



P-02: Echocardiography Has Low Clinical Efficacy of Libyan Screening Protocol in Athletes

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ABSTRACT

INTRODUCTION

Pre-participation screening has been largely accepted as a means to identify those athletes at risk of cardiovascular diseases which are responsible for sudden cardiac death. The objectives of athlete screening are to reduce injuries and prevent sudden. However, there is no single commonly adopted protocol to screen athletes. Although the European Society of Cardiology and the American Heart Association recommend the routine screening of athletes to prevent sudden death, there is significant disagreement regarding use 12 lead ECG. FIFA has recommend the inclusion of an Echocardiography (ECHO) in screening protocol.

PURPOSE

Explore the debate regarding differences between European and the USA pre-participation screening protocol for sudden death while also considering pre-competition medical assessment protocol used by the Libyan Football Federation. To provide evidence based recommendations on the best protocol to be used for pre-participation screening, and thus to standardize the screening method.

MATERIALS and METHOD

1236 male athletic received a medical history, general physical examination, cardiovascular and musculoskeletal examination, 12 lead ECG, blood laboratory test, and echocardiography.

FINDINGS

1235 athletics were found to be eligible to participate in sport and were given a full medical clearance. One athletic was diagnosed with second degree heart block by ECG while his medical history, physical examination, echocardiograph, and blood test were normal.

DISCUSSION

Echocardiography alone do did not identify pathological condition and using echocardiography is still controversial and clinically not effective in young athletes

CONCLUSION

The Screening protocol should include a combination of medical history, physical examination and ECG due to the high sensitivity found, and thus it was able to identify all athletes at risk for the disease.

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