

# **Arrhythmogenic remodeling in the elite athlete's heart: an animal study on dogs**

**Andras VARRO**

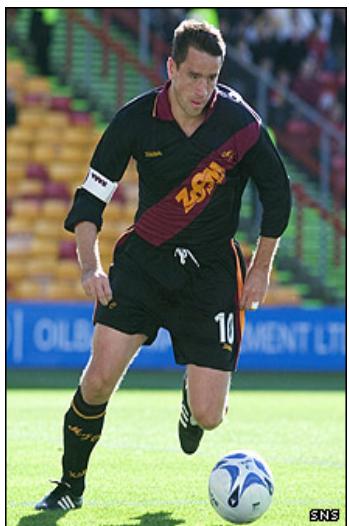
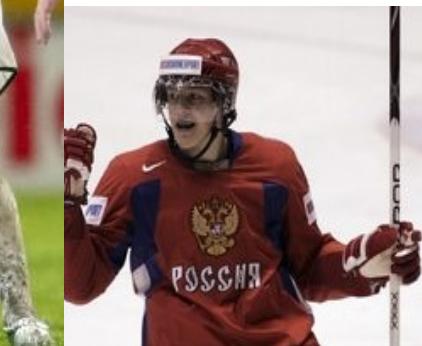
**Albert Szent-Györgyi Medical School  
University of Szeged, Hungary**



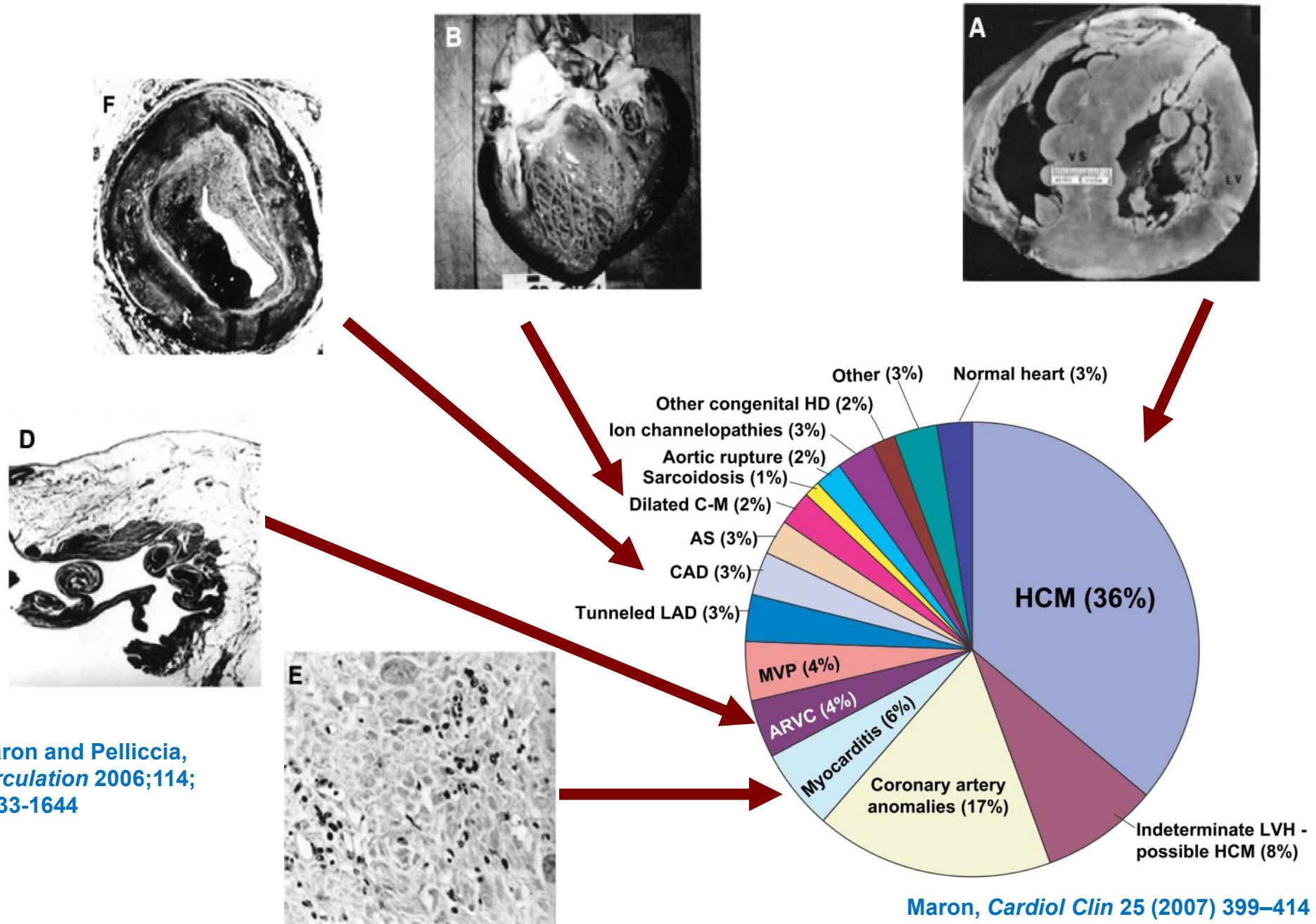
**PRAG – Nov. 3-6., 2024**

# SCD in competitive athletes: cardiac repolarization reserve impairment and increased arrhythmia susceptibility?

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# Autopsy findings in young athletes following SCD



# Research aims

To **develop an experimental model** of long-term intensive endurance exercise

whether exercise training induces **potentially adverse myocardial morphological and/or electrical remodelling especially at a cellular level**

## Experimental groups



'Control'  
(n=12)

'Trained'  
(n=12)

Training program duration: **16-week treadmill running**

Number of trainings: **5 times /week**

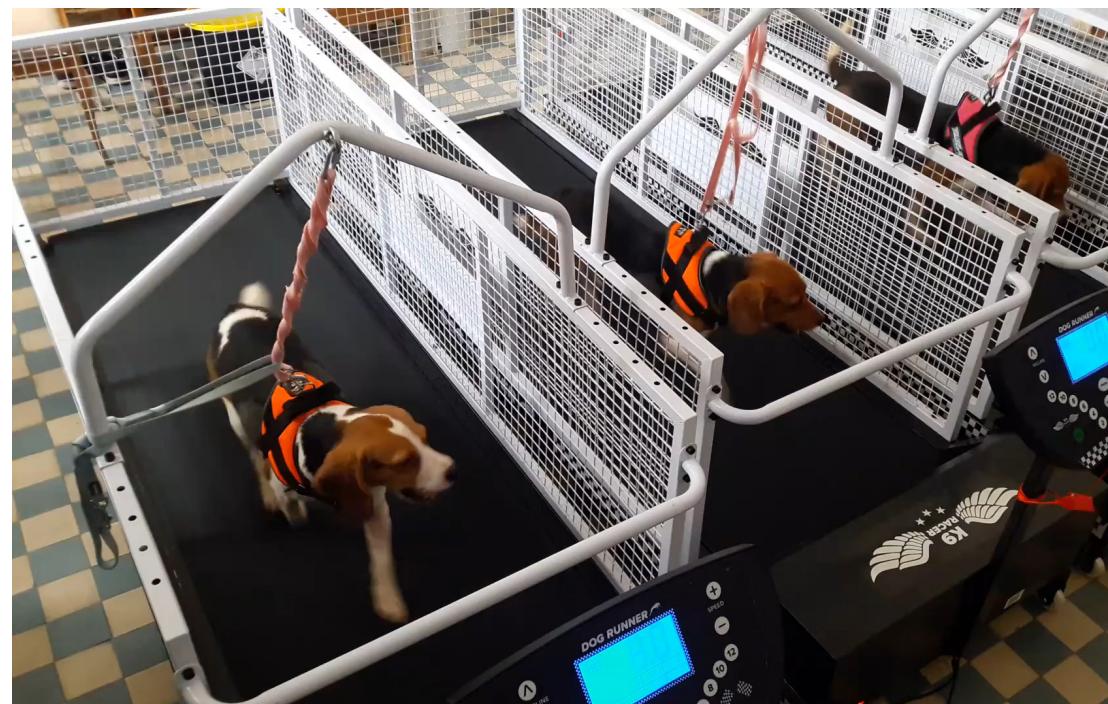
Training sessions: **2x90 min long-distance running +  
2x50 min interval running**

Incline: **0% - 5% - 12%**

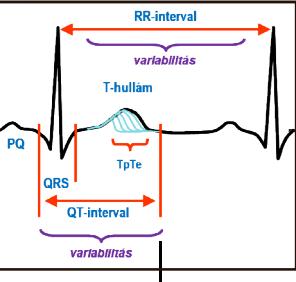
Avg daily distance: **80 km**

Avg running speed: **22 km/h**

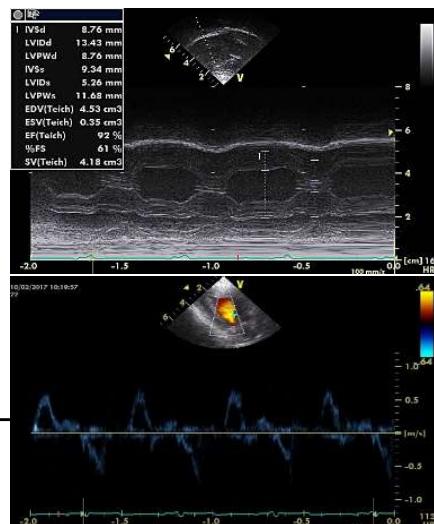
## Sex ratio



# Methods



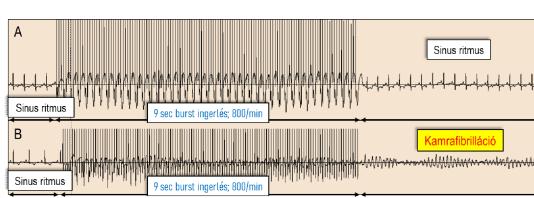
Conscious dogs  
Precordial leads  
Baseline measurements (RR, PQ, QT, Tpeak-Te)  
Beat-to-beat variability  
Ectopic activity after  $I_{Kr}$  block ( $35 \mu\text{g}/\text{kg}$  dofetilide)



## In vivo measurements

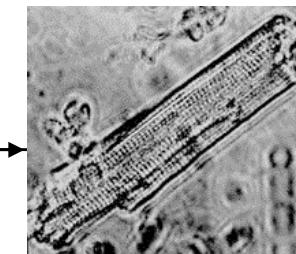
## Burst stimulation

- Anaesthetized dogs open-chest burst pacing
- duration: 9 sec
- 800/min, equal to 13.3 Hz



## In vivo measurements

## Enzymatic isolation



## Action potential duration measurements

- Patch-clamp technique
- Perforated patch
- Current-clamp, 37 °C

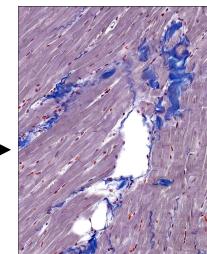
## Transmembrane ionic current measurements

- Patch-clamp technique
- Whole-cell
- Voltage-clamp, 37 °C

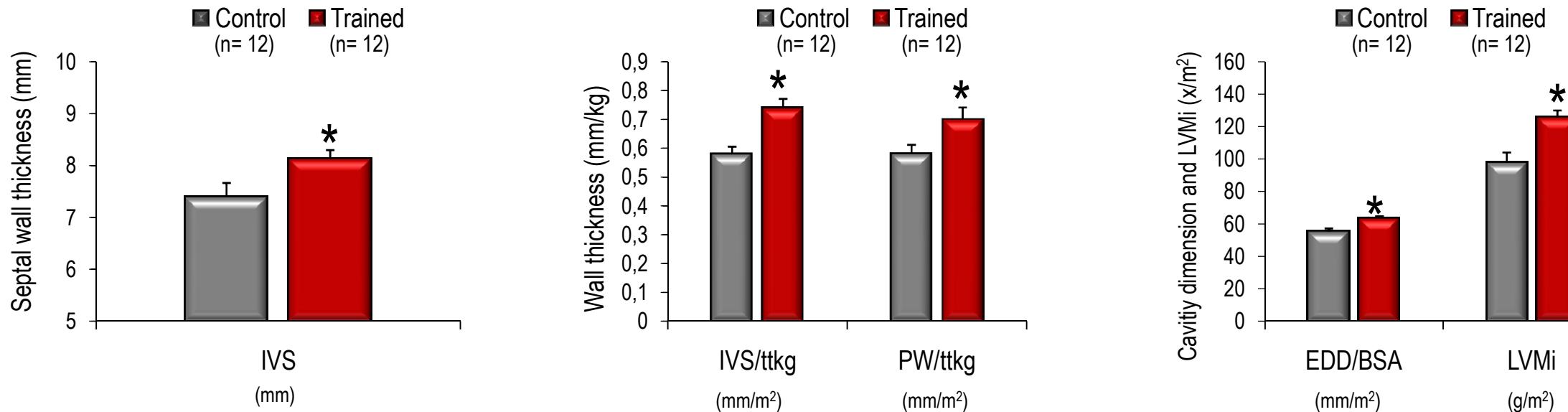
## Biological markers

- Immunocytochemistry

## Ex vivo measurements



# Echocardiography: Left ventricular hypertrophy



iations:

left ventricular septal wall thickness

left ventricular posterior wall thickness

left ventricular end diastolic diameter

Body surface area (m<sup>2</sup>) =  $10,1 \times (\text{body mass (g})^{2/3} \times 10^{-4}$  (1)

left ventricular mass (g)= $0,8*(1,04*(\text{EDd}+\text{PWd}+\text{IVSd})^3-(\text{EDd})^3)+0,6))/1000$ . (2)

Left ventricular mass index: LVM/BSA (g/m<sup>2</sup>)

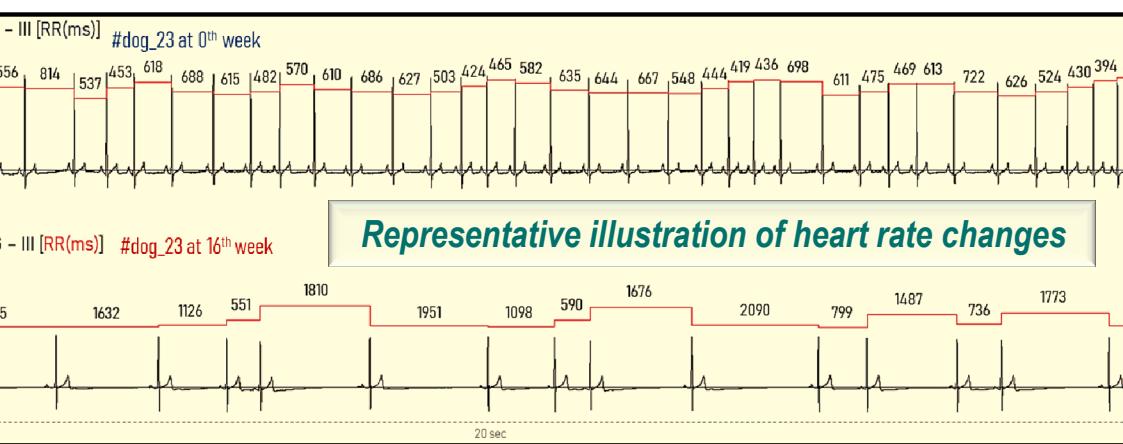
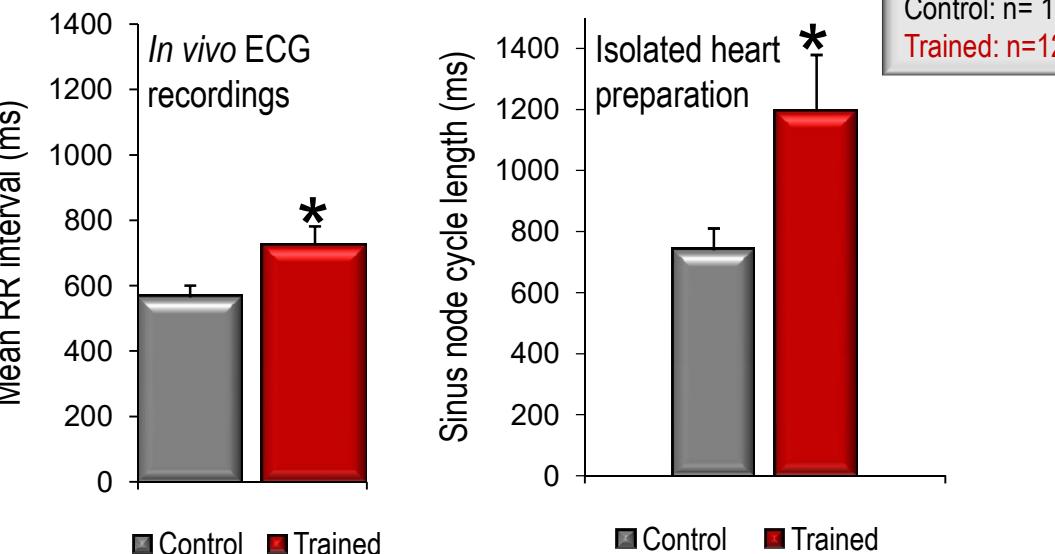
\* $p<0.05$  Trained 16<sup>th</sup> week vs. Control

<sup>1</sup> Wey et al. Allometric Scaling of M-Mode Cardiac Measurements in Normal Ad

<sup>2</sup> Troy et al. Measurement of left ventricular wall thickness and mass by echoca

# Bradycardia and increased heart rate variability

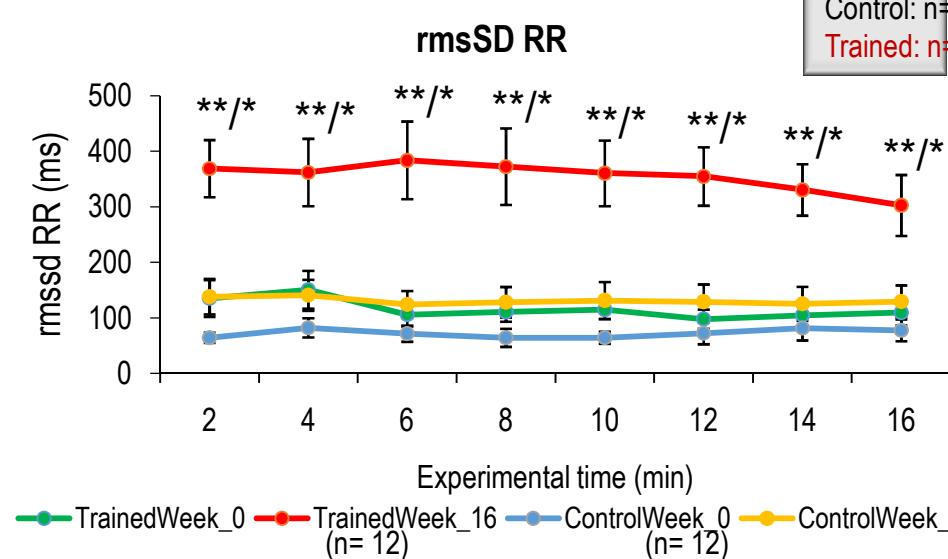
## A) Bradycardia



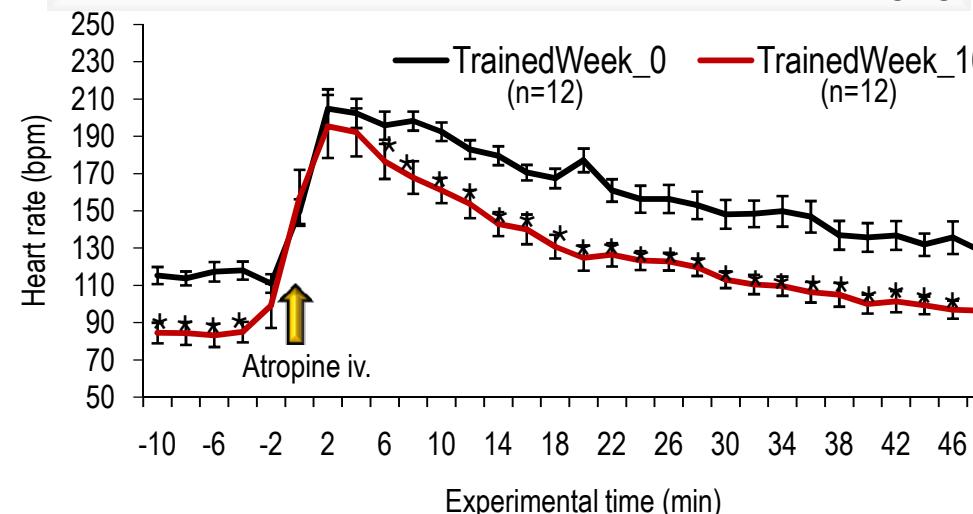
Abbreviations: rmsSD, root mean square of the successive differences;

Trained 16<sup>th</sup> week vs. Control 16<sup>th</sup> week; \*\* p<0.05 Trained 0<sup>th</sup> week vs. Trained 16<sup>th</sup> week

## B) Heart rate variability increase



## C) Heart rate response to i.v. atropine (Dose: 0.04 mg/kg)



# ECG: Repolarization changes and ectopic activity

A) Baseline (drug free) ECG measurements

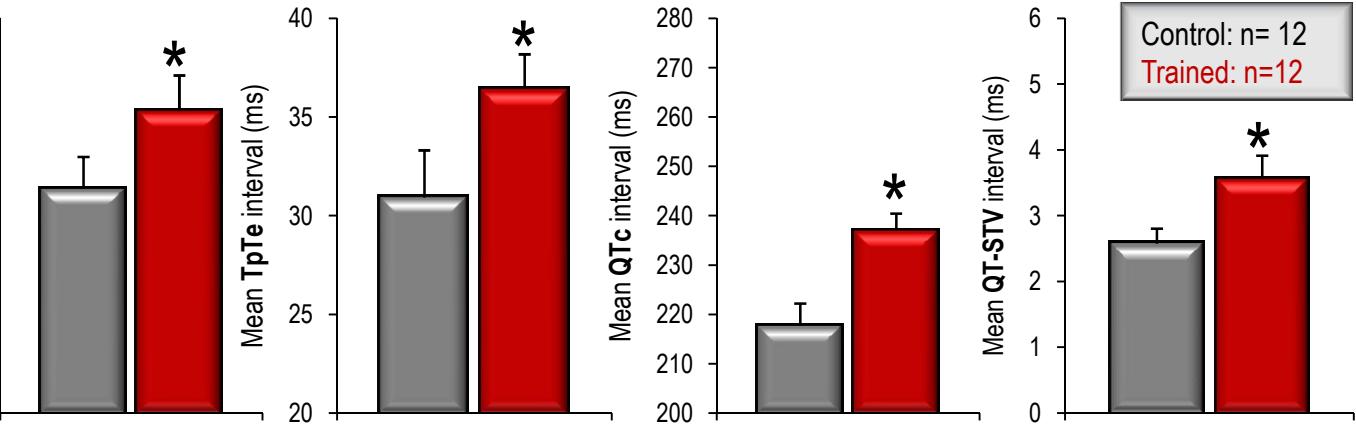
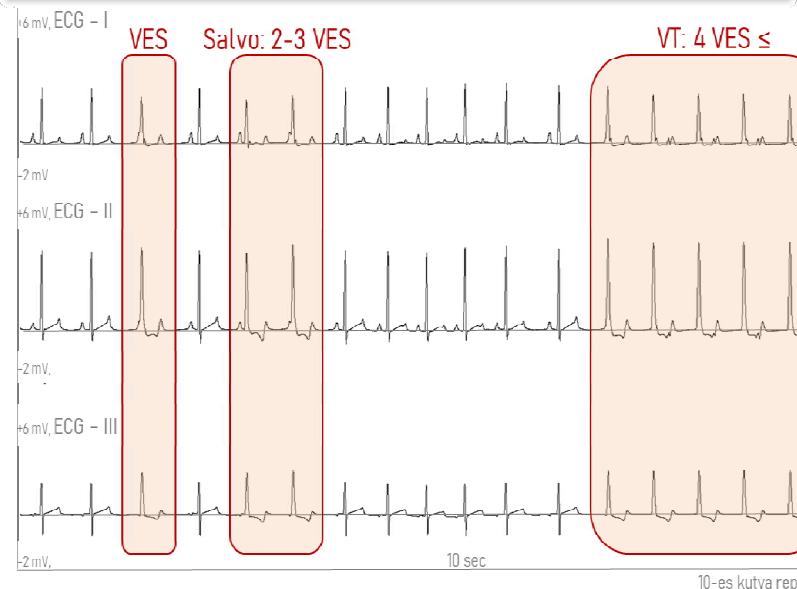
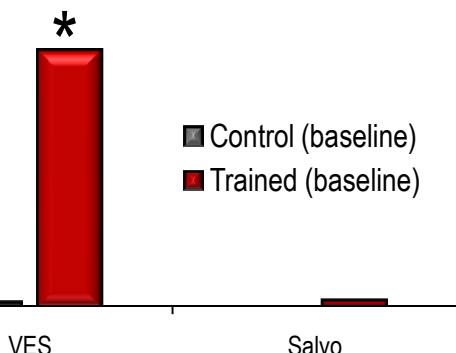


Illustration of ventricular arrhythmias in trained do

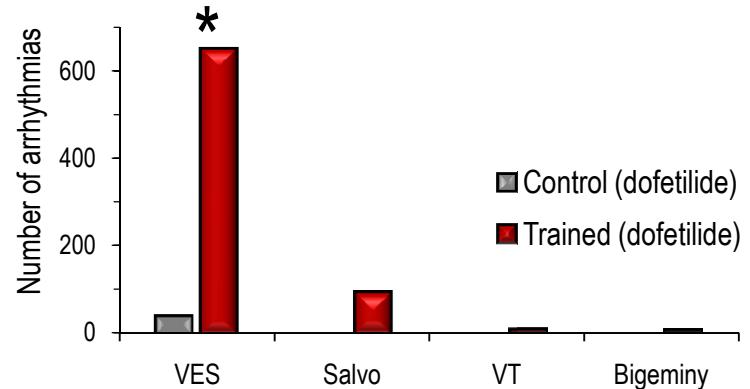


Curtis et al. Lambeth conver

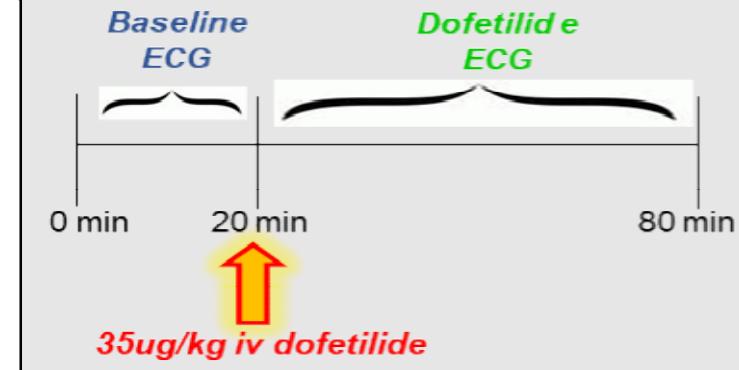
B) Arrhythmias on **baseline** ECG  
(t=20 min)



B/2) Arrhythmias on **dofetilide** ECG  
(t=60 min)



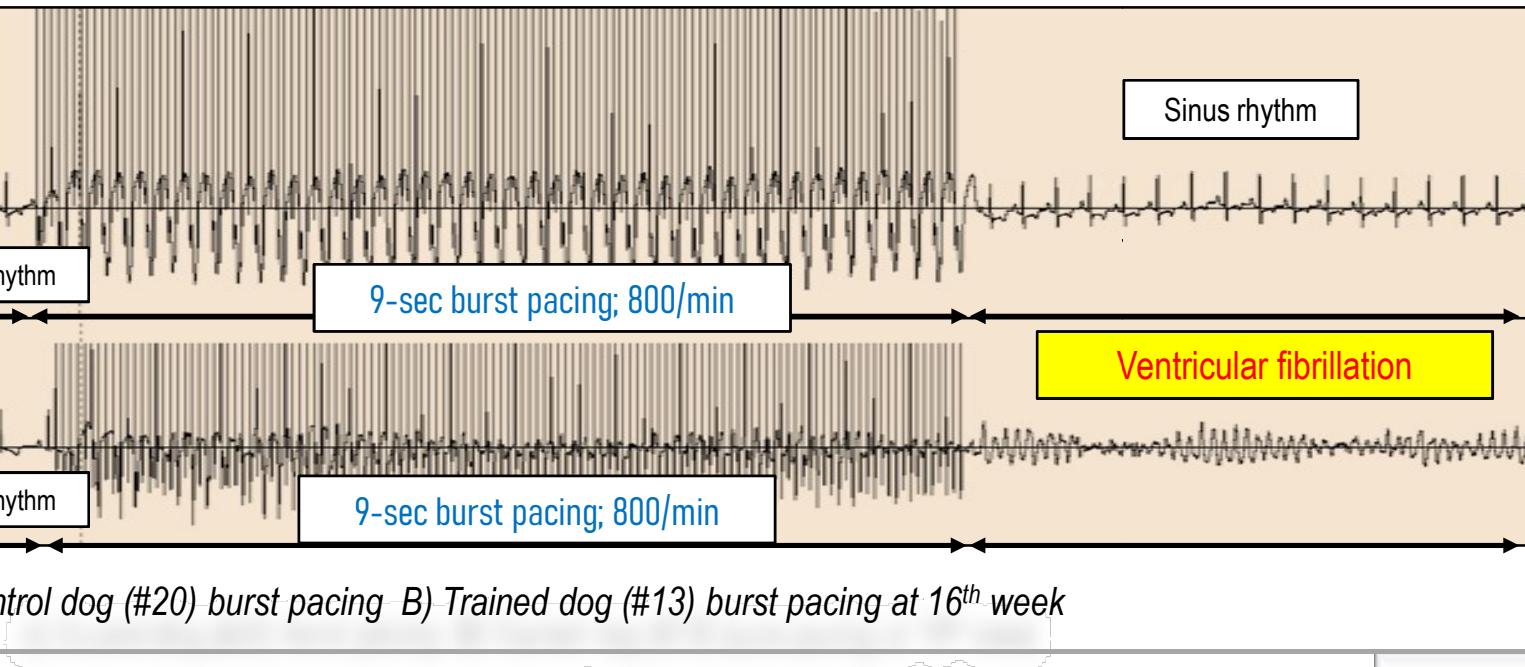
ECG recording protocol



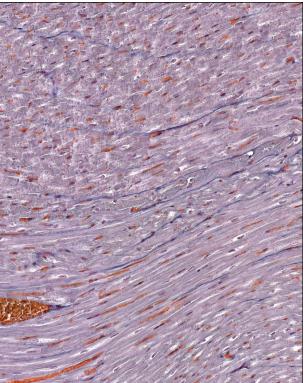
iations: STV: Short term variability; QTc: QT corrected for heart rate

\*p<0.05 Trained 16<sup>th</sup> week vs. Control

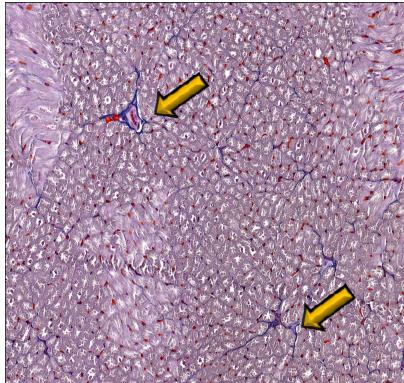
# Arrhythmia (VF) susceptibility and LV fibrosis



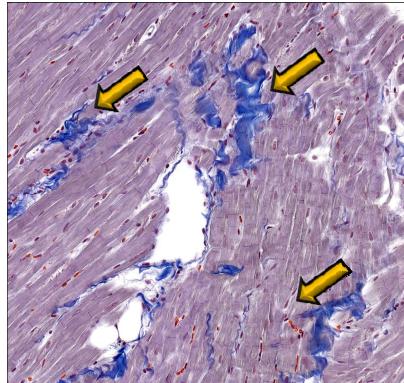
**Score 0** = no fibrosis  
Control dog



**Score 1** = mild fibrosis  
Exercised dog

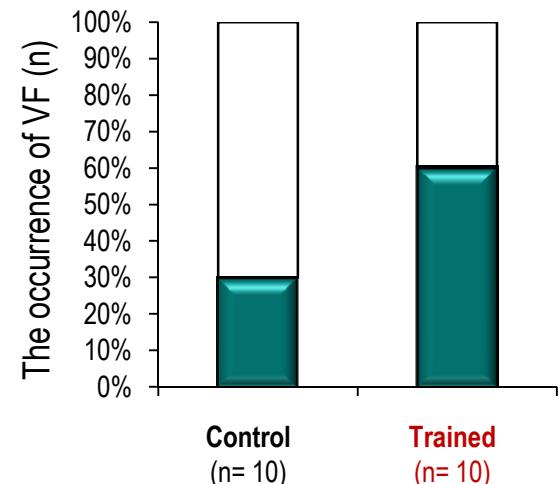


**Score 2** = moderate fibrosis  
Exercised dog

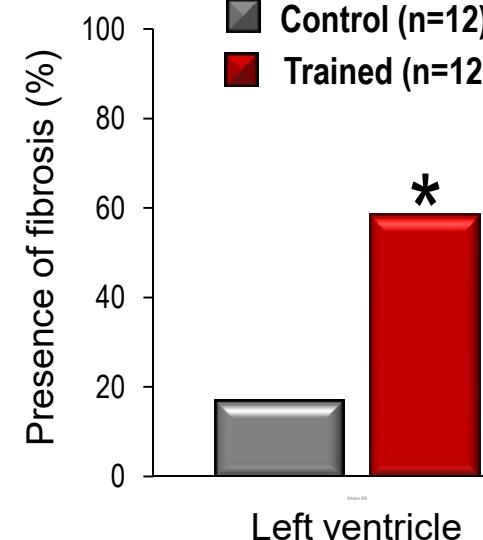
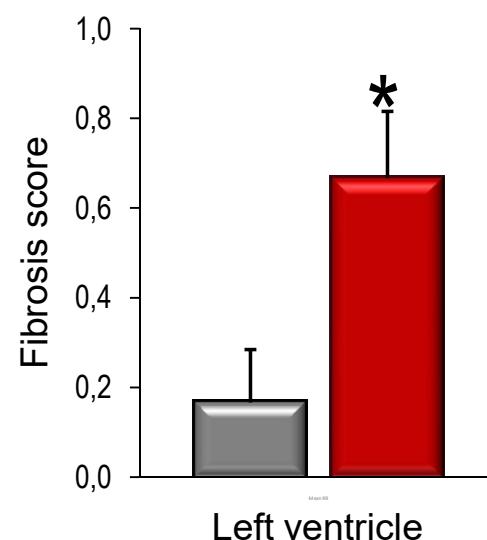


.05 Trained 16<sup>th</sup> week vs. Control 16<sup>th</sup> week

Ventricular fibrillation (VF) after burst paci

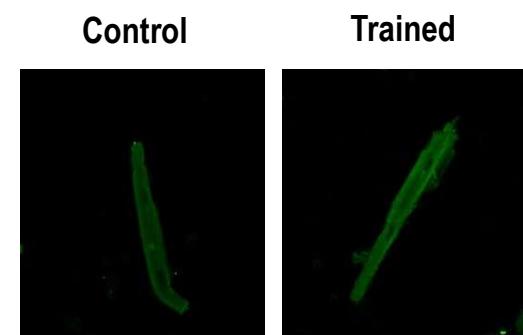
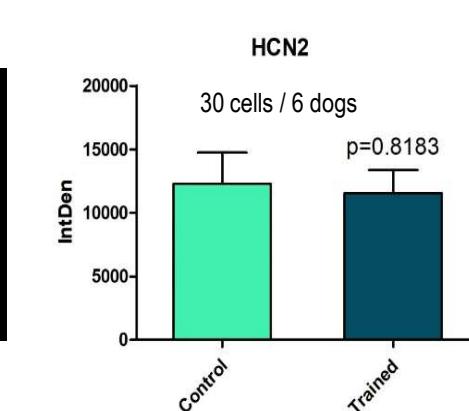
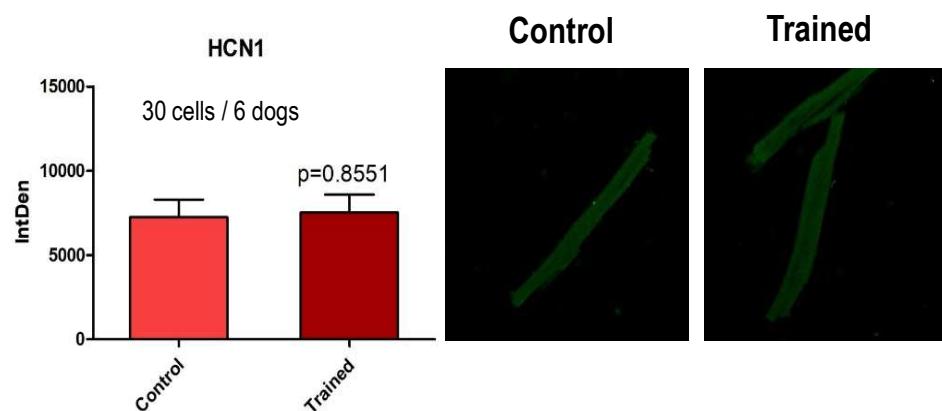
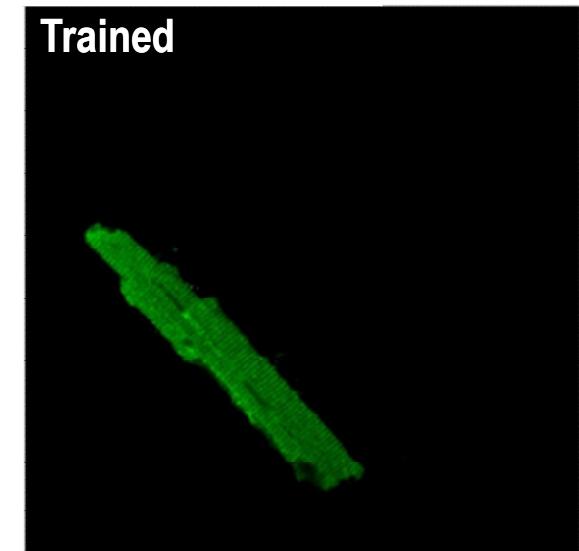
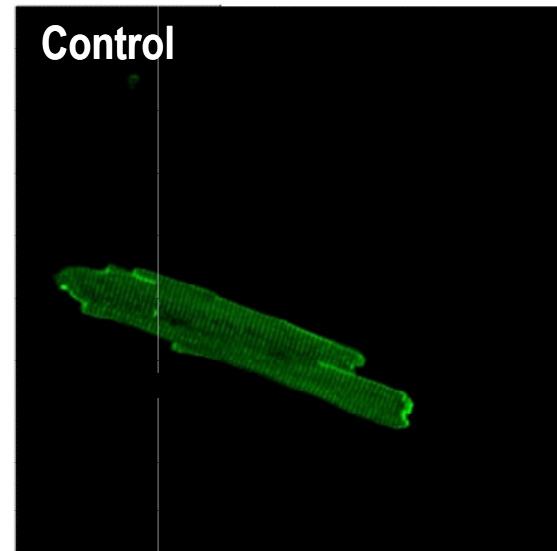
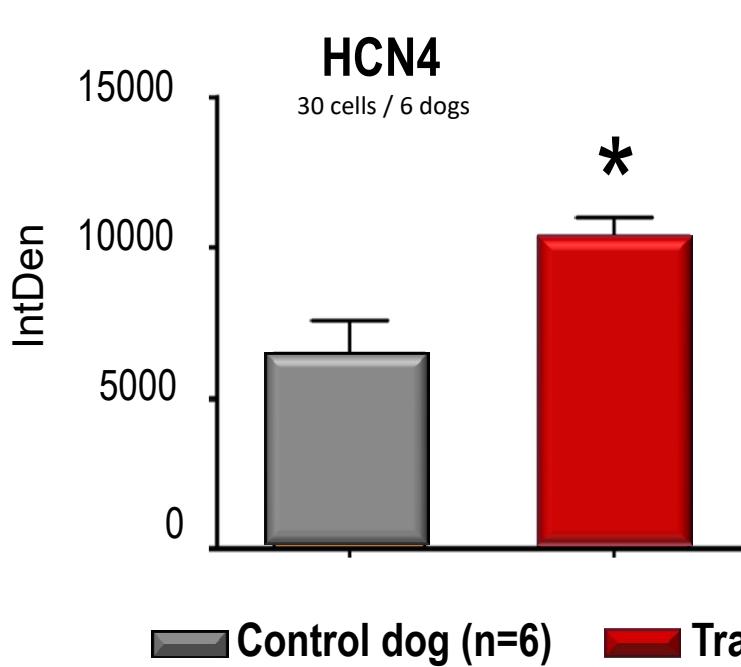


The extent of fibrosis in histological sections of the left ventricle



# Pacemaker channel ( $I_f$ ) protein density determination by immunohistochemistry in dog ventricular myocytes

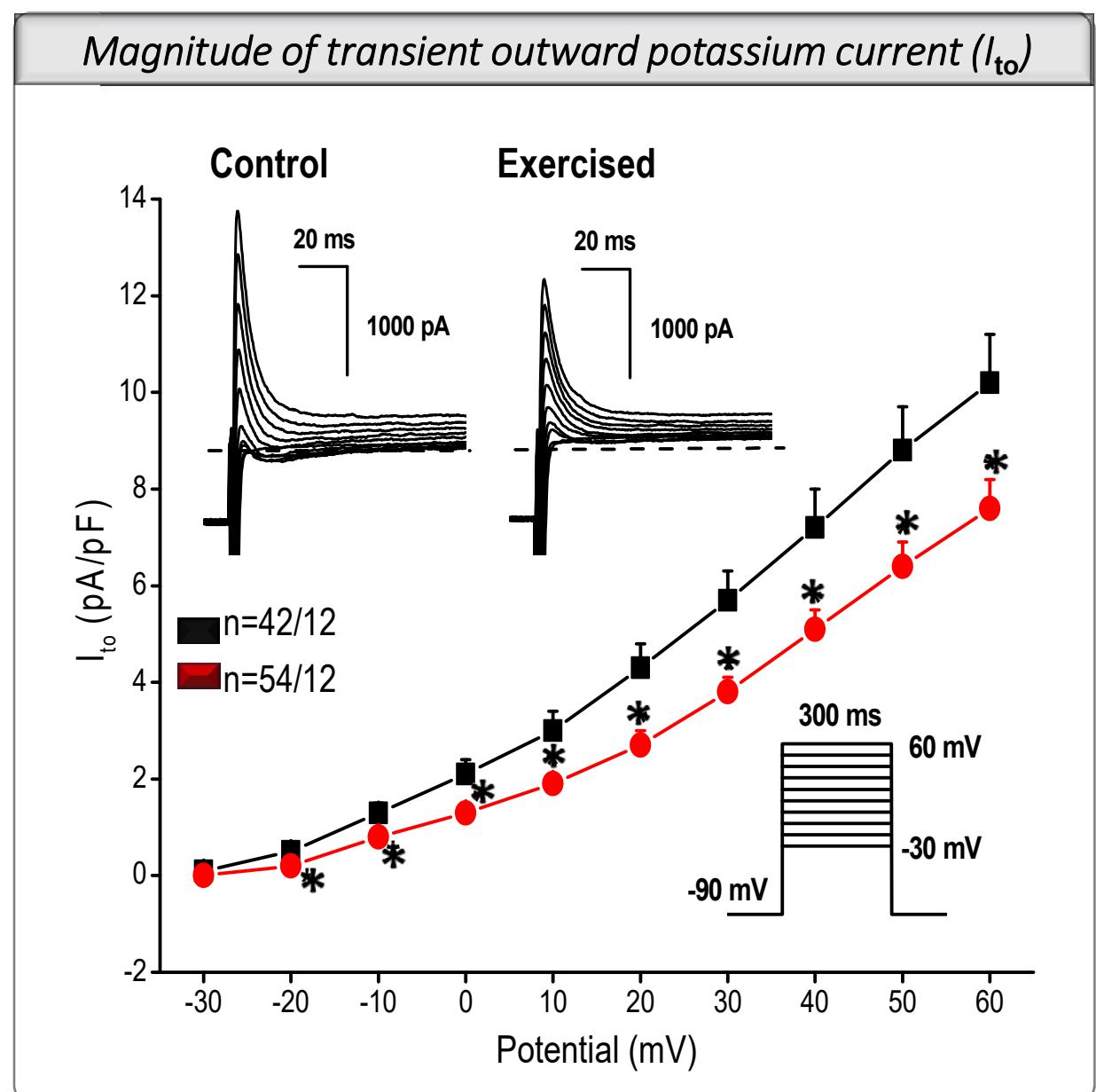
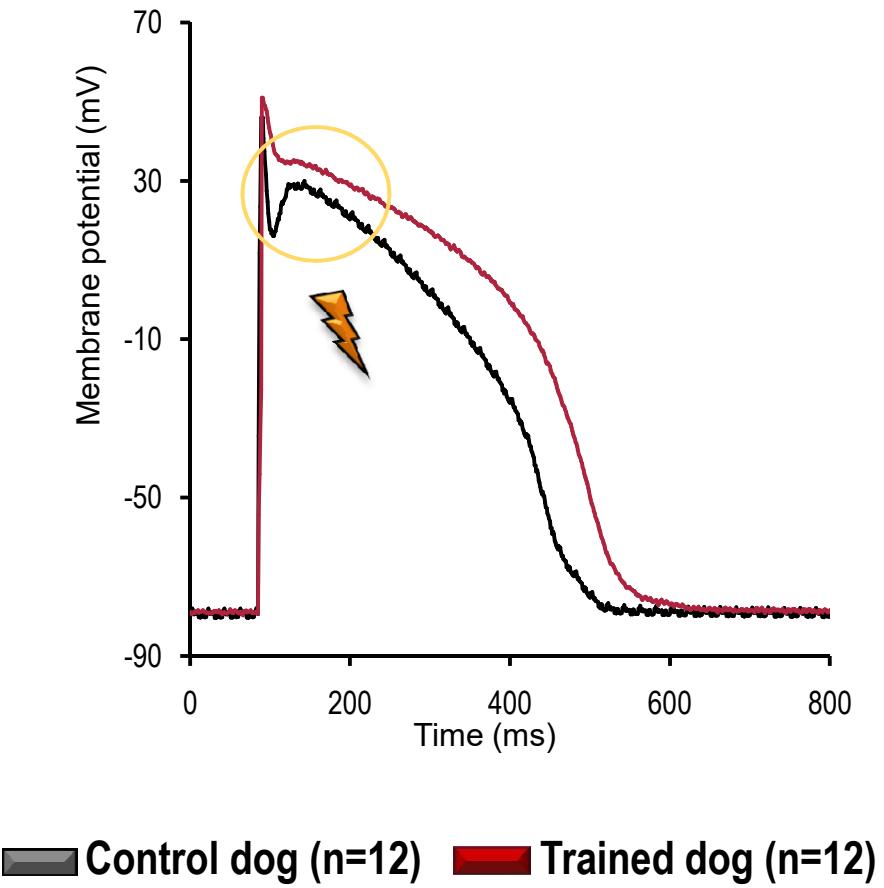
## Overexpression of HCN4 protein in dog left ventricular myocytes



\*p<0.05 Trained 16<sup>th</sup> week vs. Control 16<sup>th</sup> week

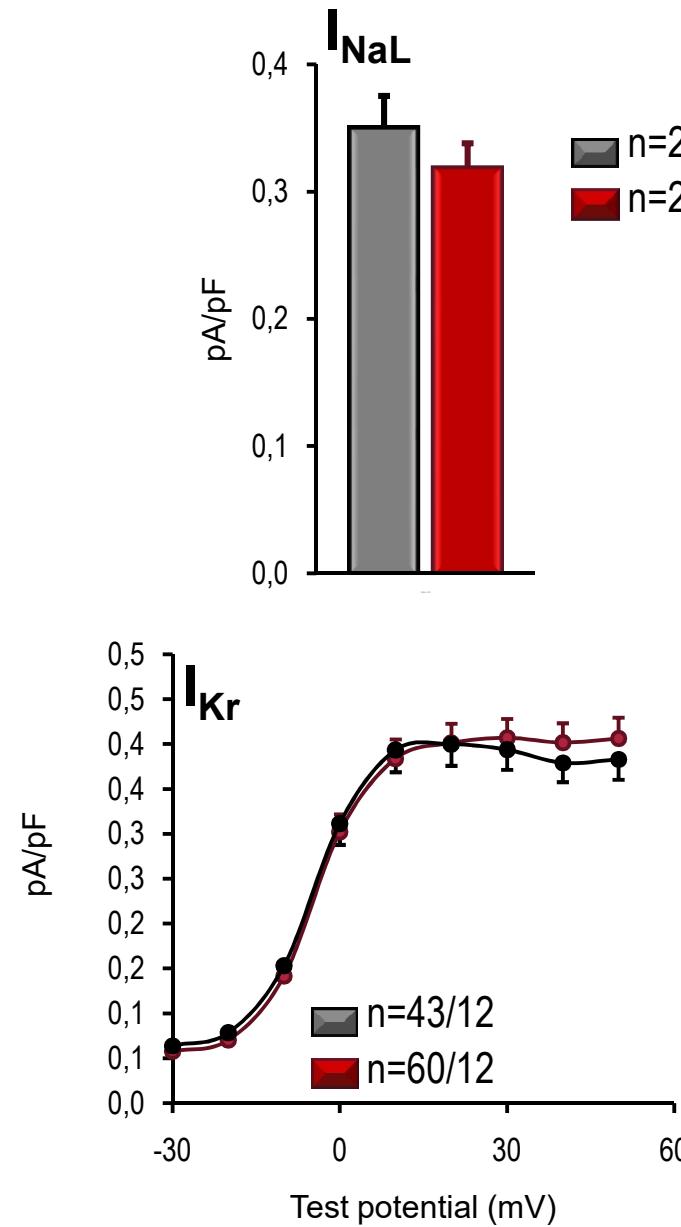
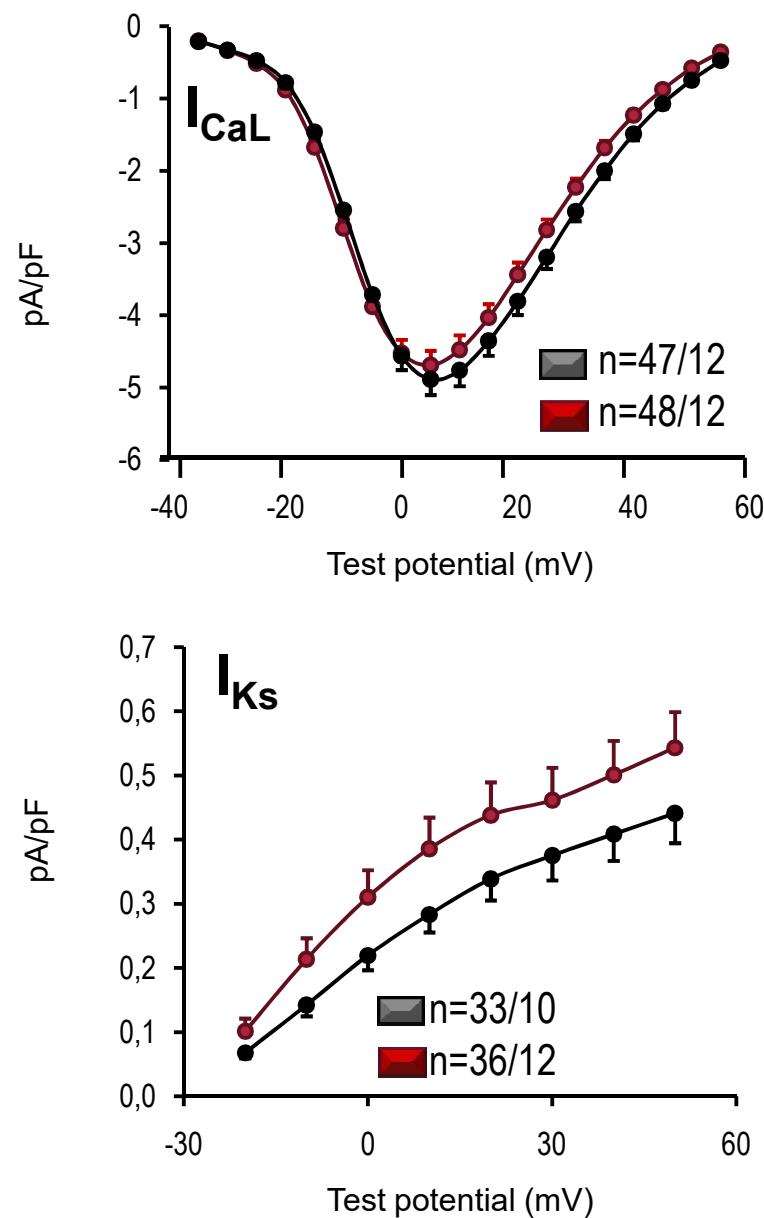
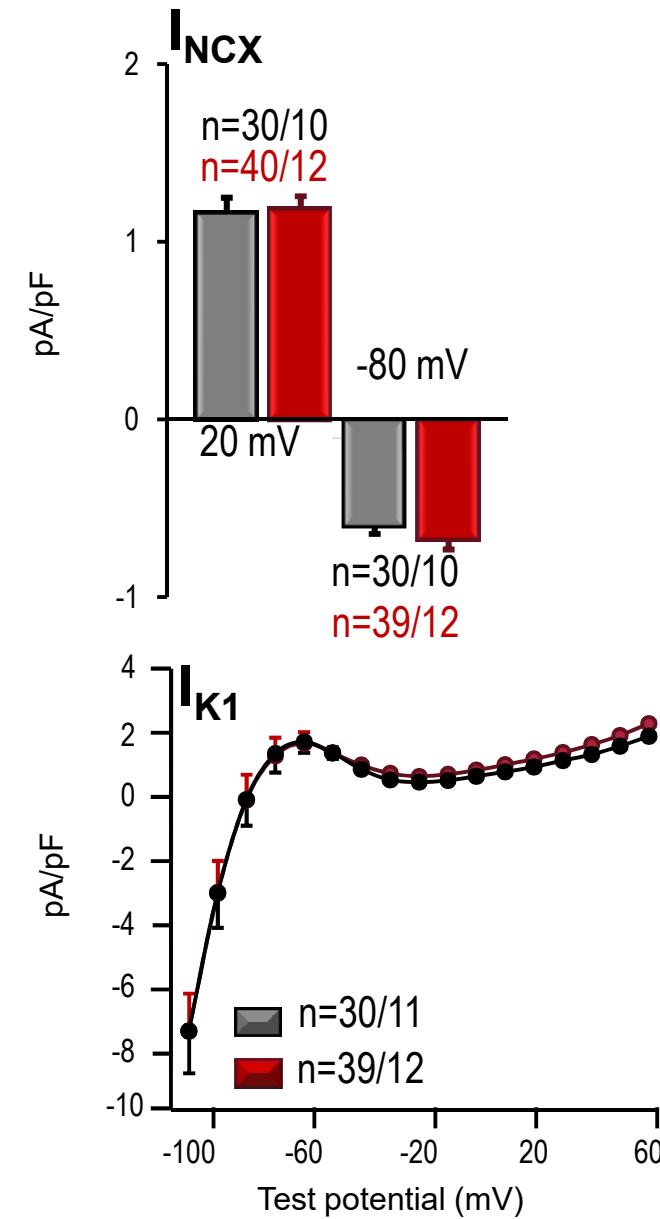


# Transmembrane ionic current measurements in dog left ventricular myocytes



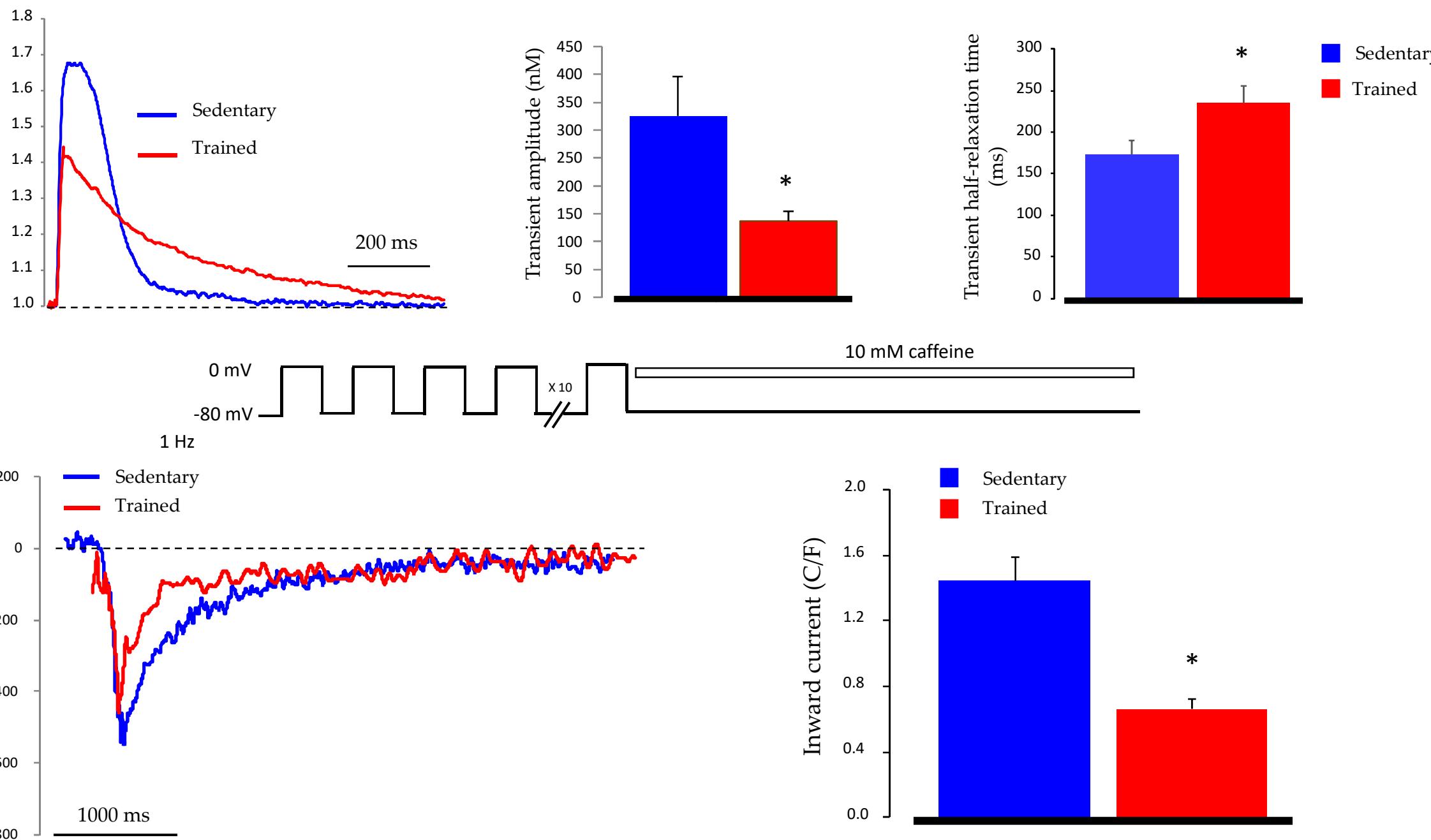
\* $p < 0.05$  Trained 16<sup>th</sup> week vs. Control 1

# Transmembrane ionic current measurements in dog left ventricular myocytes

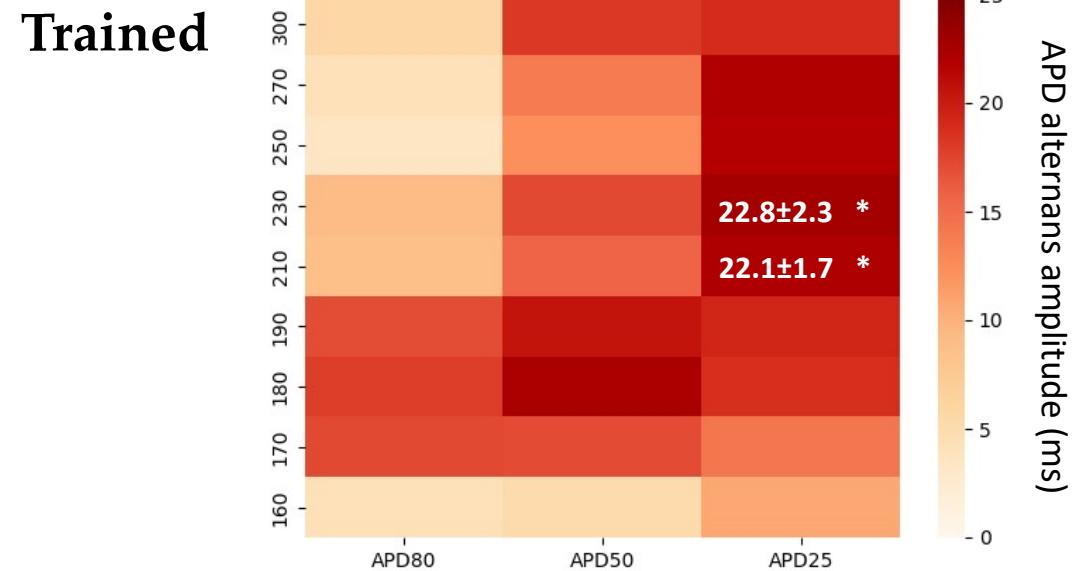
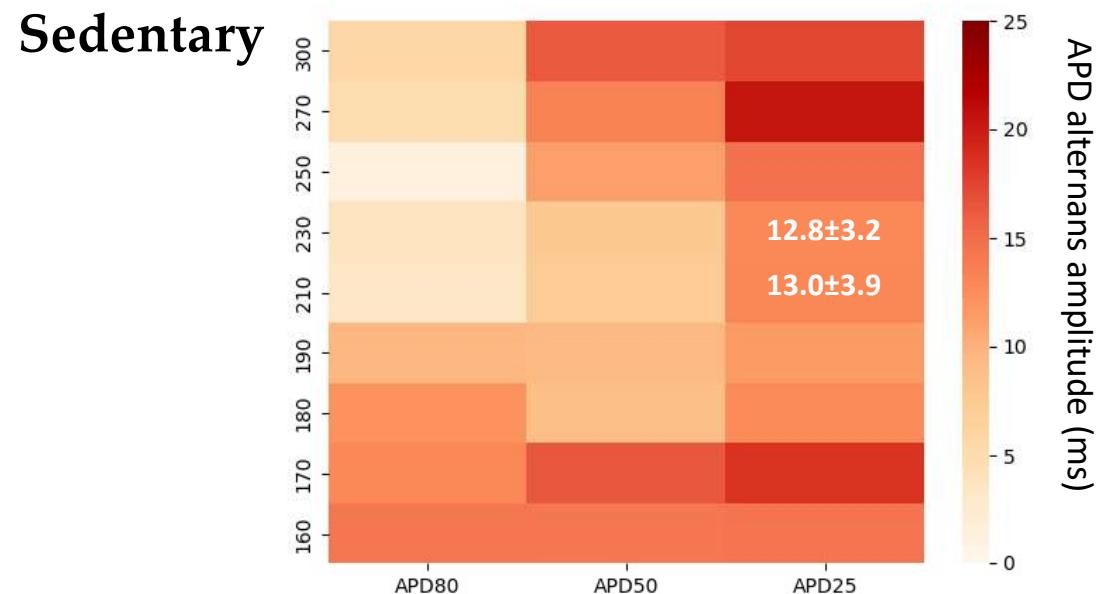
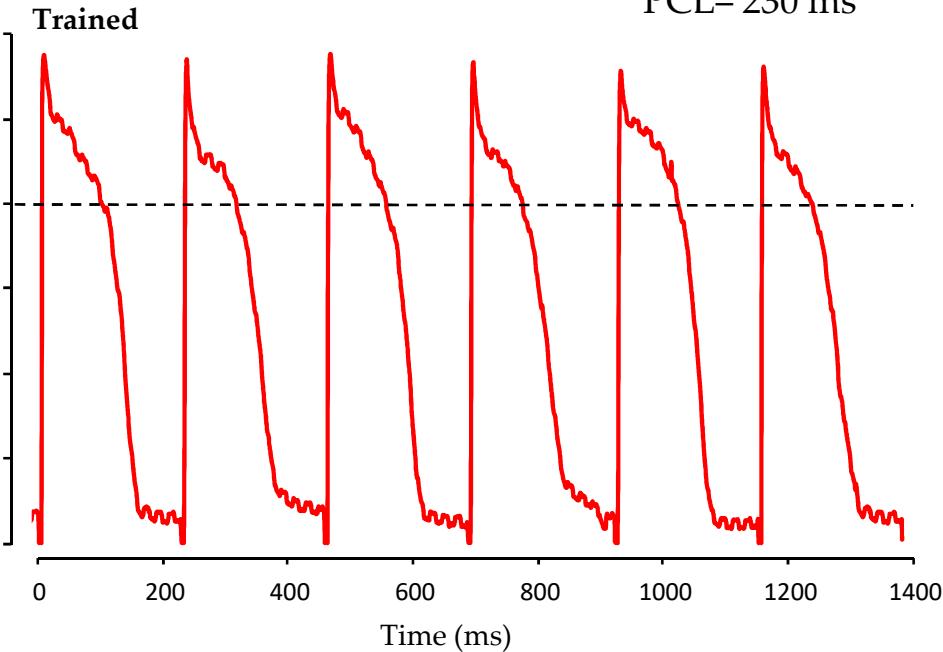
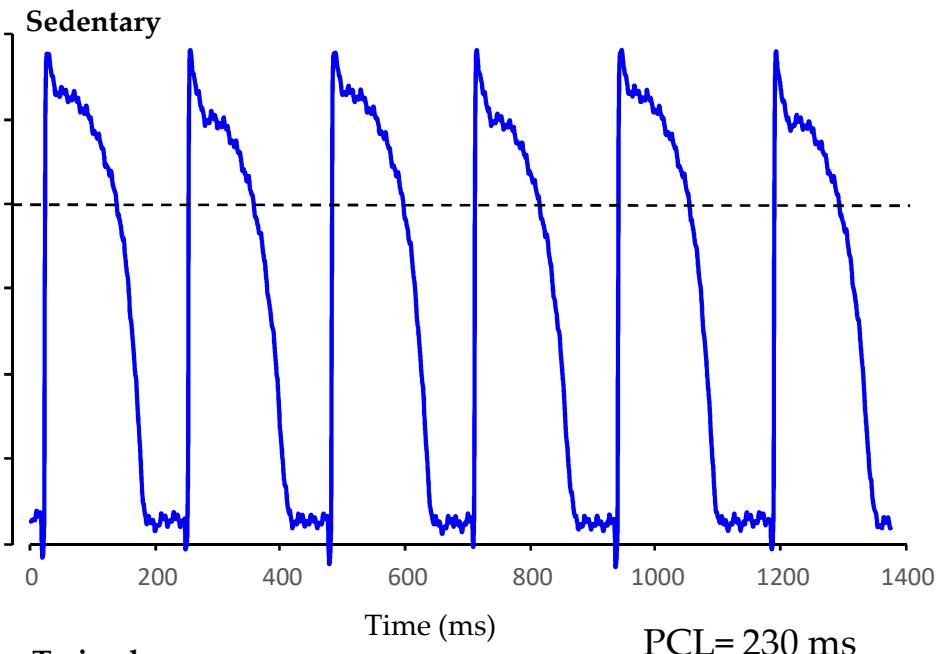


■ Control dog (n=12) ■ Trained dog (n=12)

# Intracellular Ca<sup>2+</sup> handling in sedentary and trained dogs

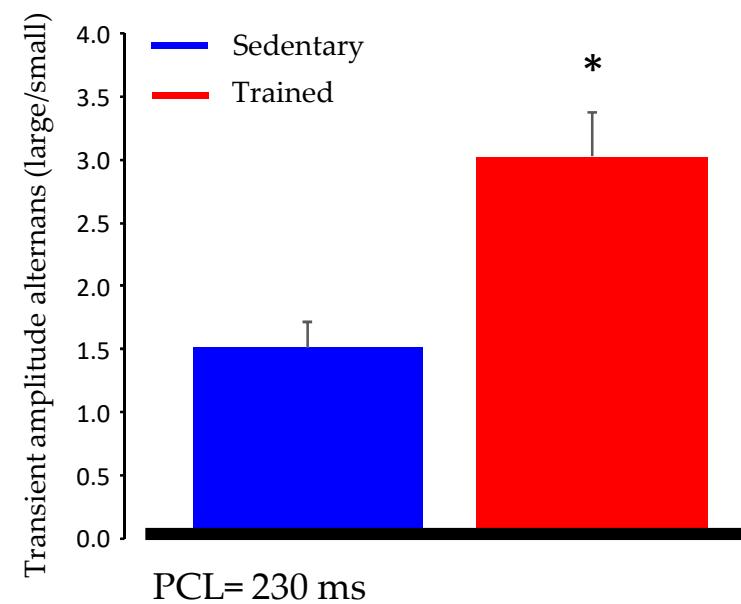
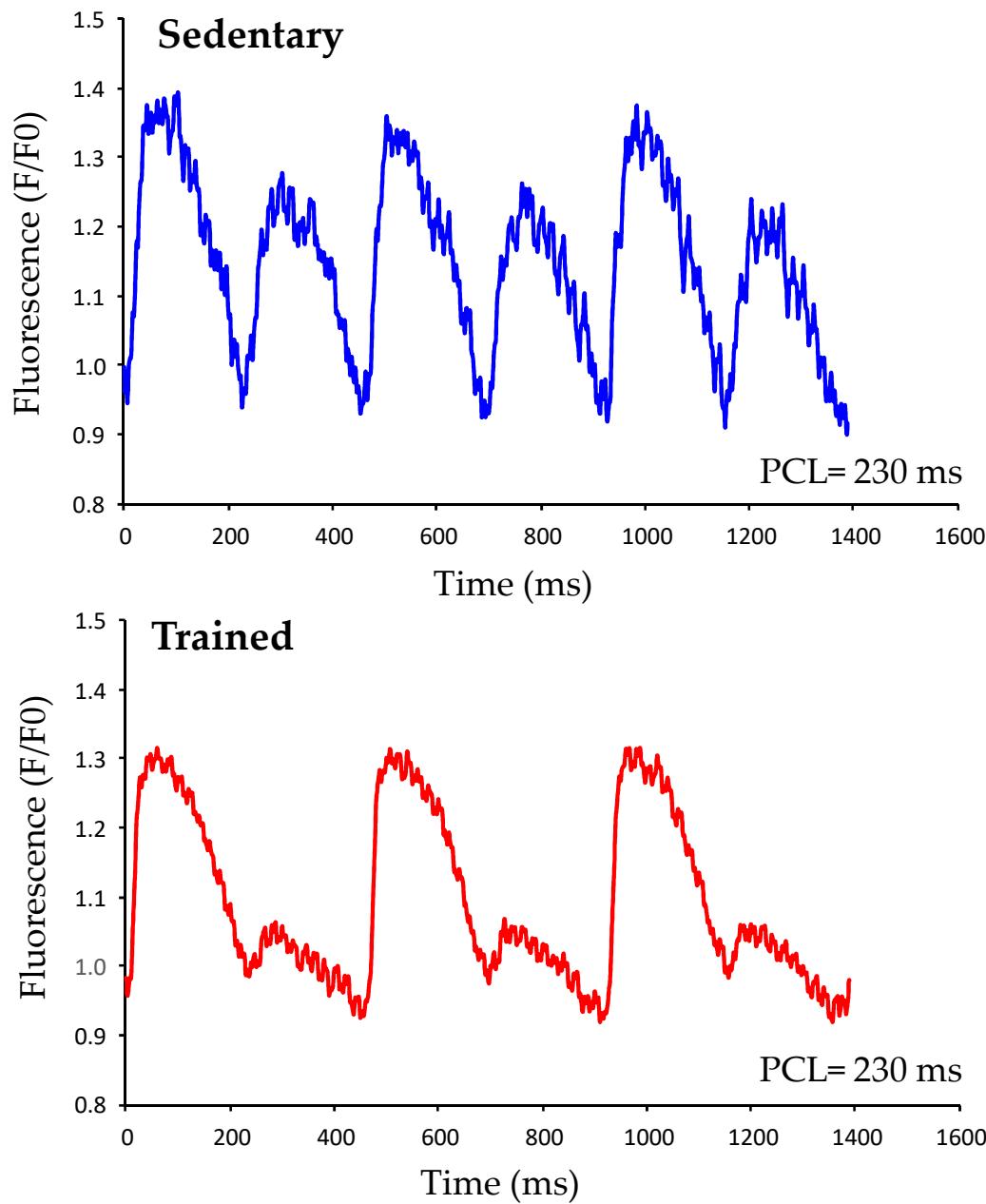


# APD alternans in sedentary and trained dogs



Unpublis

# Ca<sup>2+</sup> transient alternans in sedentary and trained dogs



Unpublished ob

- ✓ Left ventricular hypertrophy → physiological morphological adaptation
- ✓ Training induced bradycardia with increased heart rate variability → vagal enhancement
- ✓ Moderate response to atropine *in vivo* and decreased sinus node cycle length → intrinsic changes in the sinus node?



- ✓ Increased ventricular ectopic activity
- ✓ Burst stimulation: increased incidence of ventricular fibrillation
- ✓ Overexpression of HCN4 protein in left ventricular myocytes

Arrhythmia  
Trigger



- ✓ Moderate left ventricular fibrosis
- ✓ Prolonged repolarisation and increased repolarisation inhomogeneity on the ECG ( $\uparrow QTc$ ,  $\uparrow STV QT$ ,  $\uparrow TpTe$ )
- ✓ Prolonged action potential duration and increased APD variability in left ventricular myocytes
- ✓ Decreased  $I_{to}$ -current magnitude in left ventricular myocytes

Arrhythmia  
Substrate

Morphological/  
functional remodeling

+ / -



And / or extreme bad  
luck?



Sudden Cardiac Death

**Alexandra POLYÁK**

**Ván BACZKÓ**

**Ila FARKAS**

**Émi ZOMBORI-TÓTH**

**Ila TOPAL**

**Émi TÓTH**

**Ios PROROK**

**Ter GAZDAG**

**Elefina SZLOVÁK**

**Nás ZOMBORI**

**Sergely ÁGOSTON**

**Ivia DÉRI**

**Tán HUSTI**

**Zló VIRÁG**

**Robert NAGY**

**Fória KOSZTKA**

**Elinda MOLNÁR**

**Bor GIRST**

**Bor DOBAI**



NEMZETI KUTATÁSI, FEJLESZTÉSI ÉS INNOVÁCIÓS HIVATAL

**NKFIH K-128851**

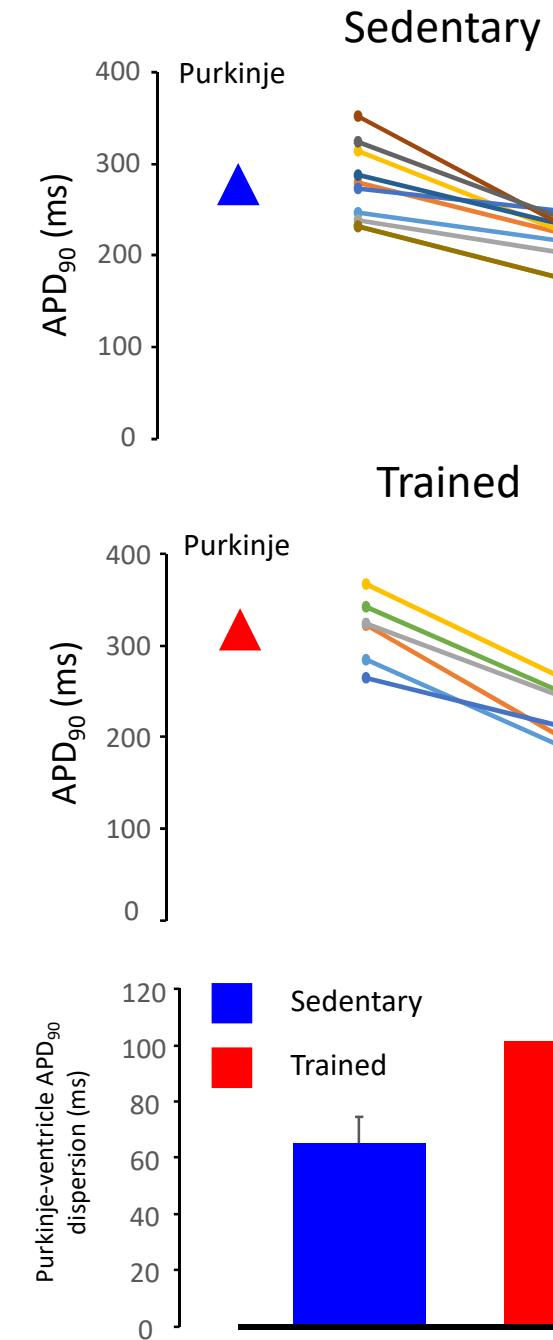
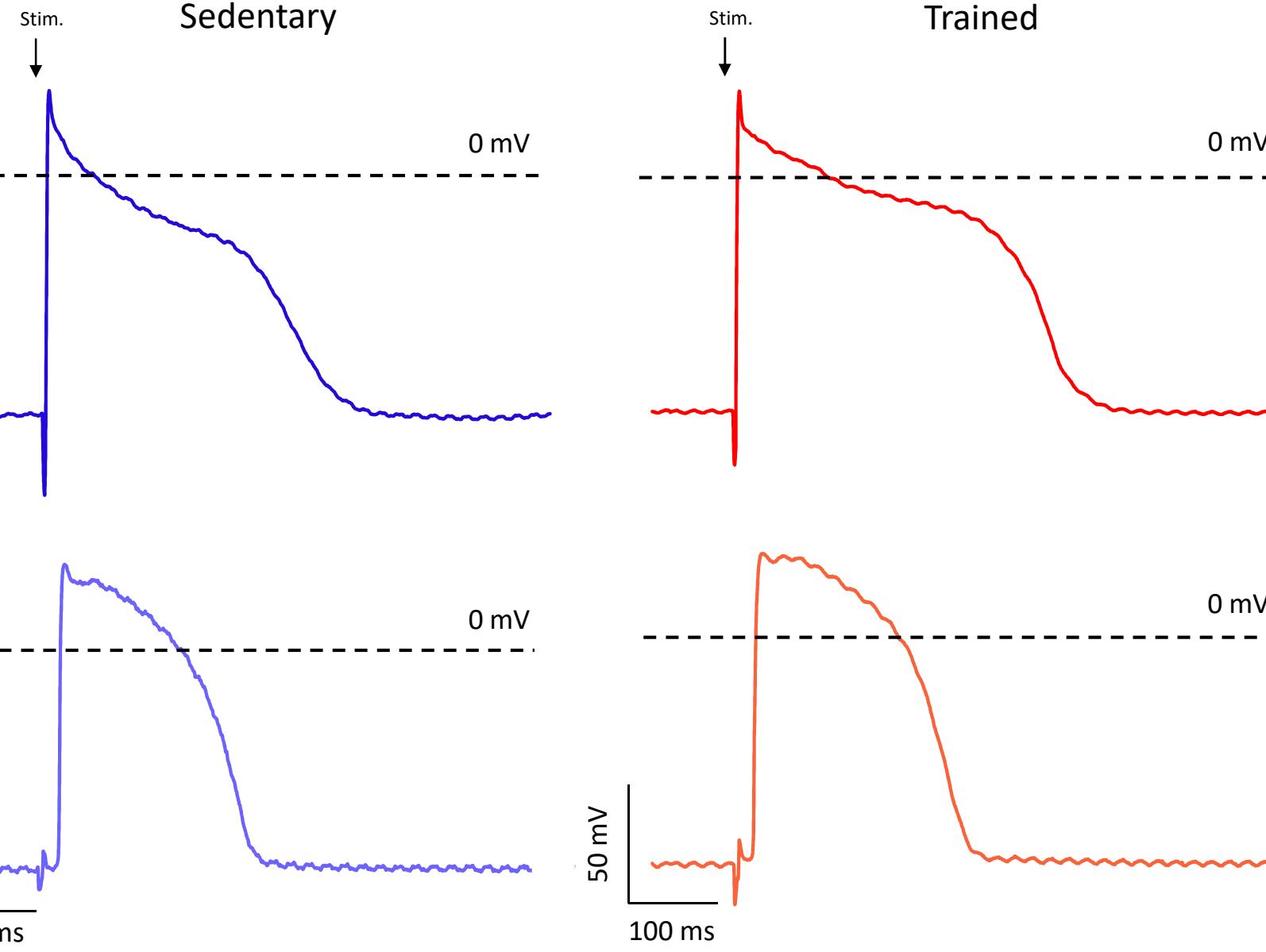


**EFOP-3.6.2-16-2017-00**





# Purkinje-ventricle dispersion of sedentary and trained dogs



# Increased temporal instability in professional soccer players: increased arrhythmia susceptibility?

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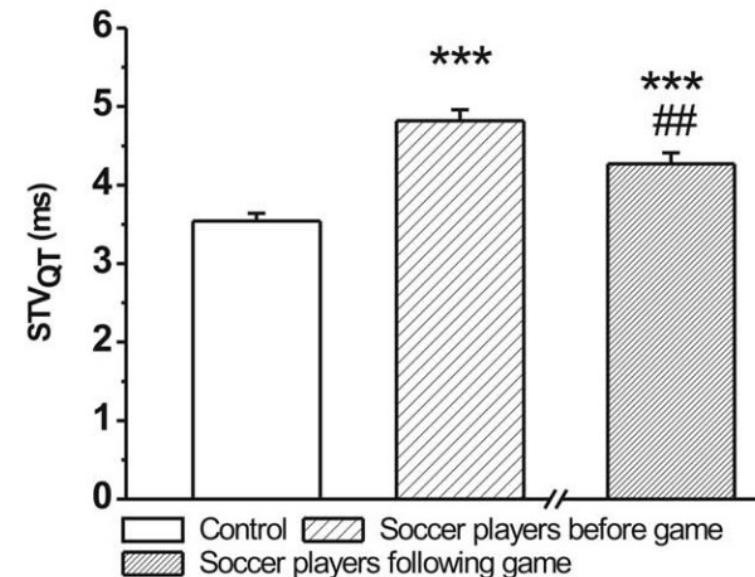
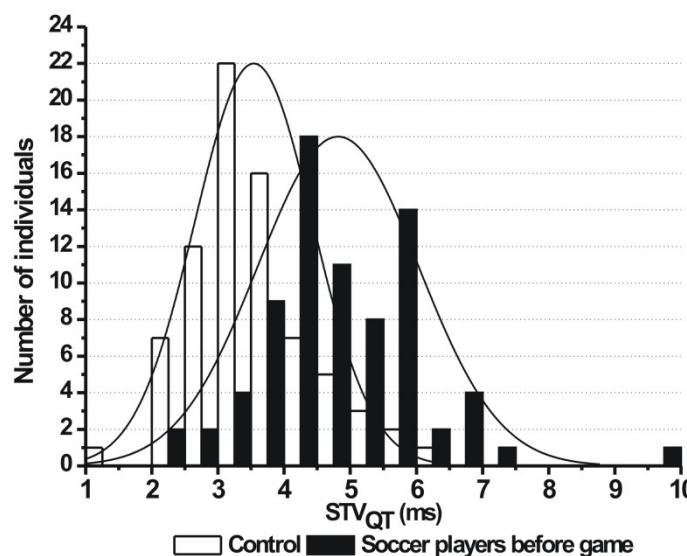
PLOS one

## Increased Short-Term Variability of the QT Interval in Professional Soccer Players: Possible Implications for Arrhythmia Prediction

Csaba Lengyel<sup>1</sup>, Andrea Orosz<sup>2</sup>, Péter Hegyi<sup>1</sup>, Zsolt Komka<sup>3</sup>, Anna Udvardy<sup>3</sup>, Edit Bosnyák<sup>3</sup>, Emese Trájer<sup>3</sup>, Gábor Pavlik<sup>3</sup>, Miklós Tóth<sup>3</sup>, Tibor Wittmann<sup>1</sup>, Julius Gy. Papp<sup>2,4</sup>, András Varró<sup>2,4</sup>, István Baczkó<sup>2\*</sup>

**1** 1st Department of Internal Medicine, Faculty of Medicine, University of Szeged, Szeged, Hungary, **2** Department of Pharmacology and Pharmacotherapy, University of Szeged, Szeged, Hungary, **3** Department of Health Sciences and Sports Medicine, Faculty of Physical Education and Sports Sciences, Semmelweis University, Budapest, Hungary, **4** Division of Cardiovascular Pharmacology, Hungarian Academy of Sciences, Szeged, Hungary

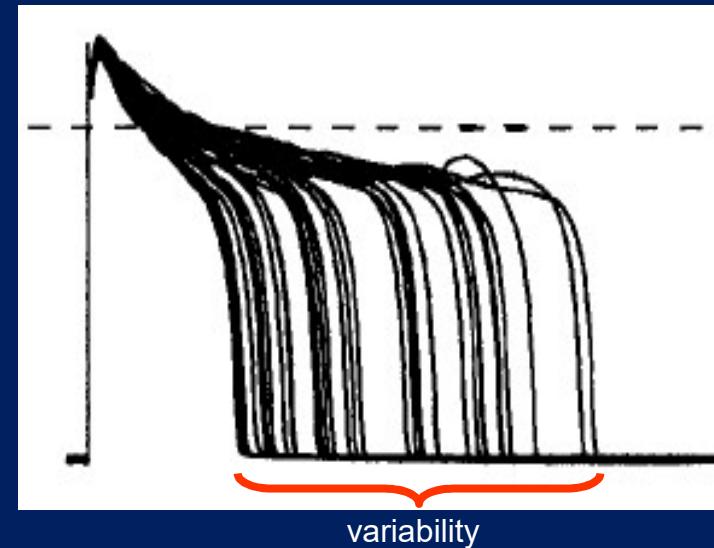
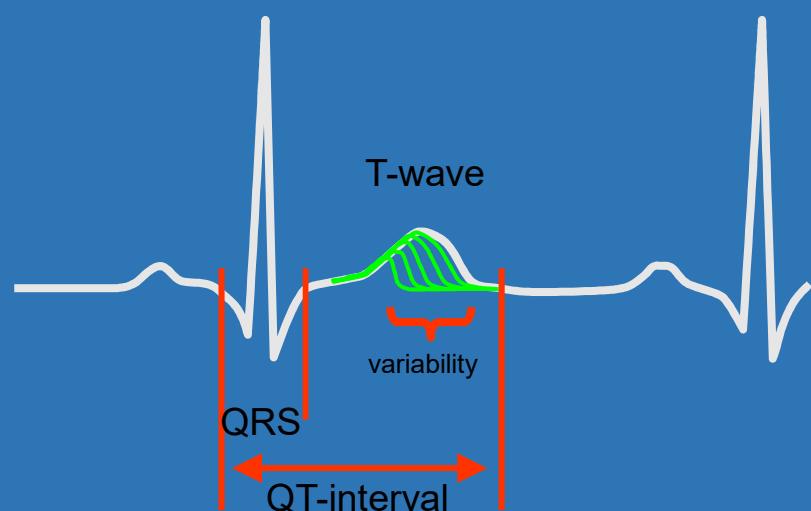
### Short-term variability of the QT interval ( $STV_{QT}$ )



# Short-term variability (STV) of repolarization as a parameter for repolarization reserve

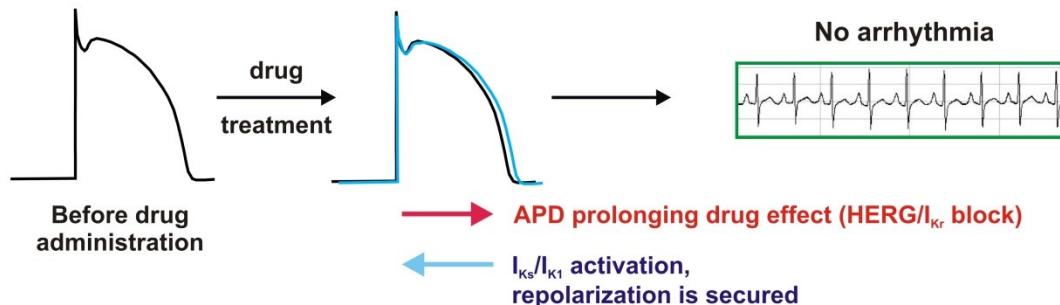
In vivo,  
clinical (ECG)

Cellular  
(action potential)

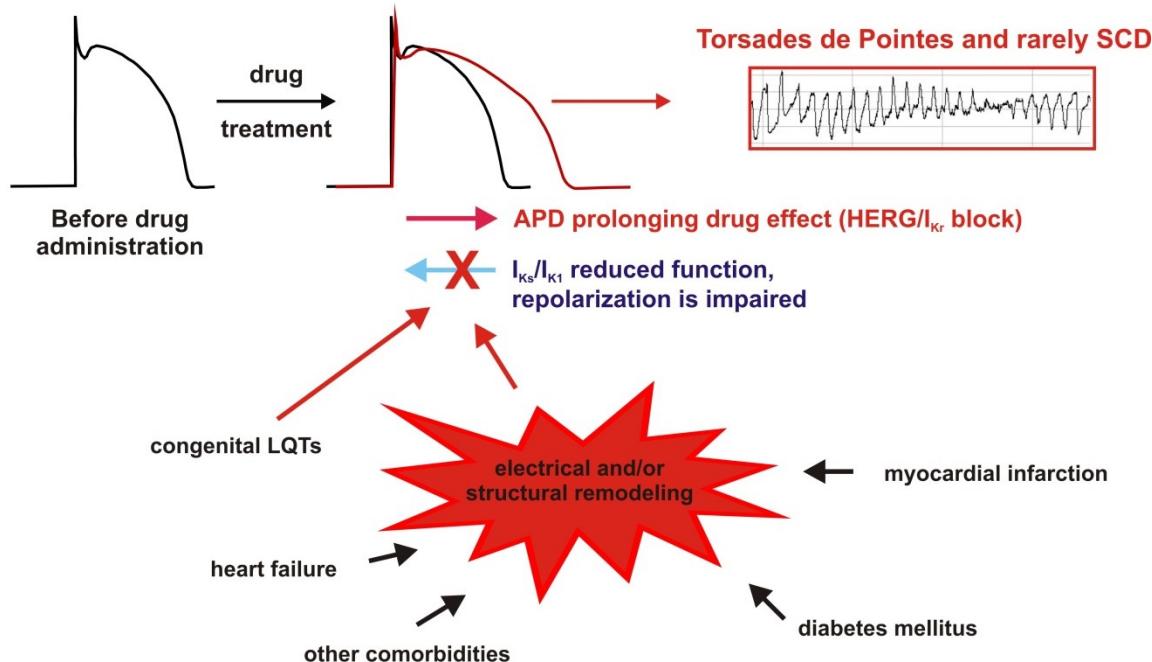


# Cardiac repolarization reserve and the role of $I_{Ks}$

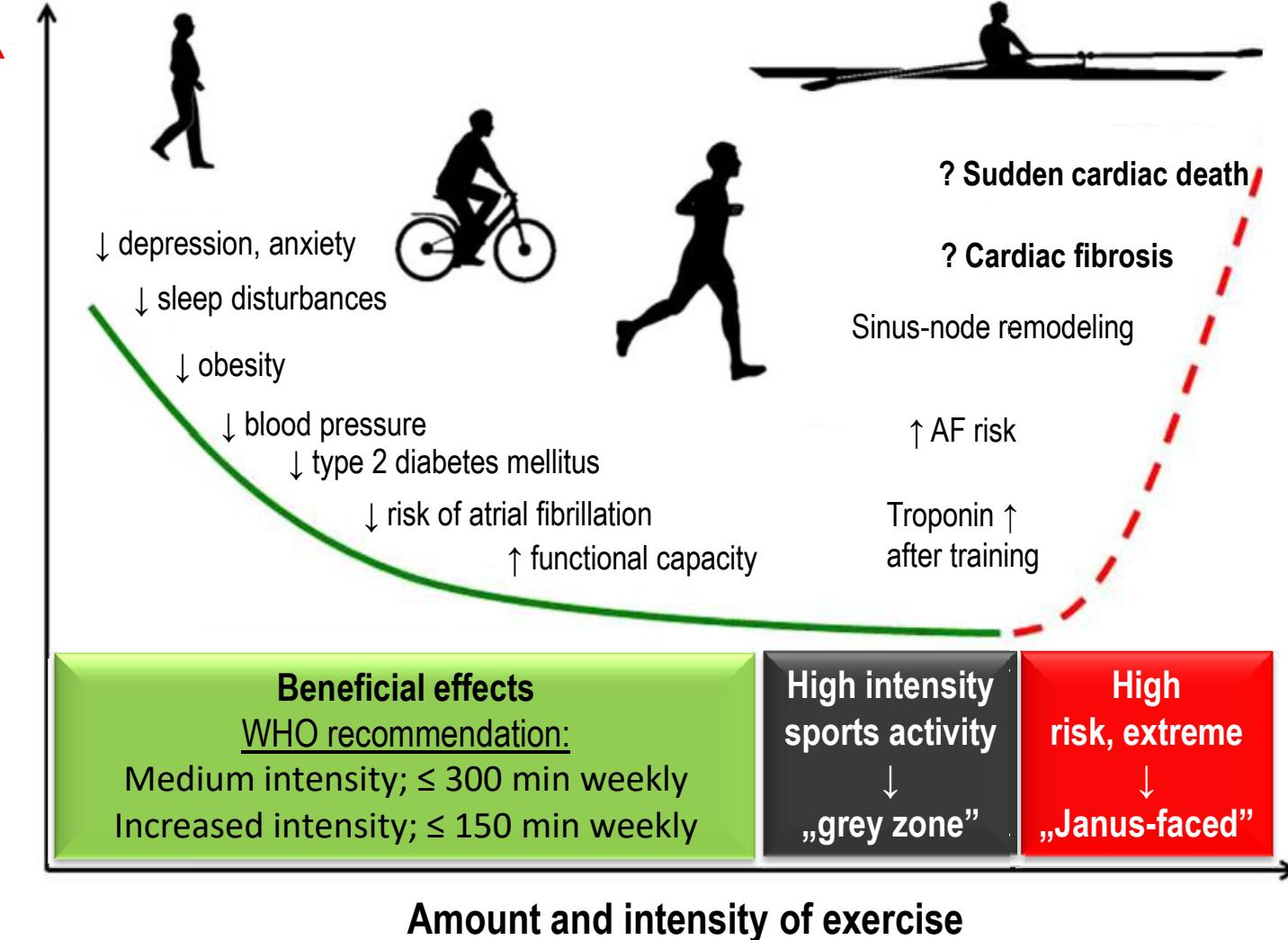
## A Healthy myocardium with intact repolarization reserve



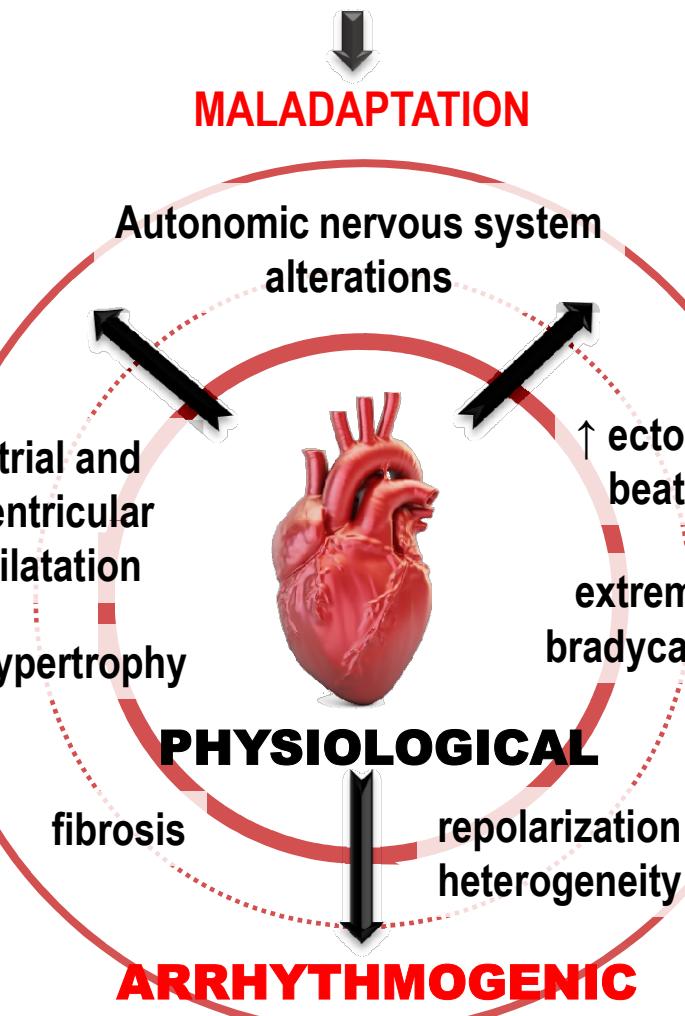
## B Impaired $I_{Ks}/I_{K1}$ function and reduced repolarization reserve



# Beneficial & harmful effects of sports activities



## EXTREME PHYSICAL ACTIVITY



(2018) The athlete's heart is a proarrhythmic heart, and what that means for clinical decision making. EP Europe

(2018) The Extreme Exercise Hypothesis: Recent Findings and Cardiovascular Health Implications. Curr Treat Opt Card Med

(2016) The U-shaped relationship between exercise and cardiac morbidity. Trends Cardiovasc Med

+

Doping agents

## The athlete's heart is a proarrhythmic heart, what that means for clinical decision making

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eidbuchel\*

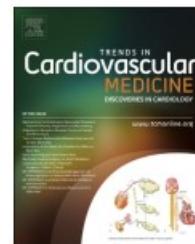
Cardiology, Antwerp University and University Hospital Antwerp, Wilrijkstraat 10, 2650 Edegem, Belgium

TRENDS IN CARDIOVASCULAR MEDICINE 26 (2016) 232–240

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

[www.elsevier.com/locate/tcm](http://www.elsevier.com/locate/tcm)



## U-shaped relationship between exercise and cardiac morbidity

Red Merghani, MRCP, Aneil Malhotra, MRCP, and  
Somy Sharma, MRCP, FESC\*

Department of Cardiovascular Sciences, St George's, University of London, Cranmer Terrace, London, UK

(2018) The athlete's heart is a proarrhythmic heart, and what that means for clinical decision making. EP Europace

et al (2018) The Extreme Exercise Hypothesis: Recent Findings and Cardiovascular Health Implications. Curr Treat Opt Card Med

et al (2016) The U-shaped relationship between exercise and cardiac morbidity. Trends Cardiovasc Med

Curr Treat Options Cardio Med (2018) 20: 84  
DOI 10.1007/s11936-018-0674-3

Sports Cardiology (M Papadakis, Section Editor)

## The “Extreme Exercise Hypothesis”: Recent Findings and Cardiovascular Health Implications

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Paul D. Thompson, MD<sup>2</sup>

Barry A. Franklin, PhD<sup>3</sup>

### Address

<sup>1,2</sup>Radboud Institute for Health Sciences, Department of Physiology (392), Radboud University Medical Center, P.O. Box 9101, 6500 HB, Nijmegen, The Netherlands

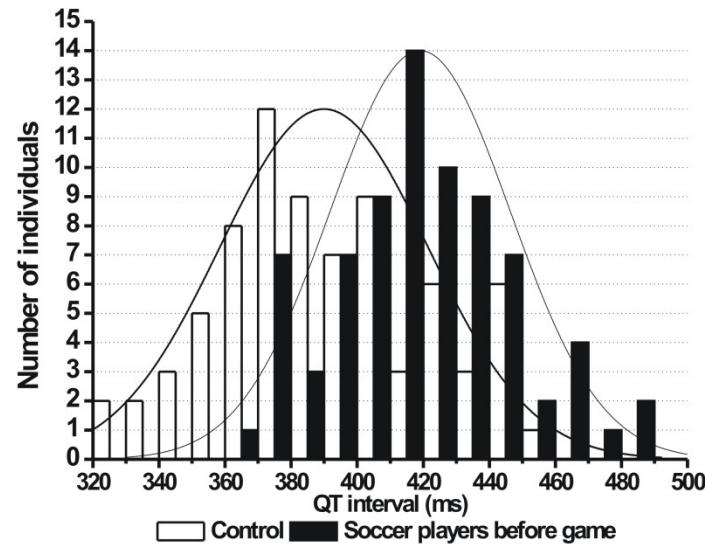
Email: Thijs.Eijsvogels@radboudumc.nl

<sup>2</sup>Division of Cardiology, Hartford Hospital, Hartford, CT, USA

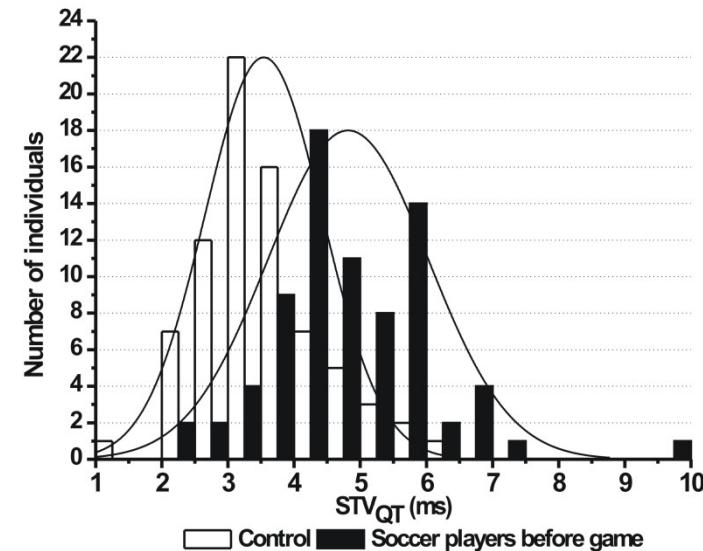
<sup>3</sup>Department of Cardiovascular Medicine, William Beaumont Hospital, Royal Oak, MI, USA

# Short-term QT variability in soccer players

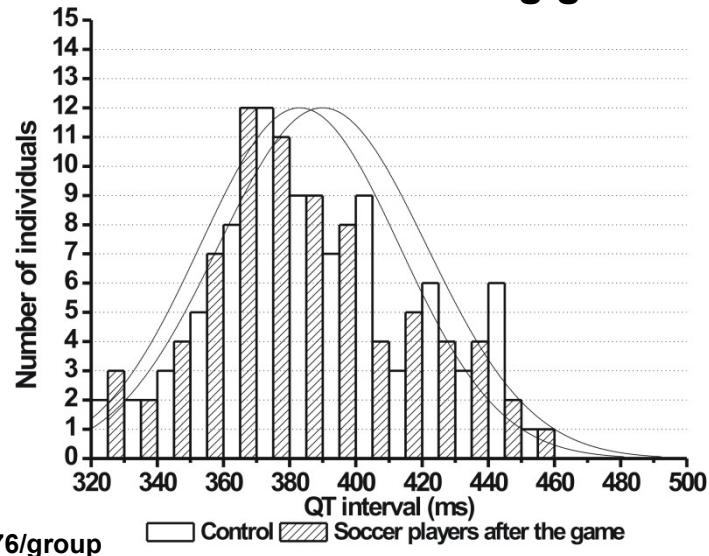
QT interval before game



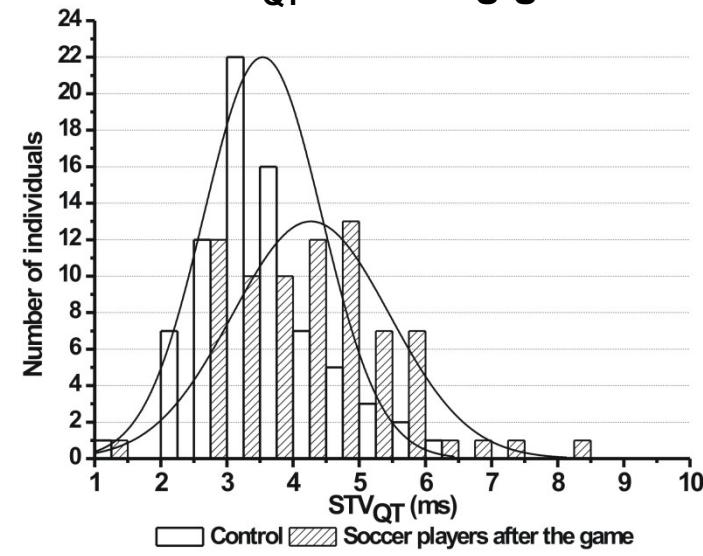
$STV_{QT}$  before game



QT interval following game



$STV_{QT}$  following game



# Increased short-term variability (STV) of repolarization in animal experimental models

ardiol 100: 279–287 (2005)  
7/s00395-005-0519-6

ORIGINAL CONTRIBUTION

British Journal of Pharmacology (2007) 151, 941–951  
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www.brjpharmacol.org

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Truin  
M. van Opstal  
I. Beekman  
A. Volders  
tengl  
. Vos

## Sudden cardiac death in dogs with remodeled hearts is associated with larger beat-to-beat variability of repolarization

## RESEARCH PAPER

## Combined pharmacological block of $I_{Kr}$ and $I_{Ks}$ increases short-term QT interval variability and provokes torsades de pointes

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doi:10.1016/j.jacc.2006.05.048

British Journal of Pharmacology (2016) 173 2046–2061 2046

## CLINICAL STUDY

## Beat-to-Beat Variability of Repolarization Determines Proarrhythmic Outcome in Dogs Susceptible to Drug-Induced Torsades de Pointes

B. Thomsen, PhD,\*† Paul G. A. Volders, MD, PhD,† Jet D. M. Beekman,\* Jørgen Matz, PhD,‡  
.. Vos, PhD\*

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BJP  
British Journal of  
Pharmacology

## RESEARCH PAPER

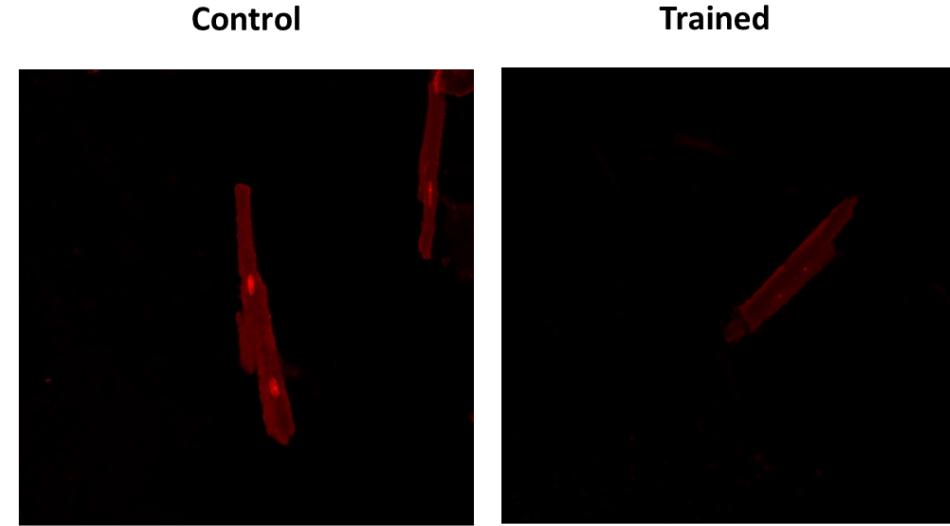
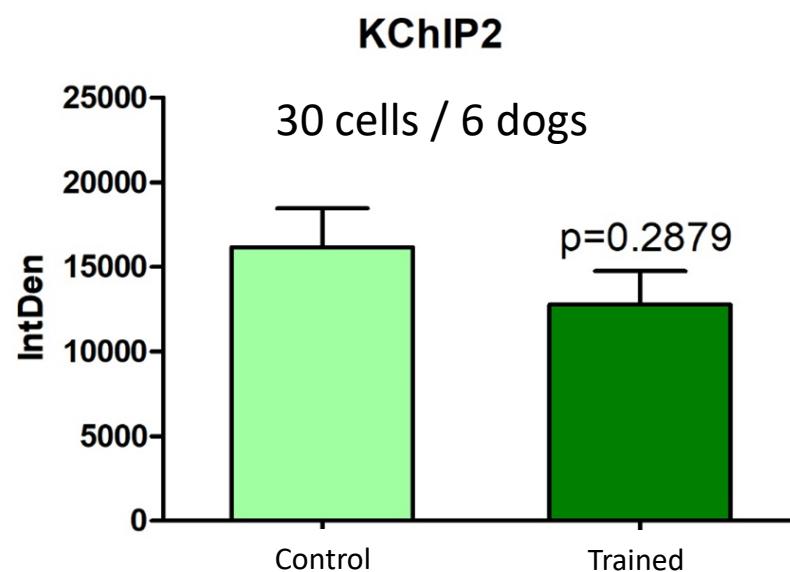
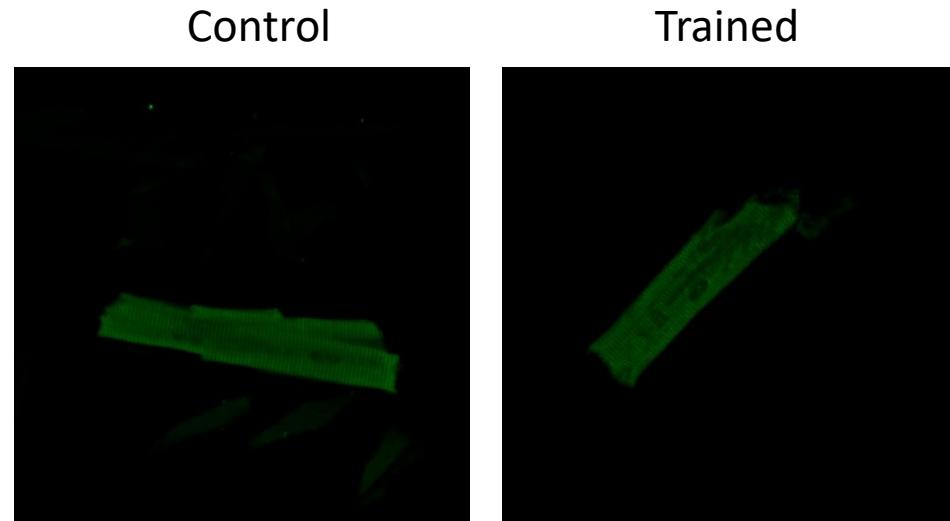
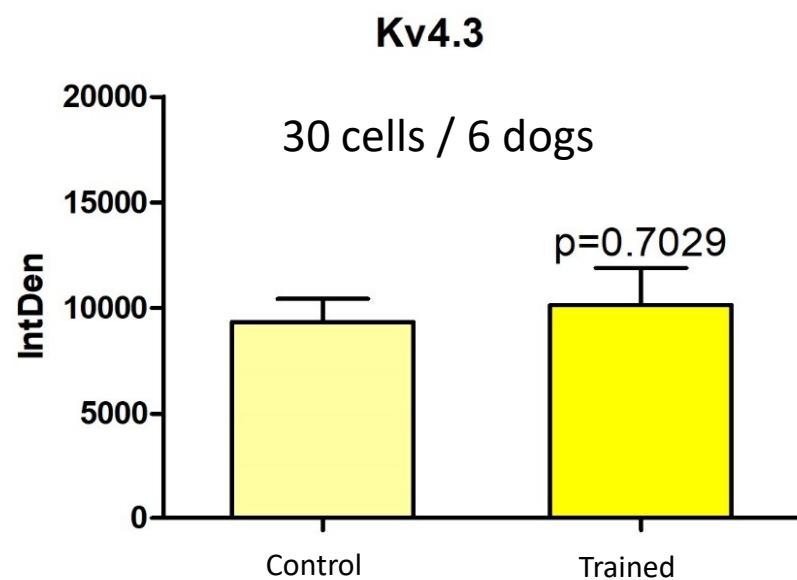
## A novel transgenic rabbit model with reduced repolarization reserve: long QT syndrome caused by a dominant-negative mutation of the KCNE1 gene

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## Transient outward „channel” ( $I_{to}$ ) protein densities determination by immunochemistry in dog ventricular myocytes



# Increased short-term variability (STV) of repolarization in human pathological settings

European Heart Journal (2008) 29, 185–190  
doi:10.1093/eurheartj/ehm586

CLINICAL RESEARCH  
Arrhythmia/electrophysiology

## Beat-to-beat variability of QT intervals is increased in patients with drug-induced long-QT syndrome: a case control pilot study

Martin Hinterseer<sup>1\*</sup>, Morten B. Thomsen<sup>2</sup>, Britt-Maria Beckmann<sup>1</sup>, Arne Pfeufer<sup>3,4</sup>, Rainer Schimpf<sup>5</sup>, H.-Erich Wichmann<sup>3,6</sup>, Gerhard Steinbeck<sup>1</sup>, Marc A. Vos<sup>2</sup>, and Stefan Kaab<sup>1</sup>

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## Usefulness of Short-Term Variability of QT Intervals as a Predictor for Electrical Remodeling and Proarrhythmia in Patients With Nonischemic Heart Failure

Martin Hinterseer, MD<sup>a,\*</sup>, Britt-Maria Beckmann, MD<sup>a</sup>, Morten B. Thomsen, PhD<sup>f</sup>, Arne Pfeufer, MD, BSc<sup>b</sup>, Michael Ulbrich, MD<sup>a</sup>, Moritz F. Sinner, MD<sup>a</sup>, Siegfried Perz, M-H-Erich Wichmann, MD, PhD<sup>c</sup>, Csaba Lengyel, MD, PhD<sup>e</sup>, Rainer Schimpf, MD, PhD<sup>d</sup>, Sebastian K.G. Maier, MD, PhD<sup>c</sup>, András Varró, MD, PhD<sup>e</sup>, Marc A. Vos, PhD<sup>h</sup>, Gerhard Steinbeck, MD, PhD<sup>a</sup>, and Stefan Kääb, MD, PhD<sup>a</sup>

Am J Cardiol 2010;106:216

LOS | ONE

RESEARCH ARTICLE

## Increased Short-Term Beat-To-Beat Variability of QT Interval in Patients with Acromegaly

Andrea Orosz<sup>1</sup>, Éva Csajbók<sup>2</sup>, Csilla Czékus<sup>2</sup>, Henriette Gavallér<sup>3</sup>, Sándor Magony<sup>2</sup>, Zsuzsanna Valkusz<sup>2</sup>, Tamás T. Várkonyi<sup>2</sup>, Attila Nemes<sup>3</sup>, István Baczkó<sup>1</sup>, Tamás Forster<sup>3</sup>, Tibor Wittmann<sup>2</sup>, Julius Gy. Papp<sup>1,4</sup>, András Varró<sup>1,4</sup>, Csaba Lengyel<sup>1,2\*</sup>

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ART

Short-term beat-to-beat variability of the QT interval is increased and correlates with parameters of left ventricular hypertrophy in patients with hypertrophic cardiomyopathy

Andrea Orosz, István Baczkó, Viktória Nagy, Henriette Gavallér, Miklós Csanády, Tamás Forster, Julius Gy. Papp, András Varró, Csaba Lengyel, and Róbert Sepp

## Transient outward „channel” ( $I_{to}$ ) protein densities determination by Western blot in dog ventricular tissue

