

Stellingen behorende bij het proefschrift:

Congenital Heart Disease and Tachyarrhythmia: a Predestined Match?

1. Early ablative therapy of regular atrial tachyarrhythmia can prevent development of atrial fibrillation in patients with congenital heart disease. (*this thesis*)
2. The fast and frequent progression from paroxysmal to (long-standing) persistent or permanent atrial fibrillation in patients with congenital heart disease justifies close follow-up and aggressive therapy. (*this thesis*)
3. A wait-and-see treatment strategy in patients with congenital heart disease and non-sustained ventricular tachycardia is justified. (*this thesis*)
4. Fragmented QRS complexes on ECG may be a novel diagnostic tool in daily clinical practice to identify patients at risk for developing ventricular tachyarrhythmia in patients with congenital heart disease. (*this thesis*)
5. Intra-operative, high resolution mapping is the only suitable tool to diagnose the substrate underlying atrial fibrillation in patients with congenital heart disease. (*this thesis*)
6. One must be a good physician, share things with the patient with atrial fibrillation, and come to a mutual decision about whether to pursue rate or rhythm control on a case-by-case basis. (*AL Waldo, Prog Cardiovasc Dis. 2015 Sep-Oct;58(2):168-76*)
7. Although electrophysiology challenges in adults with congenital heart disease are substantial, so too is the potential to impact on quality of life and long-term survival. (*P Khairy, Heart Rhythm. 2008 Oct;5(10):1464-72*)
8. Mortality from congenital heart disease in the 1970s and 1980s was so great that virtually every technical innovation resulted in substantial improvements in longevity and outcomes. (*JK Triedman et al, Circulation. 2016 Jun 21;133(25):2716-33*)
9. Patients with congenital heart disease are born to be bad. (*CA Warnes, J Am Coll Cardiol. 2005 Jul 5;46(1):1-8. Review*)
10. Research is an obligatory commitment prompted by a desire to resolve questions posed by an adult congenital heart disease population. (*JK Perloff et al, Circulation. 2001 May 29;103(21):2637-43*)
11. All arrhythmias will straighten themselves out at the end. (*author unknown*)