T波交互脈検査の価値（MASTER I）

MASTER Iの結果、マイクロボルトT波交互脈検査は、心筋梗塞後患者のうち心室性不整脈を最も発症しやすい者を検出する能力がないことが示唆された

MASTER I suggests that microvolt T wave alternans testing does not identify which myocardial infarction survivors are most likely to have ventricular arrhythmia

マイクロボルトT波交互脈検査は心筋梗塞後患者のうち最も心室性不整脈を発症しやすい者を検出できないため、現段階においては電気生理学的検査の代替検査として適切ではない、とAmerican Heart AssociationのLate-Breaking Clinical Trialセッションで発表された。MASTER Iトライアルにおいて、標準的な適応により一次予防として植込み型除細動器を植え込まれている心房細動を有さない患者575人を組み入れた。全ての患者がT波交互脈検査を受け、その後地域の医師がフォローした。筆者らは、さらなる研究によりこの検査の根拠となる生理学を理解し、日常的に臨床で使用できるように改善できるかどうかを解明すべきであると述べている。

Full Text

Microvolt T wave alternans testing does not identify which myocardial infarction survivors are most likely to develop ventricular arrhythmias and thus are candidates for implantable cardioverter defibrillators, according to a late-breaking clinical trial presentation at the annual meeting of the American Heart Association.

The MASTER I trial evaluated the Microvolt T Wave Alternans Test (MTWA) as a non-invasive alternative to electrophysiologic study. A total of 575 patients were enrolled from 50 medical centers in the United States. All patients met standard indications for prophylactic device implantation (primary prevention) and were not in atrial fibrillation.

"This was a community-based study so our findings should be applicable to everyday practice. Another strength of the study is that all patients received standardized treatment," said Theodore Chow, the study's principal investigator from the Lindner Center at The Christ Hospital, Cincinnati, Ohio. "Since patients had defibrillators in place as part of their routine therapy, the devices were programmed to provide safety and adequate data collection."

The study's most significant finding was that T-wave alternans testing did not identify those who were more likely to have life-threatening ventricular events during the follow-up period.
"We need to learn more about T Wave Alternans Testing before we can recommend it for routine clinical use," Chow said.

For the present, he advises cardiologists to follow the American Heart Association/American College of Cardiology clinical guidelines for implanting devices.