

rilátoru. U mladých nemocných lze zvážit jeho subkutánní variantu s tím, že se sníží budoucí riziko problémů s intravazálně zavedenými elektrodami (4). Rozhodování o léčbě těchto vrožených forem prodloužení QT patří do rukou odborníků na léčbu arytmií.

V prevenci získaných forem syndromu dlouhého QT je vhodné pacienta poučit a nejlépe vybavit kartičkou, která upozorňuje na možná rizika (výše zmíněná stránka

www.crediblemeds.org). Na této adrese je možné stáhnout i aplikaci, která vypočítává rizikové léky a kombinace. U vysoce rizikových pacientů je důležité vyšetřovat EKG před a po nasazení léčby. Je možné, že budou v budoucnu dostupná léčiva, která zvýší I_{Ks} proud a bude je tak možné použít při prevenci *TdP* u vysoce rizikových pacientů, tento koncept se ale zatím nepodařilo potvrdit na zvířecím modelu, další výzkum probíhá (98–100).

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Závěr

Získané nebo vrožené prodloužení intervalu QT může vyústit v životu nebezpečnou komorovou tachykardií *TdP* a poté přejít k fibrilaci komor. Přestože je vztah mezi délkou intervalu QT a *TdP* velmi komplexní a frekvence *TdP* je velmi nízká, jde o potenciálně maligní arytmií. Proto je nutné mít o těchto vztazích povědomí a dobře zvažovat podání léčiv prodlužujících interval QT, zejména u pacientů s rizikovými faktory.

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