**REFRACTORY ELECTRICAL STORM IN CHAGAS CARDIOMYOPATHY: IS HEART TRANSPLANT THE LAST OPTION?**

I.C. Pinheiro, J.R.F. Rocha, **M.C. Caires**, P.B. Villela, L.R. Siqueira, A.T. Alencar,

P.A. Sampaio, A.S. Sousa, R.M. Ferreira

Edson Saad Heart Institute, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil

**Introduction:**In Brazil, Chagas cardiomyopathy (CC) is a common cause of arrhythmic sudden death. Primary and secondary preventive measures include implantable cardioverter defibrillators (ICD) and ablation, although refractory cases could still occur.

**Case Report:**A 49 year old male patient with CC received an ICD in 2007, due to recurrent symptomatic monomorphic ventricular tachycardia (VT). In 2008, after 2 episodes of VT not detected by the ICD, he was successfully submitted to 2 catheter ablations, and remained asymptomatic on medical therapy. In 2017, following a series of recurrent appropriate shocks, another ablation was performed, without success. Antiarrhythmic drugs were adjusted, but after 4 months another electrical storm was diagnosed (figure). Intravenous amiodarone and lidocaine were ineffective and left-sided sympathetic cardiac denervation was performed, also with unfavorable results. A right-sided procedure was denied and the patient was referred for heart transplantation.

**Conclusion:**Recurrent VT can be difficult to control in CC. Sympathetic denervation is a viable option in refractory cases and bilateral procedures seem to carry more favorable results, especially when the VT cycle is shorter than 400ms. Heart transplantation should be considered when clinically available.

 [](https://files.abstractsonline.com/CTRL/6D/D/E34/730/1BD/488/0A1/256/881/D3E/D2C/9A/g1296_1.jpg)