Foreword

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The human heart likes a little disorder in its geometry

—Louis de Bernières, *Captain Corelli's Mandolin*

We are pleased to introduce this issue of *Cardiac Electrophysiology Clinics*, which focuses on the fascinating topic of congenital heart disease (CHD) and its related arrhythmias.

Thanks to the advances in surgery, many children with CHD reach adulthood, and arrhythmias become an important issue in management of these patients. CHDs can predispose to both bradyarrhythmias and tachyarrhythmias, due to the congenital anomaly itself or as a result of the corrective surgery. Each arrhythmia is unique, and knowing the peculiar substrate is a key to understand the distinctive mechanism and choosing the appropriate therapy.

Multiple right-sided accessory pathways sustaining atrioventricular reentrant tachycardias are the hallmark of patients with Ebstein anomaly and can be successfully eliminated with ablation. Sinus node dysfunction and atrioventricular block can be both congenital and postoperative; when symptomatic, patients with CHD require pacemaker implantation, which might be particularly challenging given the associated venous return anomalies, surgical obstacles, or unusual heart anatomies. Patients with surgical scars have incisional macro-reentrant arrhythmias, in both the atria and the ventricles, which respond

well to ablation. Some patients might develop myopathy secondary to the hemodynamic consequences of the congenital anatomy, predisposing to complex arrhythmias, which are more difficult to manage and require an integrated approach. Of note, the risk of sudden cardiac death in patients with CHDs involving the ventricle, although low, is still not negligible, and the debate on primary prevention ICD is still wide open.

We thank Drs Balaji, Mandapati, and Shivkumar, for thoughtfully editing this issue covering important aspects of common CHDs seen by adult electrophysiologists. We hope you will enjoy reading it as much as we did.

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