

ORAL PRESENTATIONS

PERSONALIZED APPROACH TO THE USE OF ALLAPININ IN CARDIAC ARRHYTHMIAS IN EMERGENCY CARDIOLOGY

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Cardiac arrhythmias represent a significant problem in emergency cardiology. The choice of antiarrhythmic therapy must take into account the type of arrhythmia, hemodynamic status, ECG parameters, structural heart disease, and the risk of proarrhythmia. Allapinin (lappaconitine hydrobromide) belongs to class IC antiarrhythmic agents; therefore, determining its place in therapy requires personalized patient selection.

To determine the possible place of allapinin in a personalized antiarrhythmic strategy for cardiac arrhythmias in the practice of emergency cardiology.

An analytical review of current clinical guidelines and scientific publications on the treatment of arrhythmias, the use of class IC agents, and lappaconitine hydrobromide was conducted. Data on efficacy and safety, therapeutic limitations, and clinical factors for individualized selection were evaluated.

Personalization of therapy at the emergency care stage begins with identification of the arrhythmia and assessment of hemodynamic stability. In cases of instability, priority is given to algorithms for urgent rhythm restoration. In stable patients, 12-lead ECG analysis, assessment of ventricular function, structural heart disease, conduction disturbances, and proarrhythmia risk are required. These considerations are particularly important for class IC agents. Allapinin possesses relevant electrophysiological properties; however, the evidence base for lappaconitine hydrobromide is limited by small sample sizes and methodological limitations of the available studies. Therefore, its use should be regarded as a component of an individually selected strategy in carefully chosen patients rather than as a universal means of emergency termination of tachyarrhythmias.

Clinical decision-making can be structured according to the following sequence: arrhythmia identification → hemodynamic assessment → ECG analysis → assessment of structural pathology and proarrhythmia risk → strategy selection → monitoring of efficacy and safety.

The place of allapinin in emergency cardiology is determined by the individual patient profile. Its use requires assessment of the nature of the arrhythmia, hemodynamics, ECG parameters, structural heart disease, and proarrhythmia risk. The limited evidence base justifies the need for further comparative studies.