Table 1.

<table>
<thead>
<tr>
<th>Sinus node recovery times</th>
<th>extrinsic survival</th>
<th>intrinsic survival</th>
<th>After iv theophylline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SNRT</td>
<td>CRT</td>
<td>SNRT</td>
</tr>
<tr>
<td><strong>Patients Group I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1688.80</td>
<td>722.10</td>
<td>1731.30</td>
</tr>
<tr>
<td>SD</td>
<td>678.85</td>
<td>1445.06</td>
<td>1415.96</td>
</tr>
<tr>
<td><strong>Patients Group II</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1254.16</td>
<td>427.78</td>
<td>1053.16</td>
</tr>
<tr>
<td>SD</td>
<td>115.82</td>
<td>100.70</td>
<td>72.89</td>
</tr>
</tbody>
</table>

\[P_2.5\] SHOULD PATIENTS, WITH RECURRENT VVS AND ASYSTOLIC RESPONSE DURING HEAD UP TILT TESTING, RECEIVE PERMANENT PACEMAKER IMPLANTATION? THE SYNPACE TRIAL (SYNPACE)

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Of the 29 patients enrolled in the SYNPACE Trial, 15 had had asystolic response (ventricular asystole > 3 seconds) during head-up tilt testing (HUTT). Of these, 8 were randomized to pacemaker ON, and 7 to pacemaker OFF. In patients randomized to pacemaker ON, syncope recurred in 4 (50%), whereas, in patients randomized to pacemaker OFF, syncope recurred in 2 (29%) (difference not significant). The median time to the first syncopal recurrence was about 9 times longer in the pacemaker ON than in pacemaker OFF group, though not significantly (97 [50–140] vs 11 [2–20] days, p = 0.064). On the basis of this data we can conclude that the outcome measurement used in the SYNPACE study, namely the time to first recurrence of syncope, could be not sufficiently sensitive in detecting difference of efficacy between active and control treatments; it is possible (as suggested by the time to first recurrence) that a different outcome measurement, i.e. the total burden of syncope, could have been able to detect a reduction of total number of episodes in the active arm despite a similar percentage of patients with recurrences in both groups. Further studies are needed to clarify this point.

\[P_2.6\] IMMUNOLOGICAL EVIDENCES OF ACTIVE CHRONIC INFLAMMATION IN PATIENTS WITH ARRHYTHMIAS AND CONDUCTION DISTURBANCES

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Objectives: to study immune status parameters (ISP) of 67 patients (pts) with idiopathic arrhythmias and conduction disturbances (I), dilated left ventricle without heart failure (D), myocarditis (M).

Methods: ISP were determined in 35 pts (15m, 35.5 ± 11.5 yrs) with I, 19 with D (15 m, 35.4 ± 14.4 yrs), 13 with M (8 m, 44.3 ± 11.4 yrs).

Results: 90% of all pts had elevated levels of serum IgG, IgA, increased counts of monocytes, NK-cells, activated HLA-DR-NK-cells, CD25+CD4-T-cells. Pts with D differed by increased counts of naïve CD4+T expressing CD45RA-molecules on their cell membranes; D–by increased counts of CD8+T, CD4+T-cells, cytolytic NK-cells rich with intracellular perforin (IP); M–by increased counts of NK-T-cells (CD3+CD16/56+), activated HLA-DR-positive CD4+T-cells, non-differentiated double-negative CD4-CD8-T-cells, and sinnescend CD28-negative CD8+T-cells, enhanced proliferation activity of mononuclear cells, high level of CIC. Pts with D and M were similar in an increased counts of cytokine CD8+T-cells rich with IP and memory T-cells of both CD4+ and CD8+ types.

Conclusions: These results evidence for an inflammatory process that may be involved in the genesis of arrhythmia and conduction disturbances.

\[P_2.7\] HIGH DEGREE ATRIOVENTRICULAR BLOCK IN A FEMALE PATIENT 11 YEARS OF AGE DUE TO EBSTEIN BARR VIRUS. THE USEFULNESS OF HOLTER MONITORING

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A female patient of 11 years was referred to our department for evaluation of syncopal episodes. Holter monitoring showed episodes of high degree AV block, altering with tachycardias, either symptomatic or asymptomatic.

Exercise test and tilt test were no indicative of this diffuse disease of the conduction system. The serological, biochemical and haematological screen up, showed high titre of Ebstein Barr virus antibodies although such an infection had not been mentioned. A DDDR pacemaker was implanted and the patient is doing well. During the first follow up, the histograms of the pacemaker, showed a continuous pacemaker function.

\[P_2.8\] INFLUENCE OF HEART FAILURE ON HEART RATE VARIABILITY IN CHILDREN WITH SECOND TYPE ATRIAL SEPTAL DEFECT

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The aim of study was evaluation of influence of heart failure (HF) developed in course of second type atrial septal defect (ASD II) on heart rate variability (HRV).

We observed 53 children, 32 girls and 21 boys, aged from 8 months to 16.4 years (mean age 6.76 years) with ASD II. There were no symptoms of obstru-
cative pulmonary hypertension in any pt. Based on clinical echocardiography examination all children were divided into two groups: 13 pts (24.54%) with heart failure – group I, and 40 pts without HF – group II. The aggravation of HF was evaluated according to Rose scale in children. NYHA classification in older children. 24-hour Holter ECG recording was done in all pts. Mean (HRmean), minimal (HRmin) and maximal (HRmax) diurnal HR were assessed. The following HRV parameters were estimated: SDNN, SDANN, rMSSD, pNN50. Power spectrum of HRV in typical frequency bands was also assessed. Initial HF (3–6 acc. Ross scale) was diagnosed in 5 children, 3 children had moderate HF (7–9 acc. Ross scale). NYHA class I HF had 3 pts, and NYHA class II HF was diagnosed in 2 children. HRmean was higher in pts with HF (group I) in comparison to children with ASD II and without HF – group 2 (109,46/min vs 101,52/min; p = 0.04). There were no differences in values of HRmean between both groups.

Conclusions: heart failure developed in course of ASD II in children lead to decrease of time domain HRV parameters. HRV monitoring seems to be useful diagnostic tool in the evaluation of HF occurrence in children with ASD II in relation to treatment optimisation.

\[P_2.9\] ANALYSIS OF HEART RATE TURBULENCE IN PATIENTS WITH 1ST TYPE DIABETES MELLITUS

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The aim of study was evaluation of autonomic neuropathy, due to 1st type of diabetes mellitus (DM) treated with intensive insulinotherapy, influence on heart rate turbulence (HRT) parameters.

We observed two groups of patients: Group I – 31 pt. with 1st type of DM (14 man, 17 woman) aged from 19 to 33 years (mean age – 26.7 yrs) and Group II – 32 age and sex matched healthy person. 24-hour ECG Holter monitoring was performed in all studied patients – 21 pts from group I and 20 pts from group II had at least a few ventricular premature beats (VPB) during 24-hour ECG registration. Patients with VPB were referred for HRT analysis. HRTView Version 6.00-01 software was used for HRT analysis. The following HRT parameters were evaluated: turbulence onset (TO) and turbulence slope (TS). Evaluated HRT parameters were compared between both studied groups of pts.

Results: The value of turbulence onset (TO) did not differ significantly between the I and II groups (0.0024 vs 0.2960; p = 0.042). The value of turbulence slope (TS) between both groups. There were no significant differences of measured HRT parameters between man and woman with DM – group I (TO – 0.05073 vs –0.01086; p =0.15; TS: 6.01016 ms/RR vs 3.93871 ms/RR; p = 0.28071).

Conclusions: 1. First type of diabetes mellitus influenced on the parameters of heart rate turbulence.

2. Heart rate turbulence analysis might be useful in the assessment of auto-
nomic neuropathy in 1st type diabetes mellitus patients.

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