**Dose Dual Coil Lead System Always Need for ICD?**

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**Background:** We hypothesize that single coil lead system is less troublesome in a long-term period because of its simplicity. Afraid of elevated defibrillation threshold (DFT), we examined DFT in both single and dual coil in the same patients. **Method:** This study was a prospective, multicenter study. Twenty-eight ICD/CRTD with dual coil lead system patients were included (24 men, 4 women; mean age 67.3±9.0 years). We performed DFT test from 10J to 25J by 5J step-up protocol both single (RV to CAN) and dual coil (RV to SVC&CAN) system respectively. Nine patients were re-examined DFT test after 1 week. **Result:** The characteristics of the patients as follows; IHD:11, HCM:4, DCM:3, Brugada syndrome:2, idiopathic VF:2, others:6. In total of 36 DFT test performed in 27 patients, there were no significant differences in single and dual group (11.7±3.4 vs. 10.7±3.0J, p=0.28). The same results were obtained after one week DFT test. Only one patient needed external defibrillation to terminate VF, but his DFT was 25J with dual coil system. All patients successfully defibrillated margin with greater than 10J. **Conclusion:** Single coil system needed a little bit higher energy delivery than dual coil system. But it can be feasible especially for the patients with long life expectancy. **Keywords:** single coil, DFT, lead system