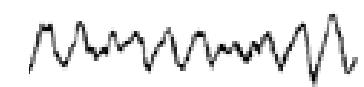
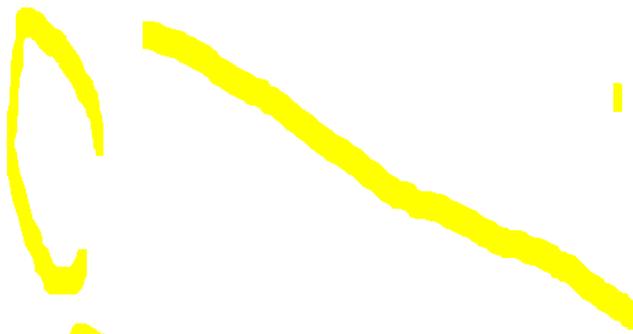
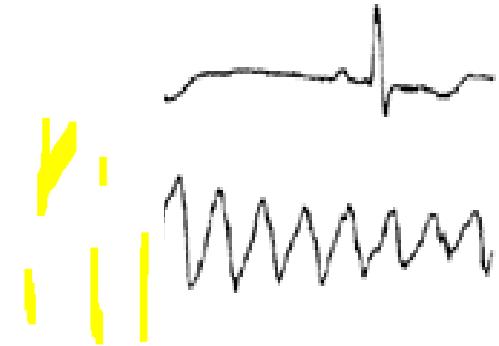




J. G. Mendel





CD)





Pathophysiology of SCD on molecular level

- 1) processes of electric impulse creation and propagation in myocardium
- 2) processes and factors of thrombotic plaque stab coronary vessels

- 3) central and local control of myocardial excitability and vascular motorics



Hereditary arrhythmic diseases

=

a model of arrhythmogenesis







Ion channel genes

α subunit

SCN5A

KCND3, KCNA4

CACNA1A

KCNH2

KCNQ1

KCNJ2, KCNJ12

β - subunit

SCN1B

CACNB1, B2

KC
KC



LQTS types - genes and proteins

LQTS typ	chromozom	gen	protein
LQT 6 (Anderson)	11q13.1	KCNE1	I _{IRP} (β I _{Kr})
Jerven - 1	21q22.1-22.2	KCNE1	I _{IRP} (β I _{Kr})
JLN 1	11q13.1	KCNE1	I _{IRP} (β I _{Kr})
JLN 2	11q13.1	KCNE1	I _{IRP} (β I _{Kr})

whites). In infants with a corrected QT interval (QTc) >450 ms, the ECG was repeated within 1 to 2 weeks. Genetic analysis, by screening 7 LQTS genes, was performed in 28 of 31 (90%) and in 14 of 28 infants (50%) with, respectively, a QTc >470 ms or between 461 and 470 ms. A QTc of 451 to 460, 461 to 470, and >470 ms was observed in 177 (0.41%), 28 (0.06%), and 31 infants (0.07%). Among genotyped infants, disease-causing mutations were found in 12

prevalence of at least 1:2534 apparently healthy live births

Conclusions—This study provides the first data-based estimate of the prevalence of LQTS among whites. On the basis of the nongenotyped infants with QTc between 1:2000, ECG-guided molecular screening can be performed in relatives, thus allowing effective prevention.

Circulation 2009;120:1761-

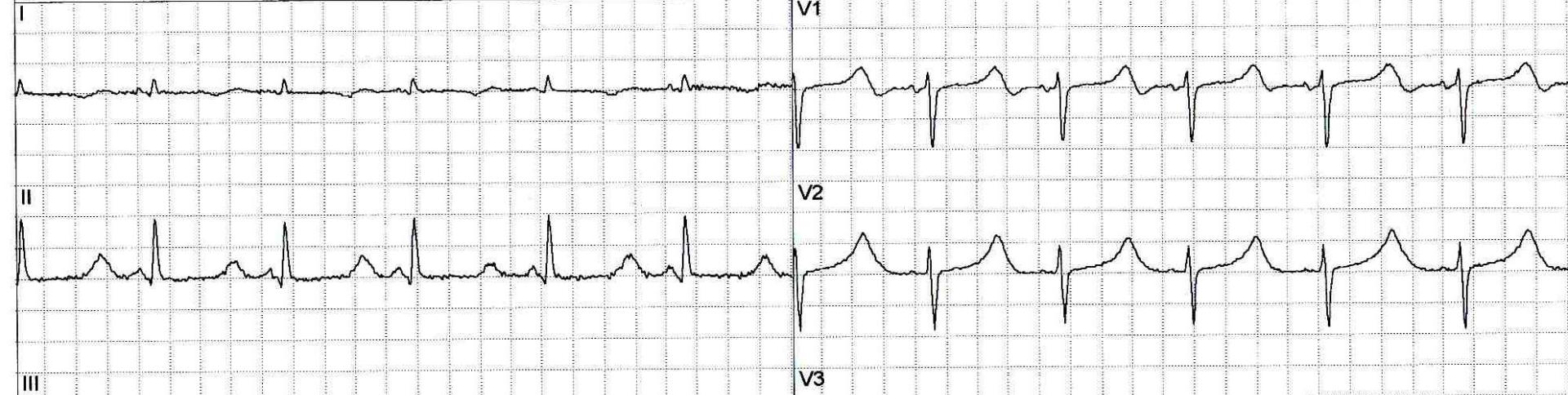


LQTS diagnostic score (Schwartz et al., 1993)



14:41 0 W 71 BPM 130/70 mmHg

V1



AVR

AVL

AVF

V3

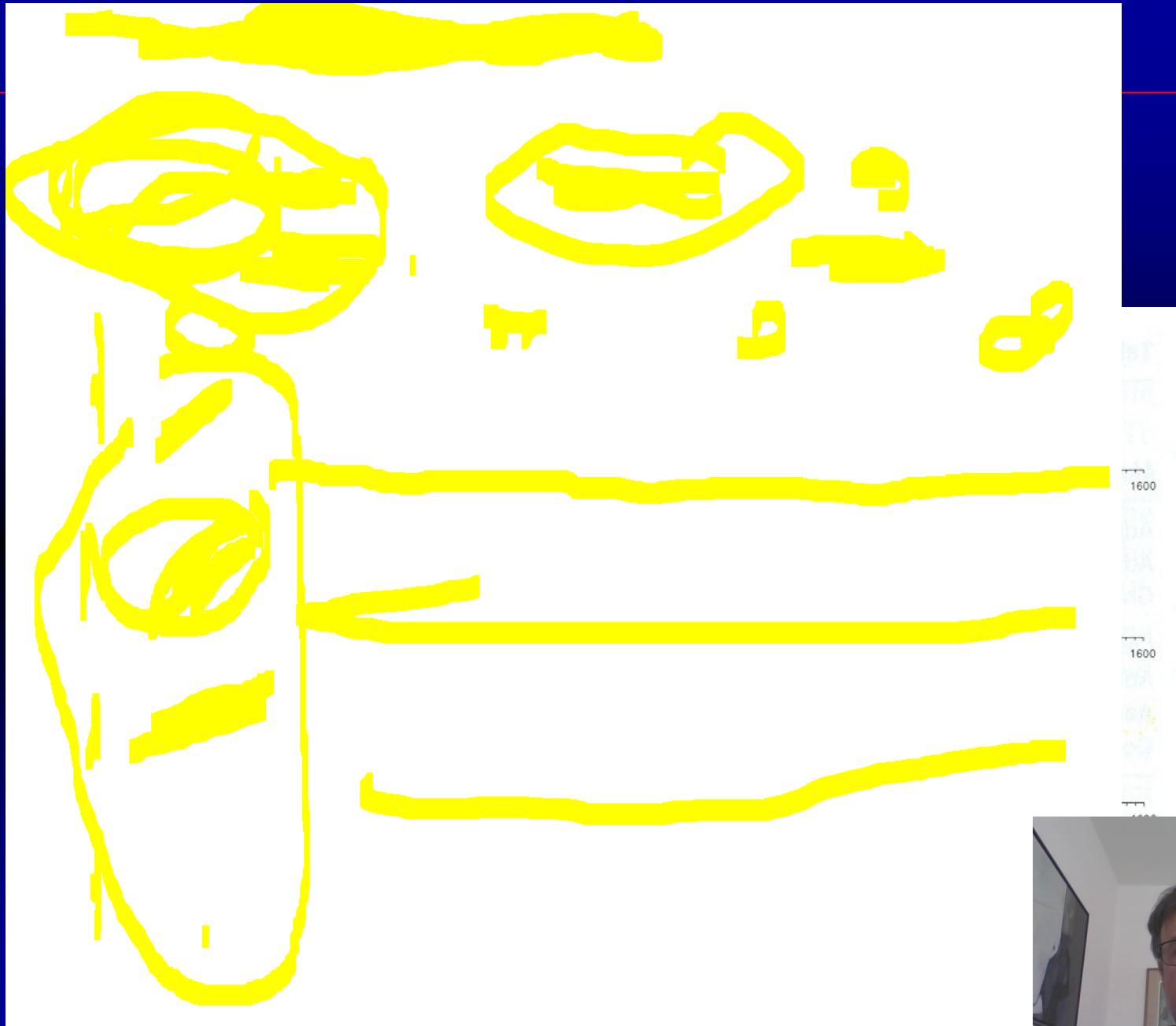
V6



09.08.2006 10:52:17

10 mm/mV 25 mm/s 35 Hz 50 Hz ADS

Physician: dr.Kaňovský

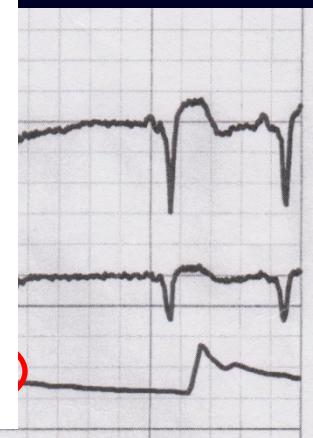


Batchvarov VN, et al. Am J Physiol Heart Circ Physiol 2000;282:H2





Camm AJ, Malik M, Yap YG. Acquired long QT syndrome. Blackwell Futura, 2004.

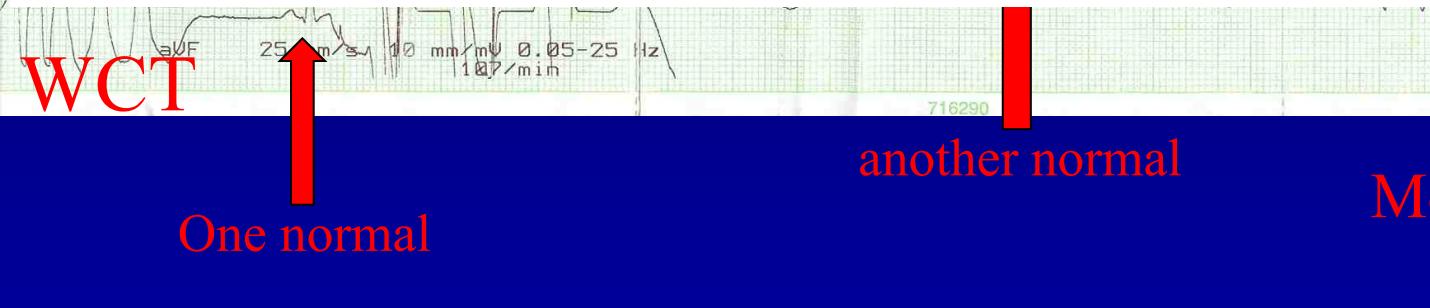


HR 189 73 / 54 (65)
Rastr bez měřítka.

Torsade is an incomplete circulatory arrest
non-coordinated muscular acitivity – sei



A case report



Continuing ECG shows QT interval prolongation



QT interval prolonging drugs

ajmaline, amiodarone, bretylium, dofetilide,
ide, ibutilide, procainamide, propafenone, chinidin,
otherapeutics, antimycotics - amantadine,
cycine, chloroquine, cotrimoxazole, erythromycine,
e, halofantrine, itraconazole, ketoconazole, pentamidine,
piramycine, sparfloxacine
astemizole, loratadine, terfenadine
amitriptyline, clomipramine, clozapine,
chlorpromazine, citalopram, desipramine, doxepine, droperidol,
fl
m
pi
www.qtdrugs.org
thioridazine, imiprime, trimeperazine, venlafax
ziprasidone

Other - cisapride, indapamide, ketanserine, probucol, hyd
sildenafil, vasopresin

