

Response to

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Response to: Next-level examination of His-optimized cardiac resynchronization therapy by noninvasive electrocardiographic activation mapping

To the Editor,

We thank Drs. Zweerink and Burri for their interest in our study of sequential His bundle and left ventricular pacing for cardiac resynchronization (CRT). We did not use the term His-optimized cardiac resynchronization therapy (HOT-CRT) as described by Vijayaraman et al. because those authors described patients in whom His bundle pacing (HBP) resulted in significant but suboptimal correction of the QRS duration (QRSd). In that series, HBP alone corrected the QRSd to an even greater degree than conventional biventricular pacing, whereas in our cohort, selective HBP resulted in minimal or no change in QRSd.^{1,2} Our study, therefore, demonstrates that even when HBP does not modify a wide QRSd, it still provides a superior alternative to right ventricular pacing for electrical resynchronization.

We agree that vectorcardiographic QRS area is superior to QRSd for assessing CRT given its ability to better predict electrical dyssynchrony, hemodynamic response to CRT, and long-term outcomes of CRT.³⁻⁵ Although requiring specialized acquisition, electrocardiographic imaging (ECGi) using body surface mapping is an intriguing tool to further study electrical dyssynchrony and the response to different CRT modes.^{6,7} We look forward to the data that will be generated from Drs. Zweerink and Burri's ongoing study.

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