The PPHB occurring earlier after procedure would be officulty recovered.

Susions: The outcome of PPHB after transcatheter closure SDs was good because most of the PPHB could revere mal sinus rhythm. DLRDSLTV,DAVD and DDOV were the se criterion to predict the occurrence of newly-developed for transcatheter closure of PMVSDs.

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R LEAD EXTRACTION IN CONGENITAL HEART

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CHD) is a promising modality for patients (pts) requiring device therapy. To date there is little experience with

cs: This is a retrospective, case-controlled (gender- & mate age-matched, without CHD) analysis of all CHD 2002-2010 at a single institution who underwent LLE s extraction modality. Characteristics of interest included pes, durations of lead in situ, anatomic lead locations, mechanisms & lead types. The primary outcome E success rate. Secondary outcomes included death, pations & factors related to LLE failure.

5: 22 pts underwent 24 procedures to extract 36 leads. agnoses included: atrial switch for d-transposition (n=11); repaired double outlet right ventricle (2); repaired actal defect (2); unrepaired I-TGA (2); and repaired of Fallot, AV septal defect, d-TGA/ventricular septal SD), I-TGA/VSD, and subacrtic stenosis (1, each).

	CHD (n=24 LLE)	Controls (n=24 LLE)	p value
age at extraction rears)	35 (12-62)	29 (10-57)	
reight at	78 (54-121)	73 (47-138)	0.62
- SD, months)	94 ± 54	79 ± 52	0.24
ts lasered	36 (15 A, 20 V, 1 CS)	37 (12 A, 24 V, 1 CS)	0.47
age leads (%)	4 (11%)	14 (38%)	<0.01
tation leads (%)	3 (8%)	10 (27%)	0.13
only using LLE	26 (72%)	36 (97%)	<0.01

HD pts, LLE failure was not associated with lead h situ; prior atrial switch; or lead location, type, or echanism. 7 of the 10 leads for which LLE was sful were successfully extracted using other methods hanical-rotational device, 2 by surgical extraction). cations were observed in the CHD group whereas 1 monary embolism) was observed in the control group. ons: (1) Pts with CHD are less likely to have LLE than controls. (2) LLE appears to be safe in CHD sults from LLE after atrial switch operation are similar HD pts having 2 ventricles.

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FUNDING SOURCE AND AUTHOR AFFILIATION SEVERELY BIASES TASER RESEARCH

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Introduction: Controversy exists regarding the safety of electrical stun guns (TASERs). We sought to determine if funding source or author affiliation biases research on TASERs. Methods: Medline was searched for TASER or electrical stun-gun studies. All human and animal studies published up to September 01, 2010 were included. Reviews, editorial letters, and case reports were excluded from the analysis. Two independent reviewers evaluated each study for funding source(s), author affiliations, and conclusions with regard to TASER safety. Study conclusions were classified as harmful. probably harmful, unlikely harmful and not harmful. Results: Fifty two studies were reviewed: 34 (65%) were human studies and 18 (35%) were animal studies. Forty-six percent (n=24) of the studies were funded by TASER International or were written by an author affiliated with the company. Of these 24, 23 (96%) concluded that TASERs are unlikely harmful (29%) or not harmful (67%). In contrast, of the studies not affiliated with TASER International, only 15 (54%) concluded that TASERs are unlikely harmful (29%) or not harmful (25%). A study with any affiliation with TASER International was approximately 20 times more likely to conclude that the TASER is likely safe when compared to studies without such affiliation (odds ratio 19.9, 95% confidence interval 2.4-168.6, p = 0.001).

Conclusions: Studies funded by TASER International and/ or written by an author affiliated with the company are approximately 20 times more likely to conclude that TASERs are safe. This finding suggests that TASER International supported research may be severely biased and its legitimacy should we questioned. Heat Rhy Thm 8:5421, 2011

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LEFT CARDIAC SYMPATHETIC DENERVATION IN A PEDIATRIC PATIENT WITH HYPERTROPHIC CARDIOMYOPATHY

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Introduction: Left cardiac sympathetic denervation (LCSD), initially performed for angina in the early 1900's, has been used successfully in patients with Long QT Syndrome and Catecholaminergic Polymorphic Ventricular Tachycardia. Here, we describe a patient with hypertrophic cardiomyopathy (HCM) who underwent LCSD for his malignant, ventricular fibrillation-prone HCM substrate in hopes of delaying cardiac transplantation.

Methods: A 5-year-old male with severe HCM was referred. After presenting with an out-of hospital cardiac arrest for which he was successfully defibrillated, he was diagnosed with HCM and an implantable cardioverter-defibrillator (ICD) was placed at the age of 3. He was symptom free for 8 months, however, he subsequently had 5 appropriate ventricular fibrillation (VF)terminating shocks over the next 4 months. At that time, he was referred to our institution for a second opinion regarding denervation therapy for refractory arrhythmias in lieu of cardiac transplantation.

Results: The patient underwent LCSD utilizing video-assisted