

#### Barth Syndrome: Cardiac Arrhythmia Concerns

Carolyn Taylor, MD and Lanier Jackson, MD Pediatric Cardiology Medical University of South Carolina



**Changing What's Possible** 

#### **Electricity Makes the Heart Beat**

- Cells in the heart send out electrical impulses
- These impulses move through the heart
- Electrical impulses tell the heart to contract and pump blood
  - Electricity
  - Plumbing



Cardiac Conduction System

Source: Tintinalli JE, Stapczynski JS, Ma OJ, Cline DM, Cydulka RK, Meckler GD: *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 7th Edition:* http://www.accessmedicine.com Copyright © The McGraw-Hill Companies, Inc. All rights reserved.



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# What are Arrhythmias?

- Abnormal beating of the heart
  - Too fast
  - Too slow
  - Irregular
- Can originate from atrium, ventricular, or use both
  - Atrial Tachycardia
  - Ventricular Tachycardia
  - SVT





# Arrhythmias

- Atrial Tachycardia
  - Originate from atrium
  - Faster than normal
- Ventricular Tachycardia
  - Abnormal impulses from ventricle
  - Faster than normal
  - Associated with abnormal heart muscle
- Ventricular Fibrillation
  - Disorganized electrical impulses
  - Heart stops beating



# **Ventricular Fibrillation**



▶ Ventricular Tachycardia → Ventricular Fibrillation



# Arrhythmias

- Long QT Syndrome
  - QT interval on ECG is long
  - Represents delayed relaxation of the heart
  - Can lead to arrhythmias
    - Ventricular Tachycardia
      - Torsades de pointes
    - Ventricular Fibrillation
  - Can be exacerbated by QT prolonging medications
  - https://www.crediblemeds.org







# Arrhythmia in Barth Syndrome

- Patients with Barth Syndrome:
  - Increased incidence of arrhythmias
  - Abnormal heart muscle
- Ventricular arrhythmias are associated with sudden cardiac death
- Sudden cardiac death is a known risk in Barth Syndrome
  - Caused by malignant ventricular arrhythmias
- Unclear how to clearly risk stratify for sudden cardiac events



# Arrhythmia in Barth Syndrome

- Patients with cardiomyopathy have an increased incidence of ventricular arrhythmia
- Cardiomyopathies associated with Barth Syndrome
  - Left Ventricular Non-Compaction
  - Dilated Cardiomyopathy
  - Hypertrophic Cardiomyopathy
- Mechanisms of arrhythmia
  - May be related to mitochondrial disease
    - mitochondrial activities that are important for cardioprotection
  - May be related to type of cardiomyopathy



# Arrhythmia in Barth Syndrome

- The Barth Syndrome Registry: distinguishing disease characteristics and growth data from a longitudinal study.
  - Spencer et al.
  - 70 patients with Barth
  - 9 had documented ventricular arrhythmias
  - Most older than 11 years
- Malignant arrhythmias described in younger children
- Unclear if there is clear relationship between prolonged QT interval and increased risk of death



# Surveillance

- Regular Screening
  - ► ECG
    - Signal-Averaged ECGs
    - T wave alternans testing
  - Ambulatory Monitors
  - Symptom Review
- Increased Frequency with Higher Risk Patients
  - Left Ventricular Non-Compaction
  - Poor Ventricular Function
  - Syncope



# Symptoms of Arrhythmia

- Palpitations
  - Fluttering sensation
  - Pounding sensation
- Syncope (Fainting)
- Lightheadedness
- Shortness of Breath
- Anxious feeling
- Chest Pain
- Asymptomatic



#### **Traditional Ambulatory Monitors**

- Holter Monitors
- 30 Day Looping and Non-looping Monitors
- Mobile Cardiac Telemetry (MCT)



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### **Newer Ambulatory Monitoring**





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#### **Newer Ambulatory Monitors**







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#### Wearables



Sana, F. et al. J Am Coll Cardiol. 2020;75(13):1582-92.



# Wearables

I-Watch

#### Kardia

- Fitbit
- Oura Ring







#### Wearables









musc Children's Health Medical University of South Carolina

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**BioMonitor 2** (Biotronik SE & Co, Berlin, Germany)



Reveal LINQ (Medtronic, Minneapolis, USA)



Reveal XT (Medtronic, Minneapolis, USA)

**Confirm Rx** <sup>™</sup> **ICM** (St Jude Medical, Minnesota, USA)









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# Electrophysiology Study

- Catheters placed in heart
- Look at electrical properties of heart
- Can evaluate for arrhythmias
- A way to risk stratify





# Automatic Implantable Cardioverter Defibrillator (AICD)





Figure 1. Examples of ICDs (pictures are not to scale).



## Subcutaneous AICD







# AICD placement

- Want to place before event occurs
- Sometime clear indications
  - Secondary prevention
  - Ejection Fraction <35%</p>
  - Syncope consistent with arrhythmia
- Other times may not be clear cut
  - Multidisciplinary approach
  - Cardiologist, Electrophysiologist, Family



# Electrophysiologist

- When to refer?
  - Syncope
  - Abnormal Heart Monitors
  - Significant Ventricular Dysfunction
  - Never Too Early
- Can help guide timing of AICD
  - And place it







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