Subcutaneous or Transvenous Defibrillator Therapy
TO THE EDITOR: The PRAETORIAN trial involved a smaller cohort of patients with better-preserved ventricular function and intraventricular conduction than those in previous trials of implantable defibrillators.\textsuperscript{1-3} In this trial, the subcutaneous ICD was not significantly inferior to a standard transvenous ICD.

Sudden death can result from ventricular tachycardia or ventricular fibrillation or from asystole; the transvenous ICD can address any of these by cardioversion, defibrillation, anti-tachycardia pacing, or standard pacing. The subcutaneous ICD has only two of these four capabilities and addresses only ventricular tachycardia or ventricular fibrillation, not asystole. Cardiac arrest is often asystolic,\textsuperscript{4} particularly when ventricular function is severely impaired or if conduction is disturbed.

The implantation of a device is not a cure but rather the start of a course of therapy. The cost should be calculated from the time of implantation to death. Our local best price for a transvenous ICD equates to approximately $8,600 in U.S. dollars; the subcutaneous ICD costs approximately $15,000. These devices have a projected battery longevity of 15.4 and 7.3 years, respectively, for a corresponding yearly cost of approximately $560 and $2,050. A higher price demands demonstration of clinical superiority; the current subcutaneous ICD offers half the work for thrice the wage.

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