New insights on post-myocardial infarction ventricular tachycardia ablation: defining patient-tailored endpoints to improve outcome

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Stellingen behorende bij het proefschrijft

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1. Patients with post-myocardial infarction VT and a moderately depressed LV function that are rendered non-inducible by ablation have an excellent prognosis. On the contrary, patients with severely depressed LV function have a poor prognosis independent of the acute procedural outcome mainly related to heart failure death (*dit proefschrijft*)
2. In patients with structural heart disease, inducibility of only non-clinical fast VTs with a cycle length close to the ventricular refractory period after ablation is associated with low VT recurrence (*dit proefschrijft*).
3. In patients with small, non-transmural scars after myocardial infarction, ablation of hidden substrate unmasked by right ventricular extra-stimulation is associated with improved long-term procedural outcome (*dit proefschrijft*)
4. The presence of large myocardial calcification in patients with post-myocardial infarction ventricular tachycardia is associated with a high rate of endocardial ablation failure (*dit proefschrijft*).
5. Programmed electrical stimulation at the end of the ablation procedure is still employed and remains a reasonable predictor of VT recurrence (*Cronin EM et al. Europace 2019).*
6. In patients with post-infarction VT, isolated potentials identify areas bounded by anatomical barriers, are frequently present at critical sites within a re-entry circuit, and can be detected during sinus rhythm (*Bogun F et al. J Am Coll Cardiol 2006*).
7. Optimally, the ablation targets identified with substrate mapping would participate in the initiation of or act as diastolic channels for the maintenance of reentrant circuits in VT. Given that conduction delay and unidirectional block are essential for the initiation and maintenance of reentry, identifying these regions by their electrophysiological behavior is of value in VT mapping (*Jackson N et al. Circ Arrhythm Electrophysiol 2015).*
8. Even when a critical part of the circuit of a post-MI VT is located at the subepicardium, it is in the majority of the cases approachable with endocardial ablation because of the presence of wall thinning (*Martinek M et al. J Cardiovasc Electrophysiol 2012*).
9. *El modo de dar una vez en el clavo es dar cien veces en la herradura.* (To hit the nail on the head once, you need to hit the horseshoe 100 times). (Miguel de Unamuno 1864-1936)
10. In general**,** there is a degree of doubt, and caution, and modesty, which, in all kinds of scrutiny and decision, ought for ever to accompany a just reasoner. (David Hume 1711-1764)

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