**PAIRED PACING IDENTIFIES VIABLE LEFT VENTRICULAR SEGMENTS WITHOUT CONTRACTILE RESPONSE TO DOBUTAMINE IN PATIENTS WITH ISCHEMIC CARDIOMYOPATHY**

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A proportion of asynergic left ventricular (LV) segments with reduced blood flow at rest recover function following revascularization despite lack of contractile response by dobutamine stress echocardiography (DSE). We aimed to characterize contractile response of such segments to paired pacing (PP), a non-energy requiring stimulus for potentiation of contractility.

Methods and Results: 25 patients (mean age 65, 14 men) with ischemic cardiomyopathy underwent coronary angiography, invasive PP through right ventricular temporary wire, myocardial contrast echocardiography (MCE) by selective coronary injection and low dose DSE. LV wall motion was assessed at rest, during DSE, after PP and following revascularization. PP had highest overall accuracy for prediction of functional recovery compared to MCE and DSE (86%, 84%, and 61%). Both PP and MCE were highly sensitive for prediction of functional recovery

(91%, 100%), compared to DSE (61%). Specificity was higher for PP and DSE (60% and 60%) compared to MCE (50%). Overall, 68% of non-viable segments by DSE showed contractile reserve by PP, and 89% of latter recovered function. Four of 5 segments with ischemic response to DSE showed contractile reserve by PP, and 3 recovered function. Mean MCE score was lower in segments without than with contractile reserve by PP (0.34 versus 0.73, p less than 0.0002).

Conclusions: More than 2/3 of asynergic LV segments deemed non-viable by DSE show preserved contractile reserve by PP. This is due to a severely reduced blood flow reserve at rest as determined by MCE.