Uzun RP aralıklı supraventriküler taşikardilerin ayırıcı tanısında kullanılan manevralar

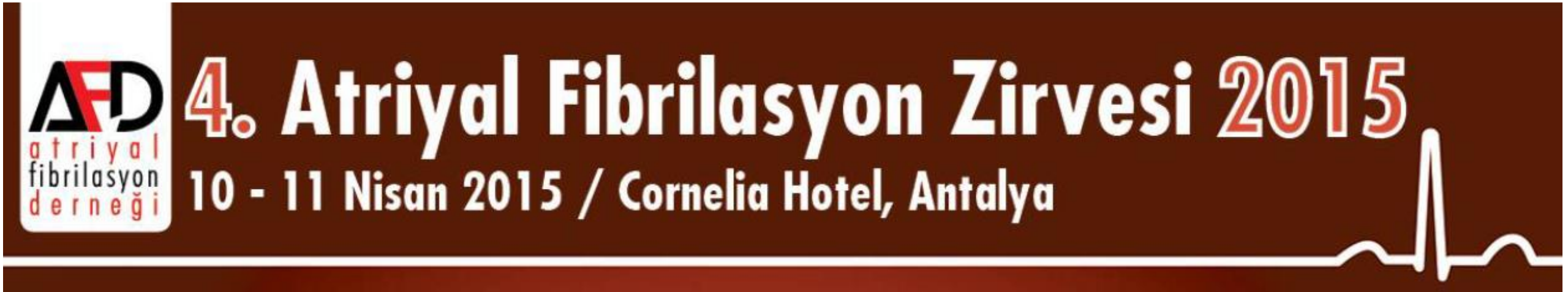
Dr. Ata KIRILMAZ

11 Nisan 2015

Oturum Adı: TEMEL ELEKTROFİZYOLOJİ

13:50 – 14:10 Uzun RP aralıklı supraventriküler taşikardilerin ayırıcı tanısında kullanılan manevralar

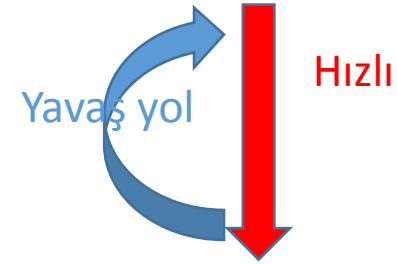
Dr. Ata KIRILMAZ



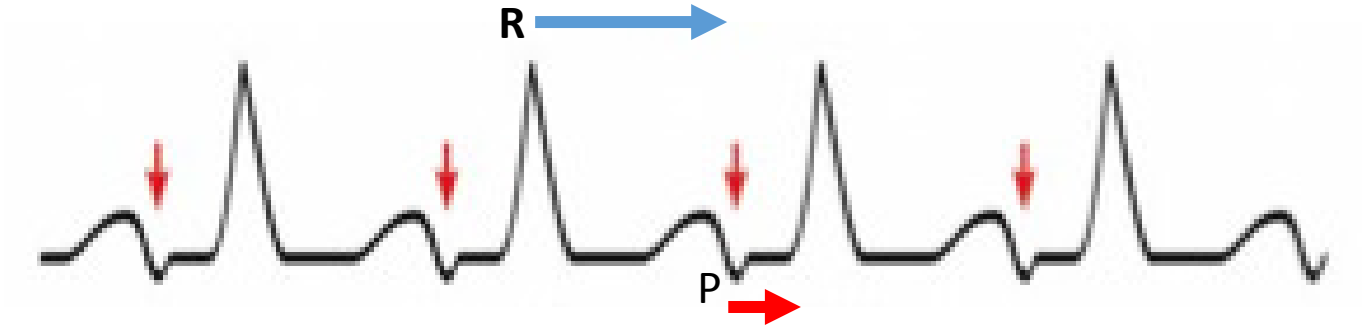
Disclosure

- Proctor to Medtronic
- Consultant to Biotronic

PR ve RP zamanlaması



R dalgasının başlangıcından P dalgasının başlangıcına kadar geçen süre



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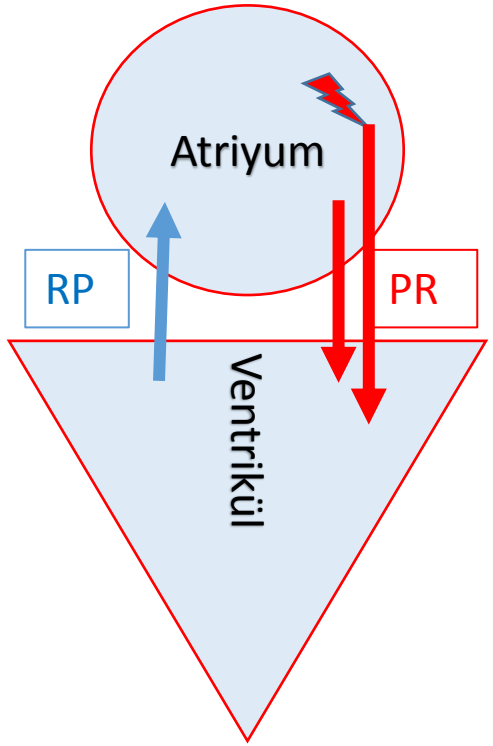
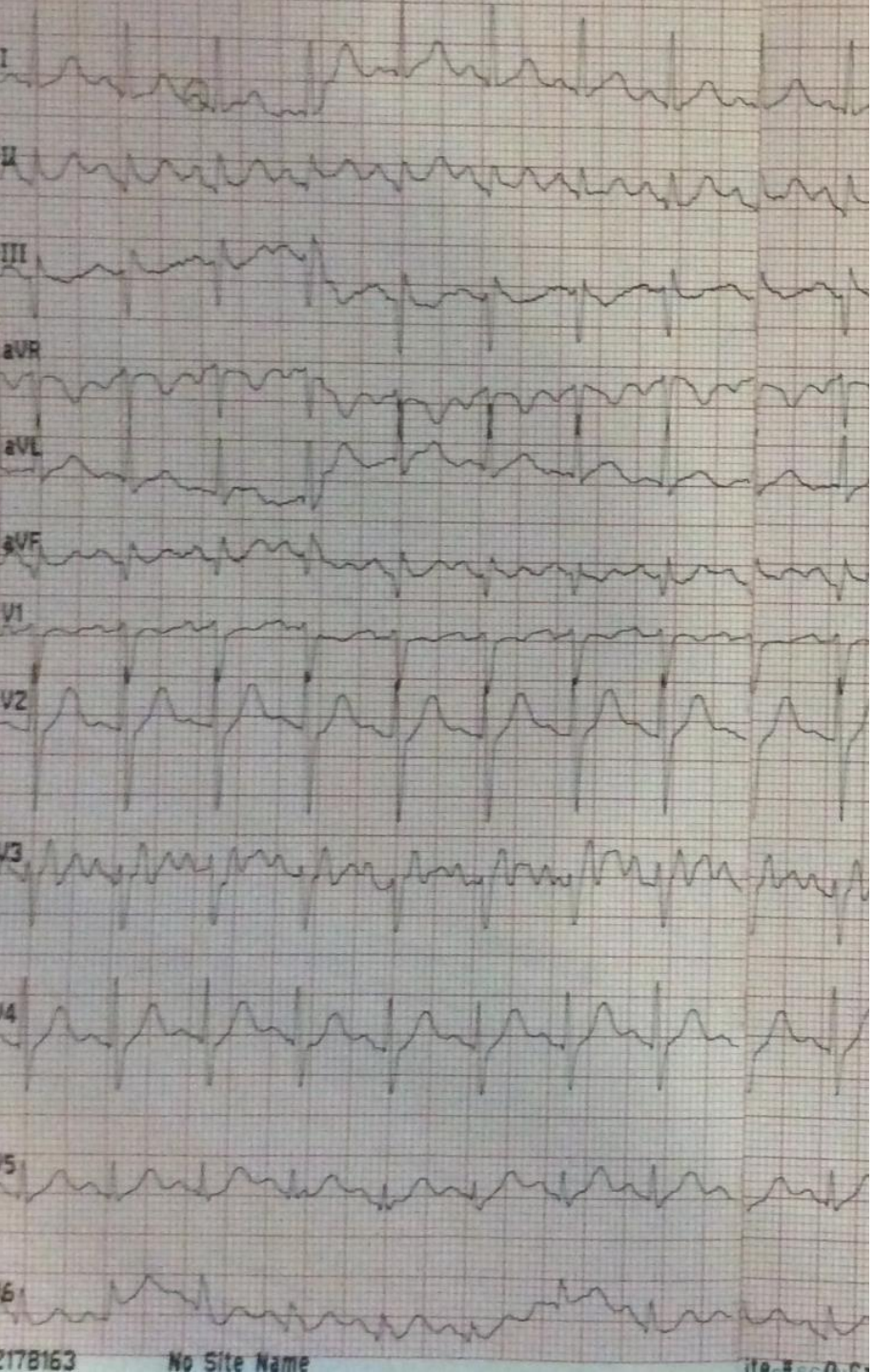
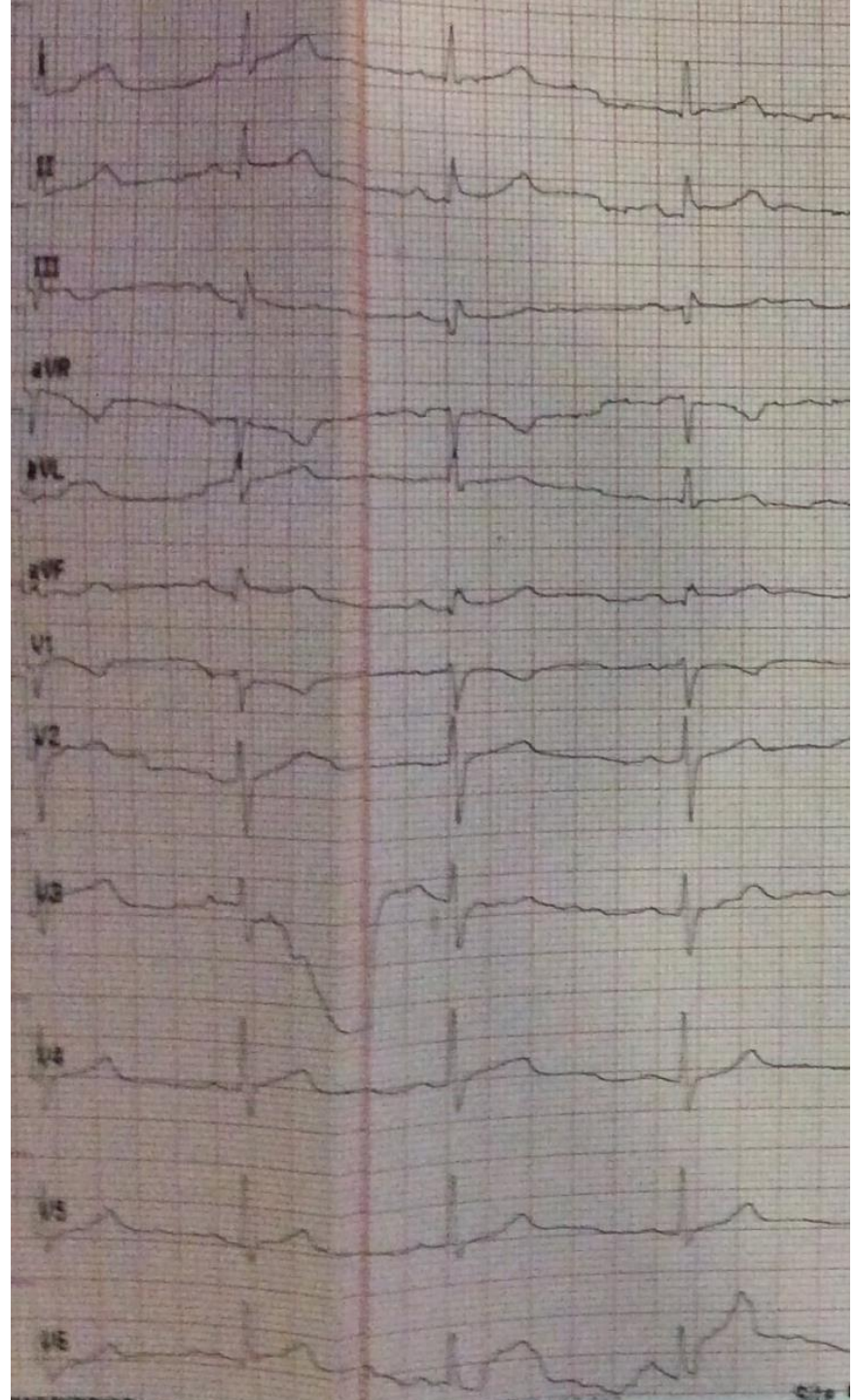
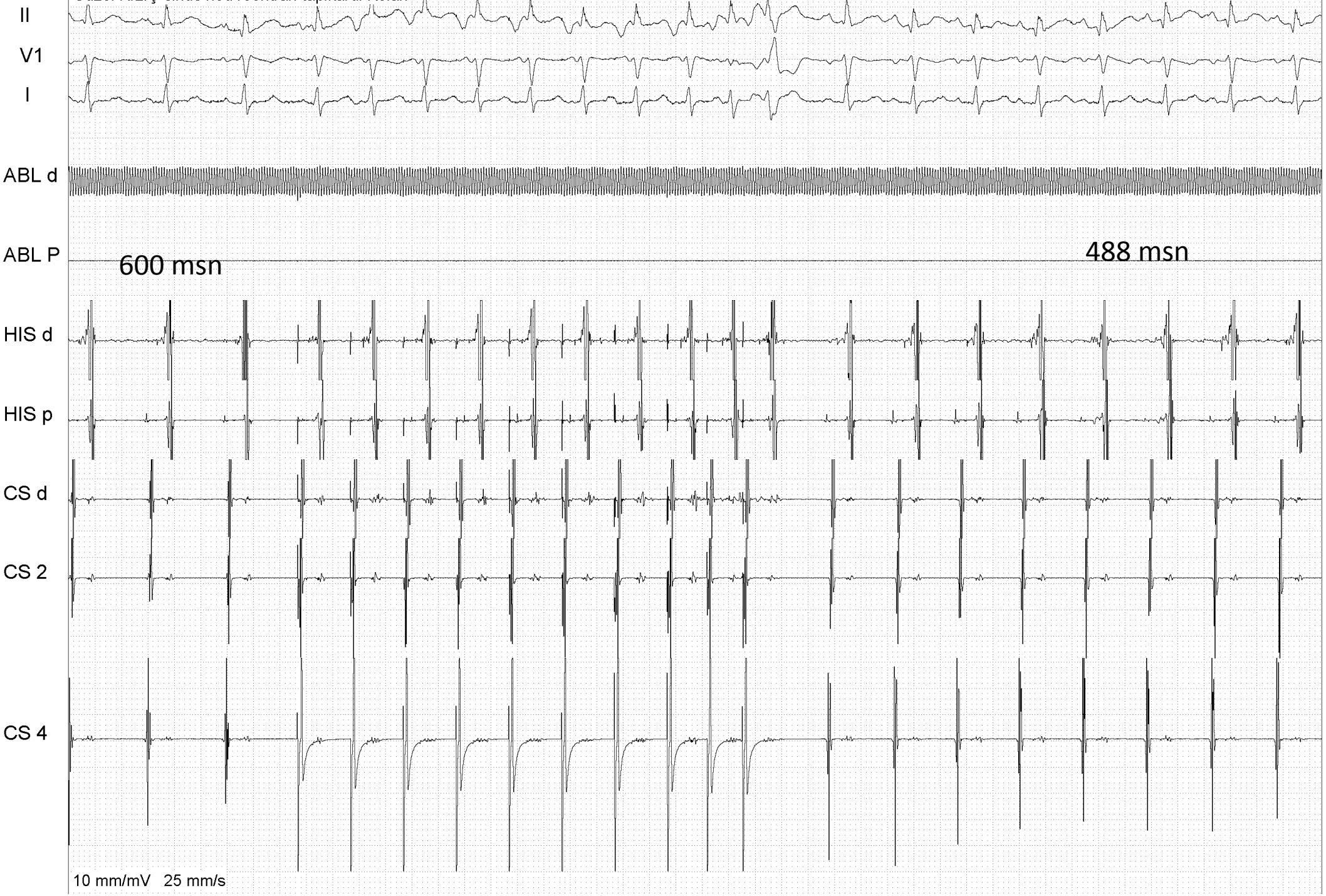


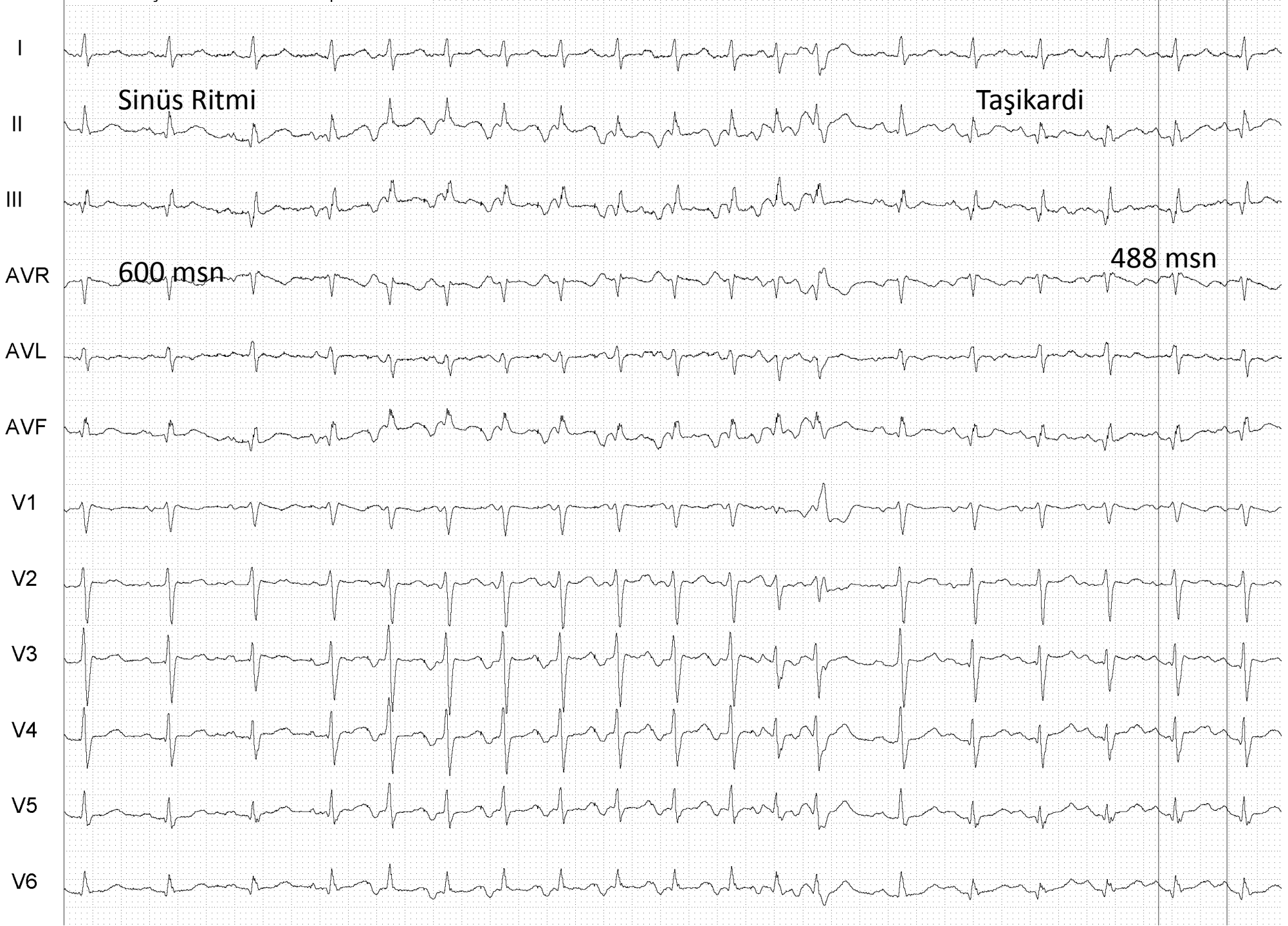
Uzun RP Taşikardi

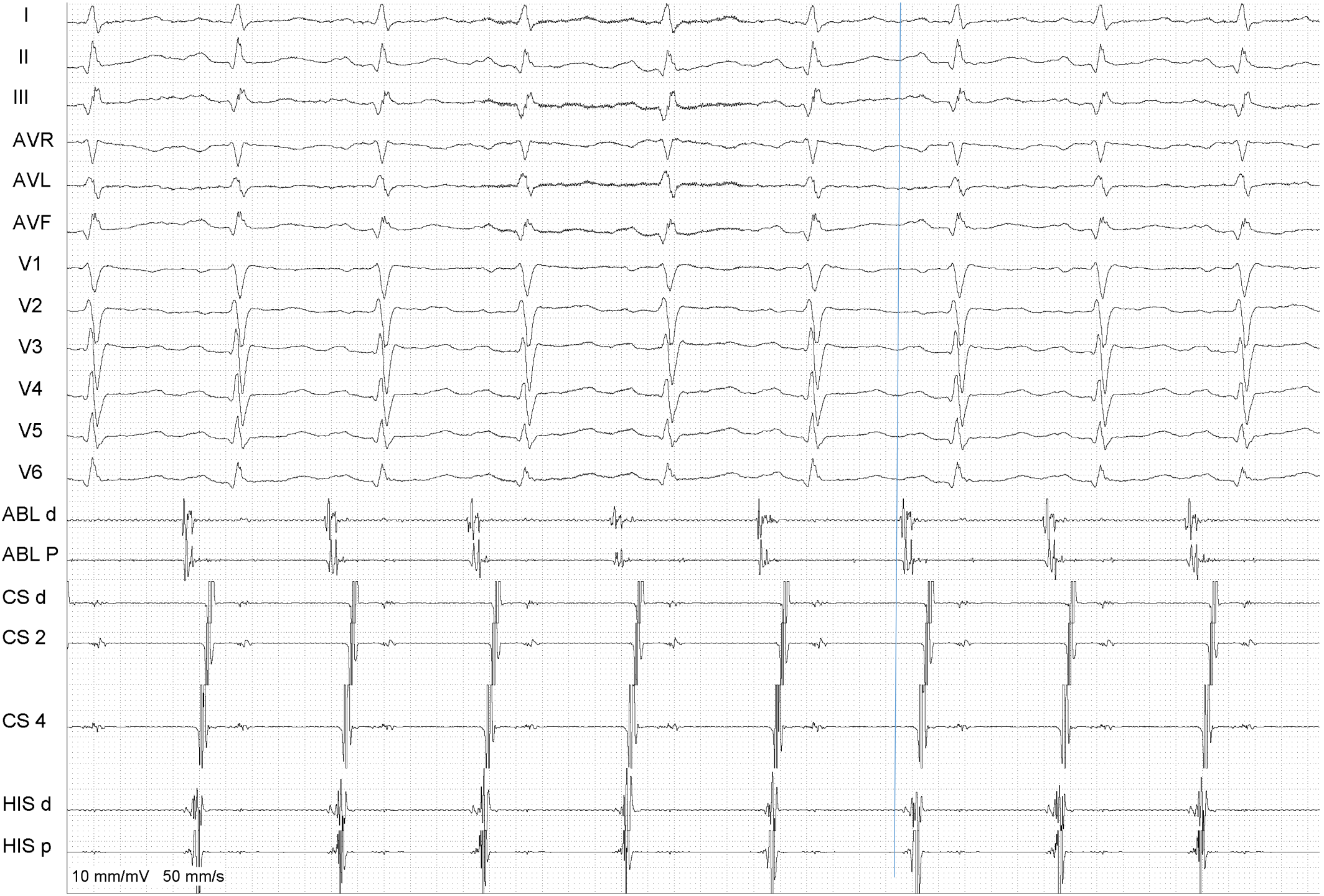
- Sinüs düğümü reentran taşikardi
- Atrial Taşikardi (kavşak taşikardisi)
- Atipik AVNRT
- Persistan Junctional Reentran-Resiprokal Taşikardi (PJRT) (yavaş iletimli Ortodromik AVRT)


I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
2178163
No Site Name

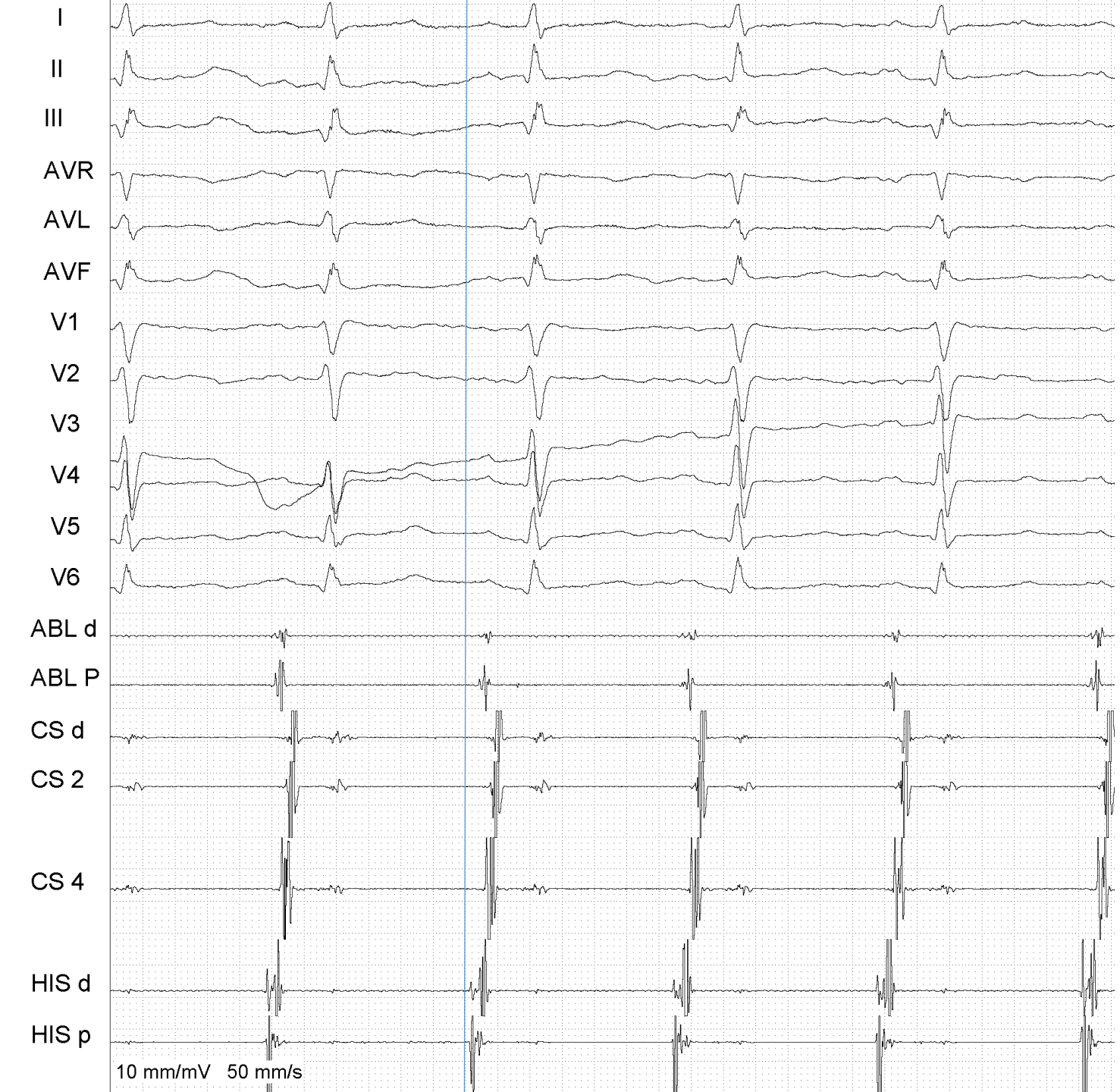

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6


II
V1
I
ABL d
ABL P
600 msn
488 msn
HIS d
HIS p
CS d
CS 2
CS 4
10 mm/mV 25 mm/s


I
II
III
AVR
AVL
AVF
V1
V2
V3
V4
V5
V6
Sinüs Ritmi
600 msn
Taşikardi
488 msn


I
II
III
AVR
AVL
AVF
V1
V2
V3
V4
V5
V6
ABL d
ABL P
CS d
CS 2
CS 4
HIS d
HIS p
10 mm/mV 50 mm/s

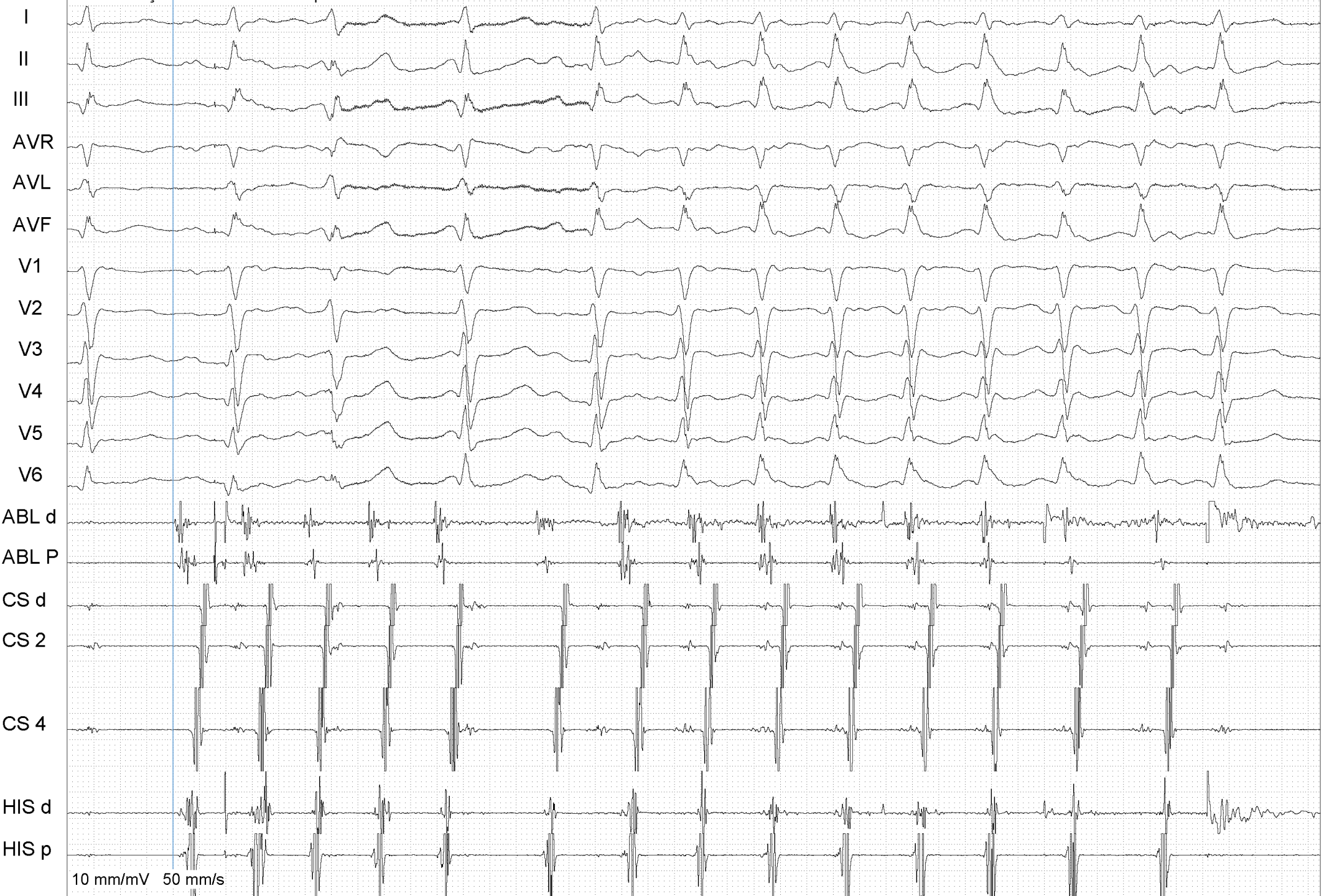
Abl HRA'da



Sağ Pulmoner Venler

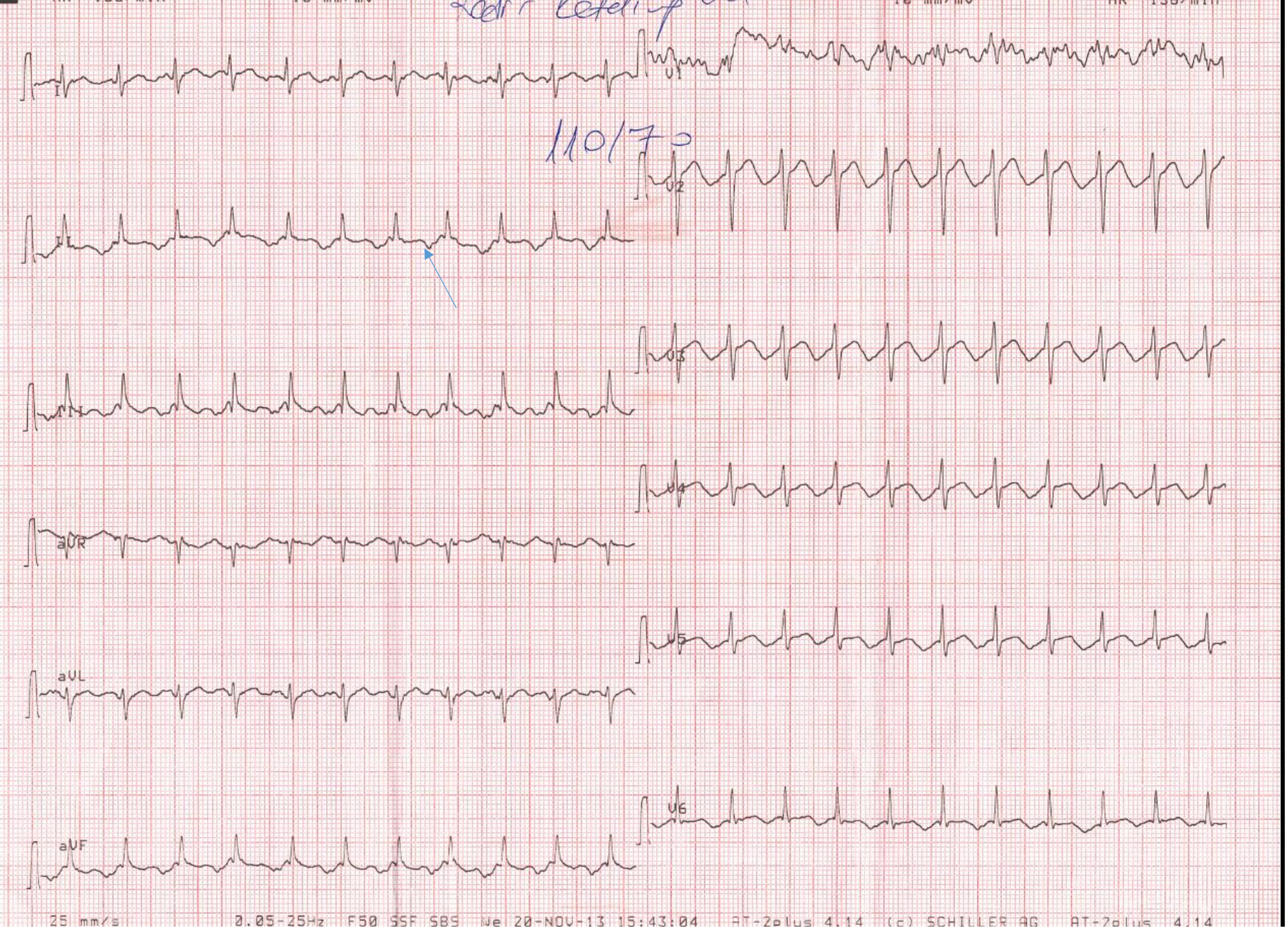
Abl sağ pulmoner vende

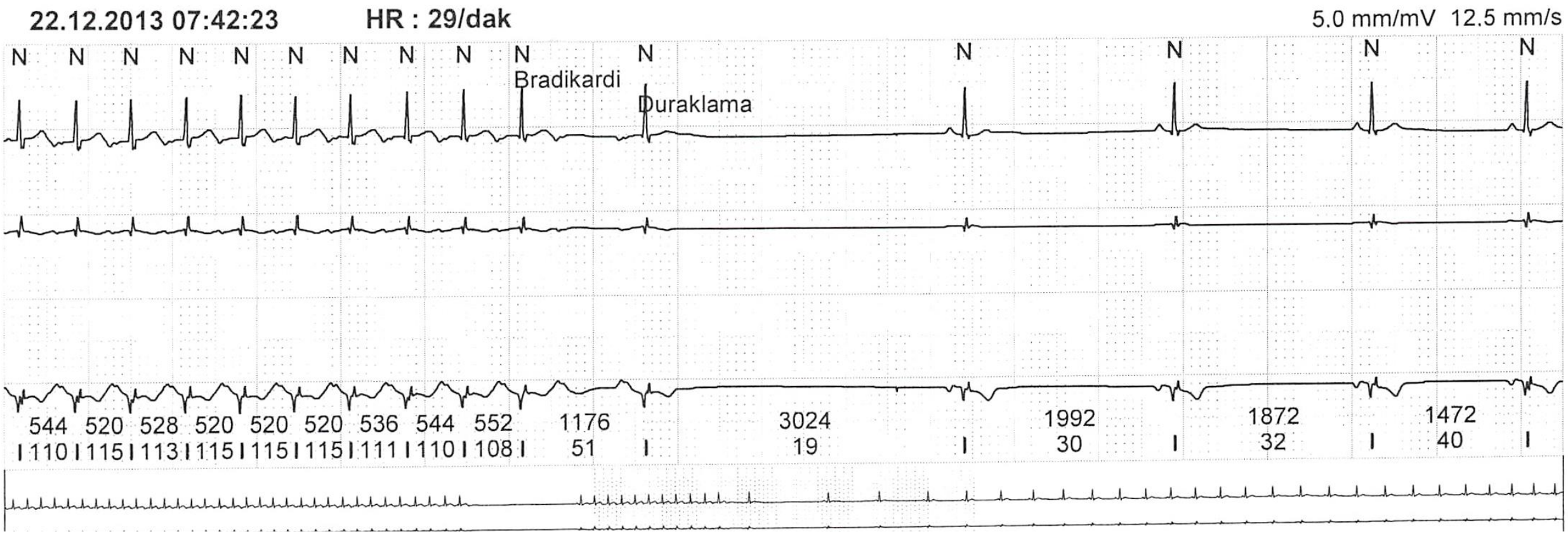
His kateteri HRA'da


I
II
III
AVR
AVL
AVF
V1
V2
V3
V4
V5
V6
ABL d
ABL P
CS d
CS 2
CS 4
HIS d
HIS p
10 mm/mV 50 mm/s

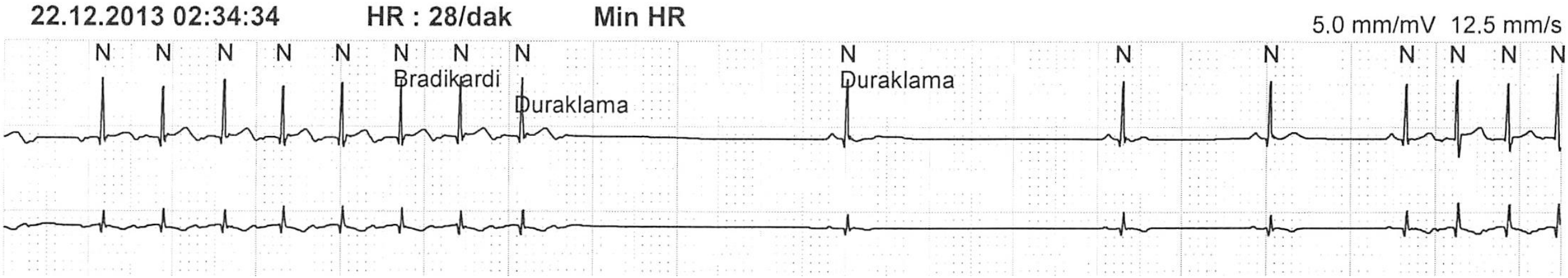
Sinüs Düğümü Reentran Taşikardi

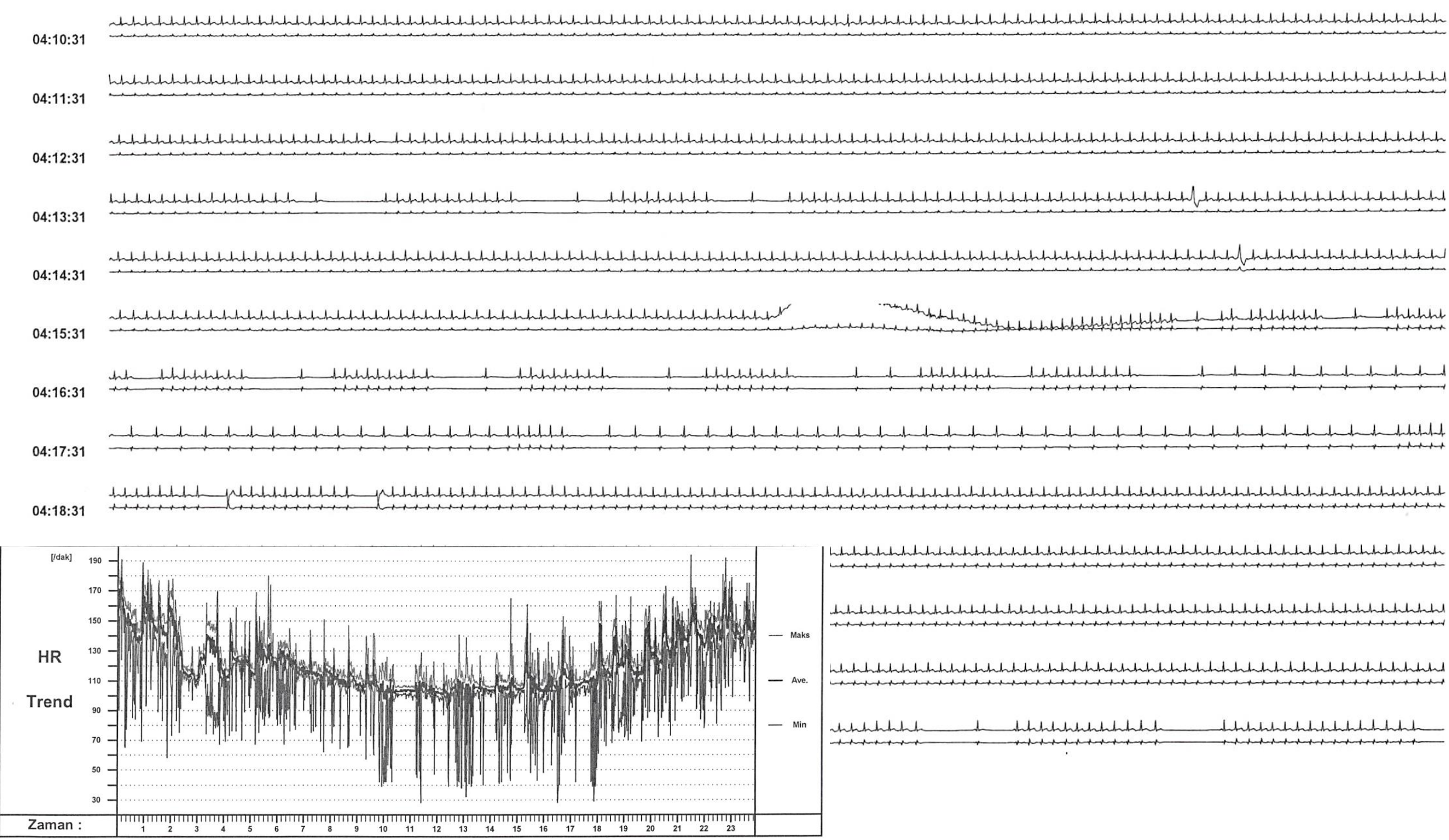
- P dalga morfolojisi benzer
- Aksı biraz daha inferior (inf P dalga amplitüdü daha yüksek)
- İntraatrial ileti zinciri SR'e benzer
- Programlı Atrial stimülasyonla ile başlatılabilir ve sonlandırılabilir
- En erken lokal atrial aktivasyon hedef alınır
- Sağ frenik sinir !!!

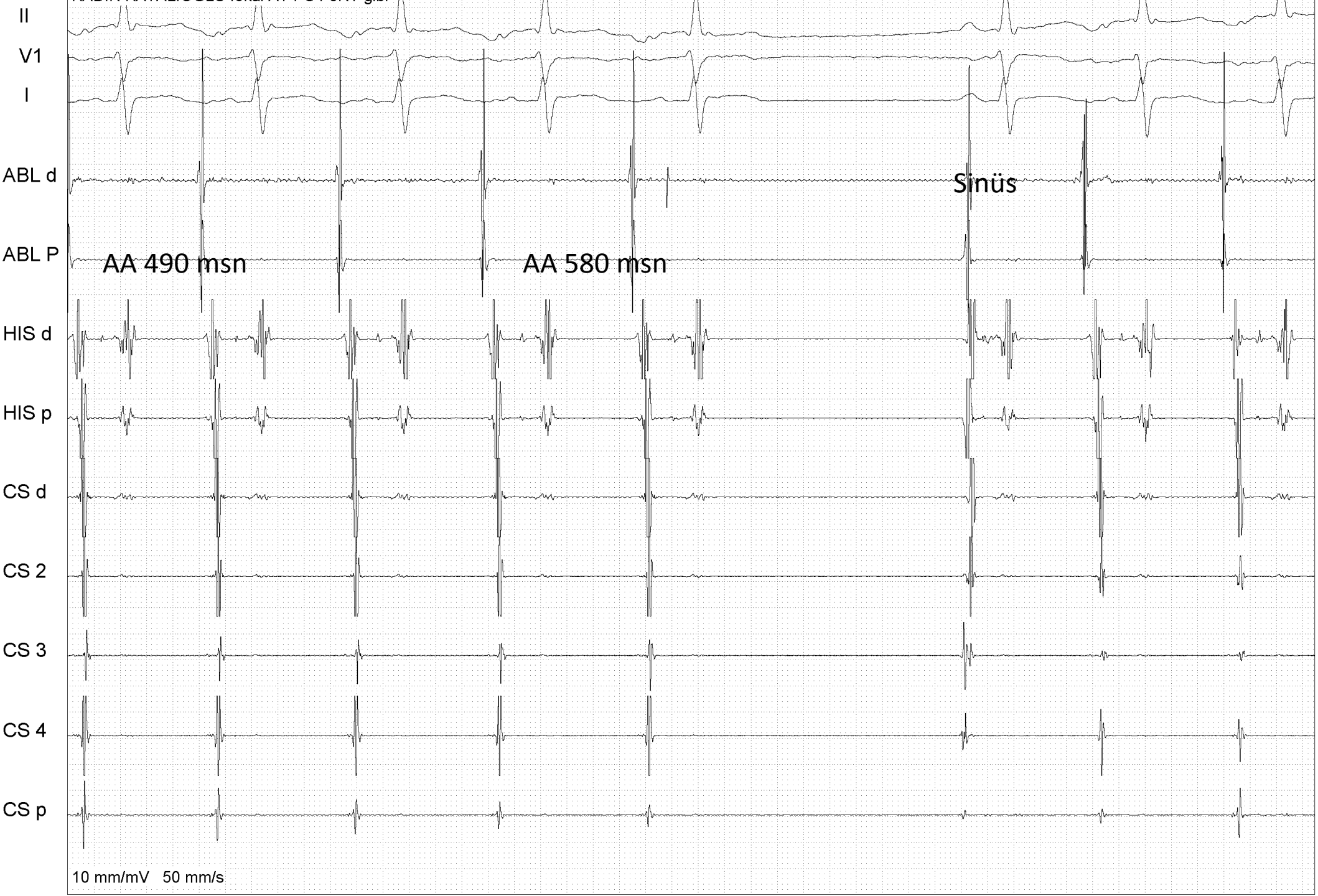

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
11017?
25 mm/s
0.05-25Hz F50 SSF SBS We 20-NOV-13 15:43:04 AT-2plus 4.14 (c) SCHILLER AG AT-2plus 4.14

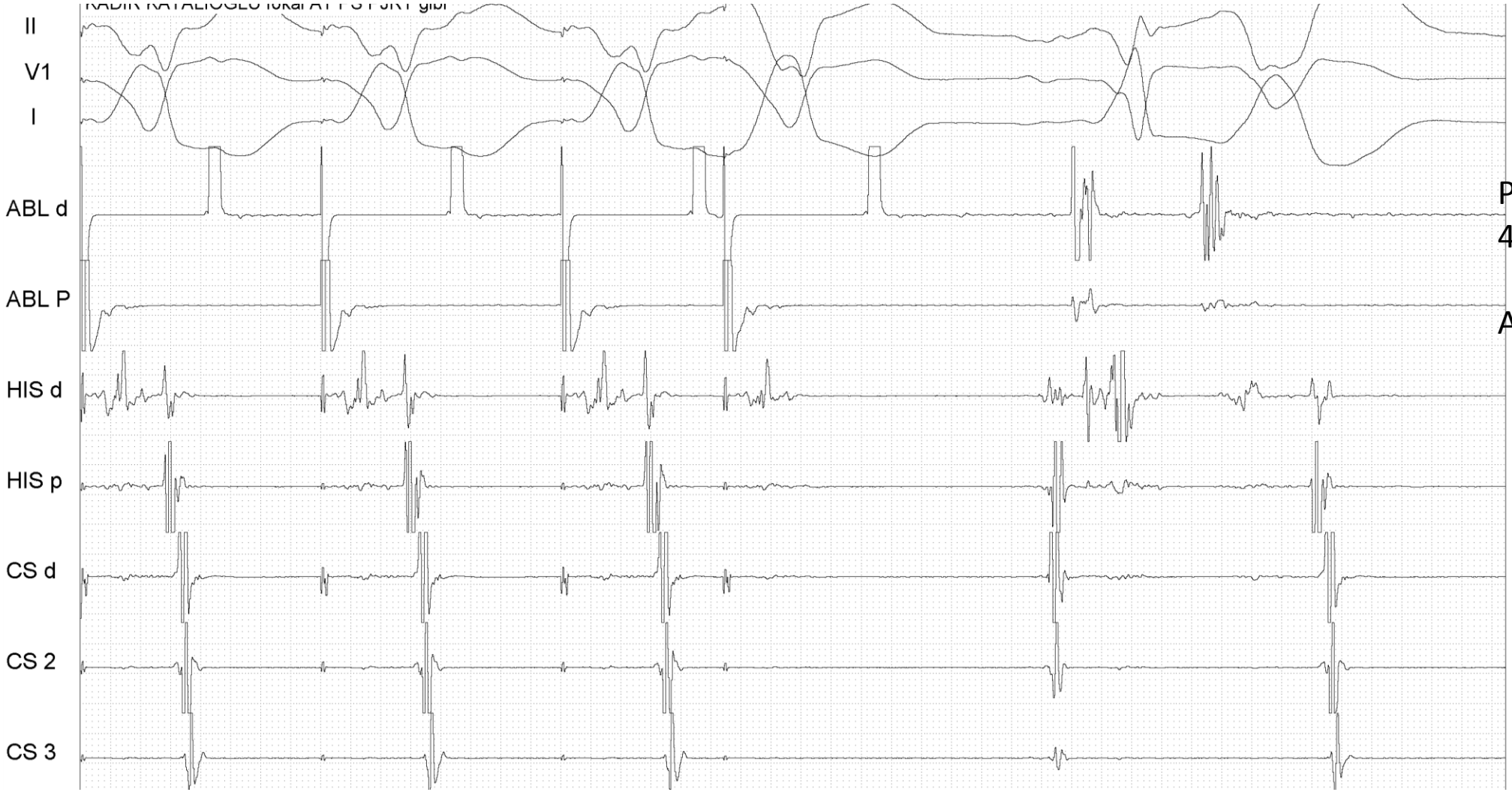


Min/Maks HR/RR :



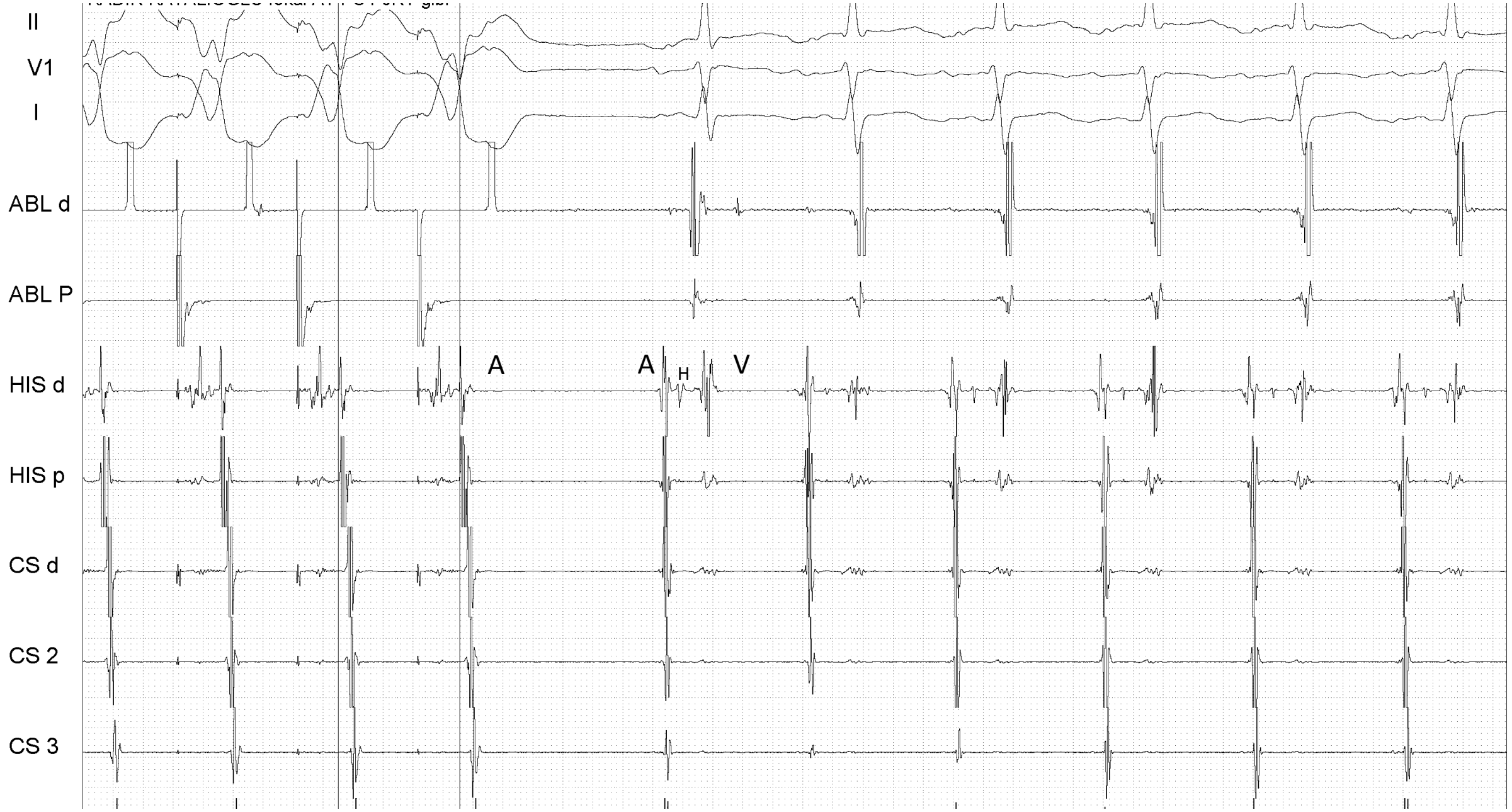

04:10:31
04:11:31
04:12:31
04:13:31
04:14:31
04:15:31
04:16:31
04:17:31
04:18:31
[/dak]
190
170
150
130
110
90
70
50
30
HR
Trend
Maks
Ave.
Min
Zaman :
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23


II
V1
I
ABL d
ABL P
HIS d
HIS p
CS d
CS 2
CS 3
CS 4
CS p
AA 490 msn
AA 580 msn
Sinüs
10 mm/mV 50 mm/s

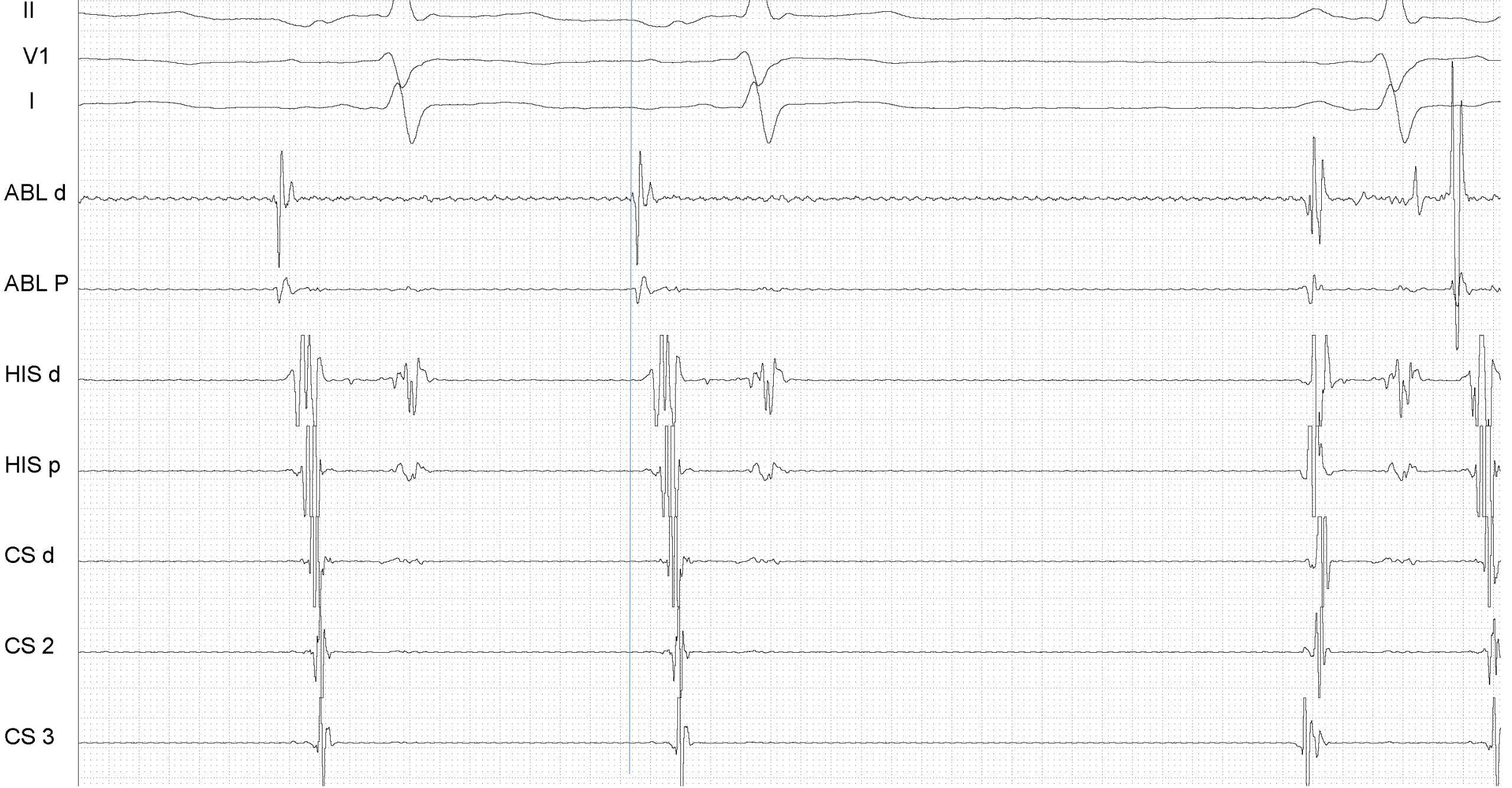


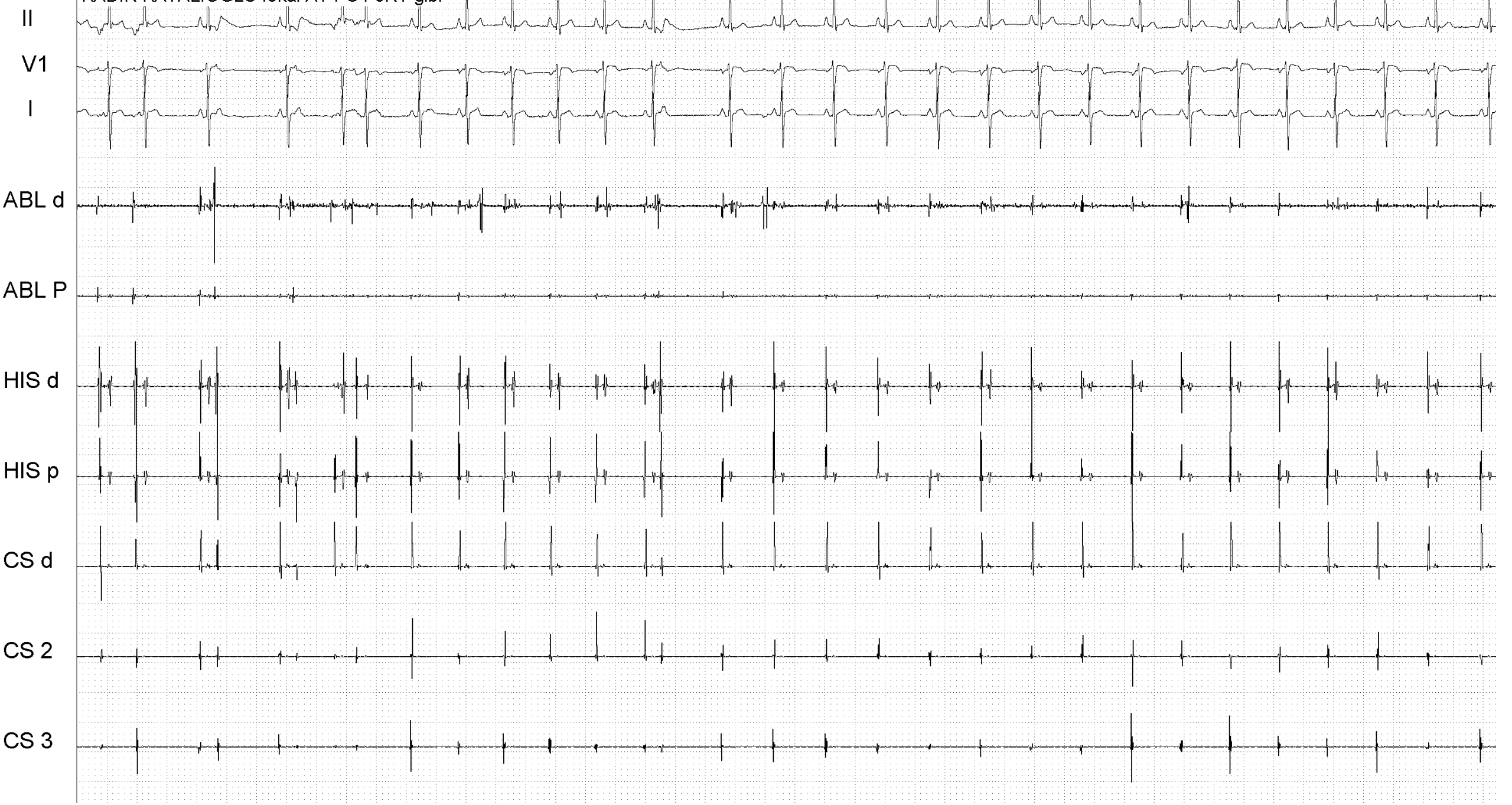
Porgramlı V stim
400/270 msn

AVN Retro ERP



Taşikardi esnasında (TCL: 500) 400 msn ile V pace ile retrograd entrainment: Sonlandırdığında AV ilişkisi

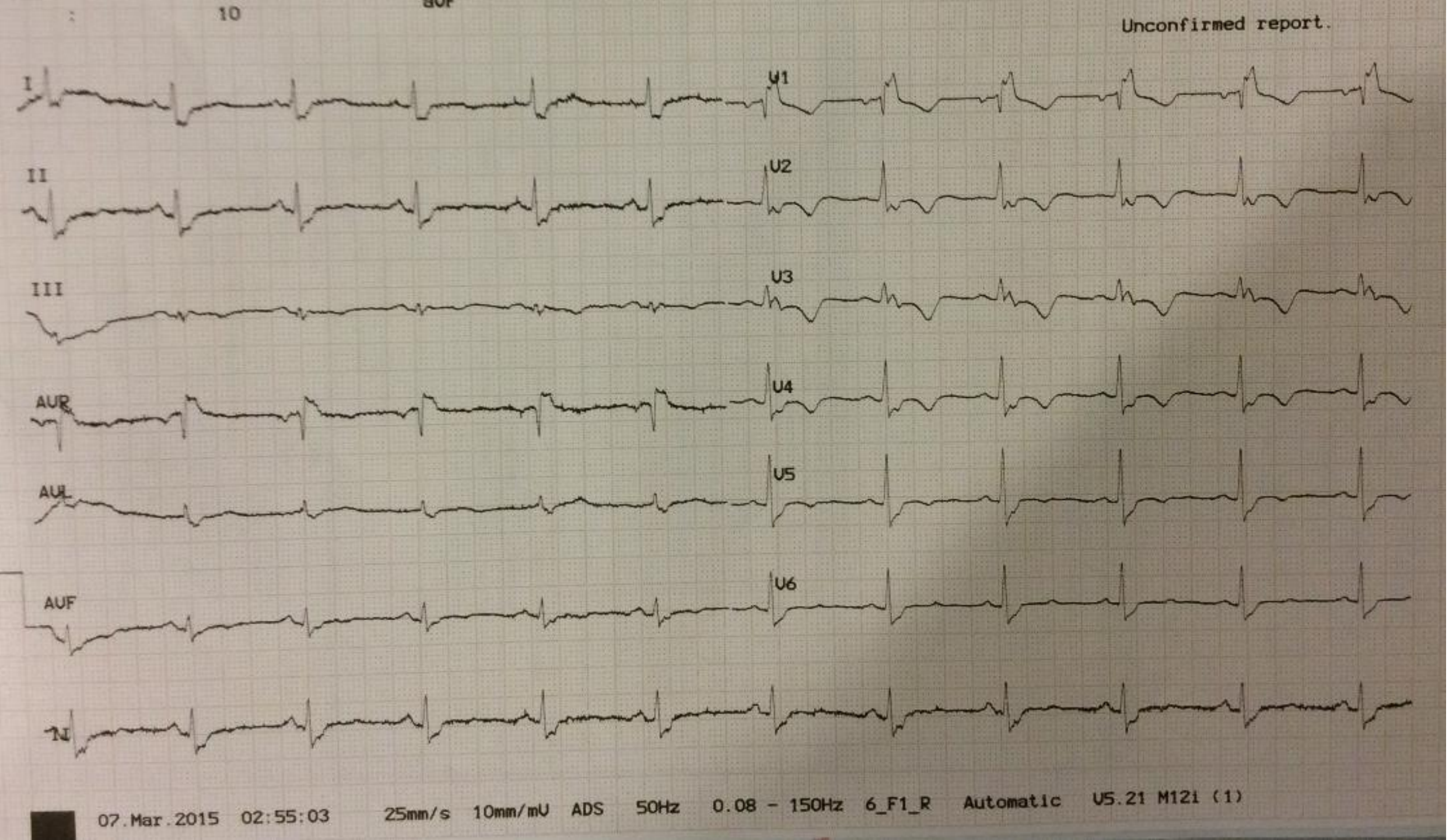

II
V1
I
ABL d
ABL P
HIS d
HIS p
CS d
CS 2
CS 3

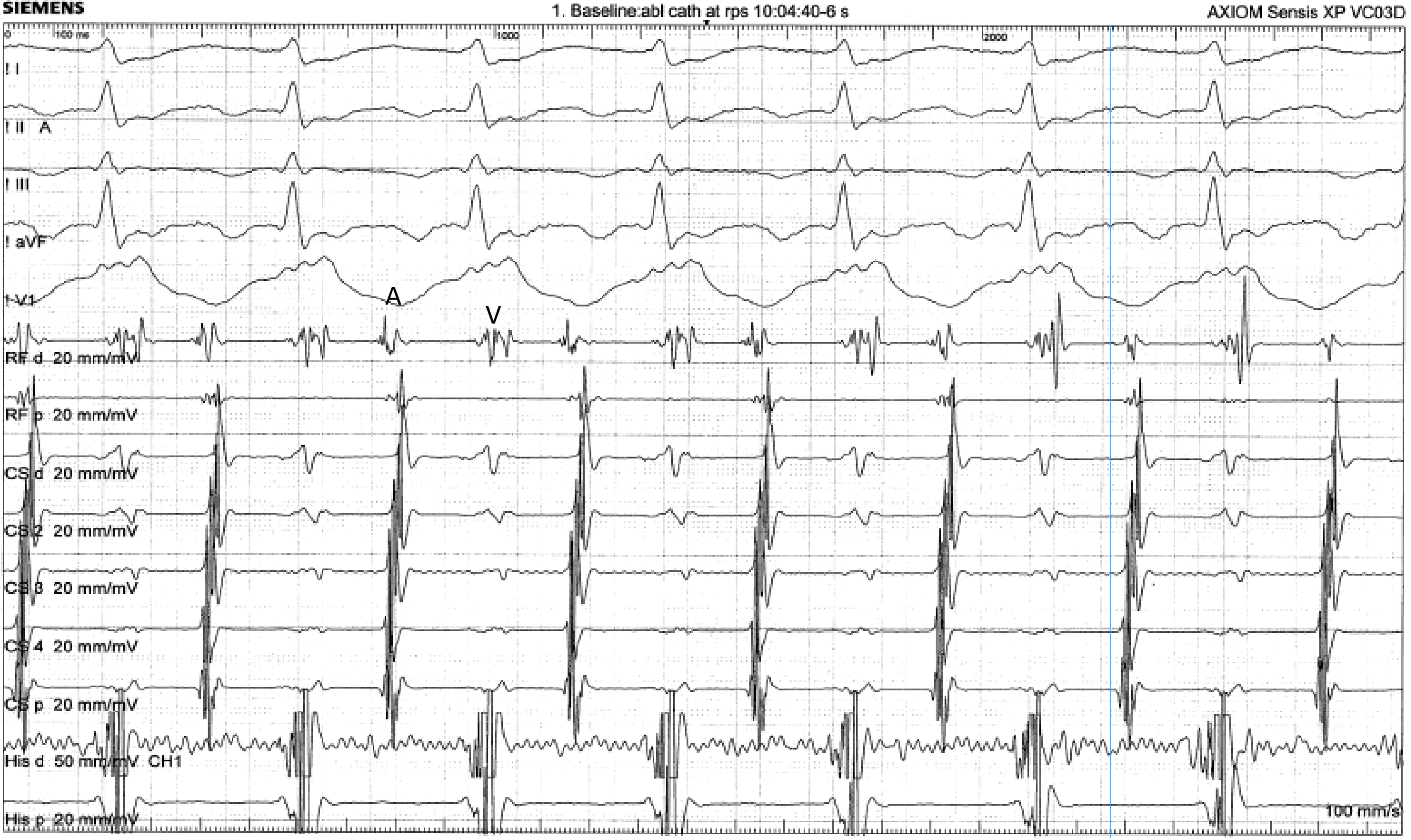


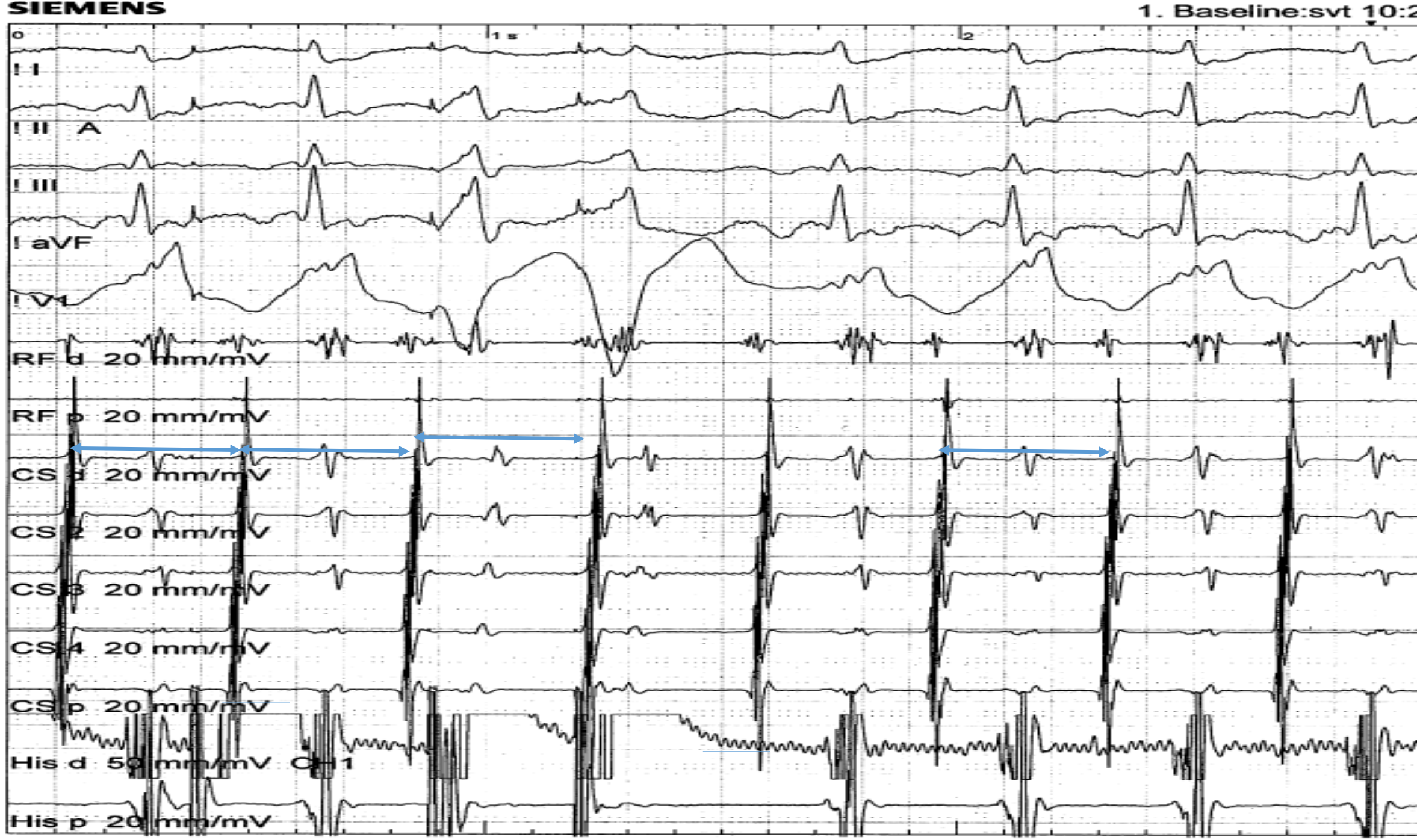
RF esnasında sonlanma

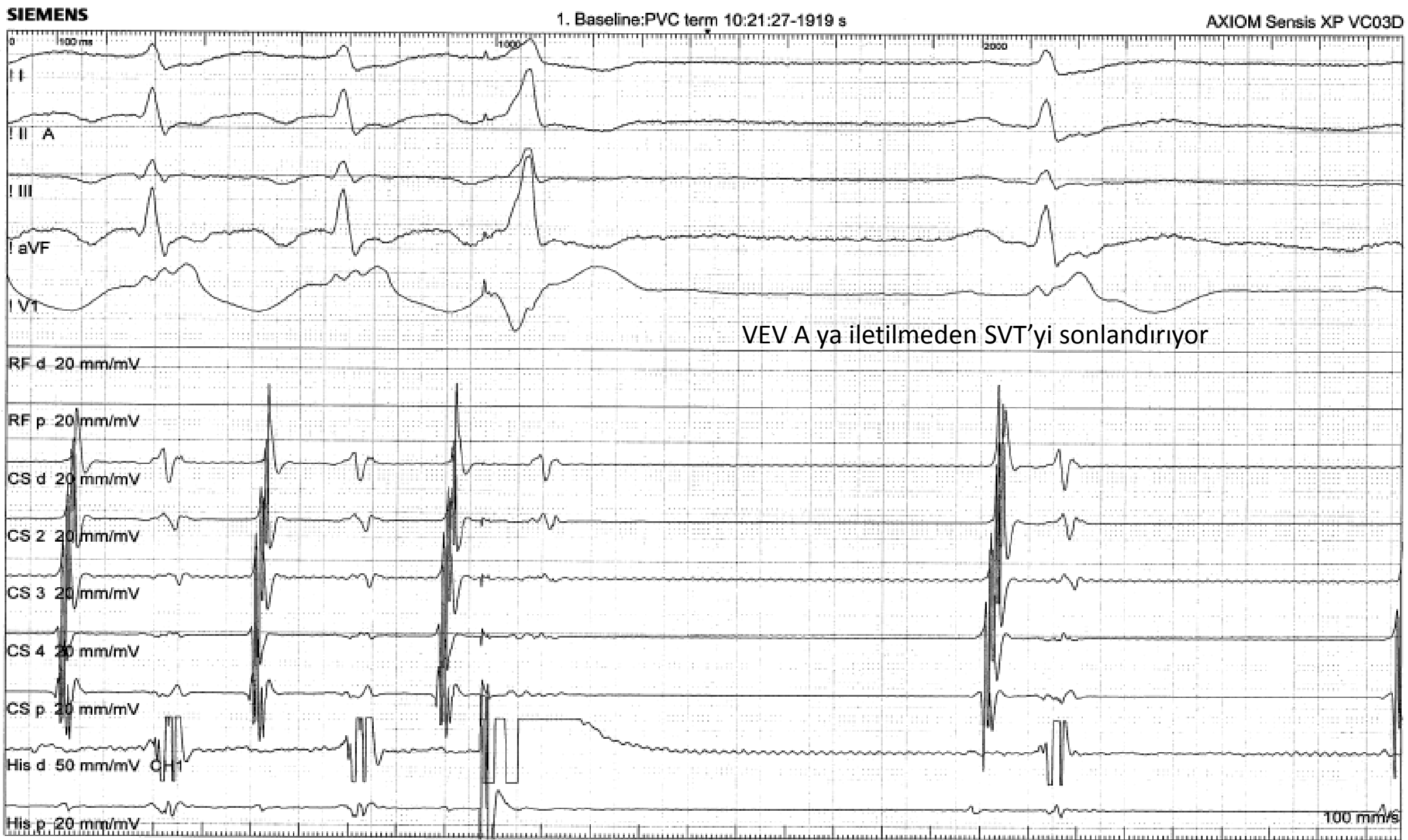
Atrial Taşikardi

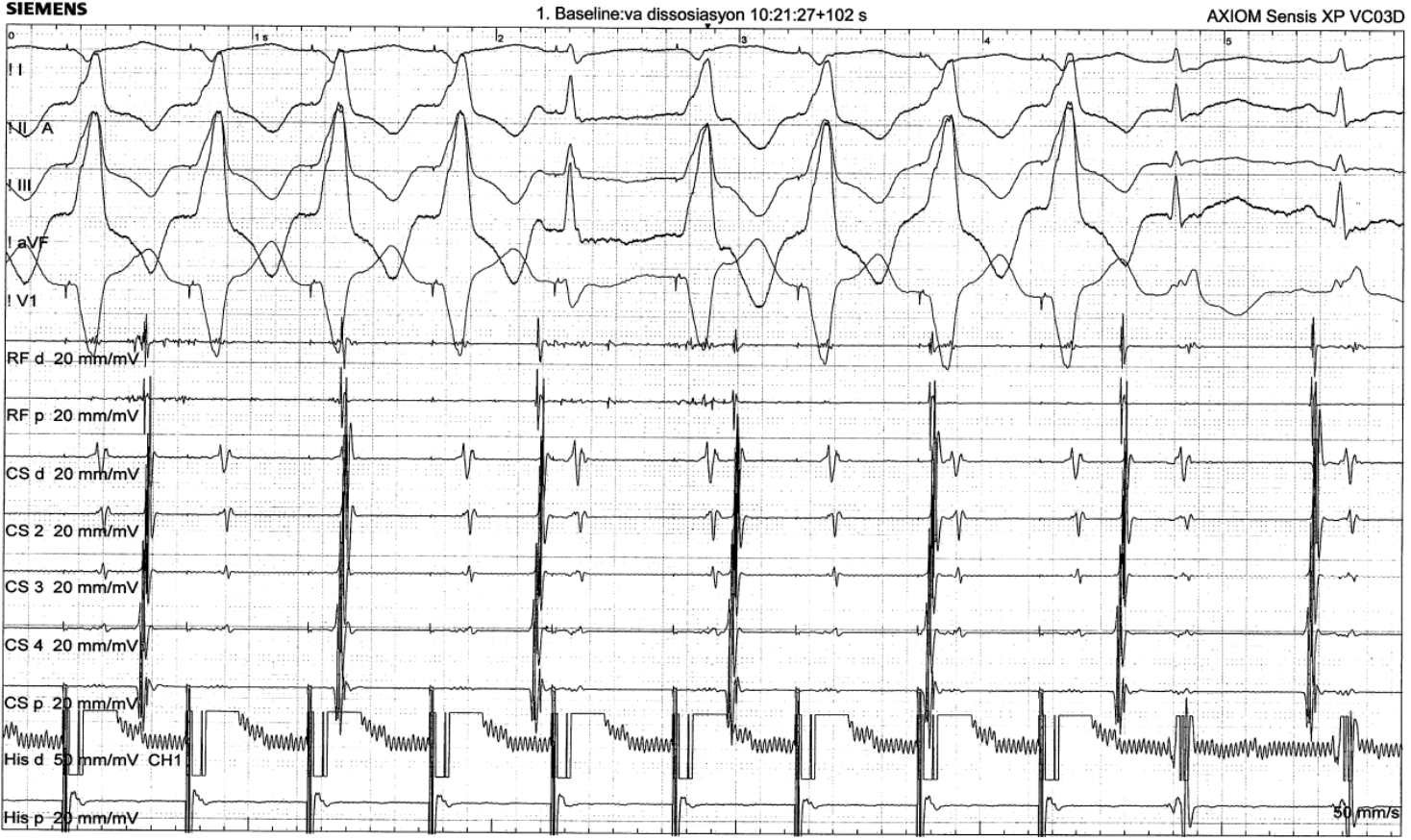
- Spontan başlama
  - Hızlanarak başlama
  - Yavaşlayarak spontan sonlanma
- Ventrikülden bağımsız olması
- V pace ile retrograd atrial aktivasyon zincirinin farklı olması
- V pace ile VA dissosiasyon
- Taşikardi esnasında retrograd reentrainment ile AAV ilişkisi


10
aVF
Unconfirmed report.
I
II
III
AUR
AUL
AUF
V1
V2
V3
V4
V5
V6
07.Mar.2015 02:55:03 25mm/s 10mm/mV ADS 50Hz 0.08 - 150Hz 6_F1_R Automatic V5.21 M12i (1)


SIEMENS
1. Baseline:abl cath at rps 10:04:40-6 s
AXIOM Sensis XP VC03D
0
100 ms
1000
2000
I I
II A
III
aVF
V1
A
V
RF d 20 mm/mV
RF p 20 mm/mV
CS d 20 mm/mV
CS 2 20 mm/mV
CS 3 20 mm/mV
CS 4 20 mm/mV
CS p 20 mm/mV
His d 50 mm/mV CH1
His p 20 mm/mV
100 mm/s


SIEMENS
1. Baseline:svt 10:2
1 s
2
I
II A
III
aVF
V1
RF d 20 mm/mV
RF p 20 mm/mV
CS d 20 mm/mV
CS 2 20 mm/mV
CS 3 20 mm/mV
CS 4 20 mm/mV
CS p 20 mm/mV
His d 5 mm/mV
His p 20 mm/mV

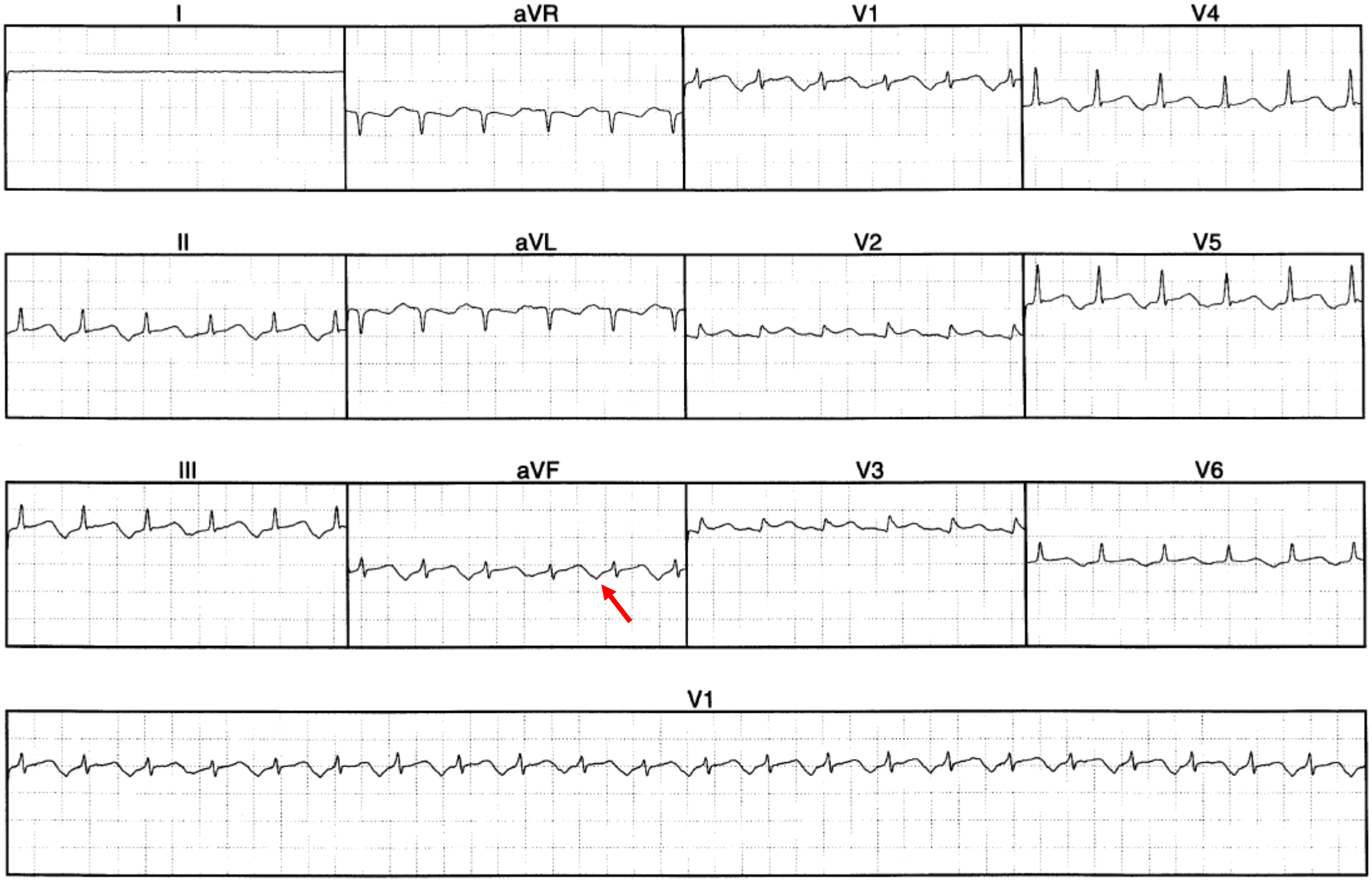

SIEMENS
1. Baseline:PVC term 10:21:27-1919 s
AXIOM Sensis XP VC03D
I I
! II A
! III
! aVF
I V1
VEV A ya iletilmeden SVT'yi sonlandırıyor
RF d 20 mm/mV
RF p 20 mm/mV
CS d 20 mm/mV
CS 2 20 mm/mV
CS 3 20 mm/mV
CS 4 20 mm/mV
CS p 20 mm/mV
His d 50 mm/mV CH1
His p 20 mm/mV
100 mm/s

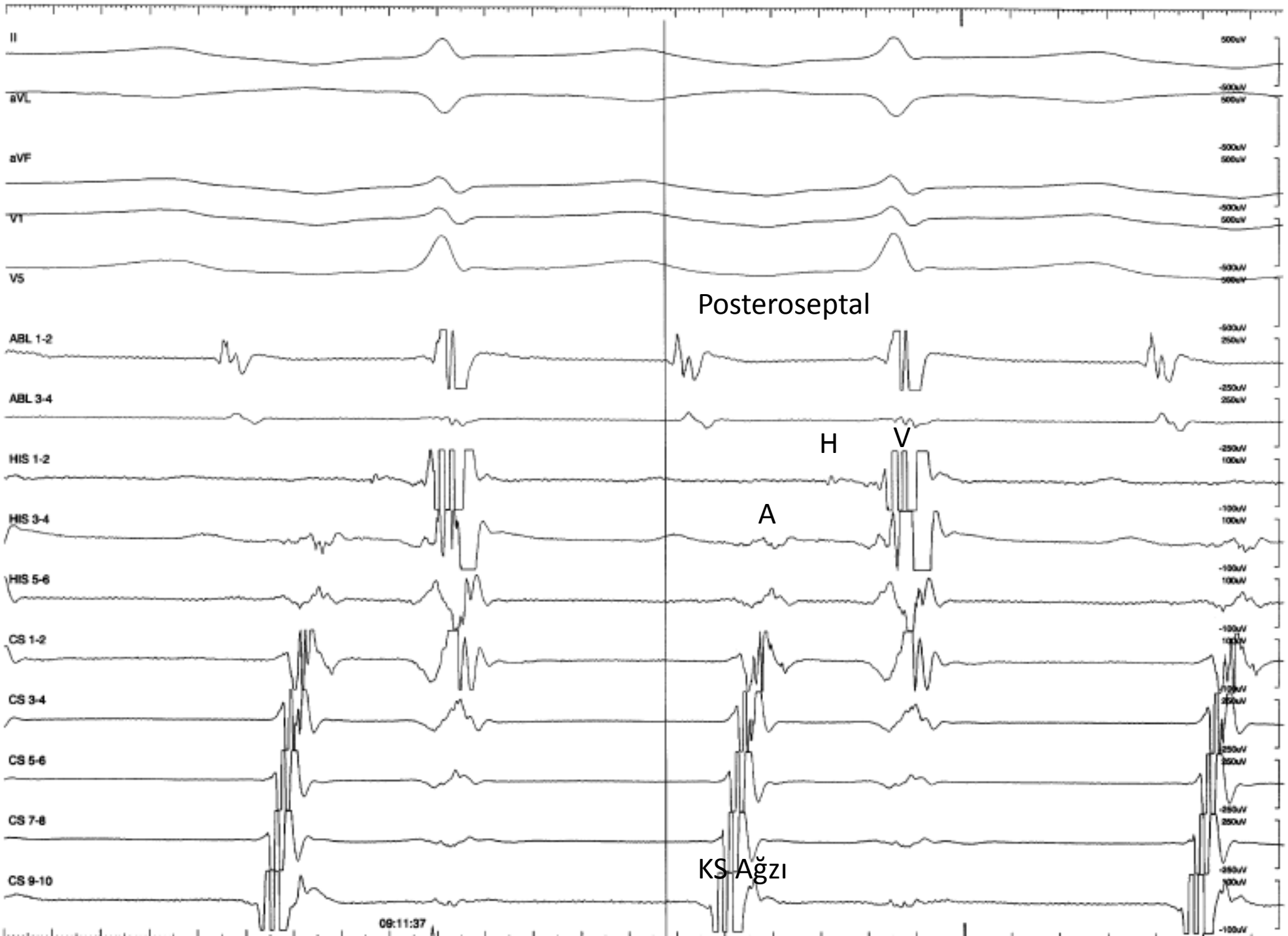

SIEMENS
1. Baseline:va dissosiasyon 10:21:27+102 s
AXIOM Sensis XP VC03D
I
II
III
aVF
V1
RF d 20 mm/mV
RF p 20 mm/mV
CS d 20 mm/mV
CS 2 20 mm/mV
CS 3 20 mm/mV
CS 4 20 mm/mV
CS p 20 mm/mV
His d 20 mm/mV CH1
His p 20 mm/mV
50 mm/s

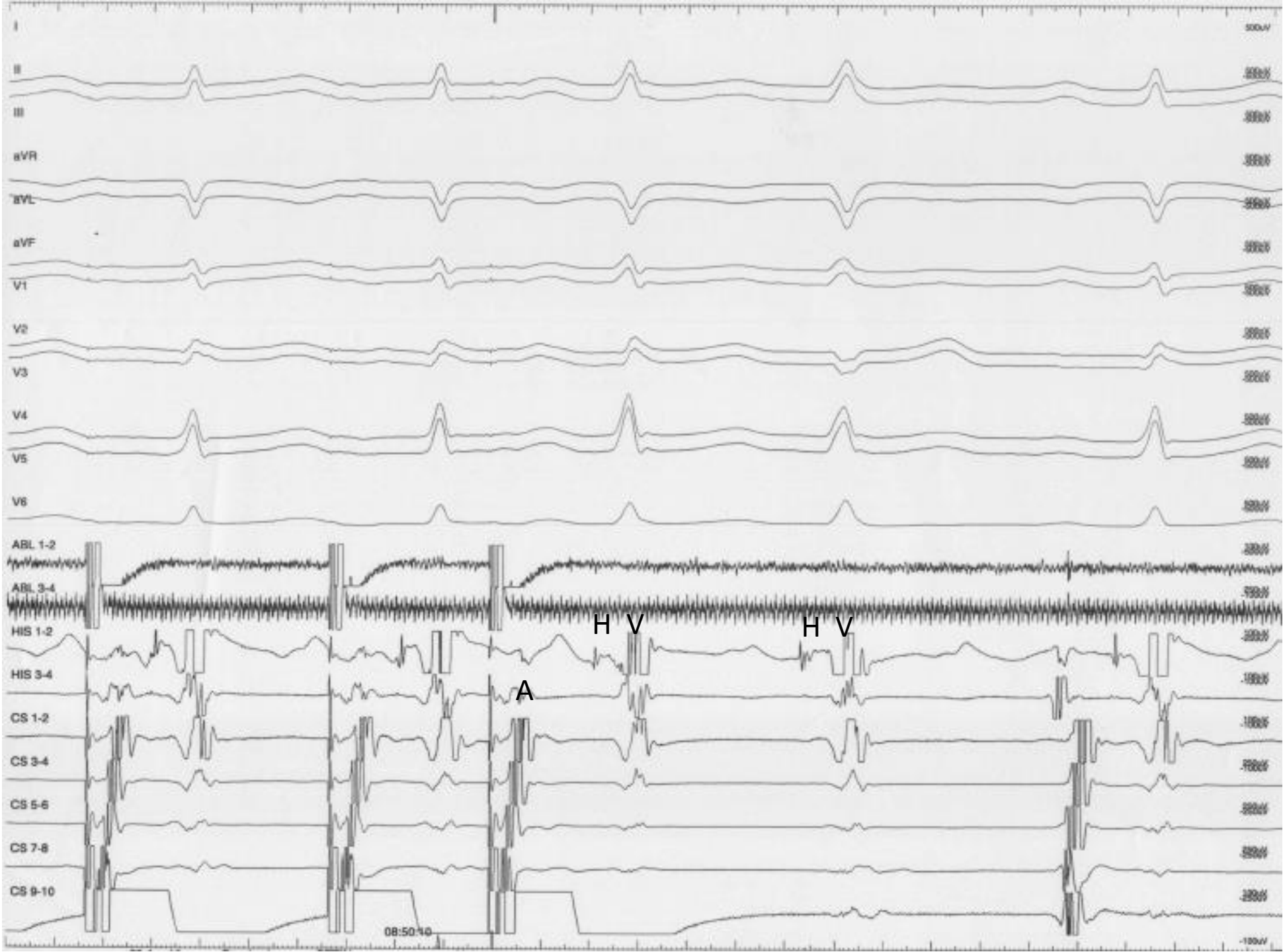

Setup
Model
Mapping
Therapy
Review
Review: Mar 10, 2015 10:26:55 AM
No map selected
Surfaces
Right
RA
His
RV
CS
Electrode spacing | Distal | D - 2 | 2 - 3 | 3 - 4 |
Nominal (mm) 4.0 2.0 5.0 2.0
Show Field Scaling

PJRT (permenant junctional resiprokan taşikardi)

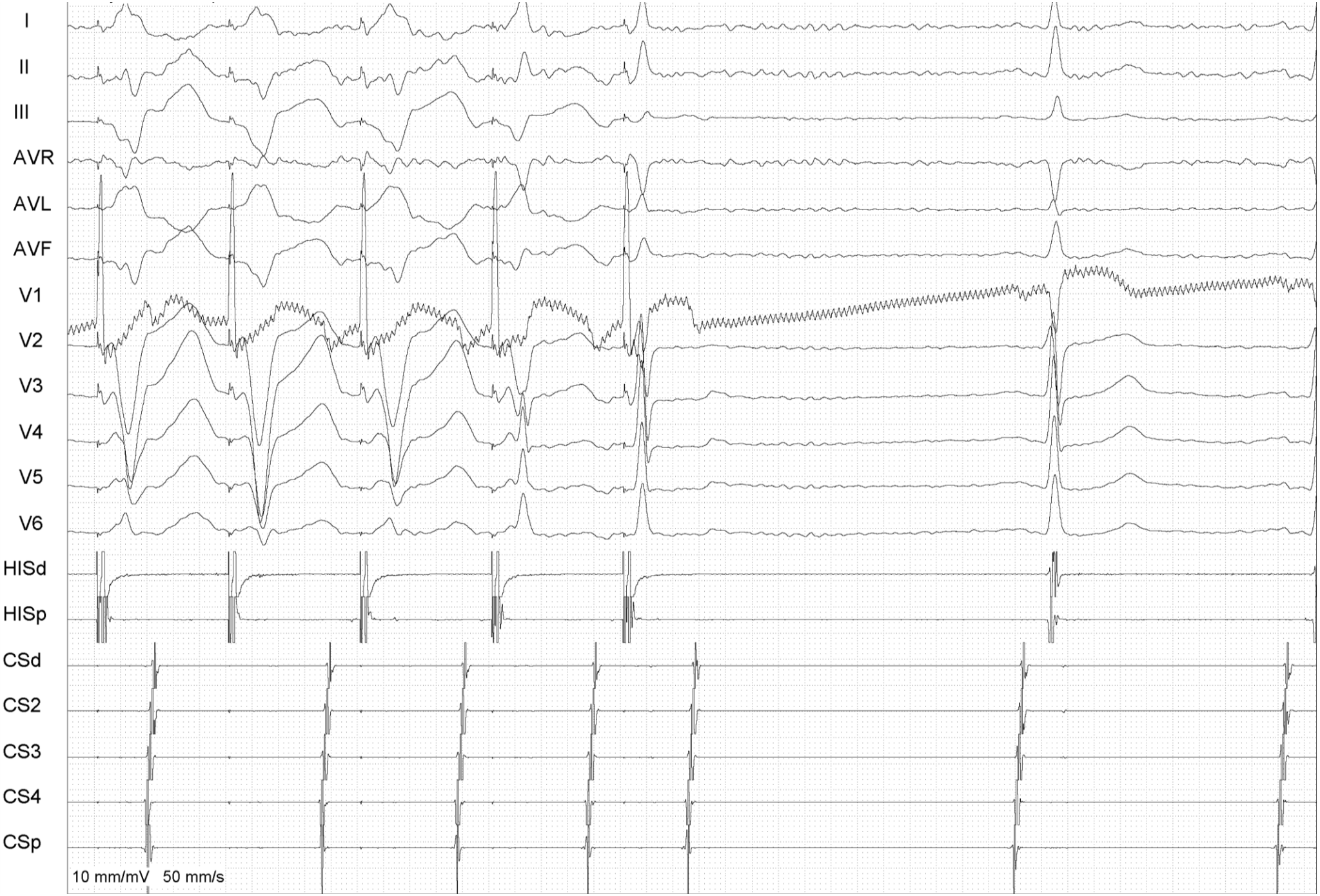
- Retrograd yavaş iletimli- dekremental- posteroseptal yerleşimli aksesuvar yol
- His refrakterliğinde VEV atriyal zamanı ileri alabilir veya etkilemez
- Verilen VEV atriyuma iletilmeden SVT sonlandırılabilir
- En erken retrograd atrial aktivite sağ PS bölgededir


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

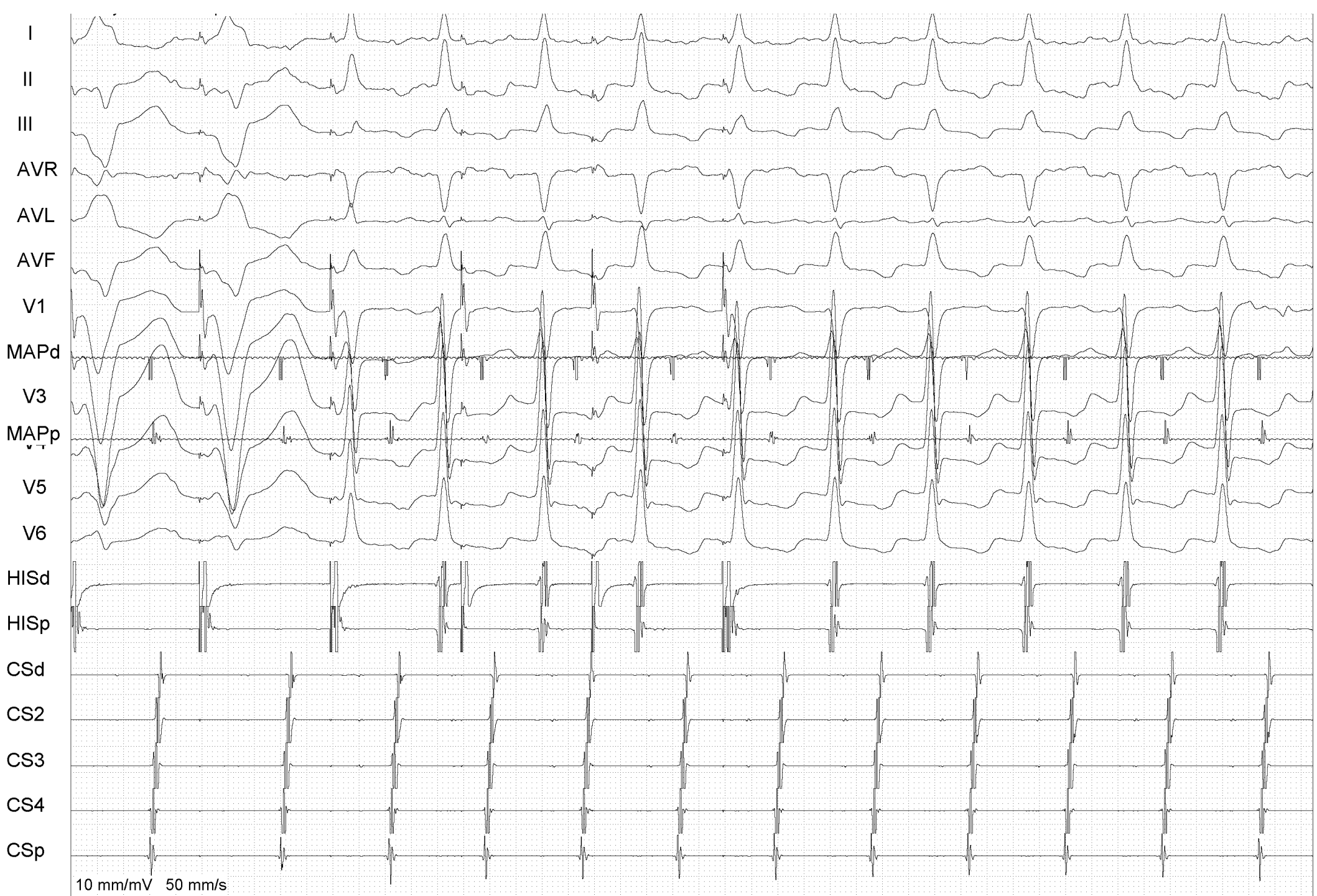

II
aVL
aVF
V1
V5
Posteroseptal
ABL 1-2
ABL 3-4
H
V
HIS 1-2
A
HIS 3-4
HIS 5-6
CS 1-2
CS 3-4
CS 5-6
CS 7-8
KS Ağzı
CS 9-10
09:11:37


I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
ABL 1-2
ABL 3-4
HIS 1-2
HIS 3-4
CS 1-2
CS 3-4
CS 5-6
CS 7-8
CS 9-10
H V
H V
A
08:50:10

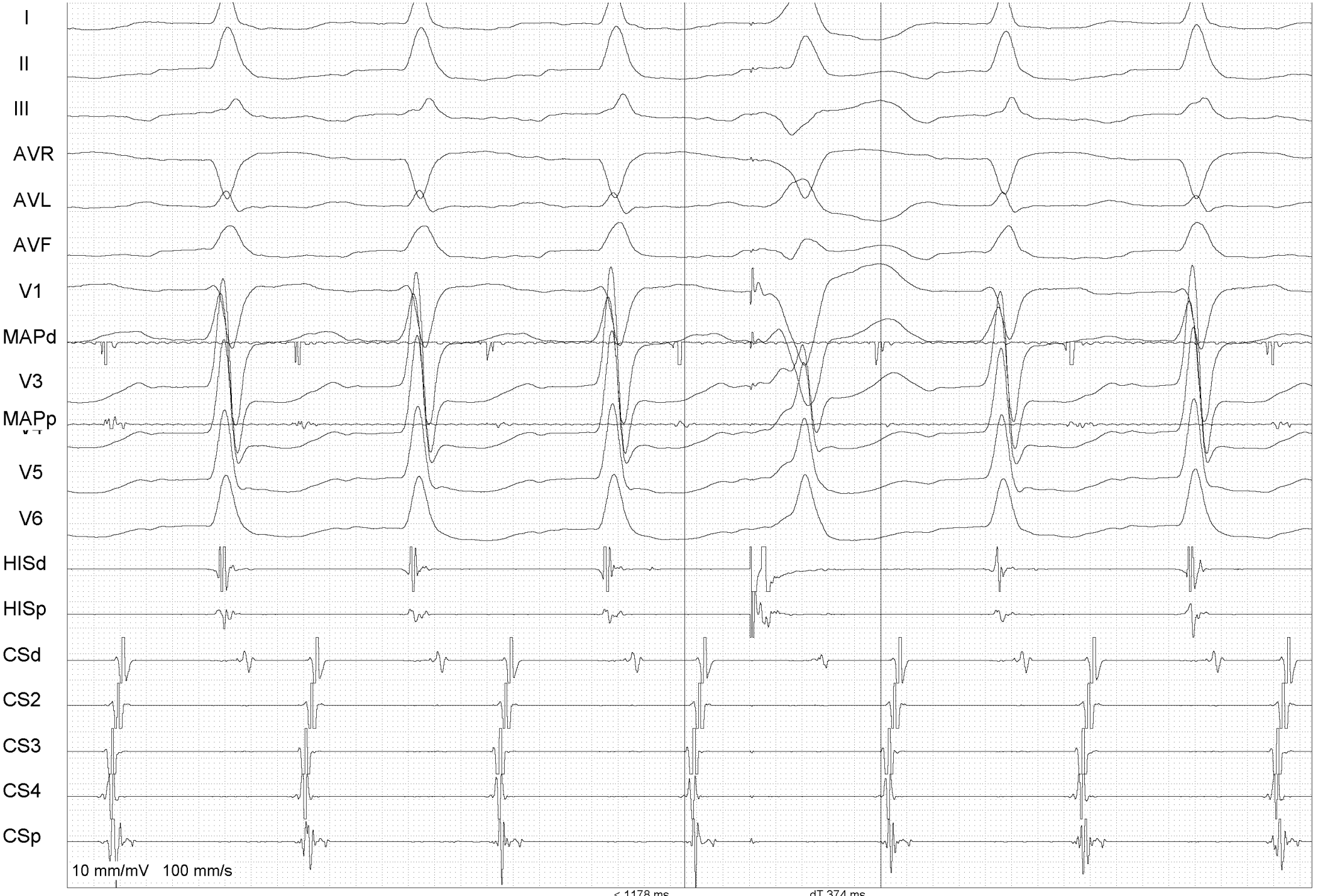
1:2 cevap



V pace
VA ileti uzun
Yavaş yol üzerinden



- V pace ile indükleme



His refrakterliğinde VEV

Atipik AVNRT

- Programlı A veya V stim ile yavaş yol varlığının gösterilmesi
- Ventriküler erken vuru ile daha kolay indüklenebilir
- Aksesuvar yolun dışlanması
- En erken atrial lokal aktivite posteroseptal bölge

PJRT, kavşak Taşikardisi, Atipik AVNRT

- Uzun RP taşikardi
- Sağ posteroseptal bölge