

Veenhuyzen

ECGs Cases Tuesday 10:40-11:00

2018 ACC/AHA/HRS Guideline on the Evaluation and Management of Patients With Bradycardia and Cardiac Conduction Delay



Recommendations for Permanent Pacing for Chronic Therapy/Management of Bradycardia Attributable to Atrioventricular Block
Referenced studies that support recommendations are summarized in [Online Data Supplements 34, 39, and 40](#).

COR	LOE	RECOMMENDATIONS
I	B-NR	In patients with acquired second-degree Mobitz type II AVB, high grade AVB, or third-degree AVB not attributable to reversible or physiologic causes, permanent pacing is recommended <i>regardless of symptoms</i> .

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Recommendations for General Principles of Chronic Therapy/Management of Bradycardia Attributable to Atrioventricular Block
Referenced studies that support recommendations are summarized in [Online Data Supplements 31, 32, 33, and 34](#).

COR

LOE

RECOMMENDATIONS

III: Harm

C-LD

In asymptomatic patients with first degree AVB or second-degree Mobitz type I (Wenckebach) or 2:1 AVB which is believed to be at the level of the AV node, permanent pacing should not be performed.

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Synopsis

Similar to SND, symptoms are an important factor when determining whether permanent pacing is indicated. If the patient is symptomatic, regardless of the level of atrioventricular block and the likelihood of future progression of atrioventricular block, permanent pacing is indicated. However, unlike SND, infranodal atrioventricular block regardless of the presence or absence of symptoms warrants a pacemaker because the patient could suffer from sudden onset complete atrioventricular block resulting in syncope and subsequent harm

Where's the AV Block?

AVN

- Worse with CSM
- Better with exercise
- May respond to atropine
- PR > 160 ms



- Permanent pacemaker if symptomatic

Below AVN

- Better with CSM
- Worse with exercise
- May not respond to atropine
- PR variable, may be < 160 ms

- Consider permanent pacemaker even if asymptomatic



There generally are only 2 Class I Indications for Permanent Pacing

1. Symptomatic bradycardia without a reversible cause.
2. Asymptomatic infranodal AV block