LETTER TO THE EDITOR

Right ventricular apex pacing: Is it obsolete? Dual-chamber pacing is not always the favourite mode in atrioventricular block

La stimulation double-chambre n’est pas toujours le meilleur mode de stimulation dans le bloc auriculoventriculaire

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The review by Islem Sanaa and coauthors on right ventricular apex pacing [1] deserves comment. There is a general agreement on the importance of minimizing right apical ventricular pacing in patients with sinus node disease and preserved atrioventricular conduction. In this setting, dedicated algorithms are useful to achieve this goal. However, advocating double-chamber pacing (DDD/R) in all patients with atrioventricular block and sinus rhythm departs from the scientific evidence [2]. Patients with paroxysmal atrioventricular block can receive a single-chamber pacemaker (VVI/R) with a similar benefit and significantly fewer complications than with double-chamber pacing. Patients with permanent atrioventricular block and sinus rhythm should also be considered for single-chamber pacing, and DDD/R should be selected only when atrioventricular synchrony is considered essential. Dedicated algorithms to minimize ventricular pacing are beneficial in sinus node disease and not in atrioventricular block [3]. However, despite the lack of scientific evidence, DDD/R is widely advocated in atrioventricular block [4].

It is important to remember that single-chamber pacing in atrioventricular block is as efficient, with fewer complications, and is less expensive than DDD/R. In sinus node disease ventricular pacing should be minimized.

Conflicts of interest
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References

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