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Tachycardiomyopathy: An old modality of TT revisited

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M.A. is a 25 year-old male working as a farmer in Upper Egypt. He is not diabetic or hypertensive and has no FH of heart diseases. Since 2009, he was hospitalized for LV failure several times and has been told that he had idiopathic dilated cardiomyopathy. He had dyspnea NYHA classification III. On October 2013, he was admitted in Assiut University Hospital ICU because of dyspnea and rapid palpitation. His HR was 160 BMN, BP 90/60 and heart exam showed displaced LV apex and S3. EKG showed accelerated junctional tachycardia. He has received I.V. Amiodarone infusion, I.V. Digoxin; I.V. Adenosine in different days but only slowed rate to 140 BMN. Also I.V Potassium and Magnesium infusion failed to terminate tachycardia. Echocardiography confirmed dilated cardiomyopathy diagnosis with LVEF 32%. He was discharged on classic anti failure TT. He presented to my clinic few months later with same incessant junctional tachycardia with AV dissociation documented in many ECGs. I decided to try Catheter RF Ablation for this Tachyarrhythmia and it could successfully convert him into sinus Rhythm. He was symptoms free for few weeks but same junctional tachycardia recurred with deterioration of his symptoms. Considering that patient may have had tachycardiomyopathy. I decided to do RF catheter Ablation of AVN to induce complete AVB and implant permanent pacemaker using single chamber VVI PM (Not DDD for financial reason). Patient markedly improved and now after 1 year follow-up, he is back to full activity and Echo showed regression of LV dimensions and EF increased from 32% at time of RF ablation to 55% now. A tachycardiomyopathy should be always considered in patients with Idiopathic dilated cardiomyopathy and heart failure who suffer from chronic or frequently recurring tachyarrhythmia. Control of the heart rate can often result in a significant improvement of the ventricular function and both symptoms and exercise tolerance. This can be achieved by drugs, RF ablation and pacing. The diagnosis of tachycardia-related cardiomyopathy is made when LV systolic function improves to normal or near normal level after rate control in patients with tachyarrhythmia.

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Current economic challenges and healthcare investment opportunities

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It is a misconception that the healthcare sector is recession proof and affected negatively by oil prices. The sector has seen its share of challenges in the last few years and is now expected to see a period of healthy growth 2016 and for successive 5 years. Continued investment by the governments as well as the private sector have improved healthcare infrastructure in GCC; however, it continues to lag the standards of developed markets. The per capita healthcare expenditure and healthcare expenditure as a percentage of GDP are still below that of developed economies. A number of new players and investors starting and going ahead, we expect to see some corporate merges leading to an overall improvement in the healthcare services offered in the UAE. We estimate demand for healthcare in the region to grow due to a rapidly growing population, rising income levels, increased insurance penetration and an increased prevalence of lifestyle-related diseases. The opportunity of Public-Private-Partnership is emphasized as the number of beds remains in line with the current GCC average and below the US and European averages. The gradual improvement of healthcare infrastructure and standards in the GCC along with increasing insurance penetration should see an increase in number of patients opting for treatments locally, thus seeing an increase in demand for hospital beds. The GCC Healthcare market is showing a rising figures of growth. The combined forces of regulatory pressure, funding reform (mandatory health insurance) and the growing impact of underlying health issues make this inevitable. The GCC healthcare sector presents some interesting opportunities for investors specially those who will play out of the box creating clusters for medical tourism and building innovative centers of excellence focusing in depth sub-specialties. While any investment in the healthcare sector has a longer payback period, there is a very strong demand and supportive government policies that makes for a good business case.

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