



Effect of cardiac resynchronisation therapy in dilated cardiomyopathy

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Accepted: 27 January 2021 / Published online: 23 February 2021
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A 48-year-old woman presented with progressive exertional dyspnoea, orthopnoea and weight gain. Physical examination revealed bilateral rales, a third heart sound, a holosystolic murmur over the apex, abdominal and peripheral oedema.

Electrocardiogram showed left bundle branch block (Fig. 1 panel a). Heart size was markedly increased on chest X-ray (Fig. 1 panel b). On transthoracic echocardiography left ventricular ejection fraction was severely depressed (LVEF 16%; video 1) with severe secondary mitral regurgitation. This was corroborated by cardiac magnetic resonance imaging (LVEF 18%). Coronary artery disease was excluded on coronary computed tomography. The patient was diagnosed with dilated cardiomyopathy and treated with optimal medical therapy.

Cardiac resynchronisation therapy was initiated under which QRS duration decreased significantly (Fig. 1 panel c), as well as a marked reduction in heart size on chest X-ray and transthoracic echocardiography (Fig. 1 panel d; video 2). The patient rapidly recovered and shows no signs or symptoms of heart failure.

Video online The online version of this article contains two videos. The article and the videos are online available (<https://doi.org/10.1007/s12471-021-01548-9>). The videos can be found in the article back matter as “Electronic Supplementary Material”.

Conflict of interest S. Bouwmeester and L.X. van Nunen declare that they have no competing interests.

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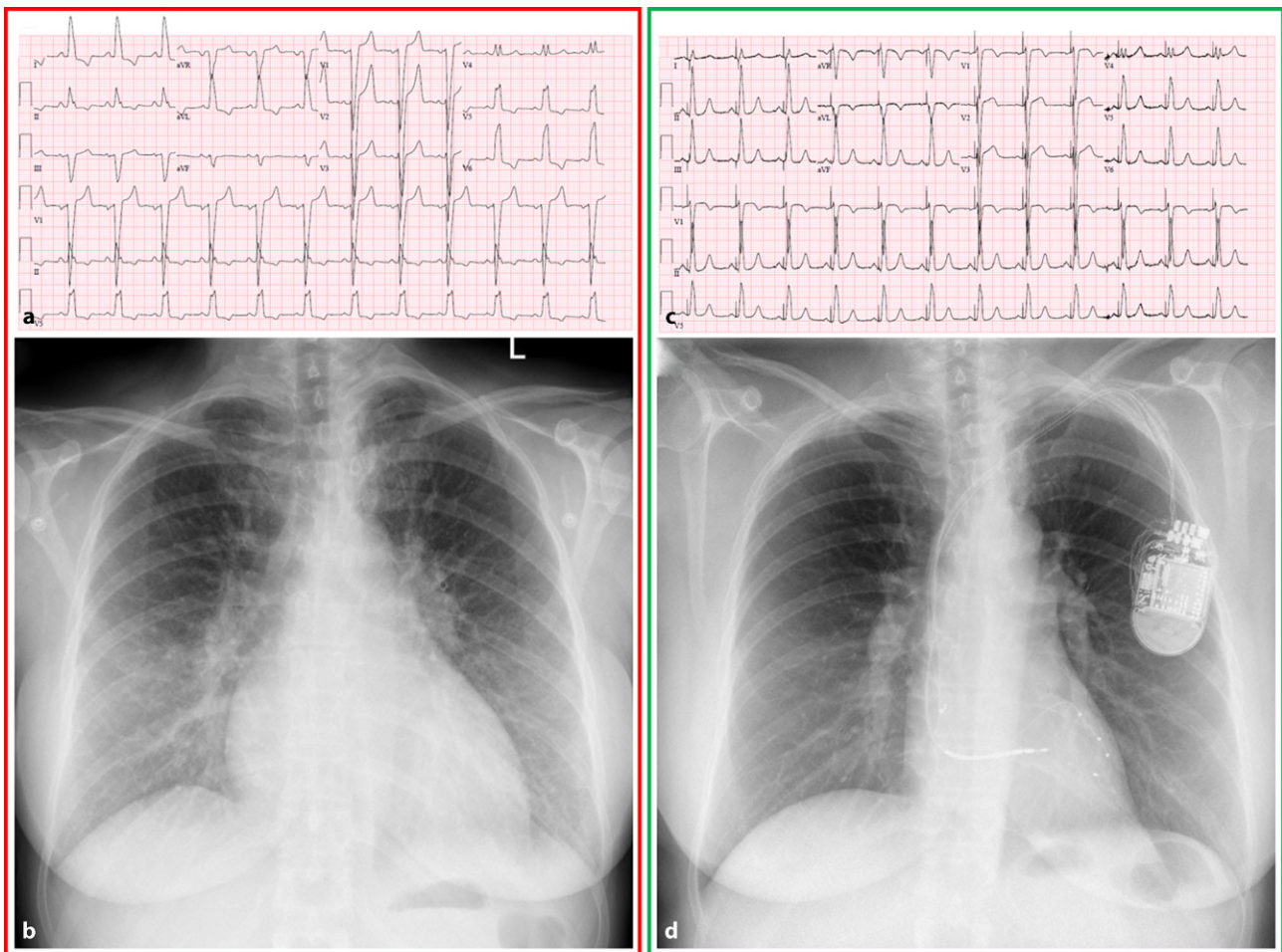


Fig. 1 Electrocardiogram and chest X-ray before (panel **a** and panel **b**) and after (panel **c** and panel **d**) cardiac resynchronisation therapy