



New Pacing Techniques and Non-invasive Methods That May Improve Response and Patient Selection to Cardiac Resynchronization Therapy

Guest Editor:

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Message from the Guest Editor

Dear Colleagues,

The non-response rate to CRT remains at 20-40% for cardiac resynchronization therapy (CRT). This non-negligible non-response to CRT is due to the currently nonoptimal recommended criteria for CRT patient selection (QRS duration and morphology, left ventricular ejection fraction), and the application of pacing techniques other than the one currently applied might be more beneficial for some patients. This Special Issue aims to provide an overview of the promising results of newer pacing techniques, such as conduction system pacing (His bundle pacing, left bundle branch area pacing), which can be applied novel non-invasive CTR (electrocardiographic, echocardiographic) methods. These non-invasive methods may improve patient selection for CRT by better assessing the main determinant of the CRT response, the presence or absence of significant electrical (and consequential mechanical) ventricular dyssynchrony and the ability of the applied technique to eliminate it than the currently recommended criteria. This Special Issue offers cardiologists insight into the latest promising methods that may improve responses to CRT.

