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electrophysiologic study is needed to confirm the diagnosis of chagas cardiomyopathy and to evaluate the response to specific treatment. an electrophysiologic study is also important to recognize those with an atrial or nodal reentry tachycardia, which are often not evident on the ecg, and to exclude those with evidence of atrioventricular nodal reentrant tachycardia and atrial fibrillation, in which the ecg may be normal. in chagas disease, the electrophysiologic parameters frequently described are: prolonged wenckebach period, short effective refractory period, wenckebach block, presence of a concealed his bundle, his bundle entrainment, and 1:1 atrioventricular conduction. an association has been described between complete av block and the degree of ventricular dilation. 242 in those with first-degree av block, a prolonged pr interval is a poor prognostic indicator, 238 whereas shortening of the pr interval during the first 24 hours of hospitalization is associated with a lower risk of ventricular arrhythmias and ischemic events during the first 48 hours after discharge than in those with a normal or prolonged pr interval. 242 left bundle branch block is not rare (15-20% of those with chagas cardiomyopathy) and is associated with a higher risk of cardiac arrhythmias, ventricular dilation, and heart failure. 238 usually, heart failure is the predominant cause of death (63%-85%) in those with chagas cardiomyopathy. 179, 180, 240 although the most frequent cause of death in those with chagas cardiomyopathy is ventricular arrhythmias, sudden death remains a very important cause of death in developing countries. this event may occur within the first year of diagnosis, but up to 90% of cases are described in the first 6-12 months of diagnosis. 81, 240 thus, treatment should be tailored to these risks. 243

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patients with asymptomatic chagas disease should be monitored periodically with ecg, 24-hour holter monitoring, echocardiogram, blood tests (including cholesterol levels and platelets), and systemic blood pressure assessment. standard treatment for patients with severe symptoms of dilated cardiomyopathy with vt and appropriate ecg evidence should be instituted (eg, amiodarone for sustained vt, digoxin for atrial fibrillation, and anticoagulation for atrial fibrillation with lv systolic dysfunction or ischemic stroke). 53, 135, 214 most patients with chagas disease begin experiencing clinical symptoms during the chronic indeterminate phase. approximately one-third of patients may develop heart failure in the subsequent years of infection, 181 and even more patients (1/3) will develop abnormal ecg changes, such as sinus tachycardia and atrial fibrillation, over time. 139, 141 ecg changes may also develop in the absence of manifestations of heart failure during the indeterminate stage. 149 however, the prognosis is extremely poor in patients who develop heart failure in the chronic indeterminate phase and in those who progress to a cardiac form with life-threatening complications of arrhythmia and sudden cardiac death, even when treated aggressively with standard heart failure medications. 140 over the past decade, new treatment options have been introduced, and chagas disease has become a relatively more manageable condition. despite the availability of new evidence-based treatment strategies for chagas disease, clinical management of the indeterminate or cardiac form remains a challenge because the optimal therapy is not well established. adherence to current american college of cardiology/american heart association/heart failure society of america guidelines for the management of patients with heart failure and nonischemic cardiomyopathy is low. furthermore, these guidelines, although supportive, do not adequately address the management of chagas disease. 150 5ec8ef588b

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