

SCIENTIFIC PROGRAM

9:00 am - 9:45 am

9:45 am - 10:00 am Welcome & Introduction to Program

10:00 am - 11:15 am Session I - Syncope and Brady arrhythmias

Anchor: Ashish Nabar

Chairpersons: AN Patnaik, VS Srinath, Mukesh Rao, L Krishna Mohan

1. 45 years old male non diabetic and non hypertensive presented for routine check up with an ECG which showed 2:1 AV block. He denies syncope or pre syncope. Echo showed structurally normal heart. His physician wants to know if he is a candidate for pacemaker. **Daljeet Saggu**

2. Case scenarios in syncope where my clinical judgement overrode in guiding management.

Jaya Prakash Shenthathar

3. 65 yrs old lady doctor had effort intolerance for over a year. Her family observed she was forgetting things and suffered from lack of concentration and a psychiatric consultation was taken. Resting ECG showed sinus rhythm with a rate of 50/min. She denies Syncopal/pre-syncopal episodes. Echocardiogram showed normal LV and Rv function. Coronary angiogram revealed normal coronaries. 3 day ELR showed rates 40-60/min with maximum pause of 2 seconds. How to evaluate this Bradycardia?

B. Hygriv Rao

4. 70 yrs old man was implanted a DDDR pacemaker for CHB. One month post implant he developed device infection persisting despite antibiotics. He underwent extraction of pacing system. A dual chamber leadless pacemaker was implanted. Are these pacemakers only limited for this indication? –

Vanita Arora

11:15 am -11:45 am Course Objectives & Message from MD

11:45 am - 12:00 Noon

12:00 pm - 1:15 pm Session II - VT and SCD

Anchor: Jayaprakash Shenthathar

Chairpersons: A Srinivas Kumar, NS Rama Raju, P Krishnam Raju

1. 70 years old lady underwent TAVR for severe degenerative symptomatic aortic stenosis 4 years back. In the last 6 months she had 2 episodes of syncope. One of them needed CPR. ECG was sinus, narrow qrs with normal PR interval. Echo showed normal biventricular function with no significant gradients across aortic valve. HUTT was negative. **John Roshan**

2. 50 years old male had primary PCI for acute anterior wall MI. 2 months later his LVEF was 33% and CMRI showed scar burden of 15%. He was started on GDMT and 3 months later EF improved to 42% with no change in scar burden. He is otherwise asymptomatic. He wants to know if his risk of SCD has changed. **Ashish Nabar**

3. 38 yrs old lady had 2 episodes of syncope- one while walking and other while sitting. His ECG was sinus. T wave inversions in inferior leads with normal PR interval and QRSD of 100 msec and normal Qtc. Echo showed

mild degree of mitral valve prolapse but with normal bi ventricular function. ELR 3 days was uneventful except for low burden of ventricular ectopy with no symptoms during ectopy. HUTT was negative. How would you proceed to investigate this lady.. **Rajesh Dopeshwar**

4. 35 yrs old lady was evaluated for class II symptoms of breathlessness. He ecg was sinus with Ventricular ectopy . Echo showed global hypokinesia with EF of 35%. Treating cardiologist wants to know if she is a candidate for ectopy ablation or SCD protection with an ICD. How do you resolve his Dilemma- **Vivek Chaturvedi**

1:15 pm - 1:30 pm **Session III - Key note**

Chairpersons: L. Krishna Mohan, P.A. Jiwani, P. Shyam Sunder Reddy

Clinical decision-making overrides guidelines in management of Heart failure - **Prof KK Sethi**

1:30 pm - 2:00 pm

2:00 pm - 2:45 pm **Session IV**

Pulse Field Ablation for AF: Is it a Game Changer? **C. Narasimhan**

Panel Discussion on AF Ablation

2:15 pm - 2:45 pm

Moderator: **Deepak Padmanabhan**

Panelists: **C. Narasimhan, Ajay Naik, Vivek Chaturvedi, Darshan Krishnappa**

2:45 pm - 4:00 pm **Session V - AF**

Anchor: TNC Padmanabhan

Chairpersons: BGK Sudhakar, K Pramod Kumar, V. Dayasagar

1. 60 yrs old lady diabetic, with DDDR pacemaker during a routine device check was found to have episodes of AF. She denies any symptoms of palpitations/ syncope/presyncope. How to estimate risk of stroke by AF episodes- (Burden/AF density)- **Ajay Naik**

2. A 55 yrs old diabetic presented to Medical ICU with pneumonia needed NIV. He developed AF in hospital. Physician wants expert opinion on long term oral anticoagulation prescription. **Ameya Udyawar**

3. Can LAA occluders be chosen over NOACS in non-valvular AF - **Kumar Narayan**

4. Artificial Intelligence in AF & Heart Failure- How will enhance patient care? **Abhyuday Kumaraswamy**

4:00 pm - 4:15 pm

4:15 pm - 5:30 pm **Session VI - Heart Failure Essentials**

Anchor: Anoop Agrawal

Chairpersons: Md Sadiq Azam, Shivkumar, Ravikant

1. Yoga in Heart failure and arrhythmias - **Mohit Gupta**

2. Mavacamten will be first line of pharmacotherapy with betablockers in obstructive HCM - **C. S. Srinivasa Raju**

3. Getting back to a normal life after Heart Failure - **Muralidhar Babi**

4. Management of Obesity to prevent cardiovascular events - **Prasun Deb**

5:30 pm - 6:00 pm **Recap of Program by Program Director**