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ABSTRACT

Title: LEFT BUNDLE-BRANCH BLOCK WITH UNFAVOURABLE OUTCOMES REPORT OF TWO CASES AND REVIEW OF THE AEROMEDICAL DECISION MAKING	
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INTRODUCTION: <p>Case No 1. Male ATPL pilot (59 years) with Left Bundle-Branch Block (LBBB). LBBB was acquired 19 years before. Complete evaluations were carried out according to the national regulations after 2002 properly to the JAR-FCL 3. After long follow-up period the aviator developed complete heart block associated with an acute viral infection. Thanks to the 35/min ventricular rhythm he was able to call for help and 90 minutes after the first symptoms he received pacemaker. He was grounded due to pacemaker dependency.</p> <p>Case No 2. New LBBB and hypertension were confirmed by the regular aeromedical examination at the 34 years old male PPL licence holder. No significant heart pathology was confirmed. The only findings by myocardium scintigraphy are medium degree left ventricular hypertrophy and inverse septal perfusion disturbances, interpreted as consequences of LBBB. Blood pressure well controlled by acceptable medications. According to JAR-FCL 3 Class 2. Medical Certificate was issued. 4 years later his son suffered from varicella for 4-5 days and the pilot mentioned uncharacteristic complaints like headache, dead-beatness and weakness for 2 days. The following morning he was find dead in his bed.</p>	
DISCUSSION: <p>Are the unusual events in this cases sufficient to question the original decision making process? Was such an unusual event that it was not foreseeable? Recent aeromedical dispositions will confronting with statistical data.</p>	
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