

VENERDI' 1 MARZO

L'ARRESTO CARDIACO A RIPOSO E DURANTE ATTIVITÀ SPORTIVA. CAUSE E PREVENZIONE

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“Mens sana in corpore sano”

- Is a sign of high civilization (olympic games of the Ancient Greece)
- Enjoys not only the sportsmen but also the observers
- Makes contact with nature, gives well-being and improves body agility
- Is frequently collective, thus favouring social relationship
- Continuous physical activity decreases serum LDL and increases HDL cholesterol

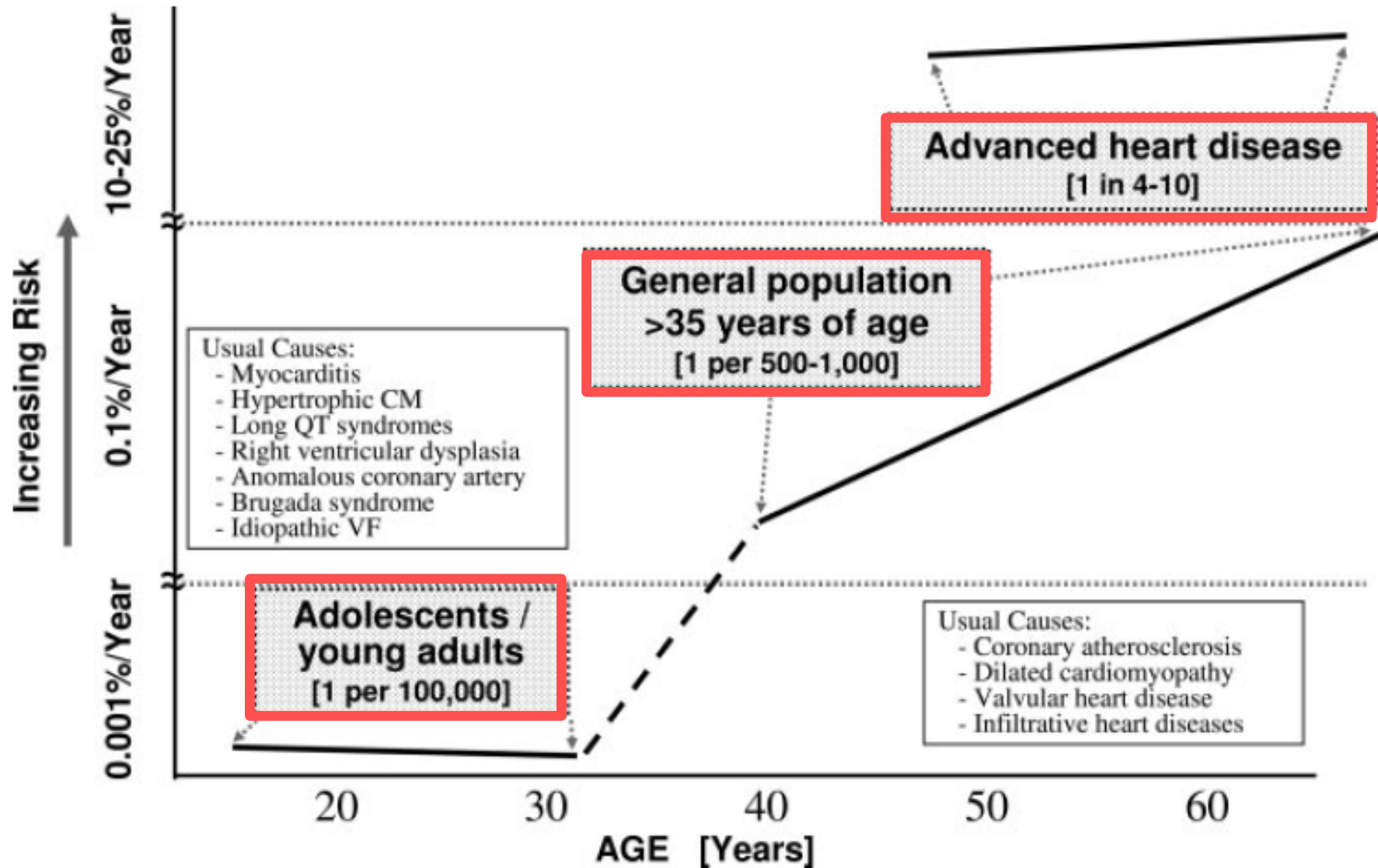


The Paradox of Exercise

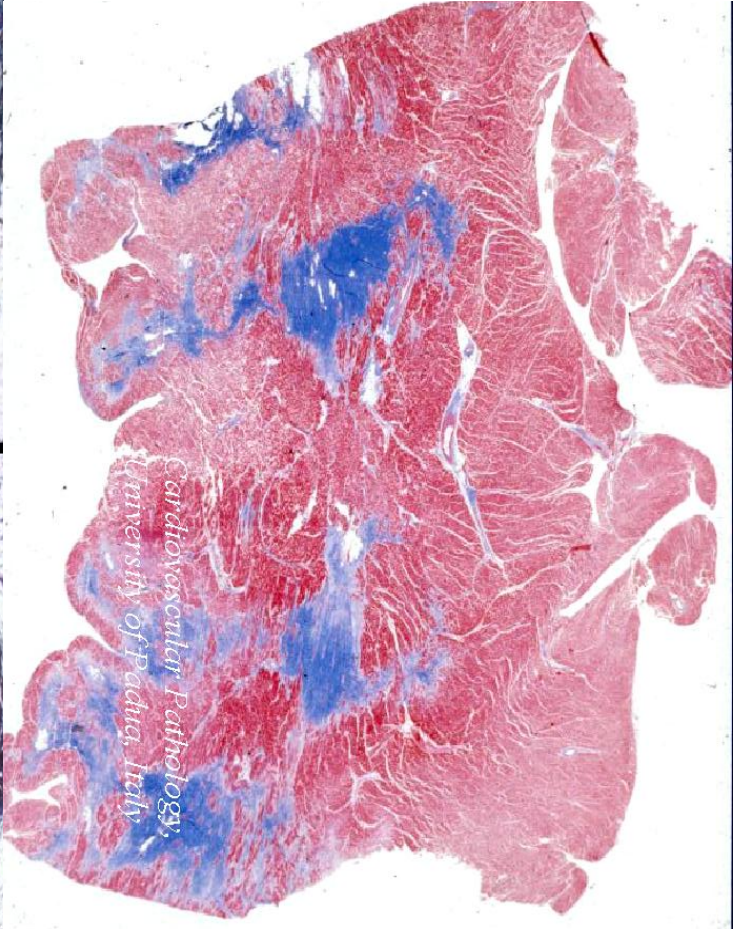
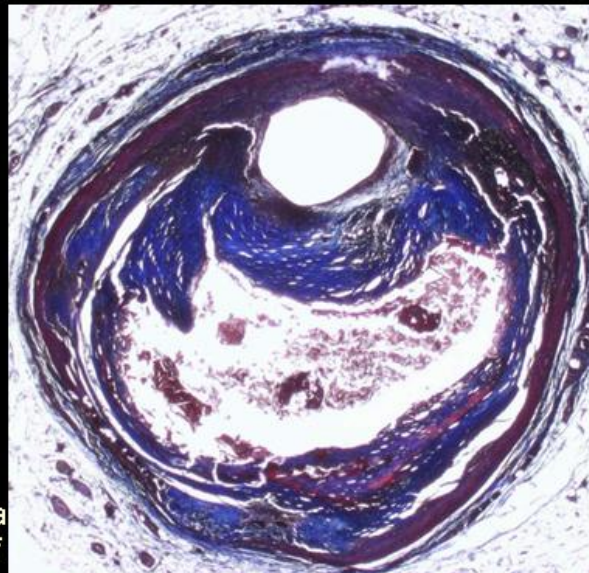
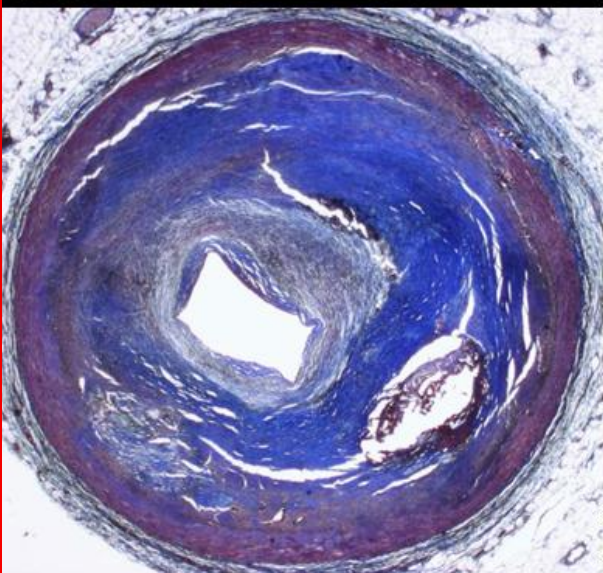
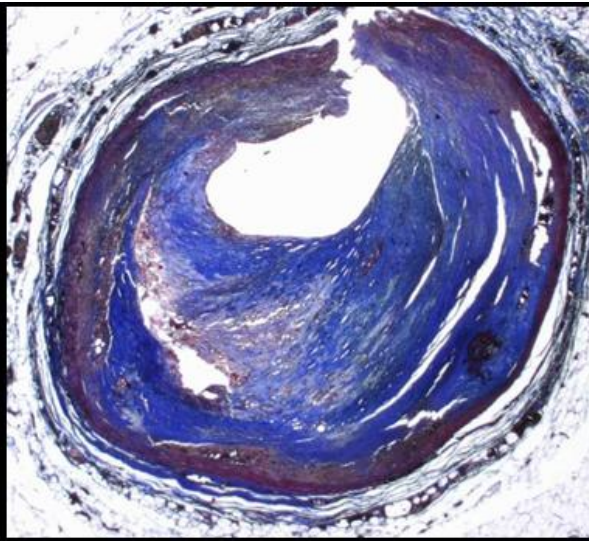
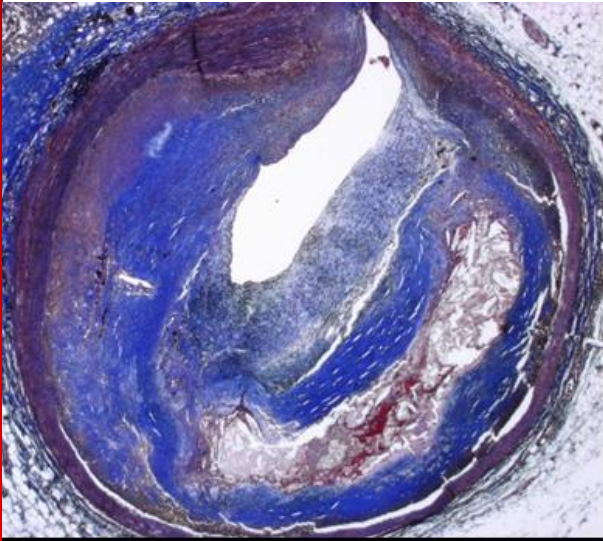


“A two-edged sword: it can simultaneously *offer protection* from the risk of sudden death in those who regularly engage in exercise and can *increase the short-term risk* of sudden death due to underlying heart disease”

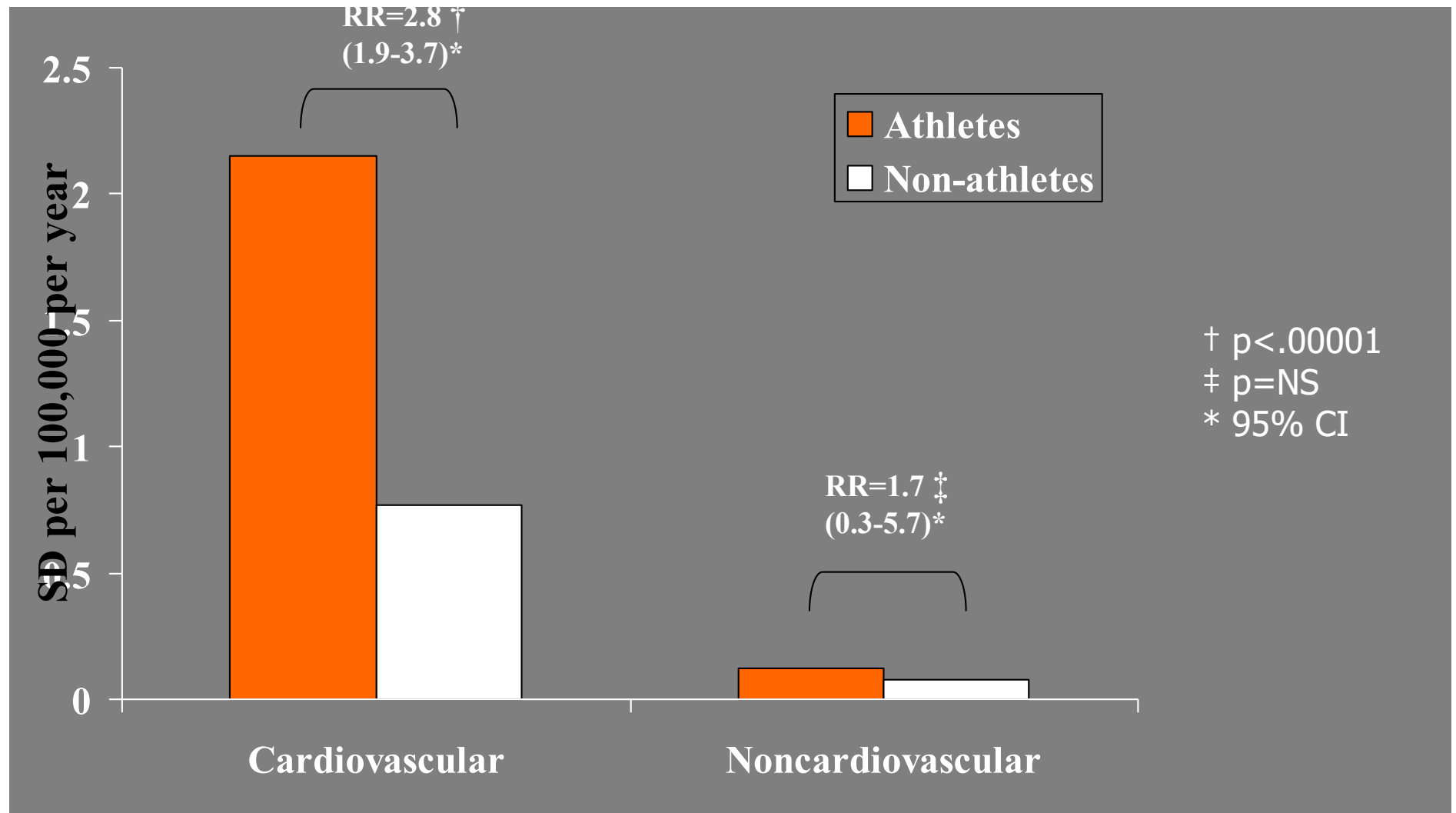




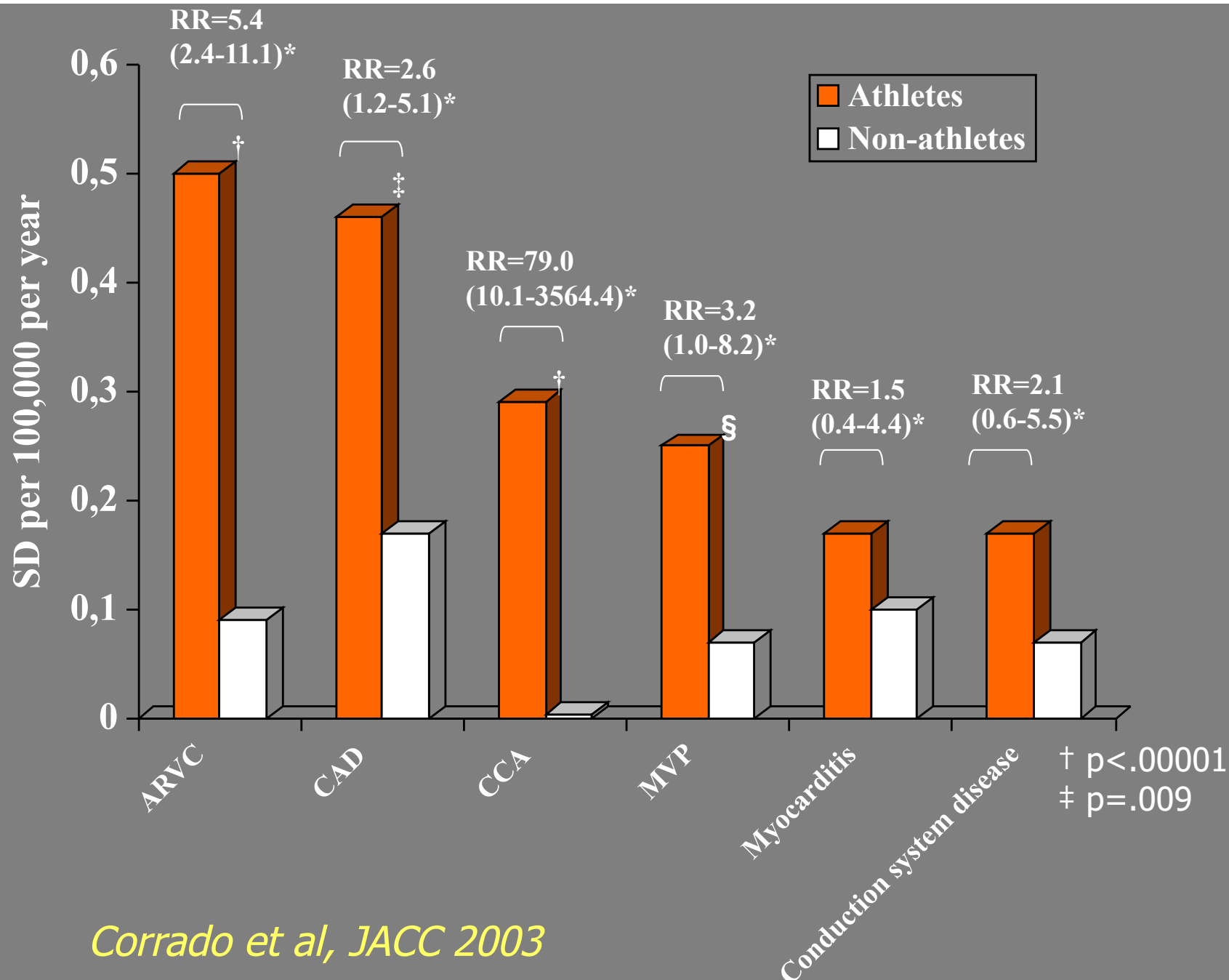
Myerburg RJ, Kessler KM, Castellanos A. Sudden cardiac death, Structure, function and time-dependence of risk. *Circulation*. 1992;85(Suppl 1):I2-I10.



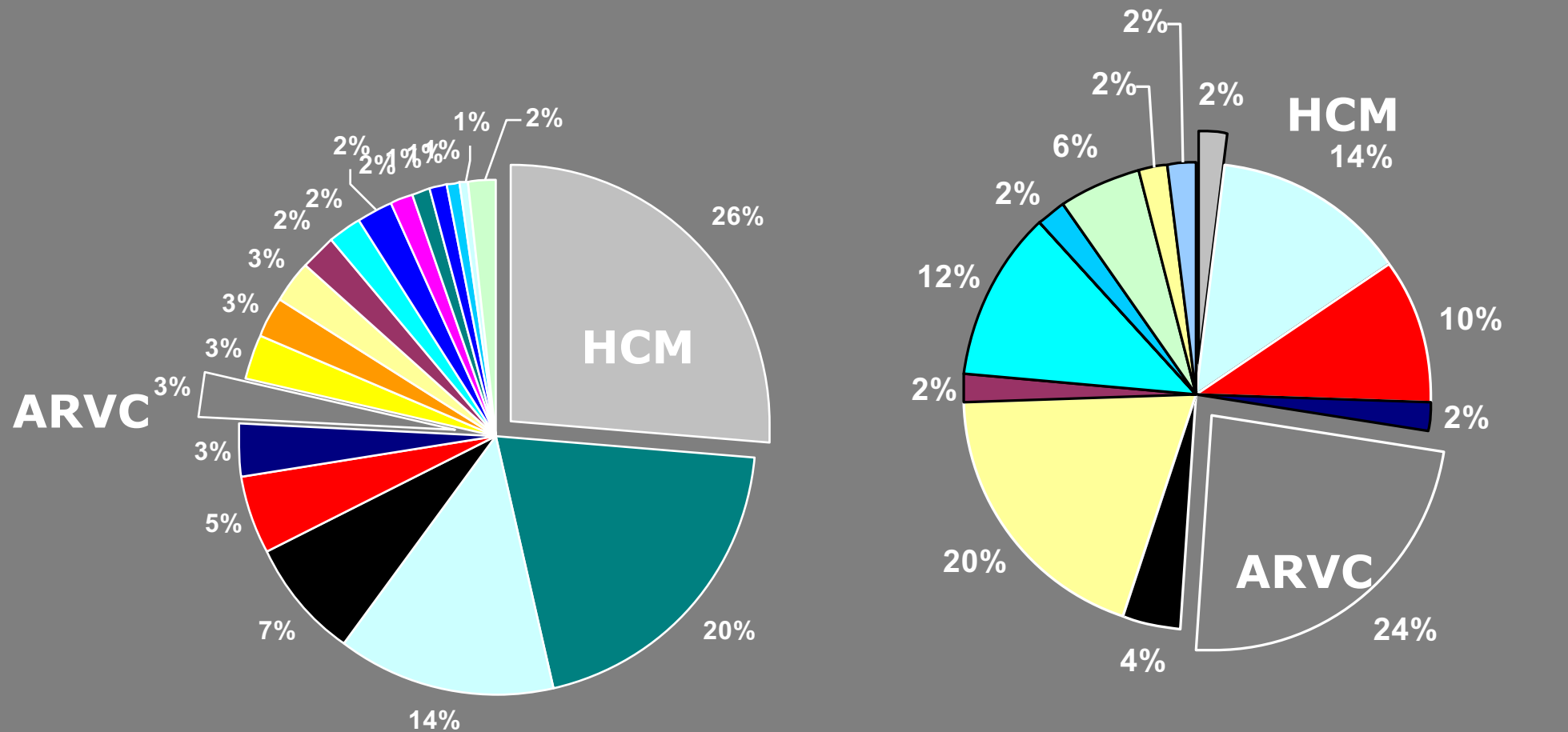
Relative Risk of Sport-related SD



Relative Risk of Sport-related SD



SD in Athletes- USA vs Italy Experience



- | | | | |
|---------------|------------------|------------------|------------------------|
| ■ HCM | ■ Commotio | ■ Congenital CAD | ■ LV hypertrophy |
| ■ Myocarditis | ■ Aortic rupture | ■ ARVC | ■ Myocardial bridge |
| ■ AS | ■ CAD ATH | ■ DCM | ■ MVP |
| ■ Asthma | ■ Heat stroke | ■ Drug abuse | ■ Other cardiovascular |
| ■ Long QT | ■ Sarcoidosis | ■ Cerebral | ■ Pulmonary embolism |
| ■ Unexplained | | | |



SCREENING FOR HCM IN YOUNG ATHLETES

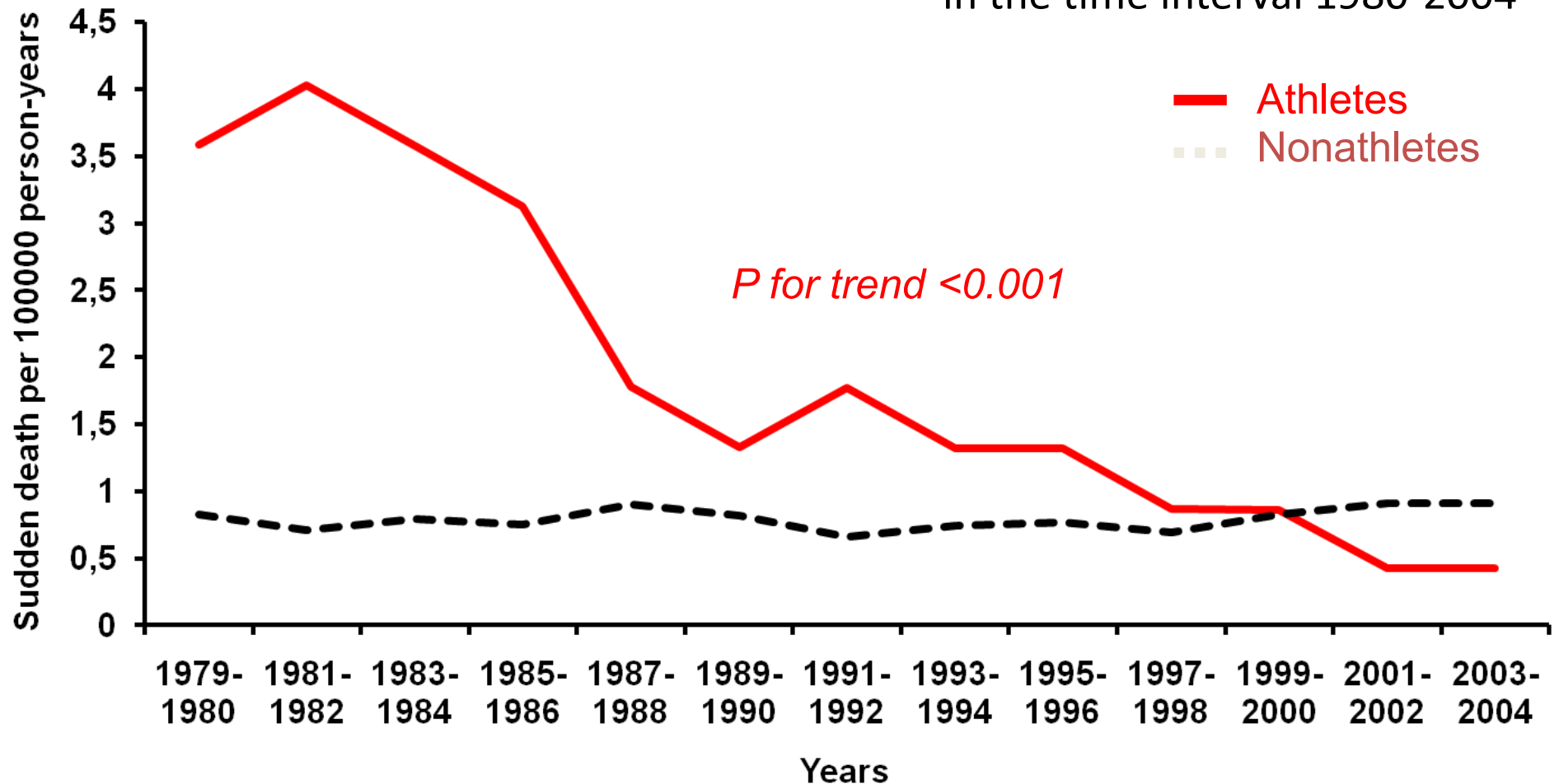
Identification and disqualification of athletes affected by HCM at screening before participation in competitive sports prevent sudden death

Corrado et al., New Engl J Med 1998;339:364-9



Trends in Sudden Cardiovascular Death in Young Competitive Athletes After Implementation of a Preparticipation Screening Program

Implementation in Italy of preparticipation screening for sport eligibility, including ECG, resulted in 90% reduction of SD in athletes (20-35 yrs of age) of the Veneto Region in the time interval 1980-2004



Sudden Death

Clinical Profile of Congenital Coronary Artery Anomalies With Origin From the Wrong Aortic Sinus Leading to Sudden Death in Young Competitive Athletes

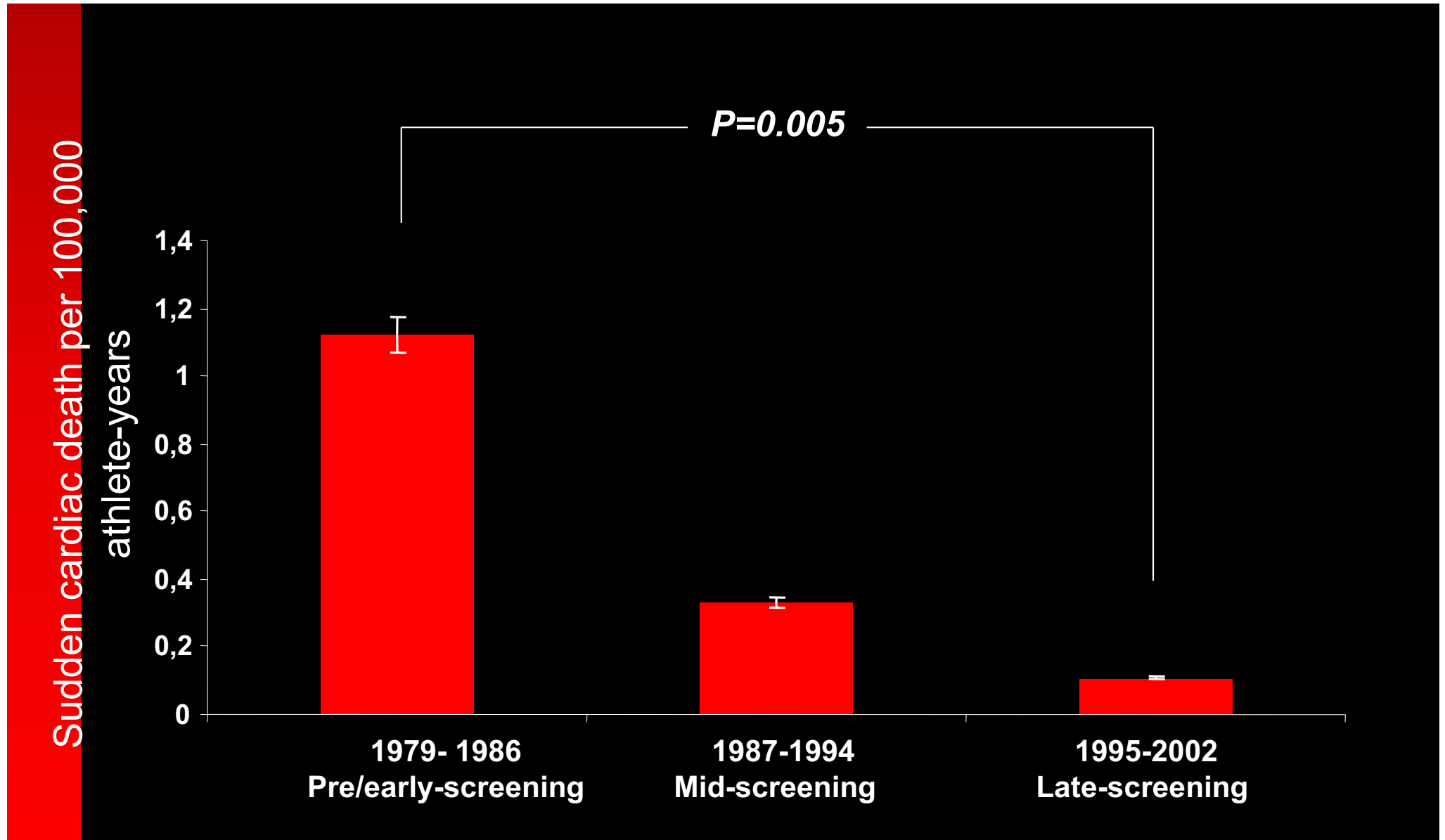
Cristina Basso, MD, PhD,* Barry J. Maron, MD, FACC,† Domenico Corrado, MD,‡
Gaetano Thiene, MD*

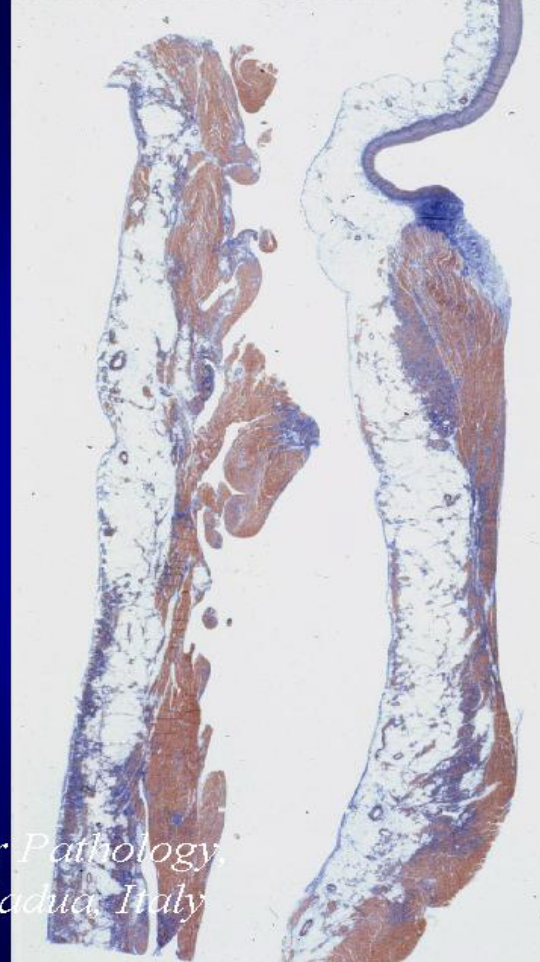
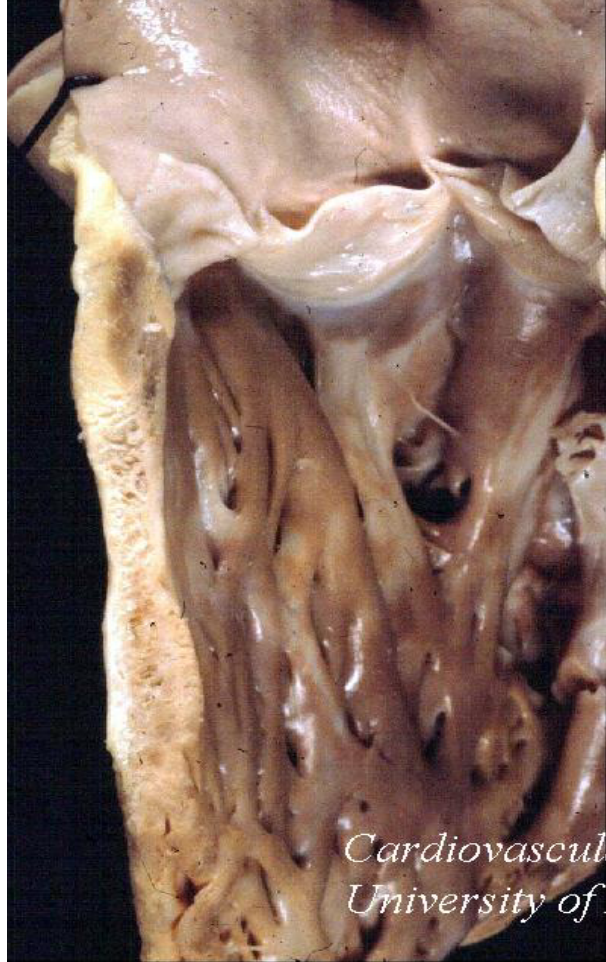
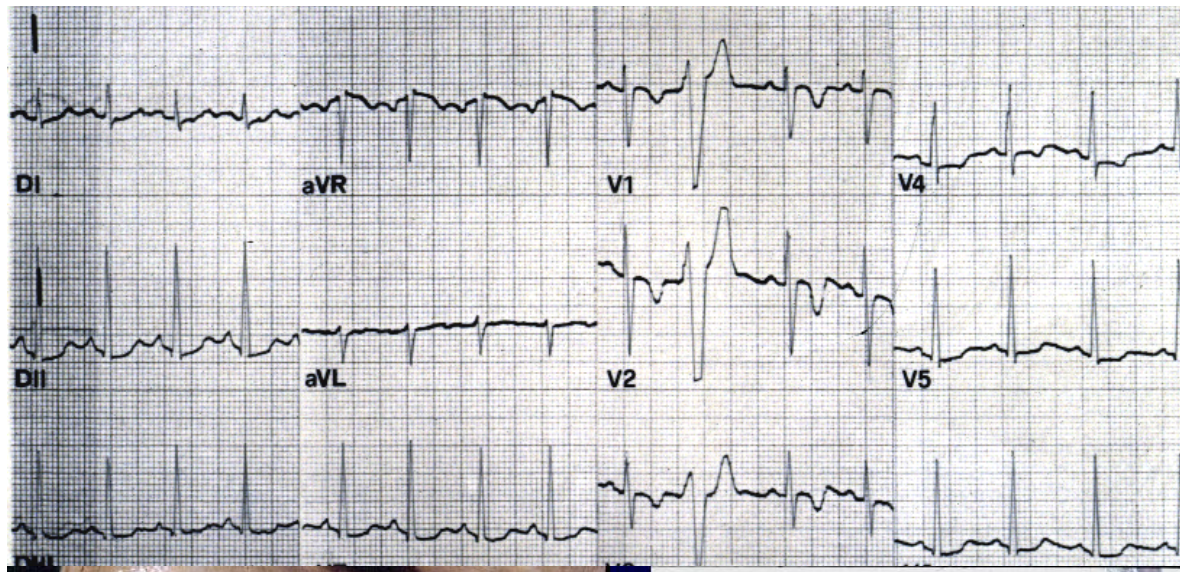
Padua, Italy and Minneapolis, Minnesota

- SD during or shortly after exercise: all
- Premonitory cardiac symptoms: 10 (37%)
(syncope, chest pain, palpitations on effort)
- 12 lead ECG (*available in 9*): normal in all
- Stress test ECG (*available in 6*): normal in all
- Clinical diagnosis and sport disqualification: none



SD IN THE ATHLETES FROM CARDIOMYOPATHIES





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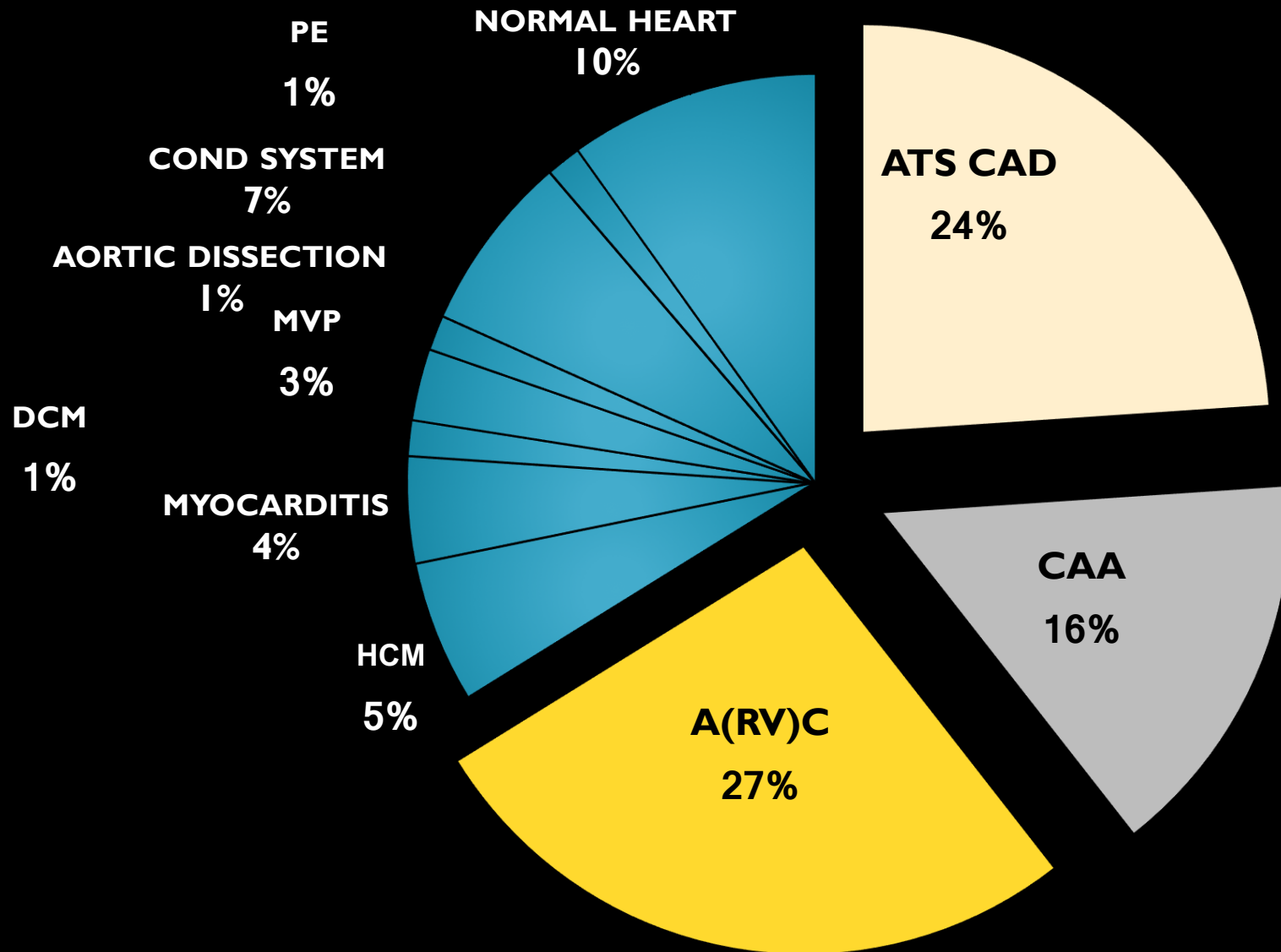
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DI PADOVA

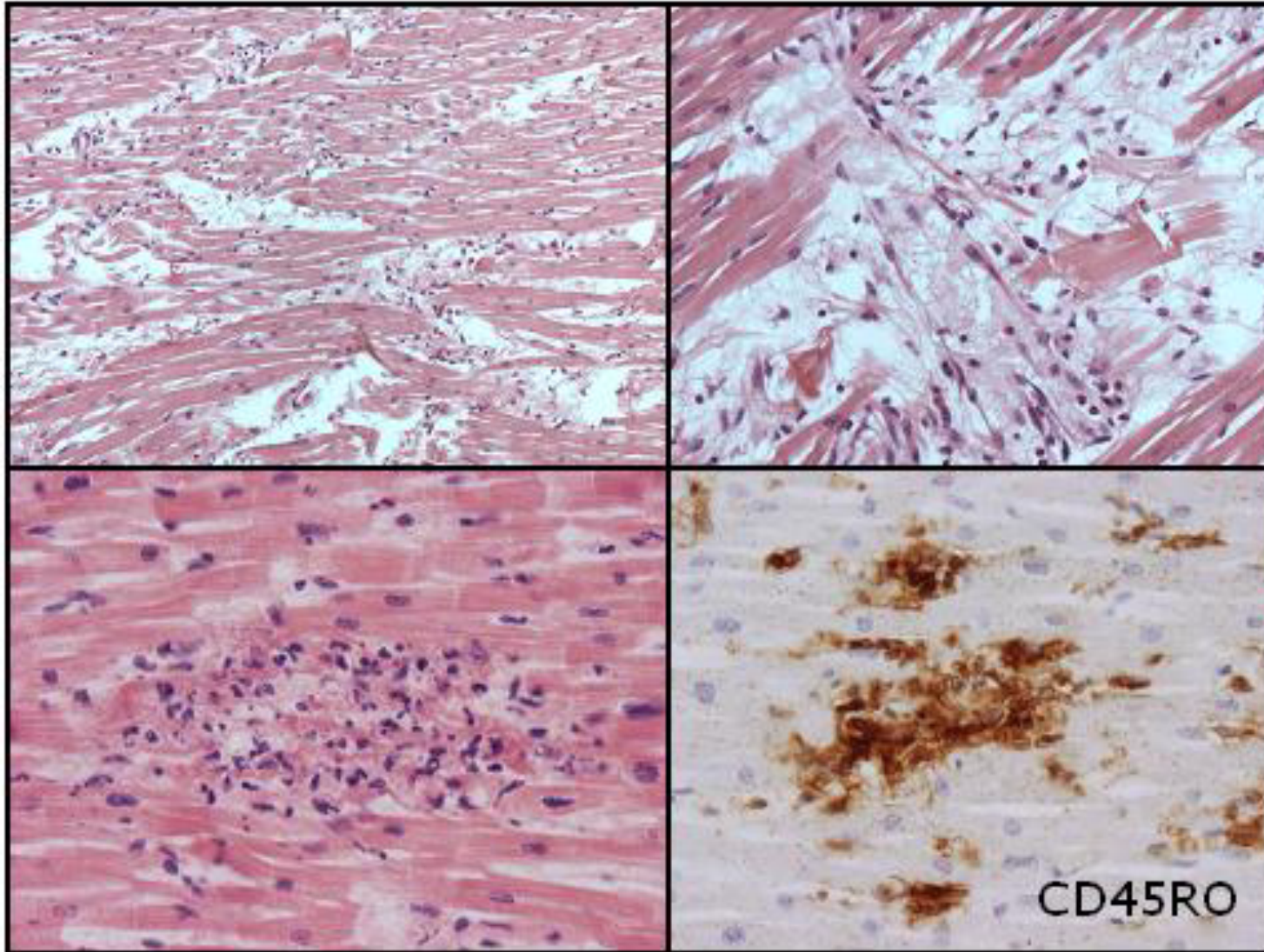
**The challenge of early
diagnosis and SCD prevention
in cardiomyopathies, other
than HCM and ARVC...**



Sudden death in Athletes

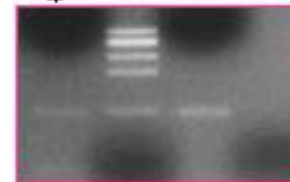
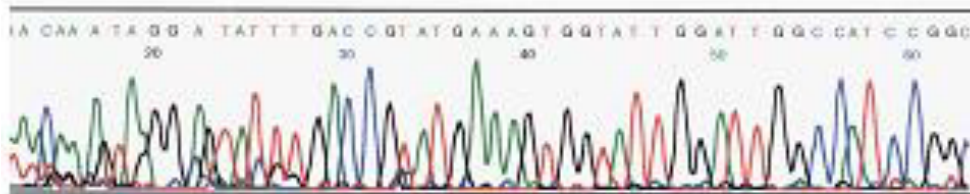
Veneto Region, Italy Total n. 75





CD45RO

Case O.E.
 Marker
 Control positive
 Control negative



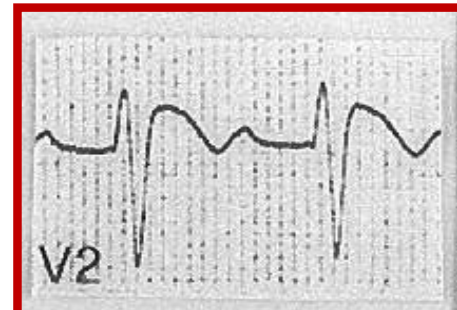
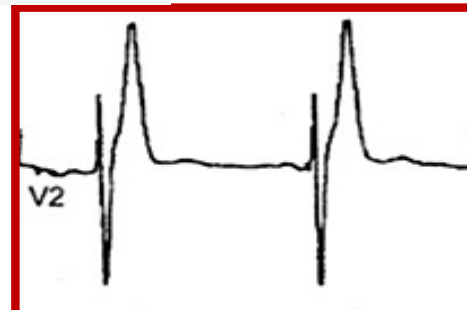
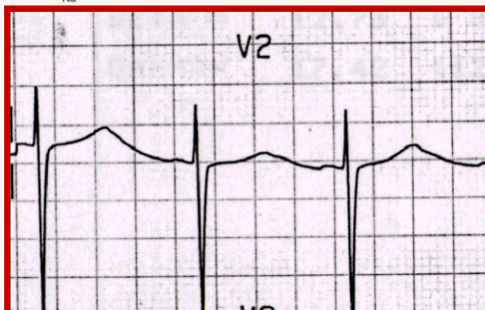
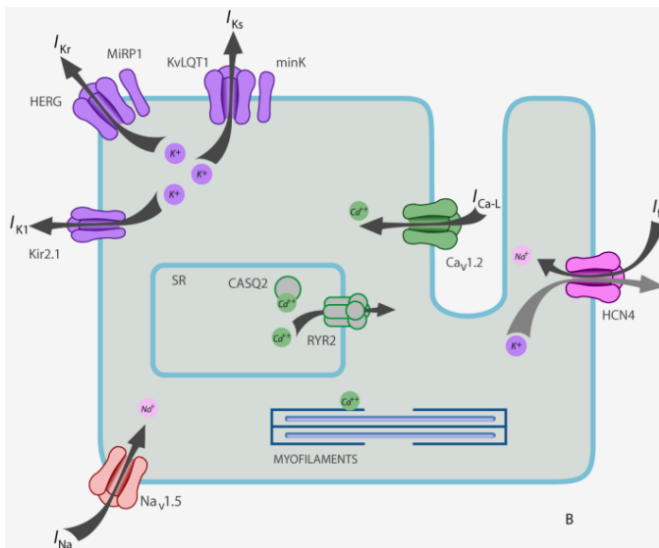
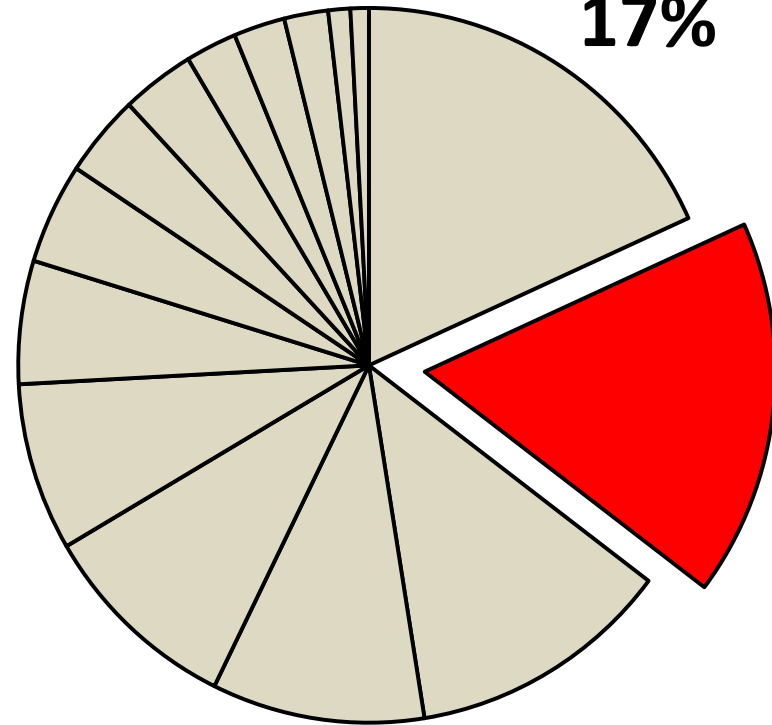
Enterovirus
 113 bp



Sudden Cardiac Death and Normal Heart

- Long QT
- Short QT
- Brugada syndrome
- Catecholaminergic Polymorphic VT

Normal heart
17%



Main Causes of SD in the Young and/or Athletes (autopsy-proven)

Country	N, Age (yrs)	Incidence n/100000/year	CAD (%)	CAA (%)	Myocarditis (%)	HCM (%)	AC (%)	MVP (%)	Normal heart (%)
DN	314 1-35	1.9	13	1	7	0.6	5	2.5	43
UK	258 * 7-35	NA	1.4	6	2	7.4	11.6	NA	47.6
Australia /NZ	490 1-35	1.3	24		7	16		NA	40
USA	842* 14-23	NA	4	19	7	36	5	4	3
Italy	650 1-40	1	18	5	14	10	10	8	17

Guidelines for autopsy investigation of sudden cardiac death: 2017 update from the Association for European Cardiovascular Pathology

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Guidelines for autopsy investigation of sudden cardiac death

Cristina Basso · Margaret Burke · Paul Fornes · Patrick J Gallagher · Rosa Henriques de Gouveia · Mary Sheppard · Gaetano Thiene · Allard van der Wal · on behalf of the Association for European Cardiovascular Pathology*



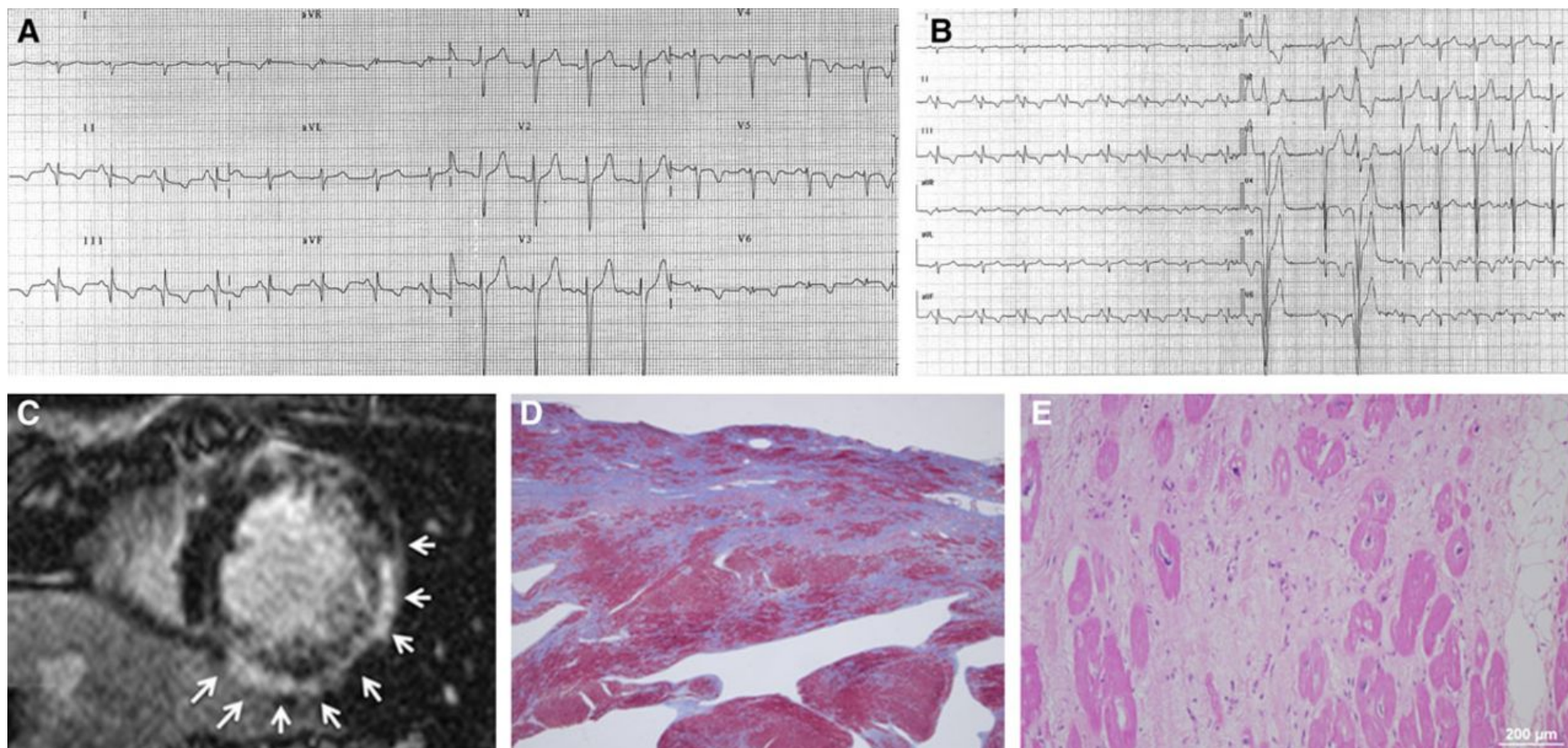
Rigorous methodology:

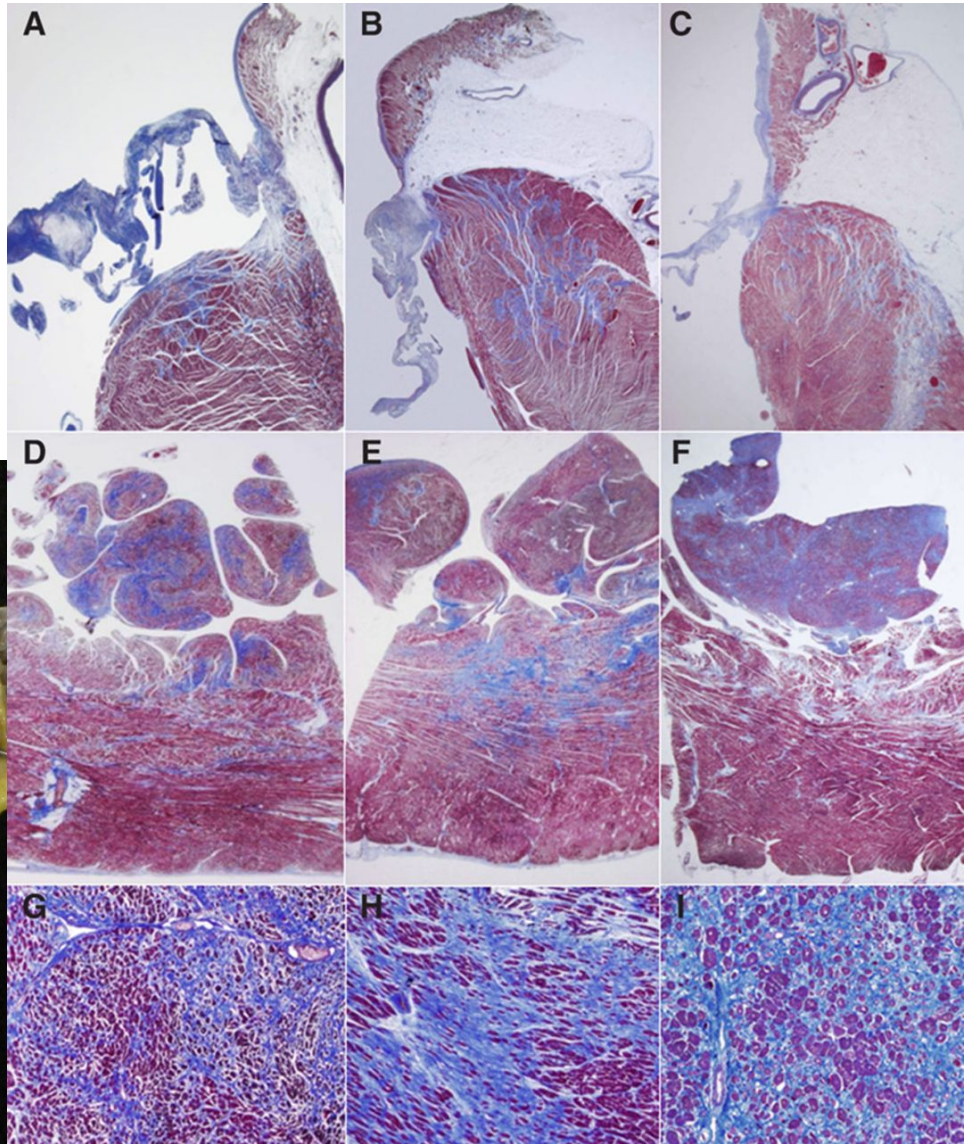
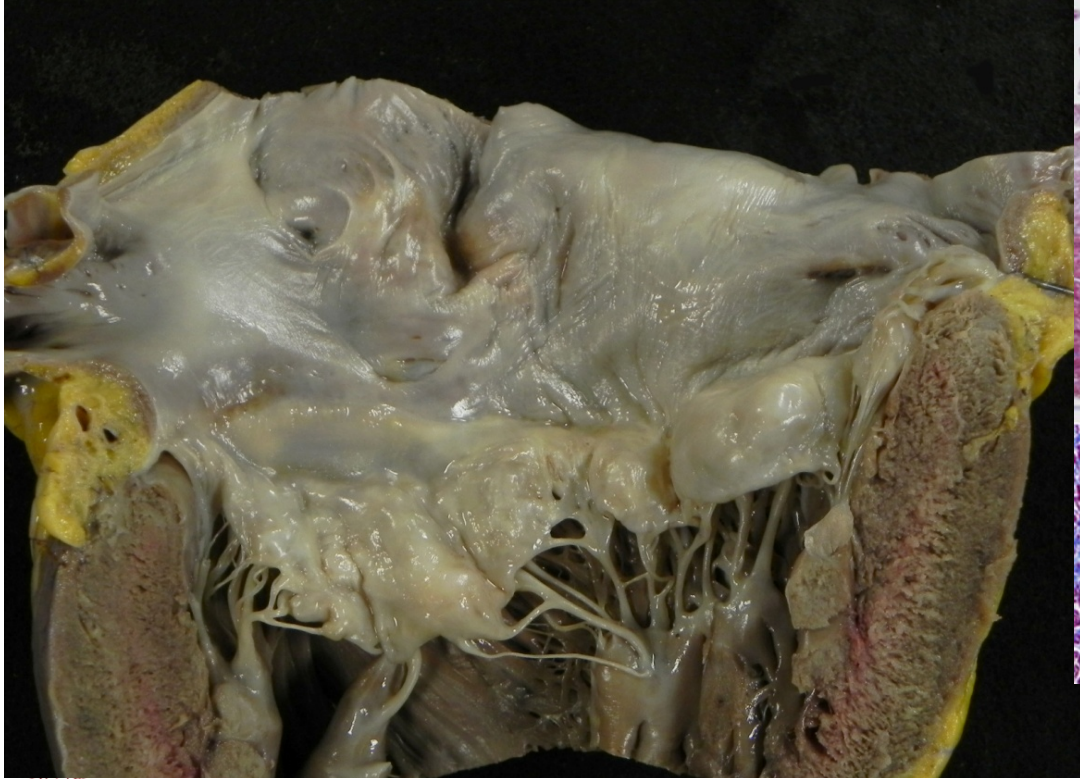
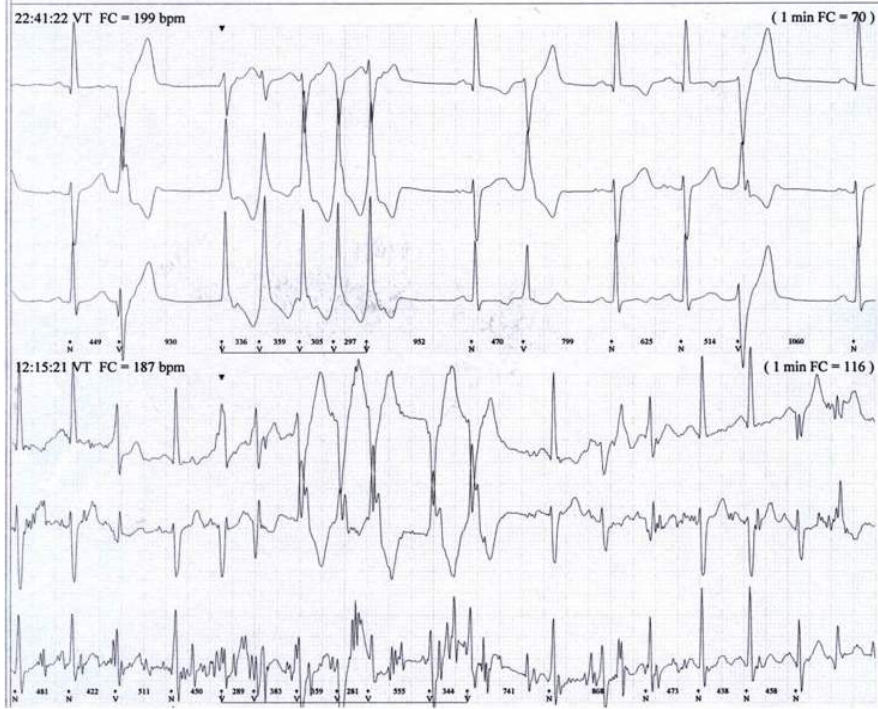
- Gross
- Histology
- Toxicology
- Genetics
- Family investigation

OPEN

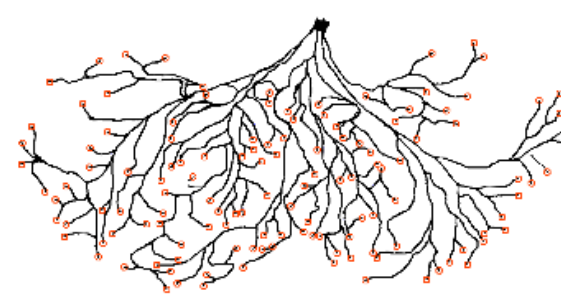
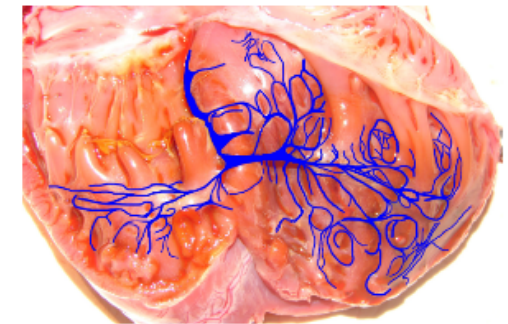
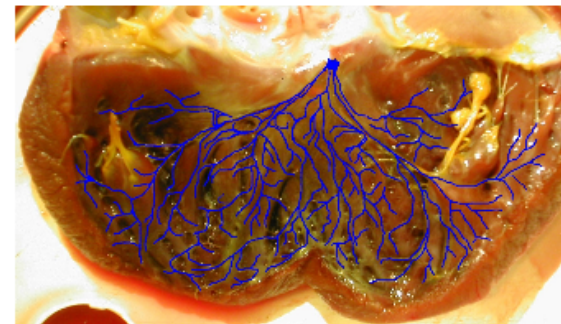
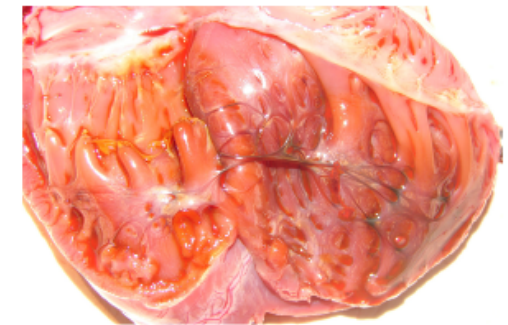
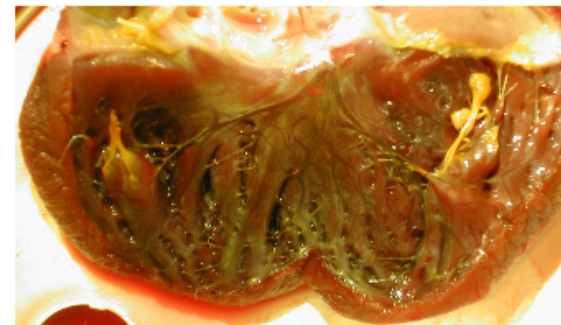
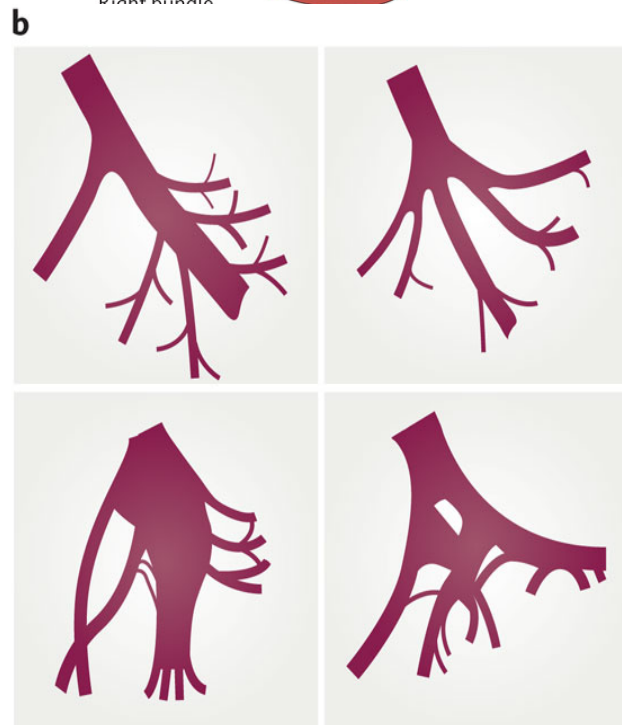
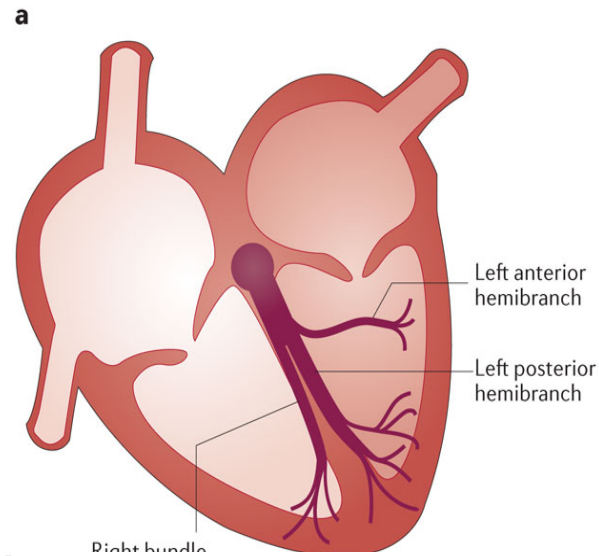
Nonischemic Left Ventricular Scar as a Substrate of Life-Threatening Ventricular Arrhythmias and Sudden Cardiac Death in Competitive Athletes

Alessandro Zorzi, MD*; Martina Perazzolo Marra, MD, PhD*; Ilaria Rigato, MD, PhD;
 Manuel De Lazzari, MD; Angela Susana, MD; Alice Niero, MD; Kalliopi Pilichou, BS, PhD;
 Federico Migliore, MD, PhD; Stefania Rizzo, MD, PhD; Benedetta Giorgi, MD;
 Giorgio De Conti, MD; Patrizio Sarto, MD; Luis Serratosa, MD; Giampiero Patrizi, MD;
 Elia De Maria, MD; Antonio Pelliccia, MD; Cristina Basso, MD, PhD;
 Maurizio Schiavon, MD; Barbara Bauce, MD, PhD; Sabino Iliceto, MD;
 Gaetano Thiene, MD; Domenico Corrado, MD, PhD

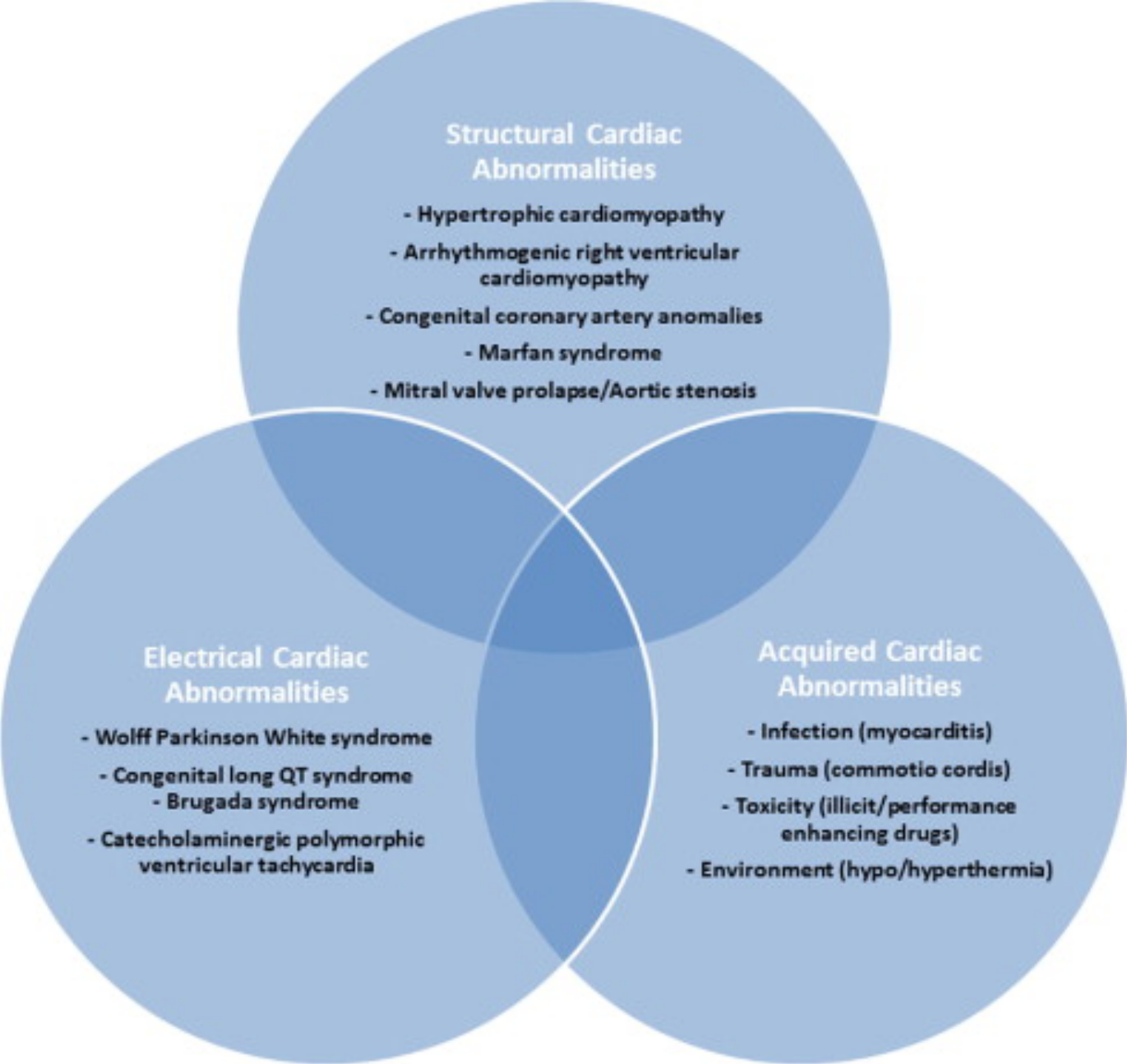




Ventricular arrhythmias and the His–Purkinje system



Haissaguerre M. et al. *Nat. Rev. Cardiol.*, Volume 13, 2016, 155-166



Structural Cardiac Abnormalities

- Hypertrophic cardiomyopathy
- Arrhythmogenic right ventricular cardiomyopathy
- Congenital coronary artery anomalies
 - Marfan syndrome
- Mitral valve prolapse/Aortic stenosis

Electrical Cardiac Abnormalities

- Wolff Parkinson White syndrome
- Congenital long QT syndrome
 - Brugada syndrome
- Catecholaminergic polymorphic ventricular tachycardia

Acquired Cardiac Abnormalities

- Infection (myocarditis)
- Trauma (commotio cordis)
- Toxicity (illicit/performance enhancing drugs)
- Environment (hypo/hyperthermia)



Conclusions

- An age-related distribution of structural substrates of SCD is found at autopsy
- In people >30 yrs, ath-CAD is by far the most common cause accounting for >1/3 SCDs
- Cardiovascular diseases at risk are mostly structural
- CAD, ARVC, HCM are the most frequent causes of cardiac arrest on effort
- SD is possible by combining early diagnosis and early defibrillation (AED)

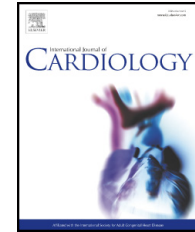




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journal homepage: www.elsevier.com/locate/ijcard



Correspondence

Sudden cardiac death in an Italian competitive athlete: Pre-participation screening and cardiovascular emergency care are both essential



Giulia d'Amati ^a, Raffaele De Caterina ^b, Cristina Basso ^{c,*}

www.gazzetta.it | martedì 17 aprile 2012 | 1,20 € | anno 116 - numero 91

La Gazzetta dello Sport

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LA TRAGEDIA MOBILITAZIONE GENERALE PER IL GIOCATORE MORTO SABATO A PESCARA
MOROSINI C'E' UN'IPOTESI DIFETTO GENETICO AL CUORE
L'autopsia ha escluso che Piermario sia stato colpito da infarto o aneurisma celebrale e il pm D'Agostino apre un fascicolo per omicidio colposo. Oggi alle 14 la salma allo stadio del Livorno, giovedì i funerali. Bergamo gli Intitola la curva Sud
Piermario Morosini, aveva 25 anni LIVERANI
GASPAROTTO, SOZZINI, IMPARATO, PICCONI ALLE PAGINE 5-6-9

IL NUOVO CALENDARIO
Nel weekend 34° turno
Il 33° il 24 e 25 aprile

PARTITE
Sabato, ore 18
CHIVUS-LEGNICE
PARMA-CARPI
ore 20.45
NAPOLI-ROSSA
CUNEO-TRICOLORI
SARSA A PAGINA 8

Domenica (ore 15)
RICIANTINA-INTER (E 30)
CESINA-PALERMO
GENOA-SIENA
LASK-LECCE
MILAN-BOLZONA
JUVENTUS-ROMA (E 6)

SEN AMI A DIMOCCA

