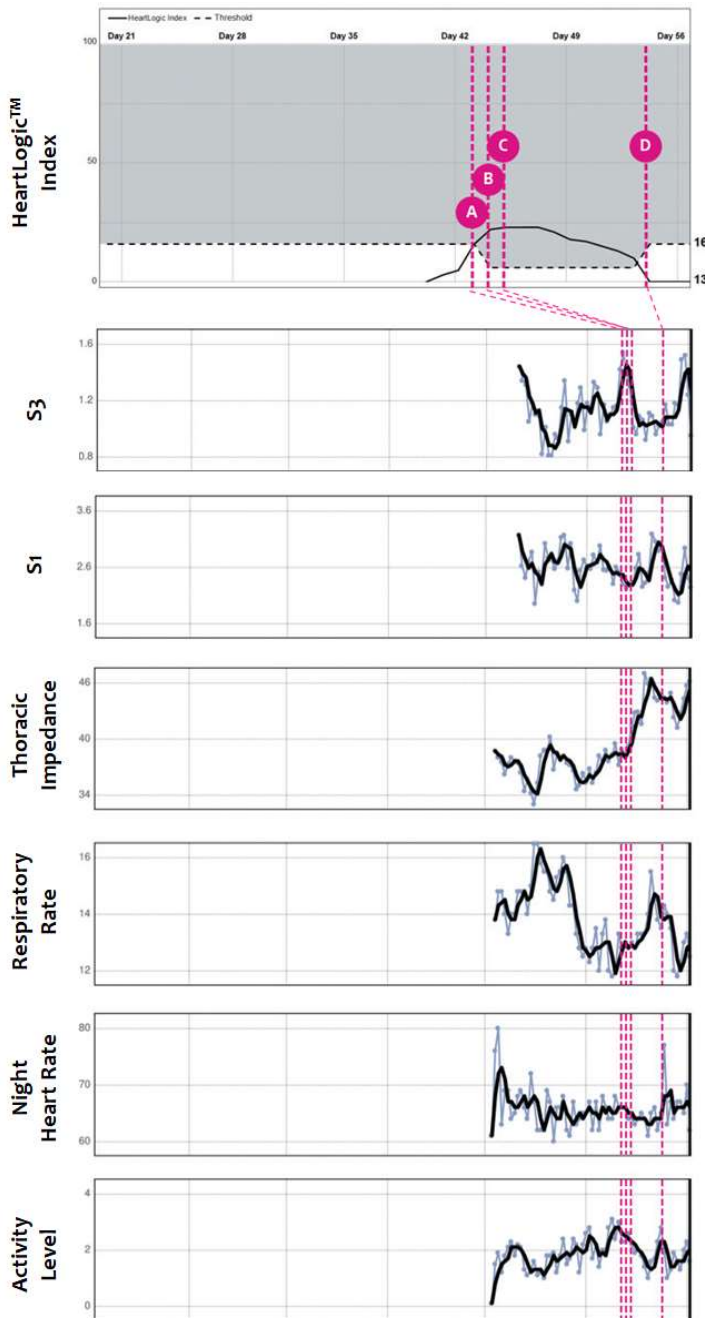
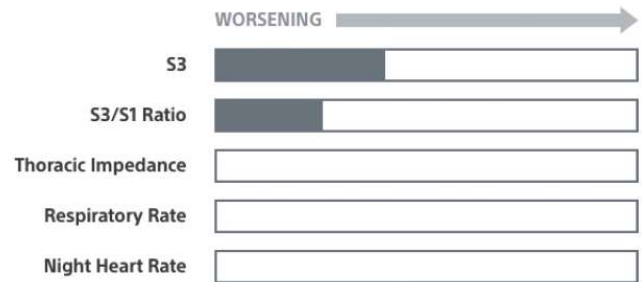


Case Of The Month #6 2021

A VIGILANT CRT-D device was implanted in a heart failure patient. Six weeks later, during a standard follow-up the patient reported to feel fine with no HF signs or symptoms.



The day after the visit, an HeartLogic alert has been notified to the hospital. The contributing trends showed that only heart sounds were involved in the worsening heart failure and contributed to the HeartLogic alert.



The patient was contacted for a new in-office evaluation with the cardiologist. During the assessment there were some heart failure signs and symptoms such as swelling in right foot, excessive sweating and shortness of breath.

The physician suggested the patient to increase the Furosemide dosage from 120 mg/day to 160 mg/day.

One week after the diuretic therapy increase the HeartLogic alert was solved and the patient felt better.

The analysis of trends showed that HeartLogic alert was driven only by heart sounds, with a marked increase in S3 trend in the days preceding the alert onset. The third heart sound trend showed a sudden drop immediately after diuretic increase.

Interesting to note that the thoracic impedance trend didn't reflect the fluid overload that was instead confirmed through symptoms verification during in-office visit. The increase in thoracic impedance trend may be caused by the pocket drying process following the implantation procedure.

Other sensors trends remained almost stable and didn't contribute to the worsening heart failure.

This case highlights one more time that a multiparametric approach is crucial in order to detect worsening heart failure. This is a clear example how the use of single parameters could provide wrong information. In particular, the thoracic impedance trend may be affected by other conditions like pocket drying, especially during the first weeks after implantation, which could trick the physician about the true heart failure status of the patient and fluid overload and miss the alert to the clinic.

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