

Diagnóstico de DAVD – 2010

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O grupo de trabalho em Miopatias do ventrículo direito da Sociedade Europeia de Cardiologia e o Conselho científico em cardiomiopatias da Sociedade e da Federação internacionais de Cardiologia incluiu diversas características de ECG nos critérios para o diagnóstico de DAVD¹:

1. Inversão da onda T de V1-V3,².
2. Duração de QRS (QRSd) em V1 com V3 ≥ 110 ms
3. Presença de uma onda do épsilon (potenciais elétricos após o fim do complexo de QRS).
4. Dispersão de QRS e do QT
5. Bloqueio parietal, definido como um QRSd nas derivações V1 a V3 que excede o QRSd na derivação V6 em pelo menos > 25 ms³.
6. Uma relação do QRSd nas derivações $\frac{V1+V2+V3}{V4+V5+V6} \geq 1.2$.⁴

The Task Force on Right Ventricular Myopathies of the European Society of Cardiology and of the Scientific Council on Cardiomyopathies of the International Society and Federation of Cardiology included several ECG features of the disease in the criteria for diagnosis of ARVD/C.¹ These criteria included

1. T-wave inversions in V₁ through V₃,
2. QRS duration (QRSd) ≥ 110 ms in V₁ through V₃, and
3. The presence of an epsilon wave (electric potentials after the end of the QRS complex).
4. QRS and QT dispersion,²
5. Parietal block, defined as a QRSd in leads V₁ through V₃ that exceeds the QRSd in lead V₆ by >25 ms³ and
6. A ratio of the QRSd in leads $\frac{V_1 + V_2 + V_3}{V_4 + V_5 + V_6} \geq 1.2$.⁴

References

1. McKenna WJ, Thiene G, Nava A, et al. Diagnosis of arrhythmogenic right ventricular dysplasia/cardiomyopathy. Task Force of the Working Group on Myocardial and Pericardial Disease of the European Society of Cardiology and of the Scientific Council on Cardiomyopathies of the International Society and Federation of Cardiology. Br Heart J. 1994; 71: 215–218.
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