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**Arrhythmias in Hospitalized Heart Transplanted Patients: A United States National Study**

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**Arrhythmias in Hospitalized Heart Transplanted Patients: A United States National Study**


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**Background**
- Abnormal anatomy, sympathetic denervation, rejection, infection, and immunosuppressive drugs may increase the risk for arrhythmias in heart transplanted (HT) patients.
- Data are limited regarding arrhythmias in hospitalized HT patients.

**Objective**
- To identify various arrhythmias identified and documented in hospitalized HT patients using a large US national database.

**Methods**
- Nationwide Inpatient Sample databases from 2003 through 2012 were queried for hospitalizations in HT recipient patients ≥ 18 years of age using ICD9 code V42.1.
- Hospitalizations with a primary or secondary discharge diagnosis of acute myocardial infarction were excluded.
- Individual arrhythmias and associated discharge diagnoses were then identified using appropriate ICD-9 and CCS codes.

**Results**
- Of the 132,552 hospitalizations in HT patients, a diagnosis of arrhythmia was present in in 17,693 (13.3%).
- Atrial arrhythmias (7.8%) were substantially more common than ventricular arrhythmias (1.0%). Atrial fibrillation (AF) (6.0%) was the most common arrhythmia followed by atrial flutter (1.8%; Figure 1A).

**Conclusion**
- Arrhythmias are common in hospitalized HT patients, with AF being the most common. In this patient population, arrhythmias may often represent a consequence of HT-related complications such as infection or rejection.
- Given the anatomical and functional alterations of the transplanted heart, studies are needed to better understand and manage these arrhythmias.

**Disclosures**
- None of the authors have any relevant disclosures.

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