false synchronization of the ventricle is not an adequate solution for this patient. Ablation of the accessory pathway should have been performed because this would have dealt with the origin of the problem. Ablation in small children is known to be technically difficult (probably not more difficult than implanting a device), but in experienced hands, it is safe and effective, similar to implanting a device [2].

Placement of a device in an infant is not without risk, and subsequent complications for this palliative technique exist [3–5]. Performing an accessory pathway ablation also is not riskless. Exposing this patient to both risks is increasing the chances of complications and delaying the final and definitive solution: elimination of the electrical dyssynchrony produced by an accessory pathway.

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