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Late Outcome and Predictors of Adverse Events Related to the Implantation of a Permanent Pacemaker in Patients with Isolated Congenital Atrioventricular Block.

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Abstract

Isolated congenital atrioventricular block (ICAVB) is a rare, and **pacemaker implantation** is the only effective treatment. We sought to identify the predictive factors of **adverse events related to pacemaker implantation** in ICAVB. This is a cohort study of **patients** diagnosed with ICAVB who underwent **pacemaker implantation** from 1980 to 2014 in a single center. During the studied period, a total of 647 **patients** underwent **implantation** of their first **permanent** cardiac **pacemaker** before 30 years of age. Of these, only 62 (9.5 %) were diagnosed with ICAVB. This condition was diagnosed in utero in 15 (24.2 %) cases, 5 (8.1 %) in the neonatal period, 32 (51.6 %) during childhood, and 10 (16.1 %) during adolescence and young adulthood. The presence of autoantibodies (anti-Ro/SSA) was observed in 41 % of mothers who underwent serological evaluation. Age at the time of the initial **pacemaker** implant was 9.8 ± 9 years. During a mean follow-up time of 15 years, 1 (1.7 %) death occurred due to infectious endocarditis. Complications **related to pacemaker** implant were reported in 24 **patients** (38.7 %). The number of complications was significantly higher in the group with an epimyocardial **implantation** site (HR 6; CI 2.45-14.95). Ventricular dysfunction occurred in 6 (11.7 %) **patients**; however, we were not able to identify any **predictors** of it. Our results showed a low mortality rate after **permanent** therapy. However, these **patients** exhibited high morbidity **related to the pacemaker** system, and the epimyocardial implant site was an independent predictor of complications. **Predictors** of left ventricular dysfunction were not found in the present study.

KEYWORDS: Atrioventricular block; Congenital; Left ventricular dysfunction; Pacemaker

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