Limitations

The present study was a single-center retrospective observational study, which was its major limitation. The small number of patients included in this paper recommends some caution in data generalization. Data should be validated and confirmed in future studies, especially prospective ones.

Conclusions

Our study, a real-life study with one of the longest follow-ups available to date, highlights the challenge of idiopathic VA diagnosis and arrhythmic recurrence prediction in idiopathic VA patients. Also, it reveals new data concerning sex differences in this population. Genetic testing significantly improved the diagnostic yield, especially in women, leading to a definitive diagnosis of a distinct clinical entity in more than half of patients. Recurrence of life-threatening arrhythmias occurred in about one third of patients and is significantly higher in men, underscoring both the dismal prognosis of SCD by idiopathic VA and the importance of ICD implantation.

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