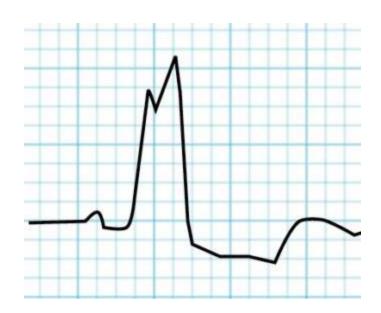
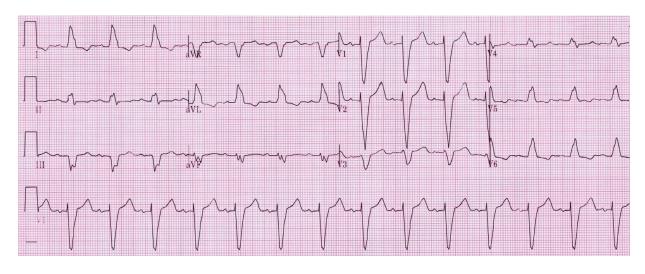


What is the position of Cardiac Resynchronization Therapy?



Left Bundle branch Block

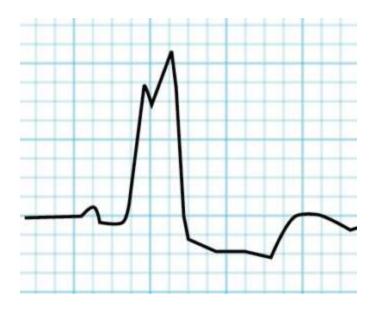
It Was first recorded electrocardiographically at 1914 (Strauss D.G.;2011)



www.blogspot.co

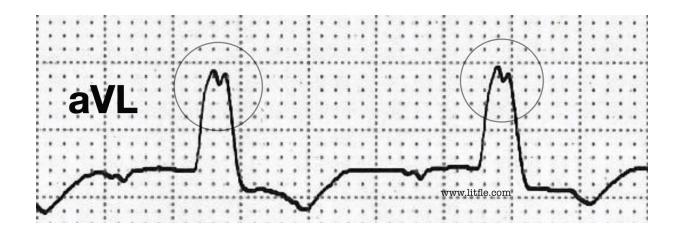
There are some Electrocardiographic criteria of Left Bundle Branch Block

QRS duration ≥ 120 ms



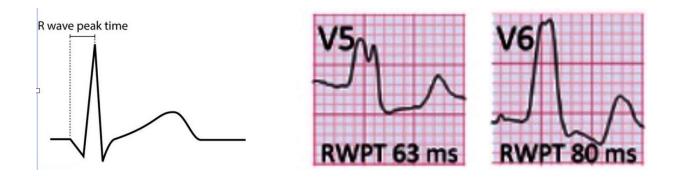
Width of QRS has direct relation with left ventricular dyssynchrony. (Shaik SA, et al. Indian Heart J. 2021 Sep-

Oct;73(5):664-666)

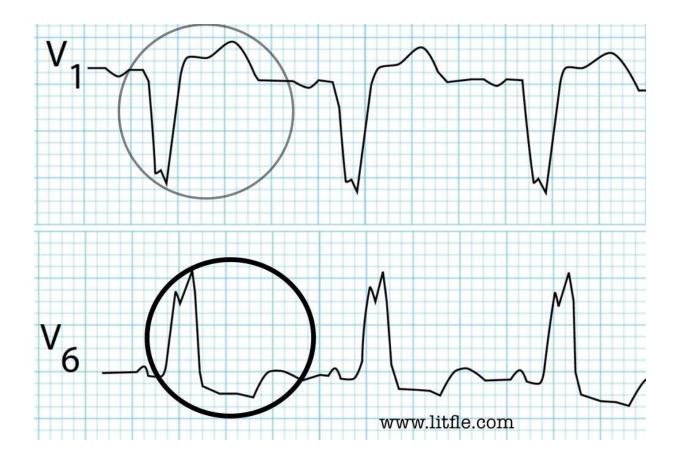


Notching/slurring in the middle third of the QRS in ≥2 leads: V1, V2, V5, V6, I and I and aVL

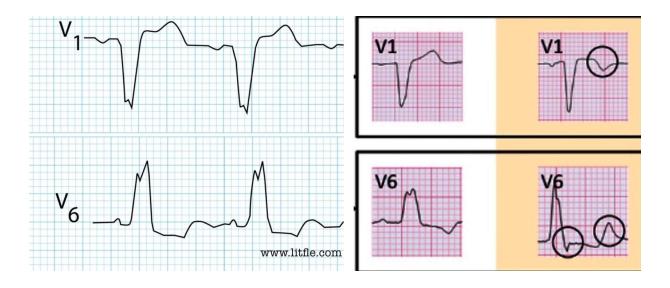
(Calle S, et al. Neth Heart J. 2022 Nov;30(11):495-498.)



R-Wave Peak Time > 60 ms in V5-6 (Calle S, et al. Neth



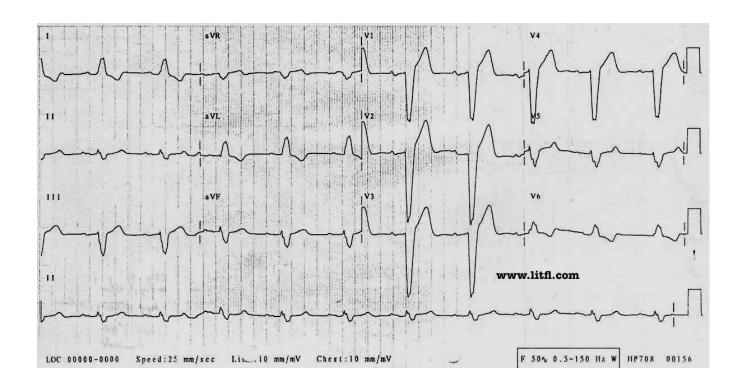
 Generally, the ST segment is slightly opposed to the QRS polarity. (Upadhyay GA, et al. Circulation. 2019, 139(16):1876-1888)

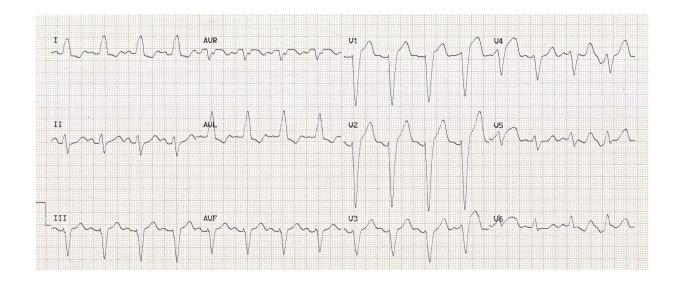


QS or rS in V1 with slightly elevated and positive asymmetric T wave. When the QRS is less than 140 ms, The T wave in V6may be positive (Calle S, et al. Neth Heart J. 2022 Nov;30(11):495-498.)

Exclusively R wave in I and aVL often with a negative asymmetrical T wave, slight ST depression, and usually QS in aVR with positive T wave (Tan NY, et al. Circ Arrhythm

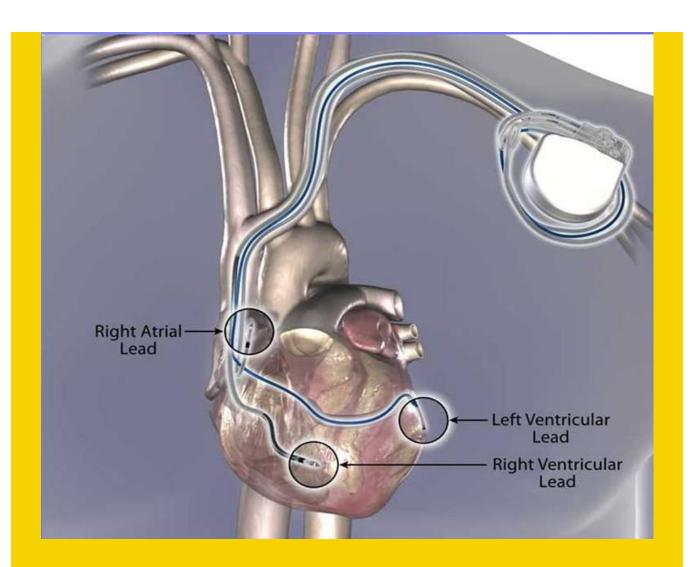
Electrophysiol. 2020,13(4):e008239)





• The QRS axis is variable Upadhyay GA, et al. Circulation. (Calle S, et al. Neth Heart J. 2022 Nov;30(11):495-498.)





Guideline of recommendation for CRT implantation ESC 2021

(with sinus rhythm)

LBBB+ QRS ≥ 150 ms: Class I

LBBB + QRS 130-149: Class Ila

Non-LBBB + QRS ≥ 150 ms: Class IIa

Non-LBBB+ QRS 130-149: Class IIb

Thanks