

AHA: Case vignette weighs pre-sport cardiac screening

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(HealthDay)—Two questions relating to cardiac screening for high school students before participation in competitive sports are discussed in a case vignette published online Nov. 19 in the *New England Journal of Medicine* to coincide with the American Heart Association's 2013 Scientific Sessions, held from Nov. 16 to 19 in Dallas.

Sanjay Sharma, M.D., from St. George's University of London, notes that sudden cardiac death is often due to hereditary or congenital abnormalities of the heart, with increased risk among athletic youth, and consequently youth should undergo preparticipation [cardiac screening](#); no evidence indicates that screening is a deterrent to sport participation. However, N.A. Mark Estes III, M.D., from the Tufts University School of Medicine in Boston, notes that there is no evidence that prescreening reduces mortality. Furthermore, screening can falsely identify and restrict athletes without cardiovascular disease.

Victoria L. Vetter, M.D., from the University of Pennsylvania School of Medicine in Philadelphia, notes that a history and physical examination without electrocardiogram (ECG) results in fewer false positive findings, mainly due to the lack of educated personnel for ECG interpretation and the lack of evidence-based ECG standards. However, Domenico Corrado, M.D., Ph.D., from the University of Padua in Italy, notes that a history and physical examination alone is of marginal value for the detection of athletes at risk, while the addition of ECG enhances the screening power for the leading causes of [sudden cardiac death](#), often manifested as ECG abnormalities.

"The students in the vignette should undergo a preparticipation cardiovascular evaluation including ECG—the only screening strategy that has been proved to be effective," Corrado writes.

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