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Understanding ventricular tachycardia : towards individualized substrate-based therapy

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Understanding Ventricular Tachycardia: Towards Individualized Substrate-based Therapy

1. The key to more effective primary and secondary preventive therapies for ventricular arrhythmias is improved understanding of different types of ventricular arrhythmias, and of its underlying substrate and mechanisms. (this thesis)
2. Although VT recurs in 53% of patients with nonischemic cardiomyopathy during an average follow-up of 25 months after VT ablation, the 6-month VT burden is substantially reduced in 79%. (this thesis)
3. Critical VT isthmus sites in patients with prior myocardial infarction or nonischemic cardiomyopathy are typically located in close proximity to both the MRI-derived core-border zone transition and scar with >75% transmural-ity. (this thesis)
4. Focal fibrosis assessed by late gadolinium enhancement MRI predicts monomorphic VT, but not polymorphic VT/ VF in patients with nonischemic dilated cardiomyopathy. (this thesis)
5. Prolongation of the QRS complex after premature stimulation is associated with the inducibility of polymorphic VT and with the pattern of myocardial fibrosis. (this thesis)
6. Ablation should be considered earlier in the course of VT without waiting to exhaust all pharmacological therapies but with due considerations to risks and benefits. (Baldinger SH, Stevenson WG and John RM, Curr Opin Cardiol. 2015)
7. Imaging to highlight areas of scarring can be used to identify re-entrant sites for future ablation (Zipes DP, Nat Rev Cardiol 2015;12:68-9)
8. The ability to access and map various surfaces of the heart has been an important advance and has infused the optimistic mentality that the "grass may be greener" on the opposite side of a given mapped surface. (Tung R and Shivkumar K, JACC: Cardiovasc Imaging 2013;6:53-55)
9. Kathetermapping en -ablatie worden over het algemeen toegepast als behandeling, maar leiden niet zelden tot een nieuwe diagnose.
10. Verschillende mechanismen liggen ten grondslag aan kamerritmestoornissen en plotse hartdood – één enkele test die alle hoogrisicopatiënten identificeert is daarom een illusie.
11. The conflict between guideline-based medicine and personalized medicine predominantly occurs when considering withholding a therapy that is recommended or supported by the guidelines but that may not be beneficial for an individual patient. (Goldberger JJ et al., JAMA 2013;309:2559-60)
12. Mistakes can best be prevented by designing the health system at all levels to make it safer – to make it harder for people to do something wrong and easier for them to do it right. (To Err is Human, report issued by U.S. Institute of Medicine)
13. De natuur gedraagt zich onvoorspelbaar, niet omdat de vergelijkingen niet deterministisch zouden zijn, maar omdat de zaken veel te ingewikkeld zijn. (Gerardt 't Hooft)
14. A problem that we don't see is either too big or too small.