

# New insights into the evaluation of broad QRS complexes

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Propositions to accompany the PhD-Thesis of Harilaos Bogossian

## **New Insights into the Evaluation of Broad QRS Complexes: Relevance for Arrhythmia Management**

1. A new formula for QT interval estimation in presence of bundle branch block suggests subtracting 50% of the QRS from total measured QT interval (Chapters 2 and 3).
2. The new formula for QT interval estimation in presence of bundle branch block is applicable in heart failure patients, pacemaker patients and patients with right bundle branch or bifascicular block (Chapters 4, 5 and 6).
3. Tachycardias with inferior QRS axis and positive concordant pattern in the precordial leads originate from the left ventricular inflow tract and can be successfully ablated from the great cardiac vein (Chapter 8).
4. The ablation target for the malignant “Short-coupled Variant of Torsade de Pointes” is the moderator band (Chapter 9).
5. The JT time should be the main interval for estimating repolarization duration.
6. The value of HV interval measurements in patients with bundle branch block is still based on low evidence.
7. Identification of patients at high risk for sudden cardiac death is challenging; criteria for identification need further improvement.
8. Apps and artificial intelligence can help to apply new formulas in daily clinical practice (impact).
9. “It is more important to know what sort of person has a disease, than to know what sort of disease a person has” (Hippocrates)
10. “Be kind, for everyone you meet is fighting a hard battle” (Plato)
11. “The only true wisdom is in knowing you know nothing” (Socrates)