



Situations cliniques pratiques en rythmologie

MES TIPS & TRICS D'ABLATION CONVENTIONNELLE DES VOIES ACCESSOIRES?

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Rythmologie, Tipaza,

Université Blida1

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DÉCLARATION DE LIENS D'INTÉRÊT POTENTIELS

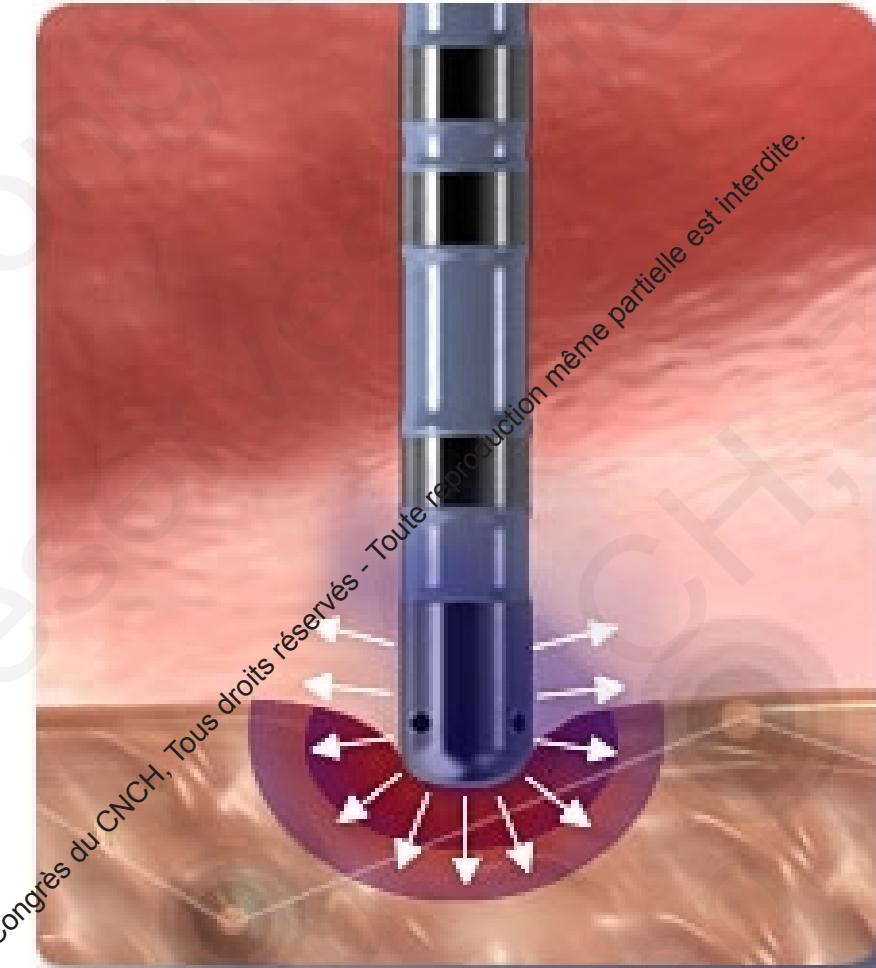
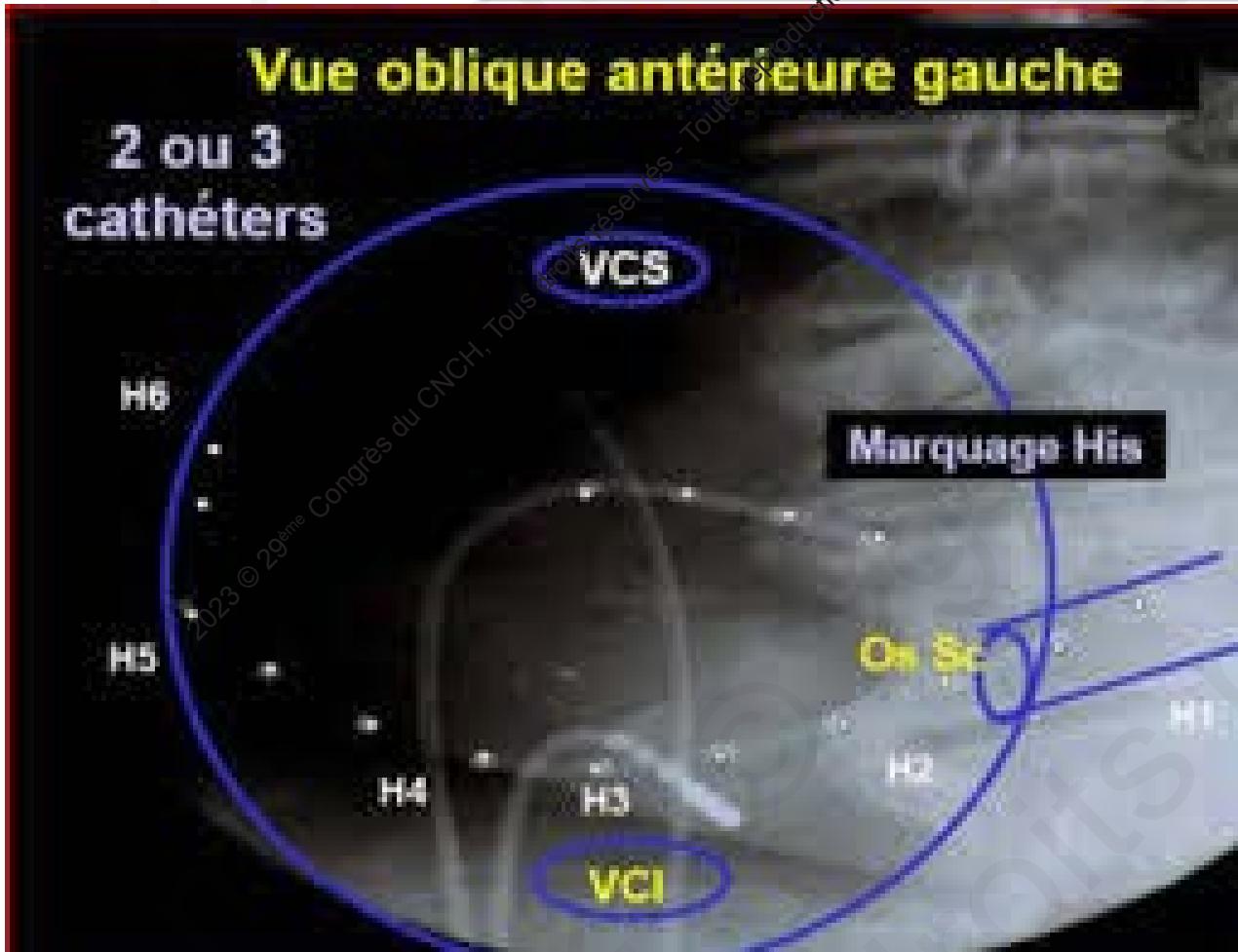
Intervenant : Yazid AOUDIA, Tipaza, Algérie

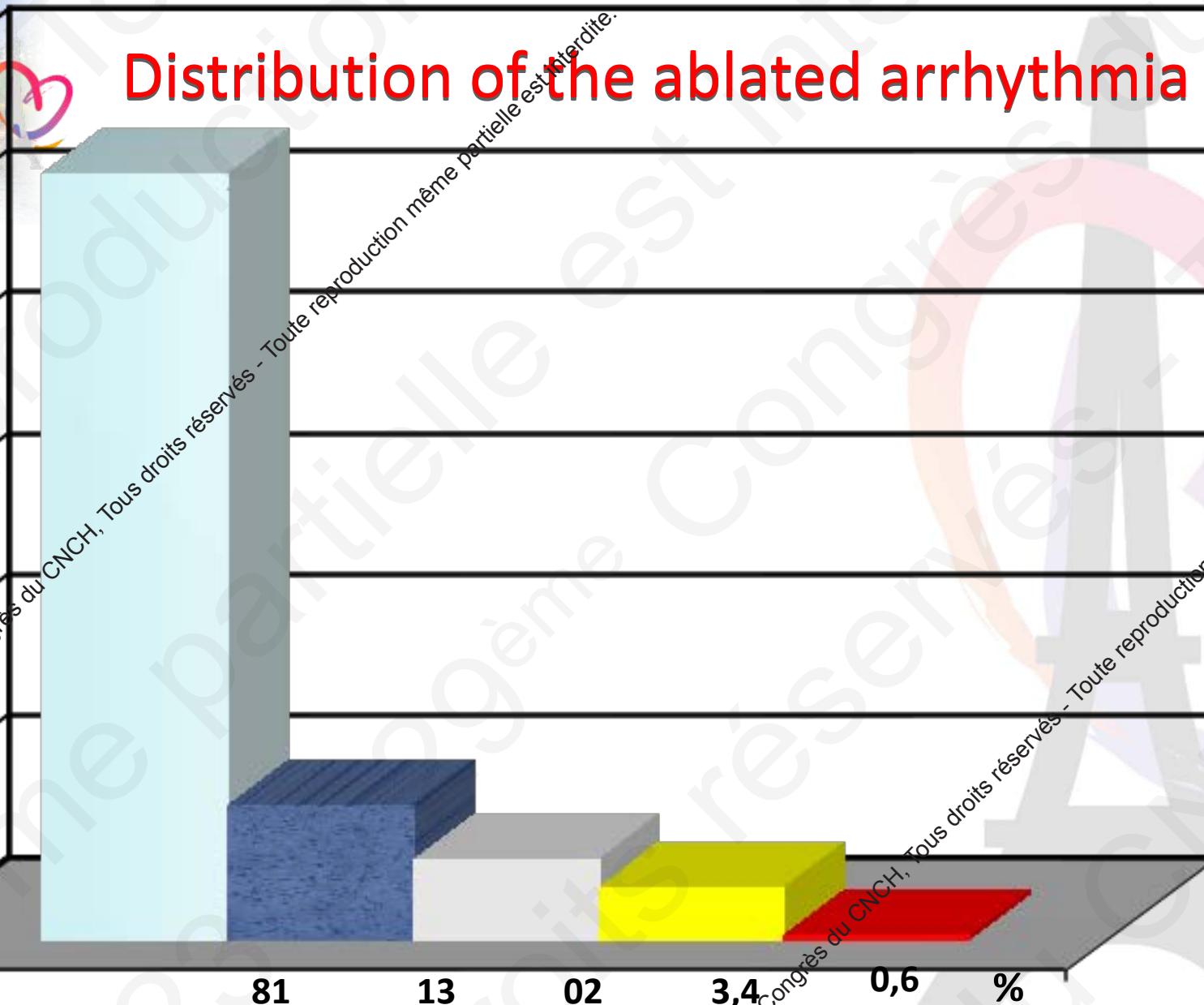


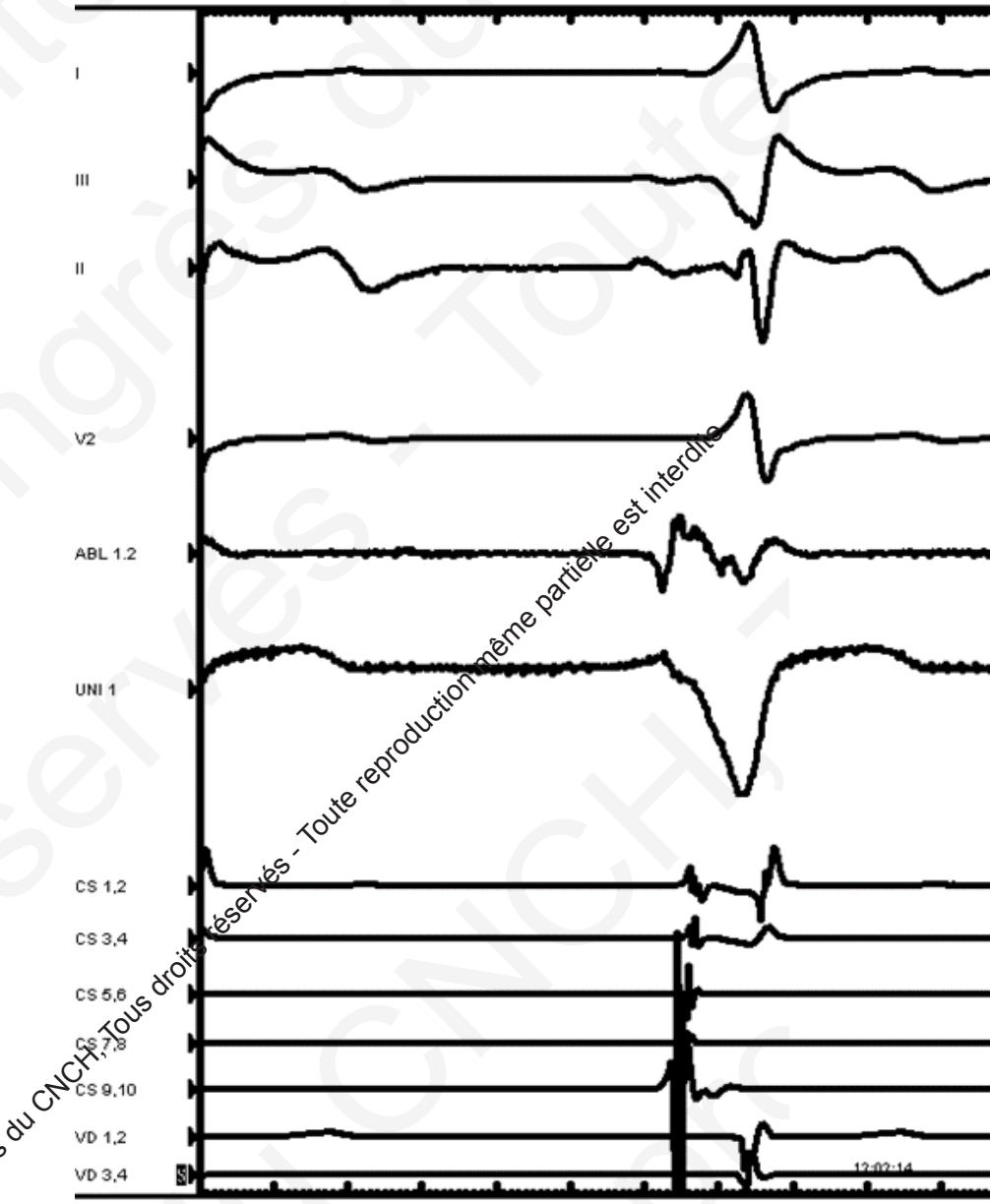
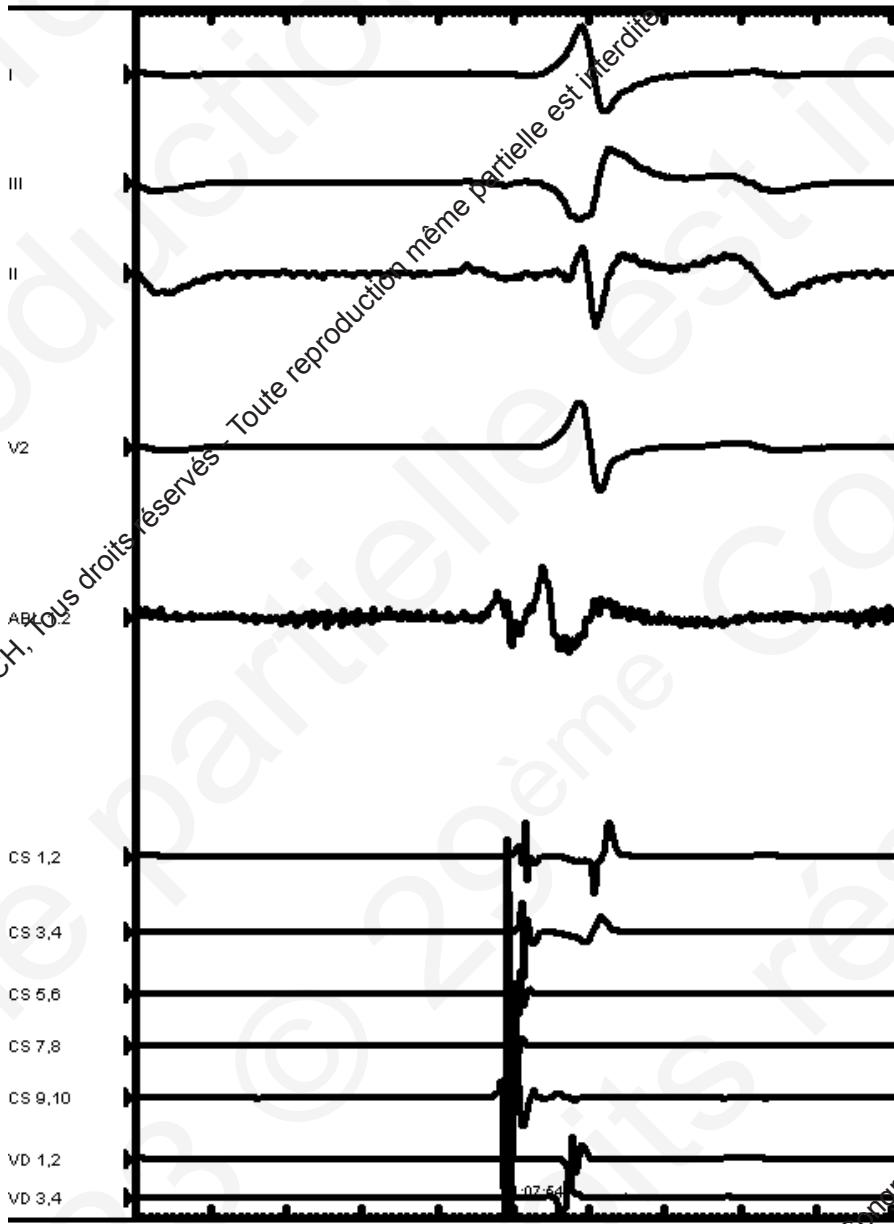
Je n'ai pas de lien d'intérêt potentiel à déclarer

1ère procédure d'ablation par RF en 1987

1ère procédure d'ablation par RF en Algérie en 2003

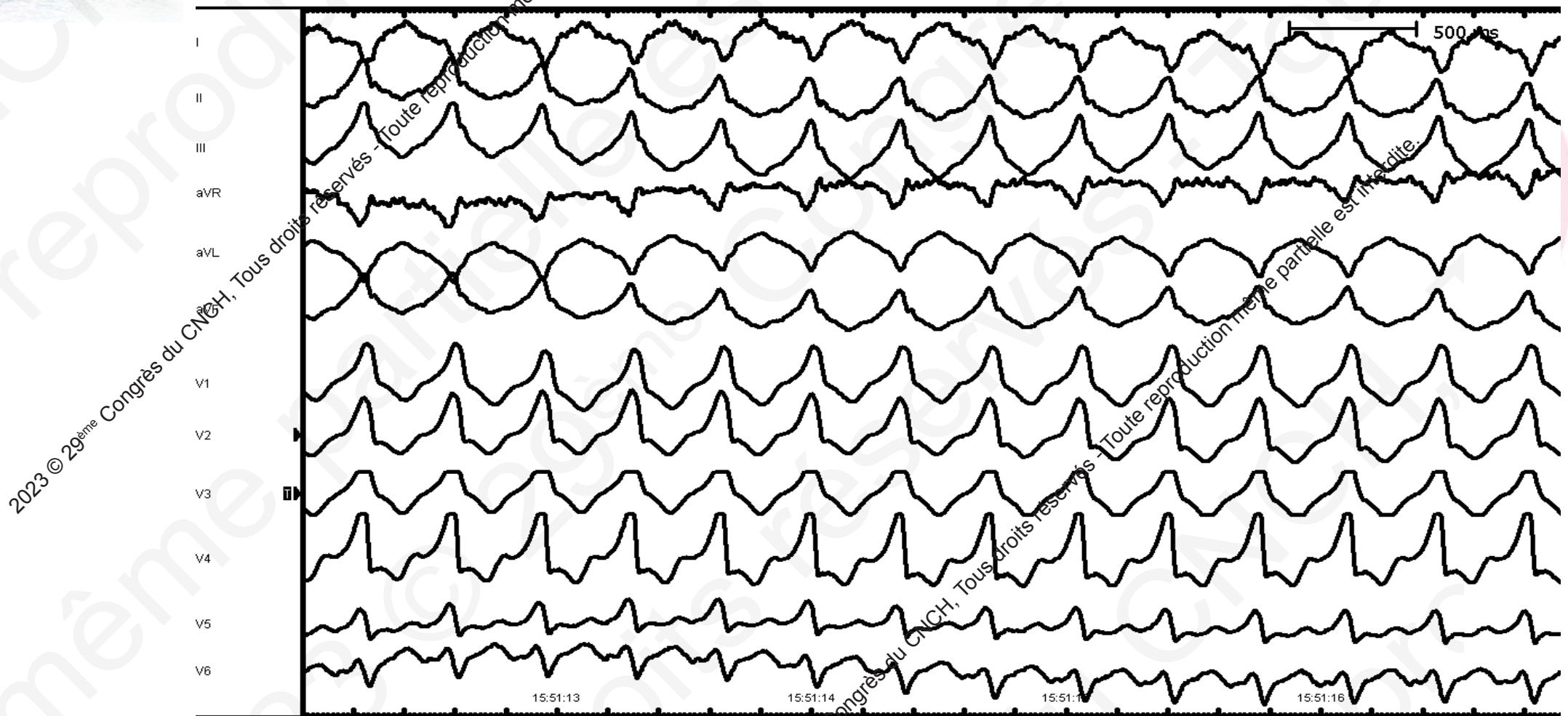






- Male, 26 years old
- History of well tolerated palpitations since 5 years
- No structural heart disease
- Treated with BB and class Ic AA drug
- Admitted at the emergency room for a new episode of palpitations despite TRT, with correct hemodynamic constants

Tachycardia 1

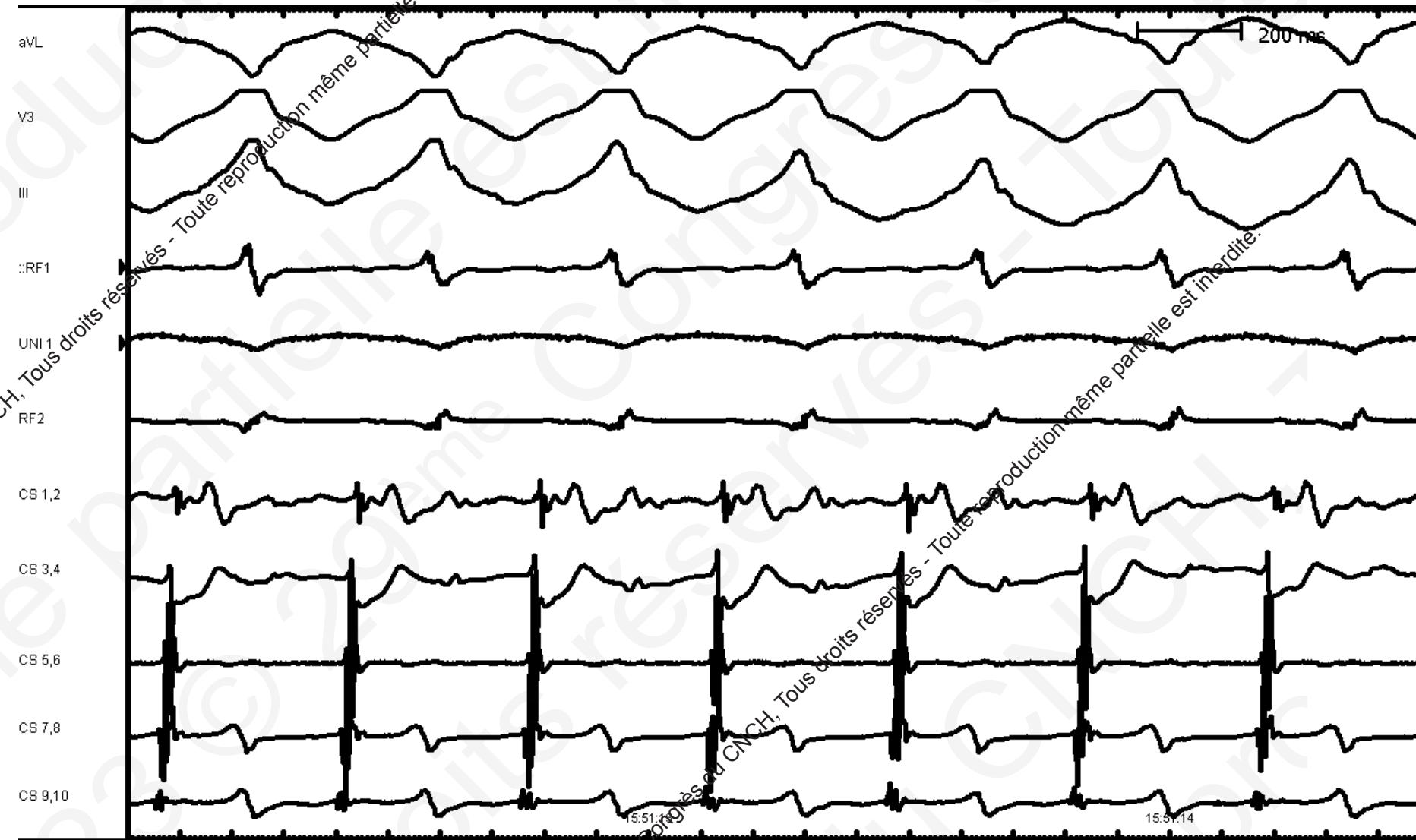
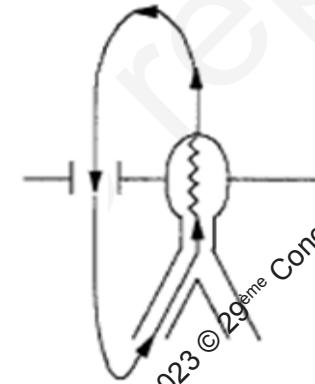


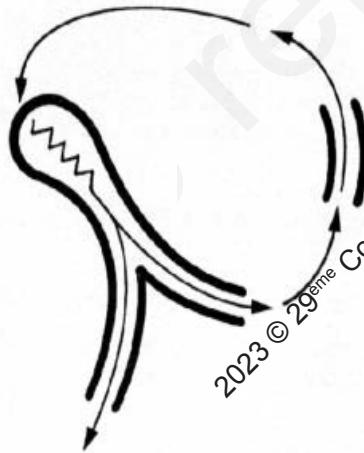


29^{ME} CONGRES DE LA FCFM

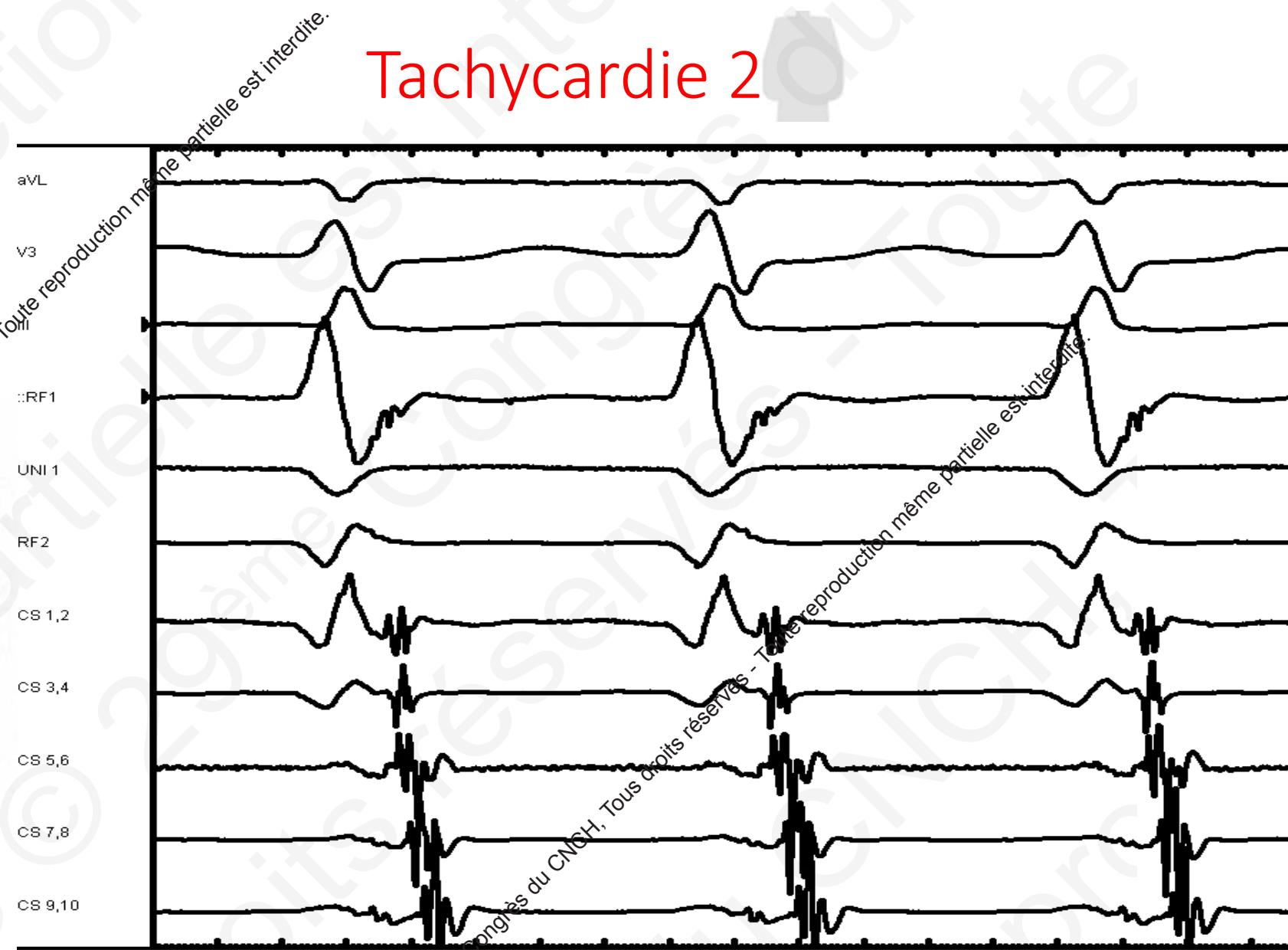
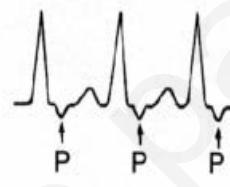


Antidromic AVRT

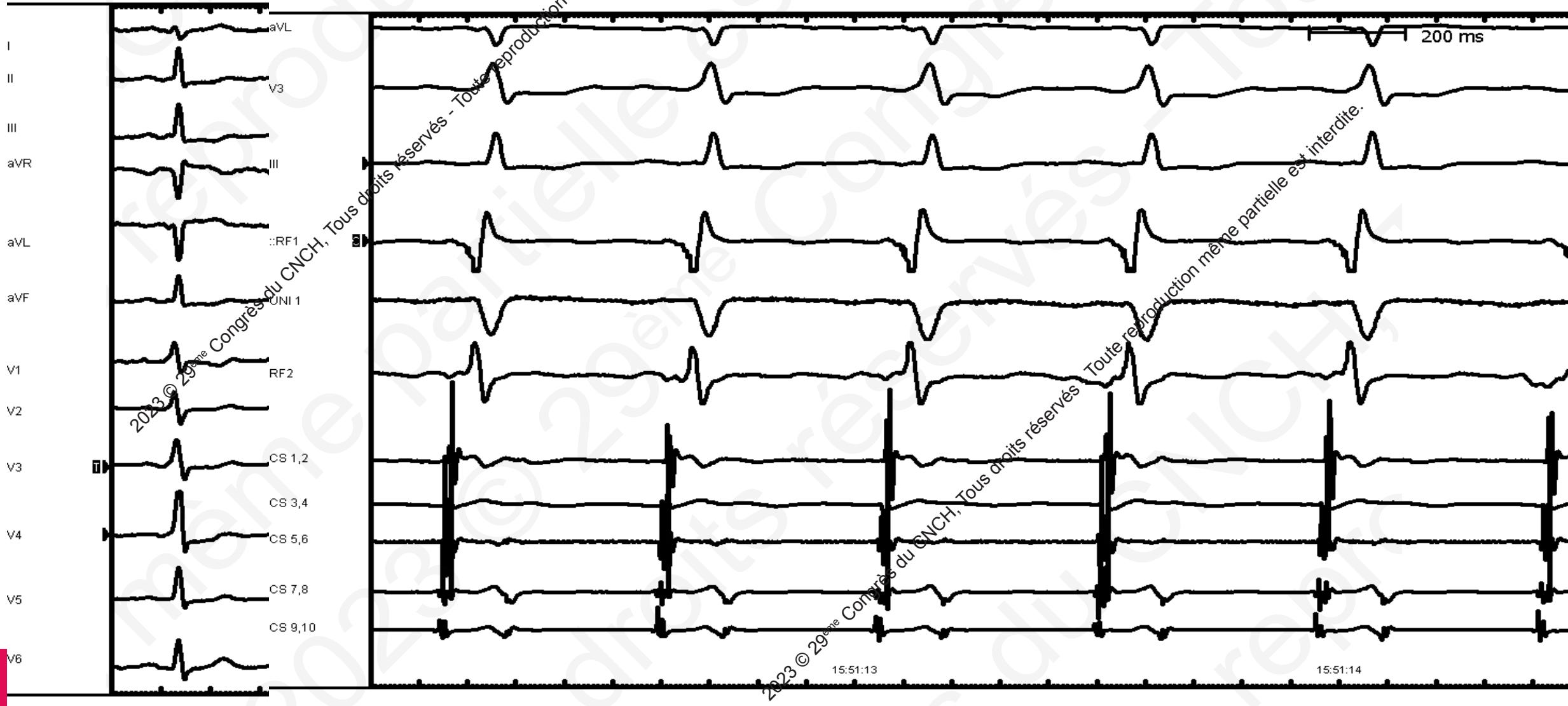




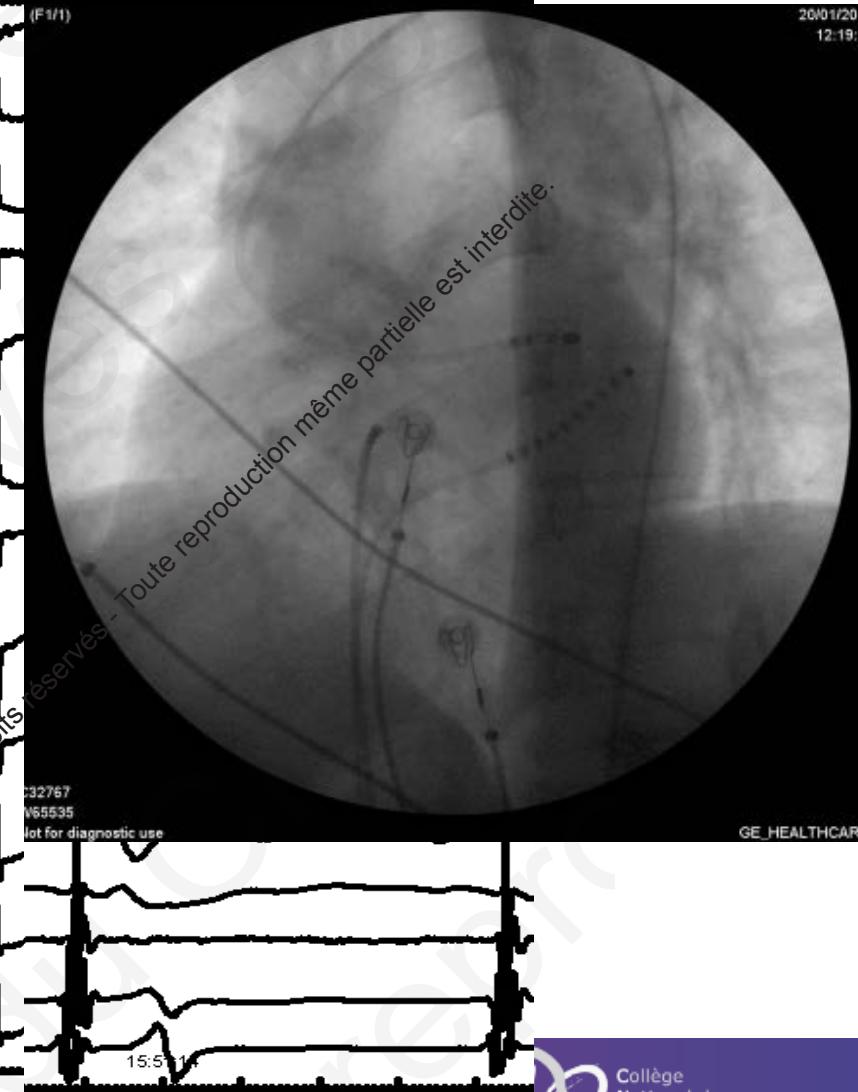
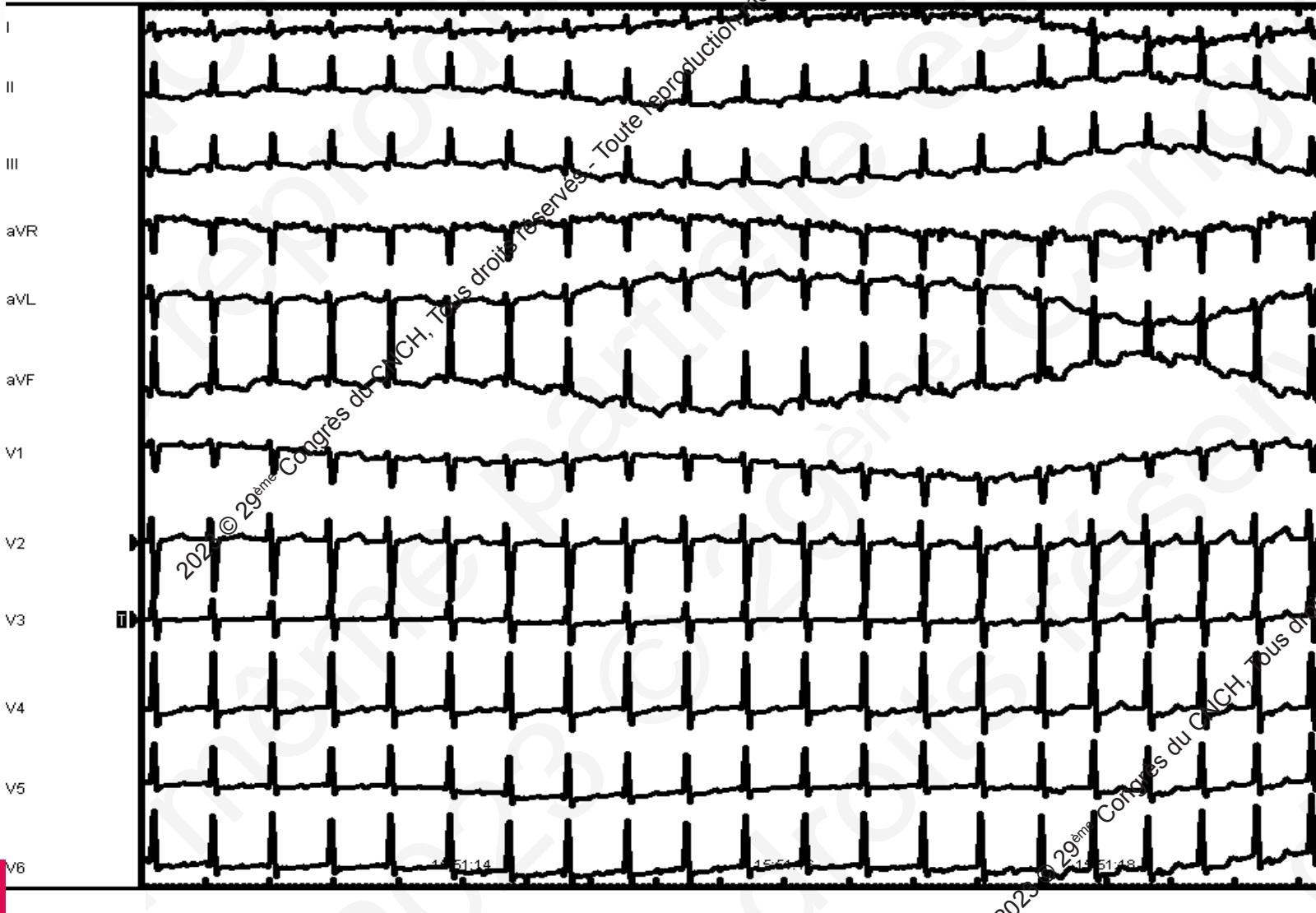
Orthodromic tachycardia



Sinus Rhythm

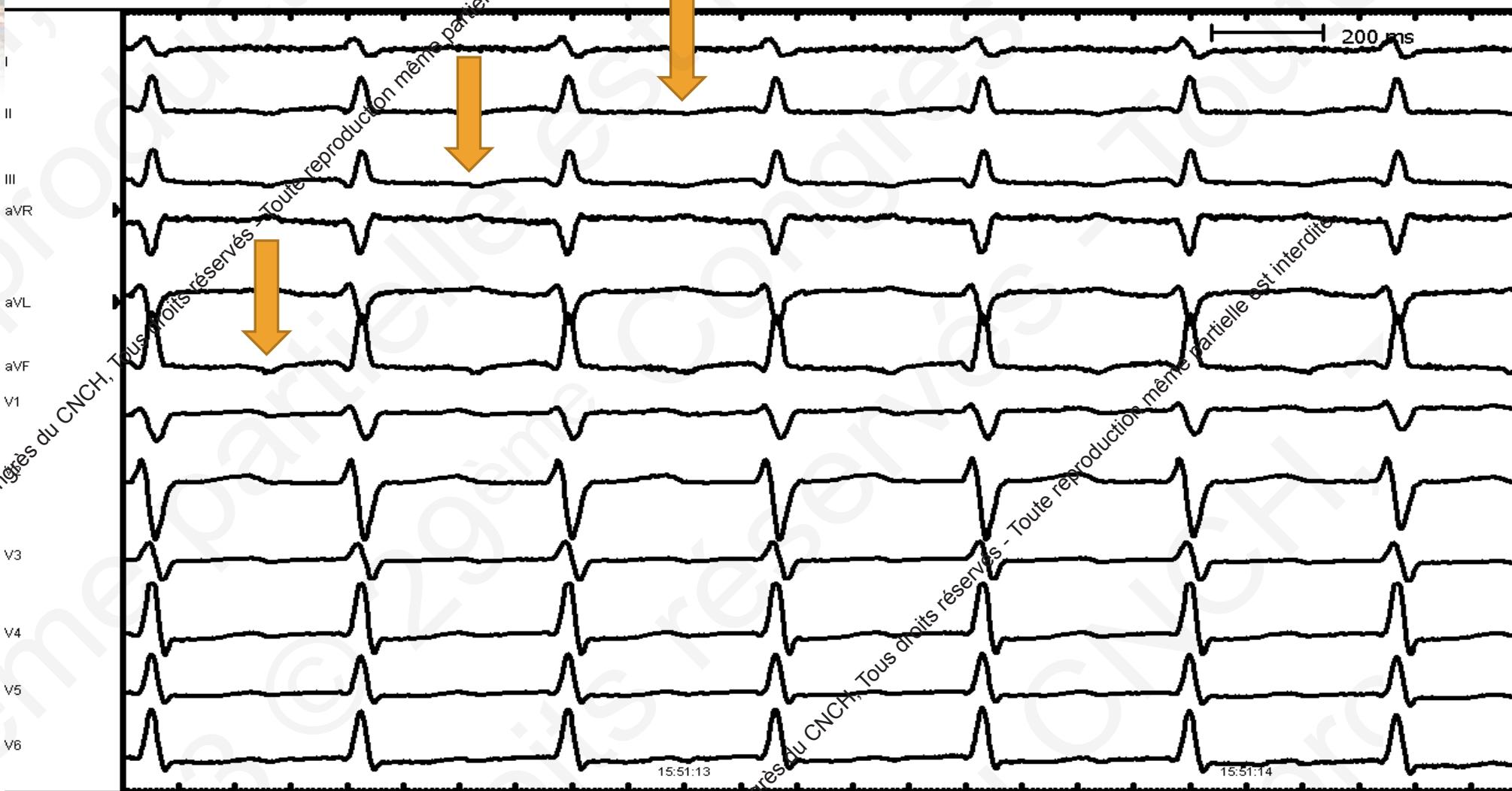


After Ablation of Lateral free wall AP



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The figure displays six ECG strips labeled I, II, III, aVR, aVL, and aVF. Each strip shows a regular sinus rhythm with a rate of approximately 70 bpm. Lead I shows a prominent P wave followed by a narrow QRS complex and a relatively flat ST-T segment. Leads II, III, and aVF show a similar pattern but exhibit a distinct downward deflection (ST depression) immediately following the QRS complexes. Lead aVR shows a narrow QRS complex with a small upward deflection (r波). Lead aVL shows a narrow QRS complex with a small upward deflection (r波). Lead V1 shows a narrow QRS complex with a small upward deflection (r波).





29^{EME} CONGRES CRICH

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graph TD
    A[Visible P waves?] -- No --> B[Atrial rate > ventricular?]
    A -- Yes --> C[Narrow QRS]
    B -- Yes --> D[AFL or AT]
    B -- No --> E[RP < PR  
(short RP tachycardia)]
    B -- No --> F[Analyze]
    
```

Visible P waves?

- No**: **Atrial rate > ventricular?**
 - Yes**: **AFL or AT**
 - No**: **RP < PR
(short RP tachycardia)**
- Yes**: **Narrow QRS**

Regular

Yes

No

Visible P waves?

Atrial rate > ventricular?

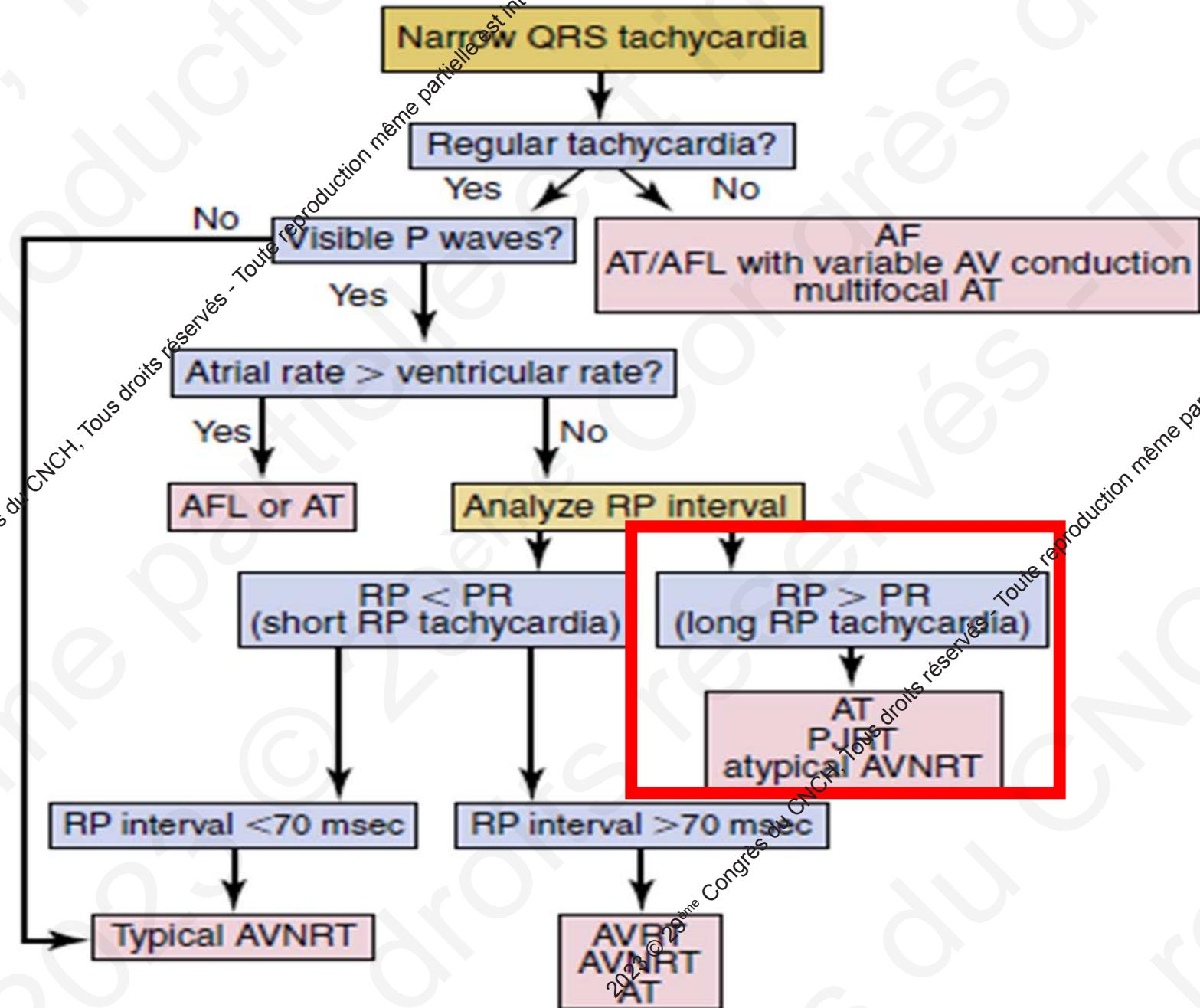
Yes

AFL or AT

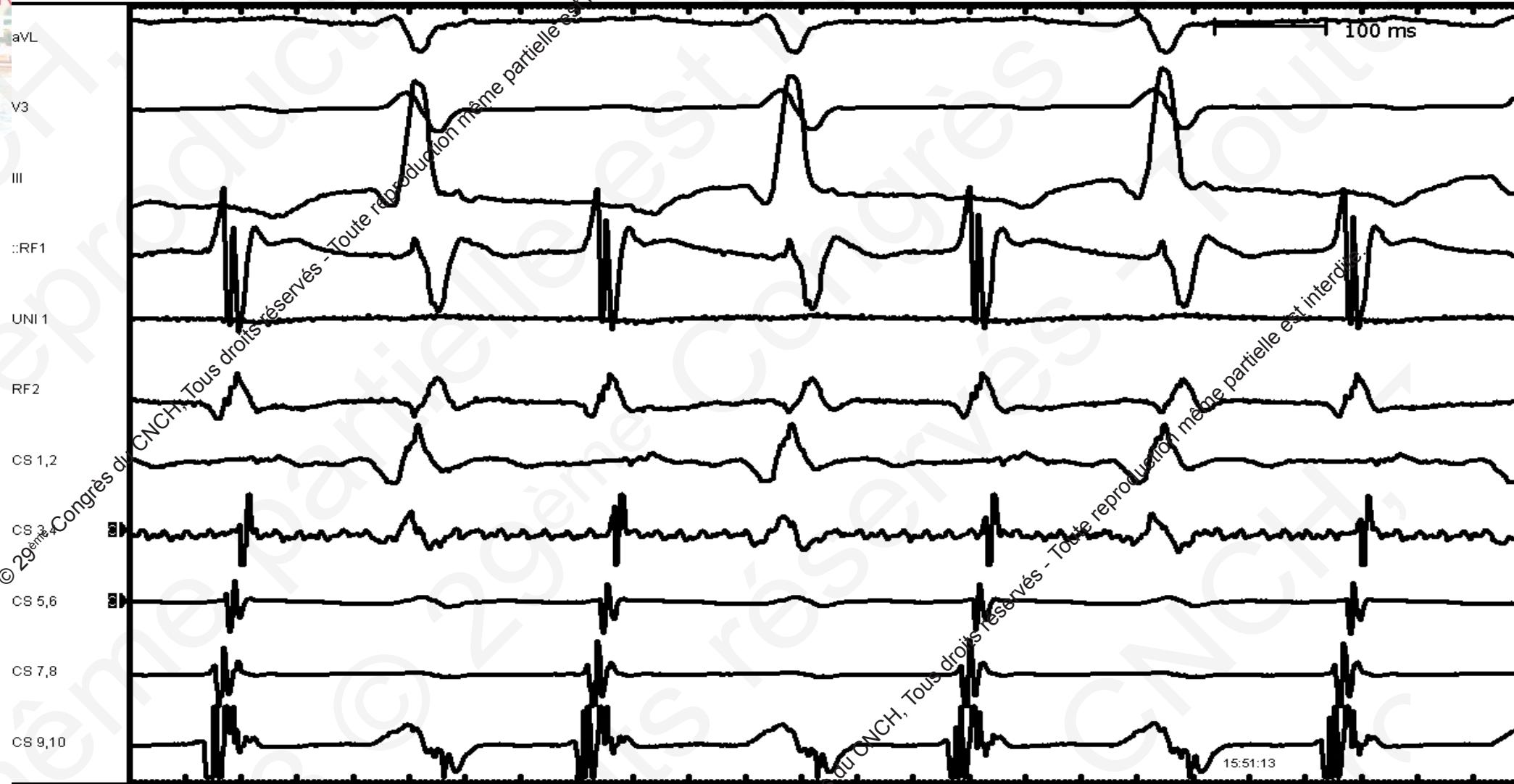
Analyze

**RP < PR
(short RP tachycardia)**

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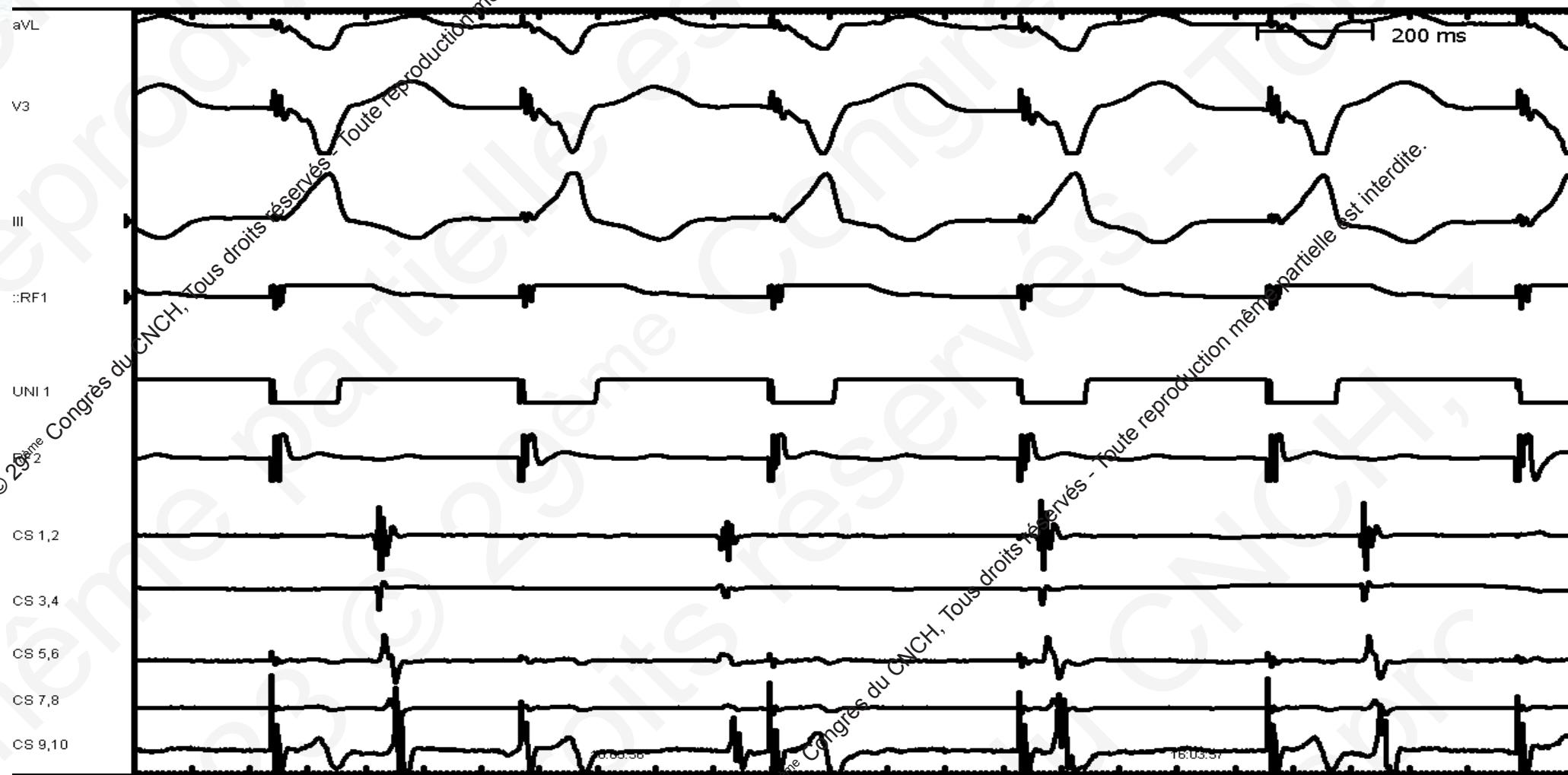
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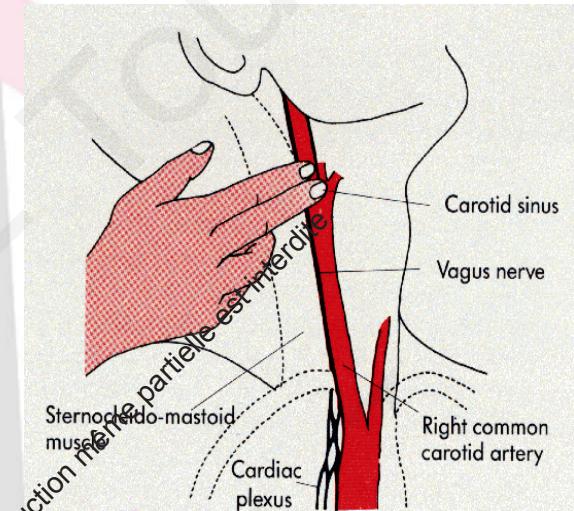
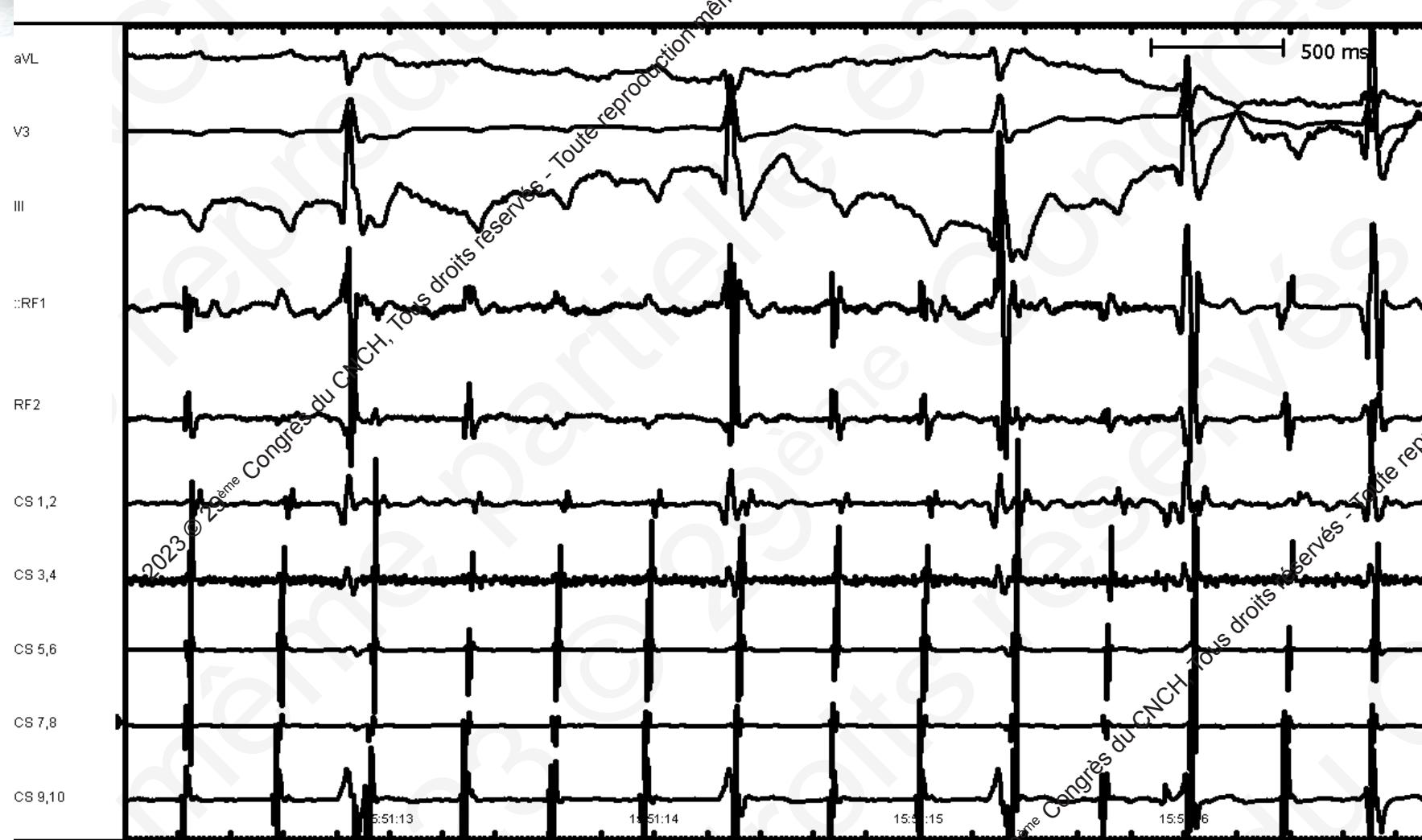


Right ventricular pacing

L'intercalation est interdite.

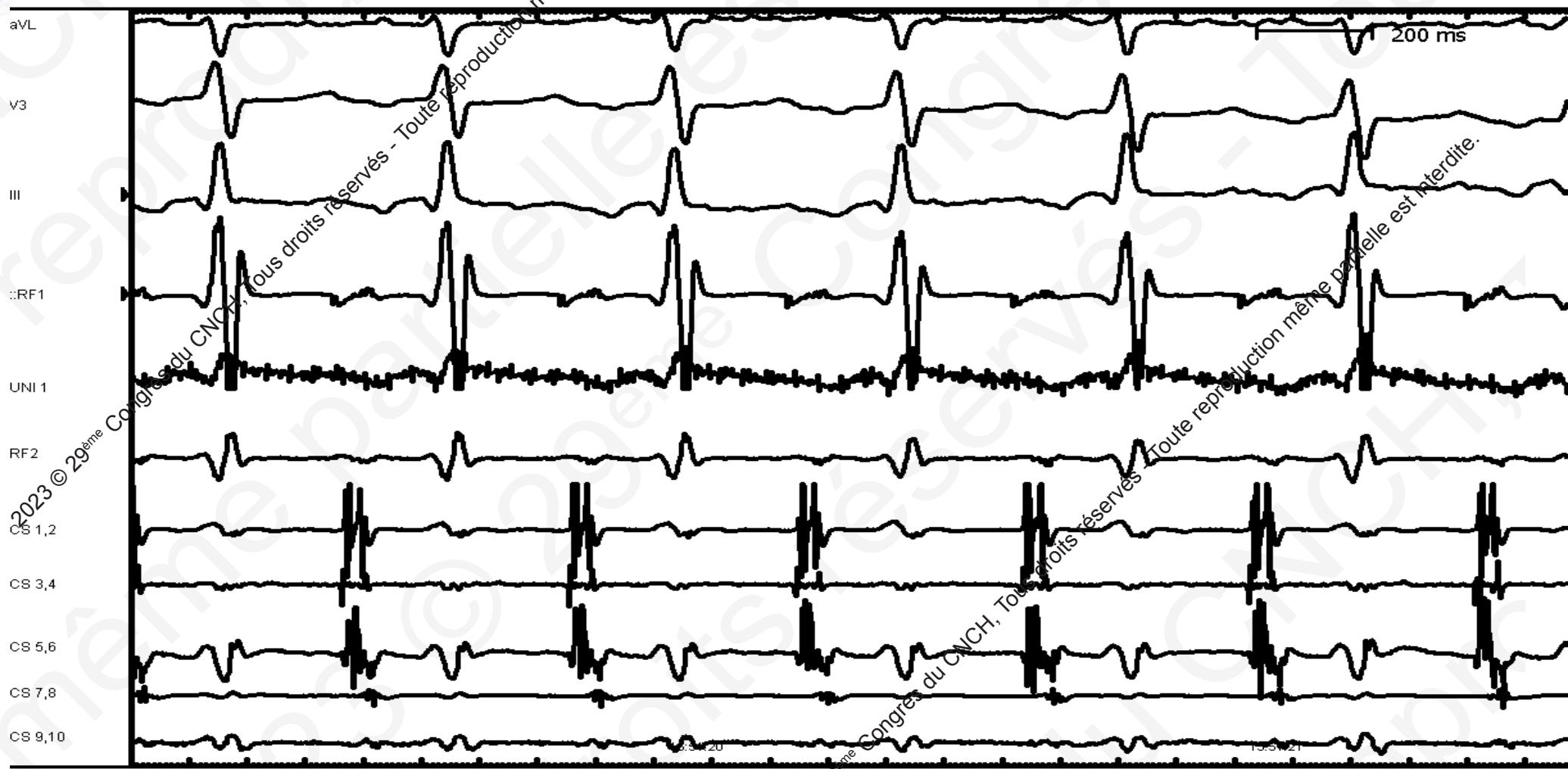


Vagal maneuvers

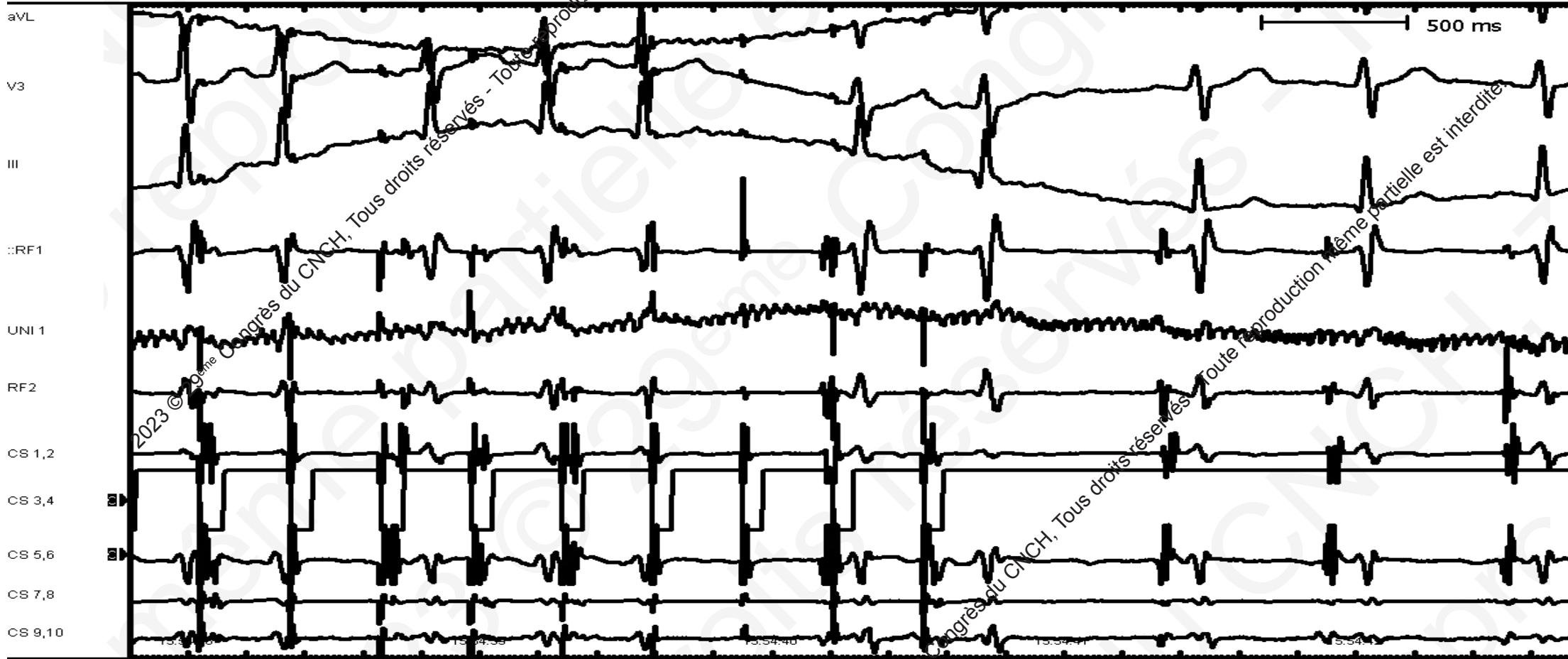




Ablation of this AT at the infero-lateral wall of the right atrium

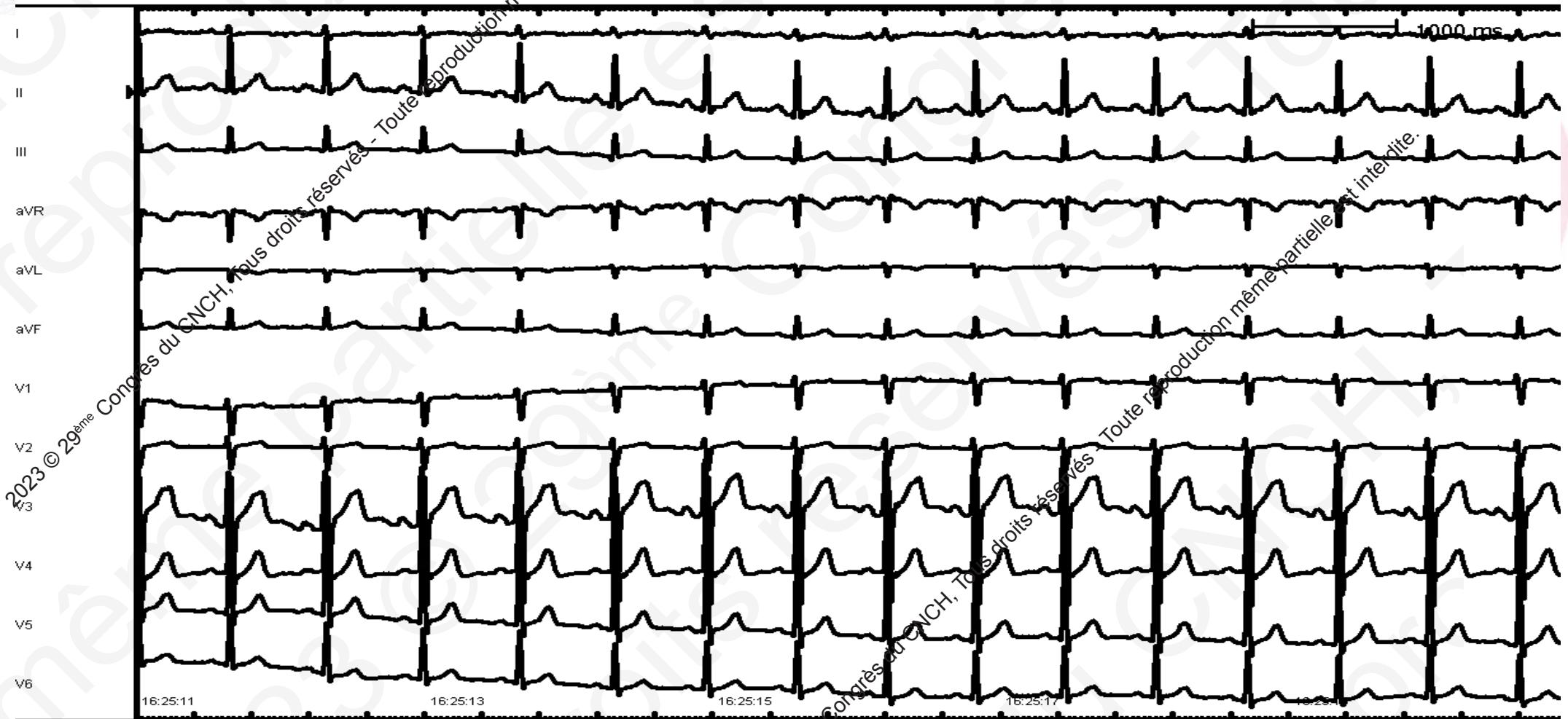


Pas de TSV inducible en fin de procédure





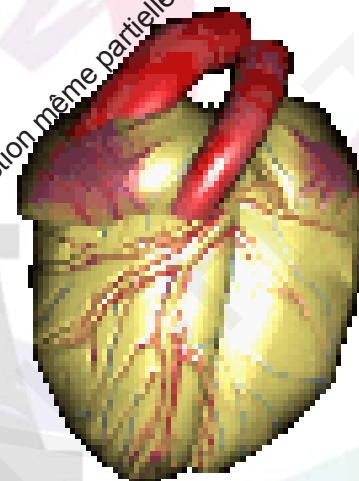
THE END





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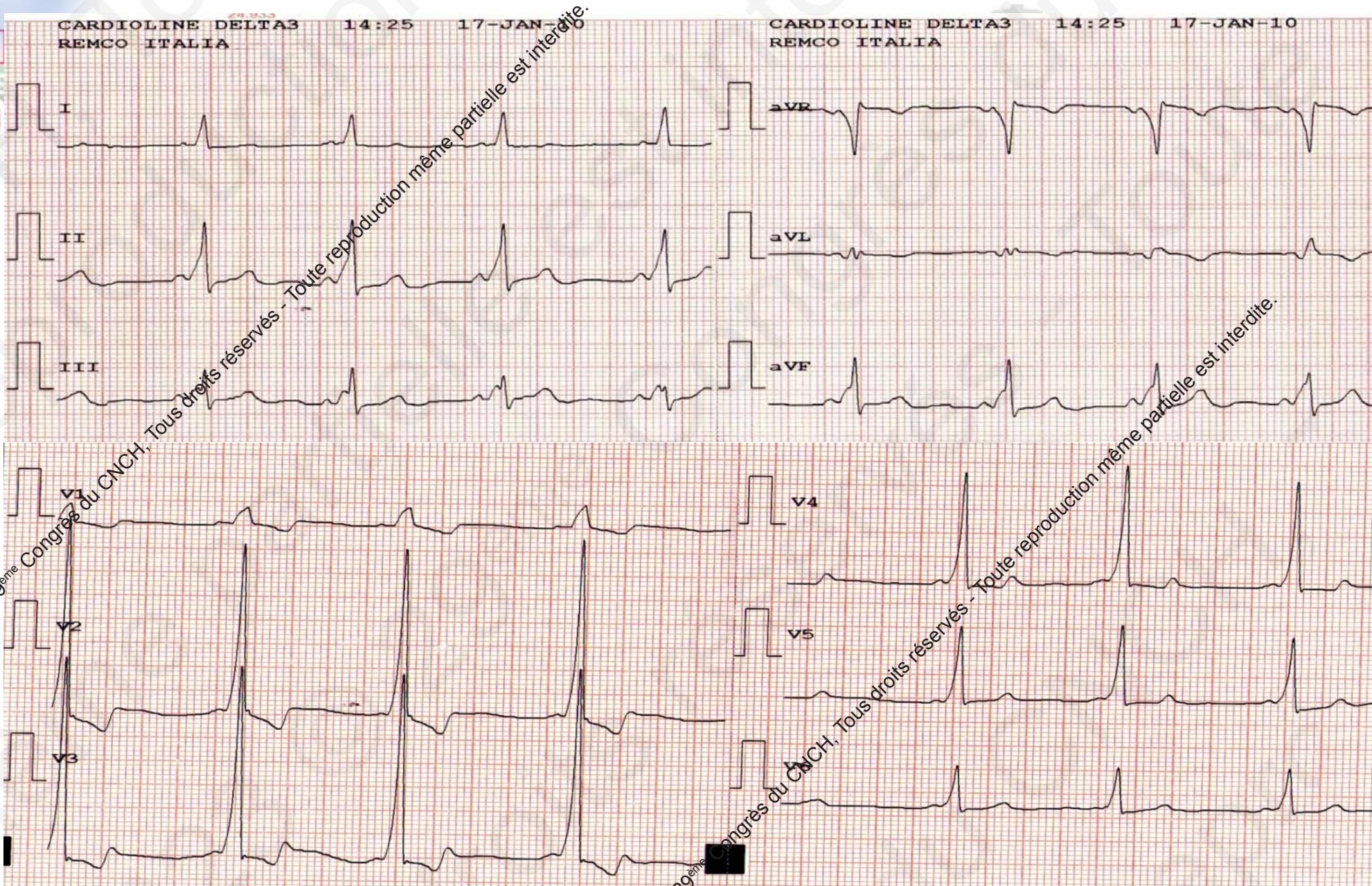
- Twenty years old male, soccer player
- presented for palpitation progressing for nearly 4 years, well tolerated ,
- No structural heart disease
- PMH & PSH: none
- Medication: flecainide + atenolol
- The patient was symptomatic despite medical trt



29^e

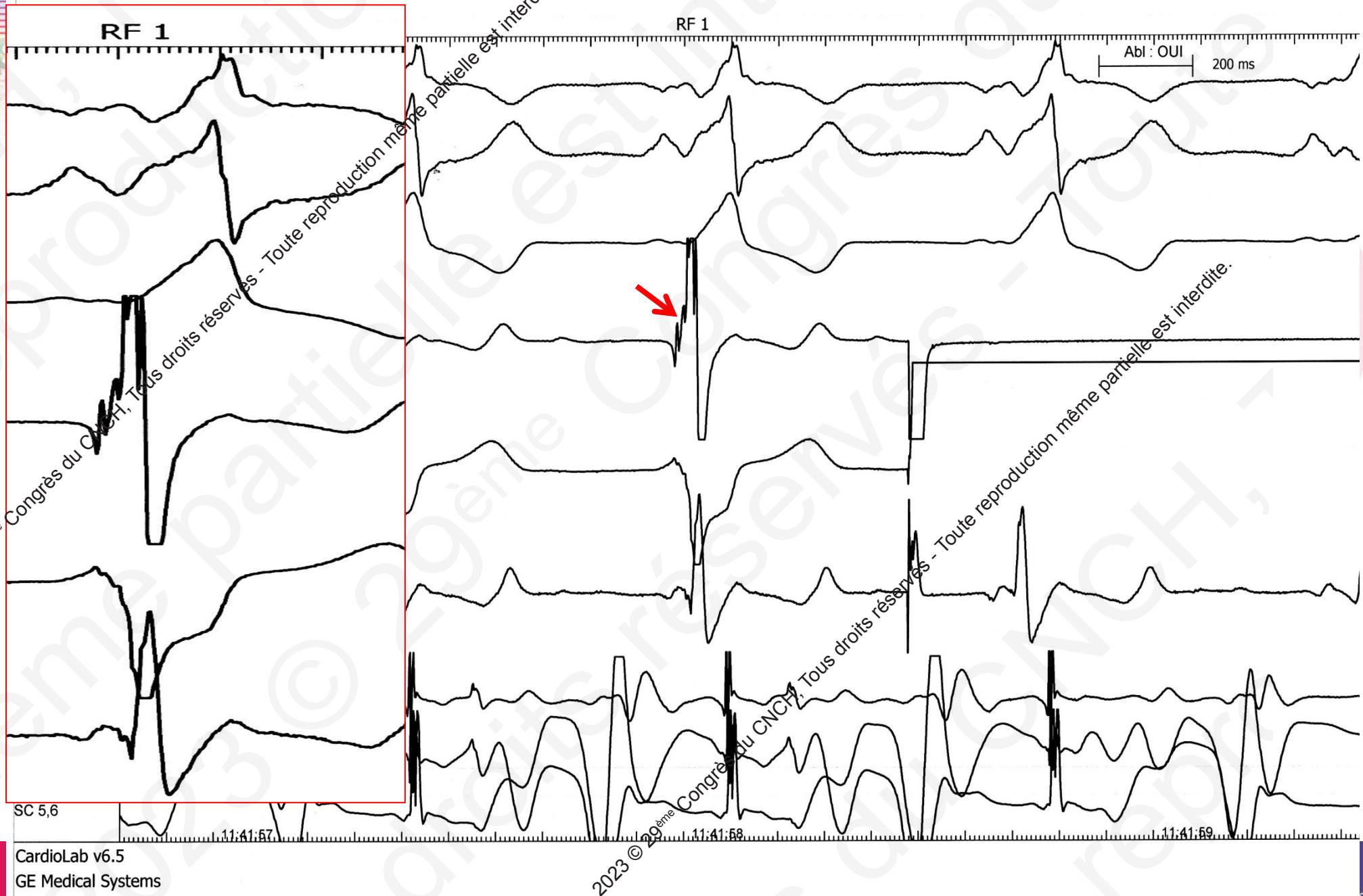
CONGRÈS

CNCH

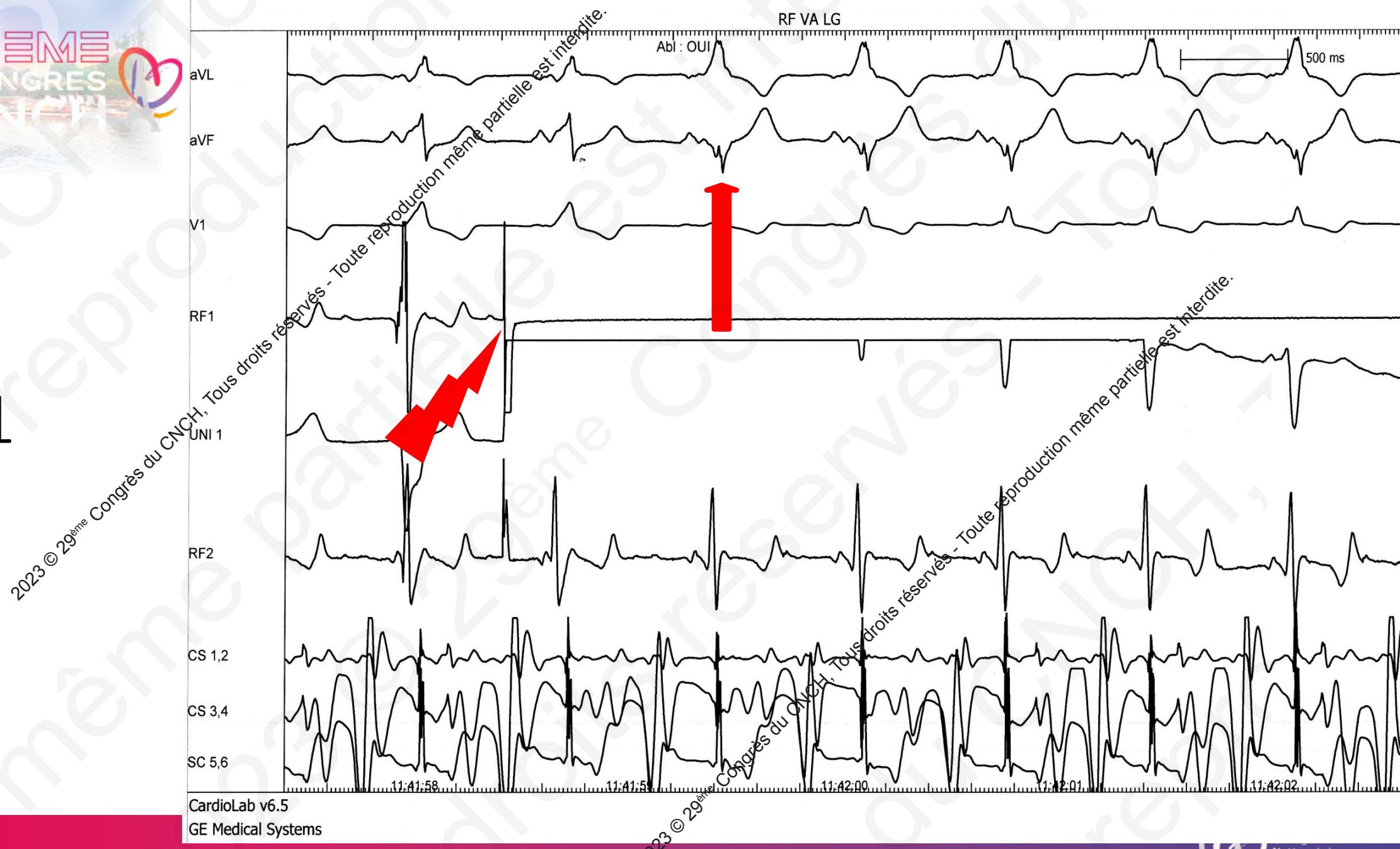


Ablation strategy

- To access AP located on left lateral free wall, the ablation catheter is introduced using a femoral arterial (**retrograde aortic**) approach.
- Decapolar catheter positioned in the CS for mapping and pacing
- Quadripolar catheter in the RV for pacing to verify a retrograde conduction after ablation of the AP
- Heparin is used during the procedure to prevent embolism

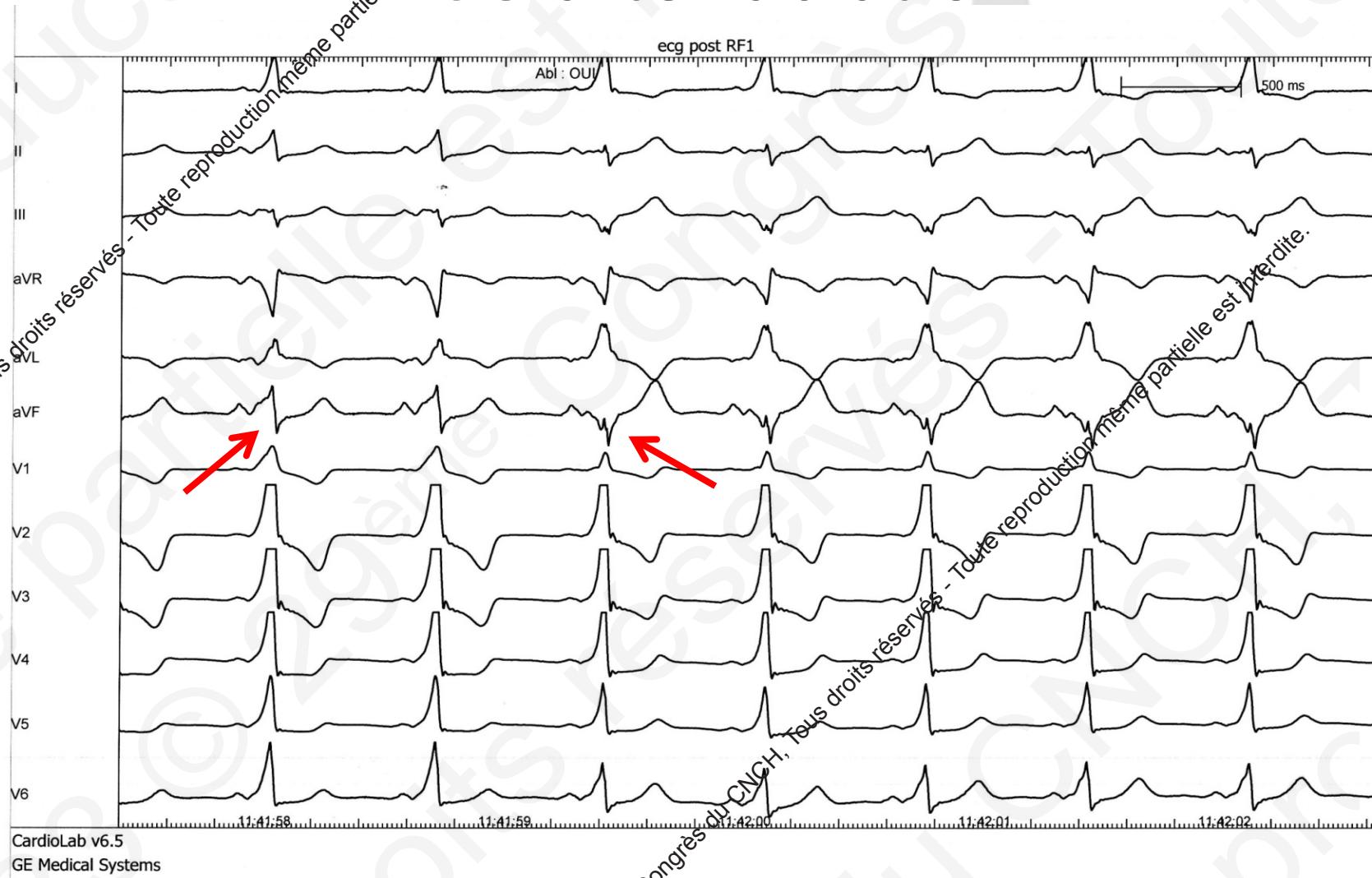


RF1

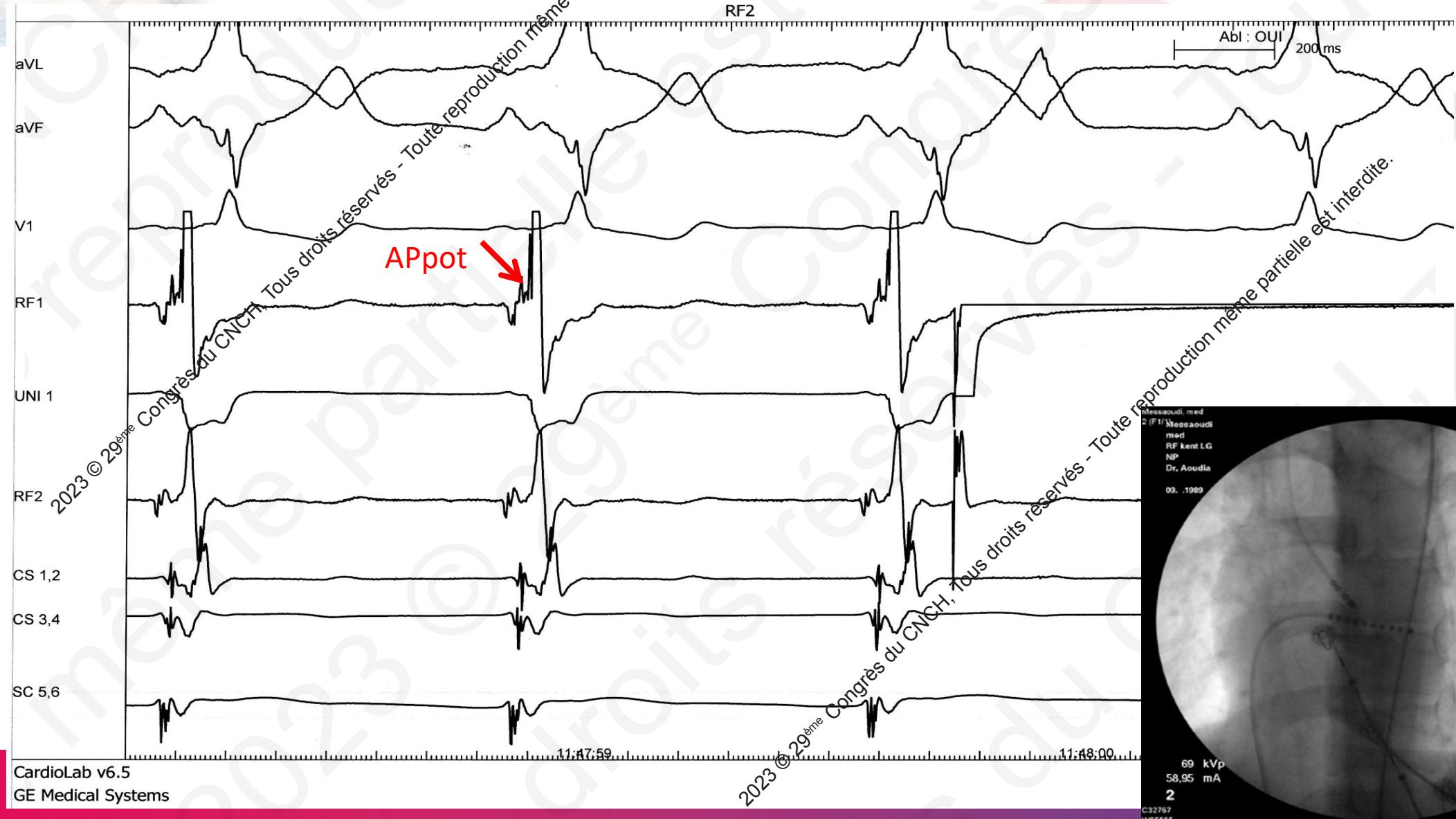




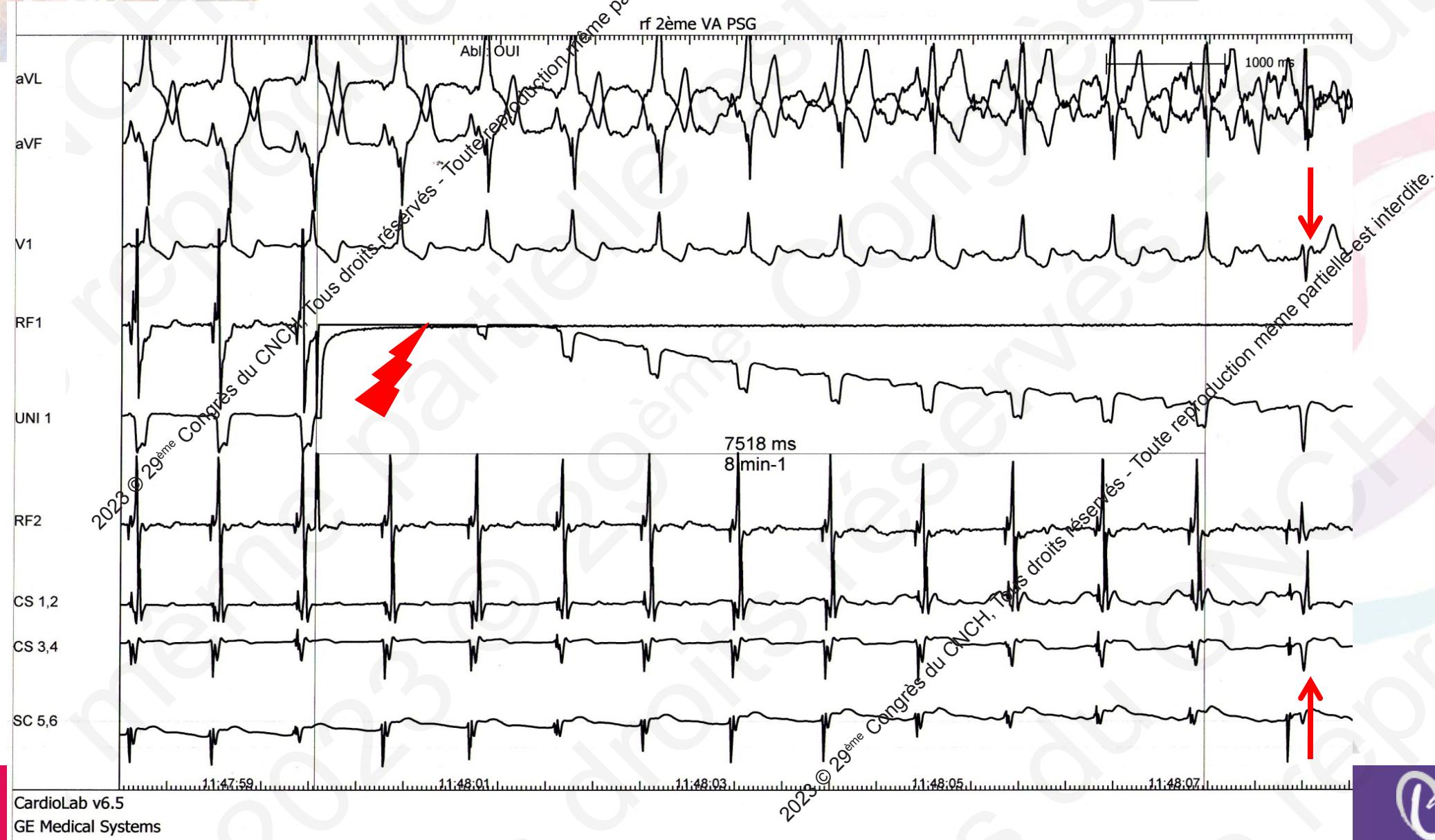
ECG after ablation 1

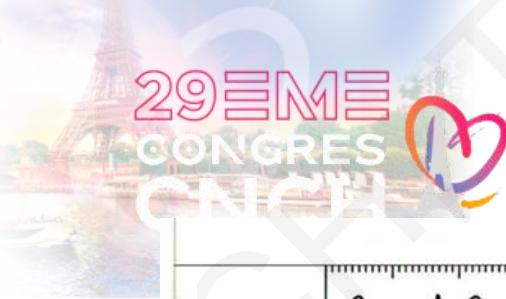


Site of the seconde ablation



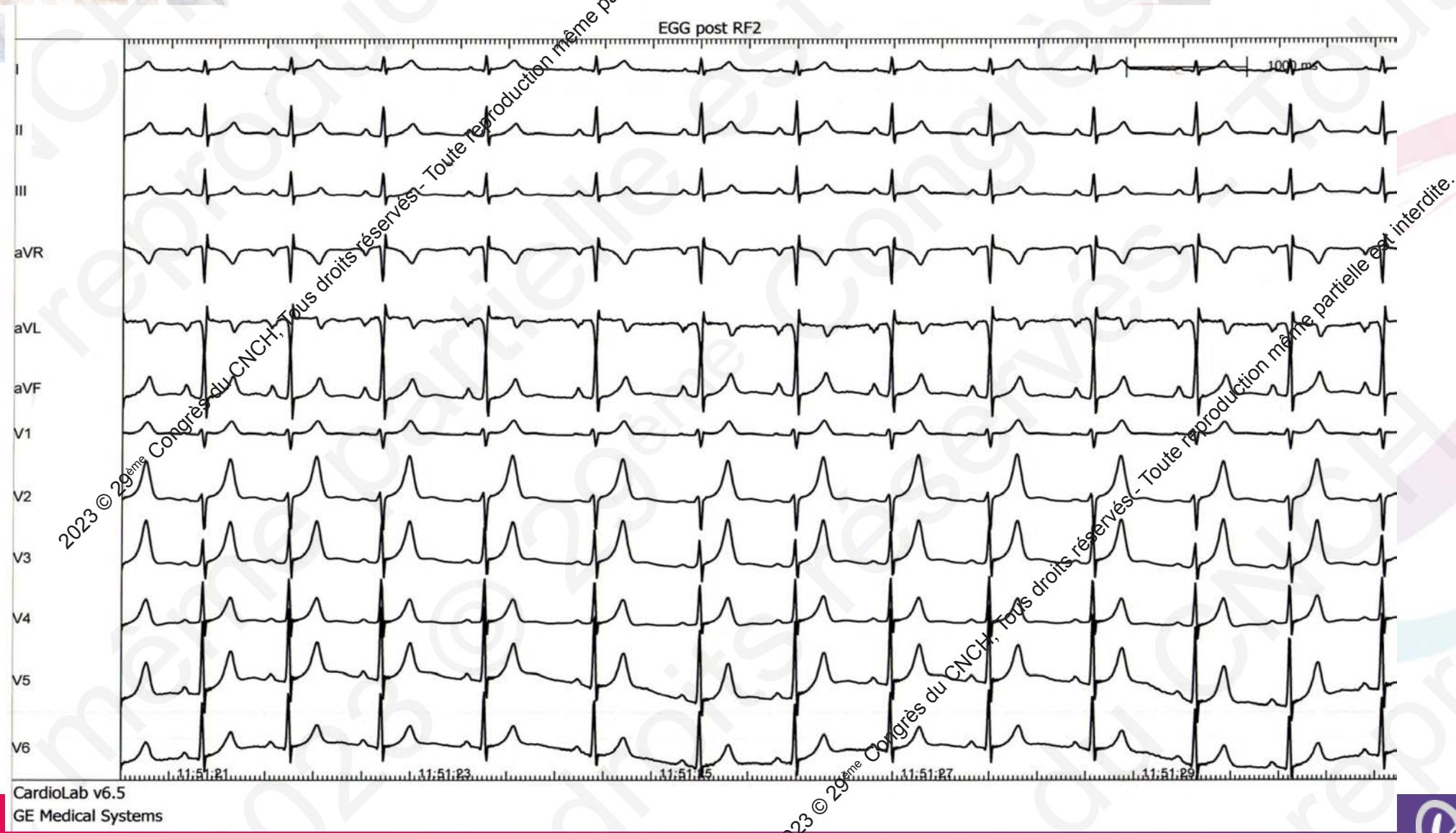
Seconde ablation on LPS

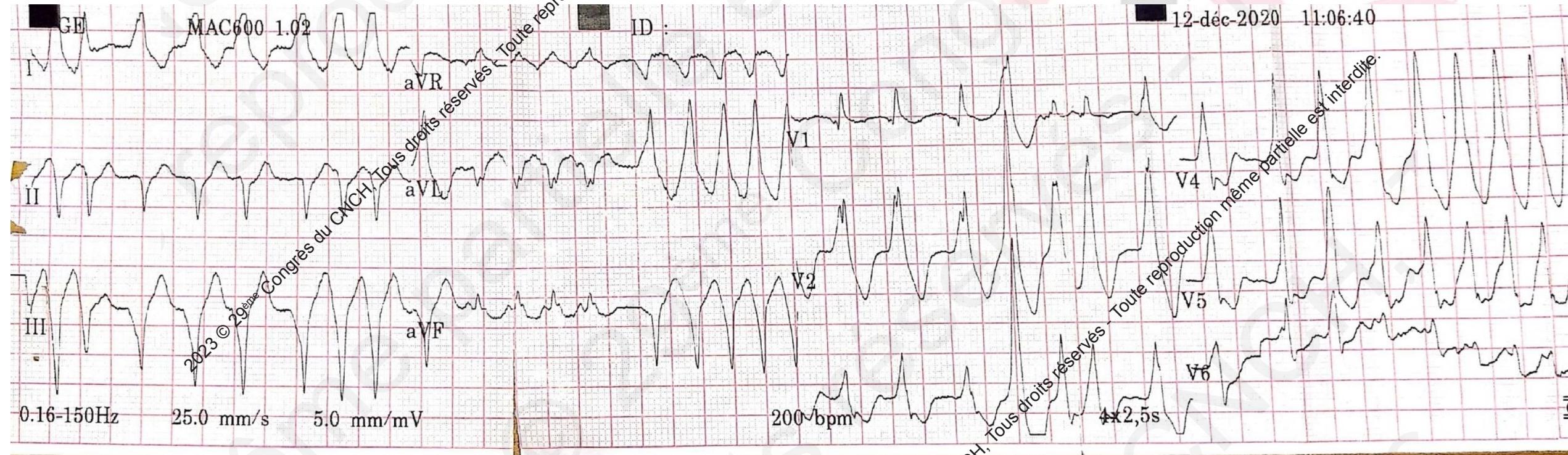




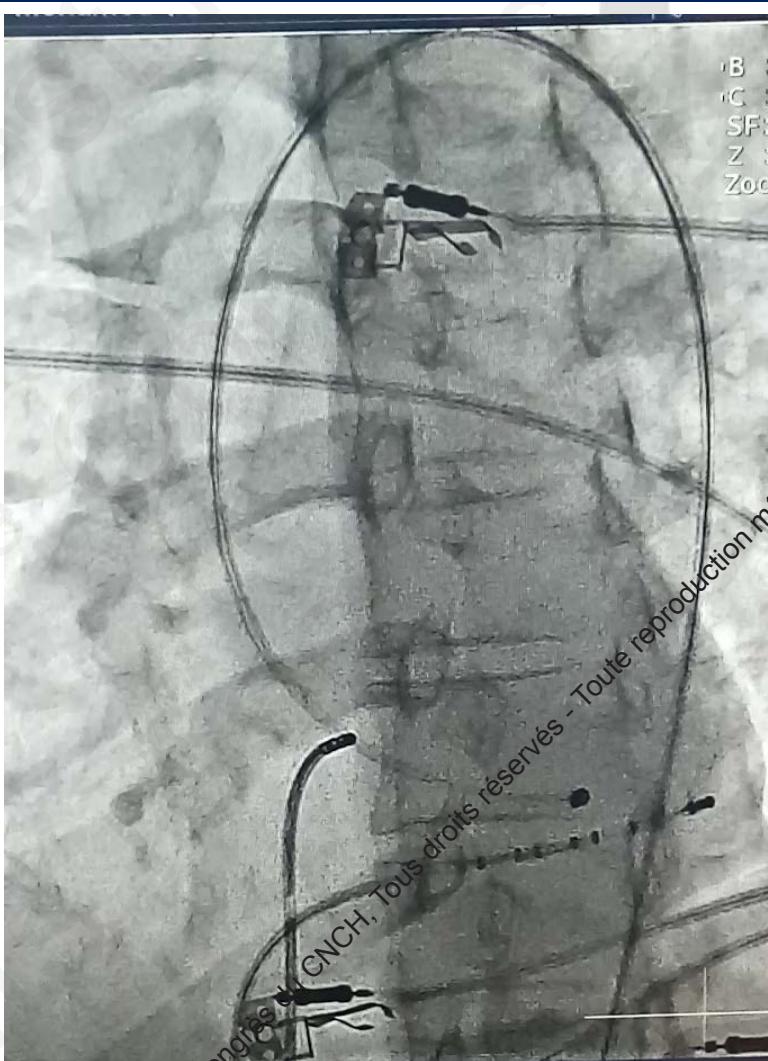
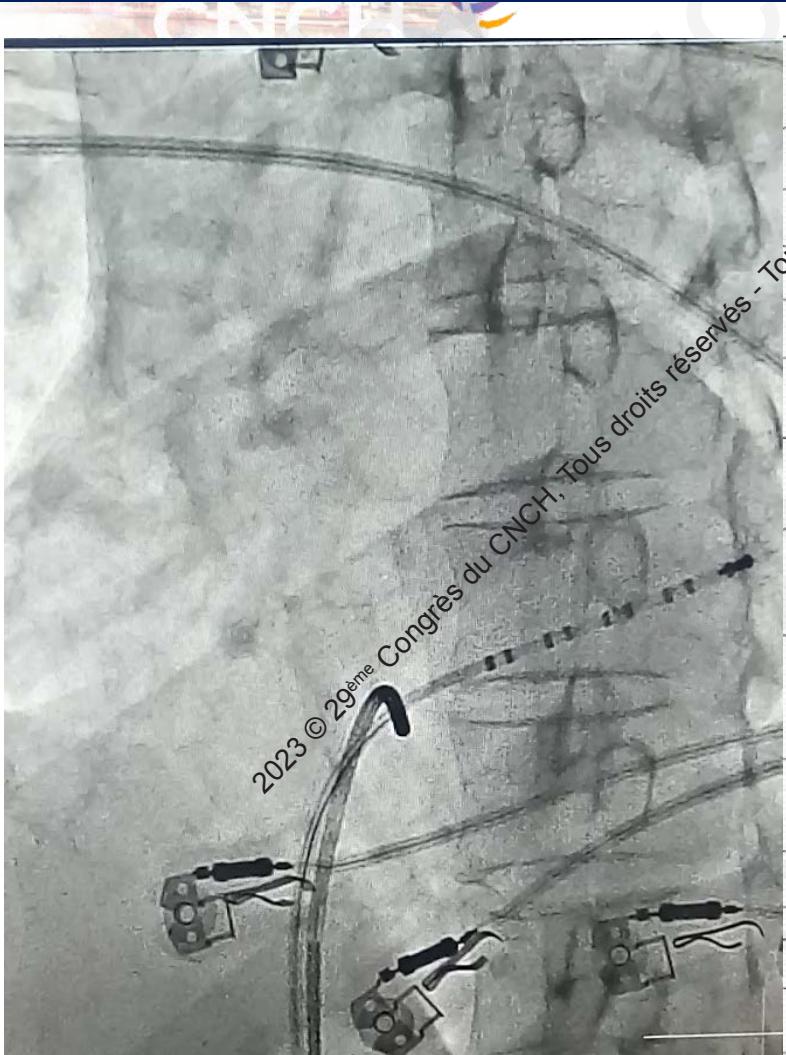
No preexcitation after a second ablation

No preexcitation



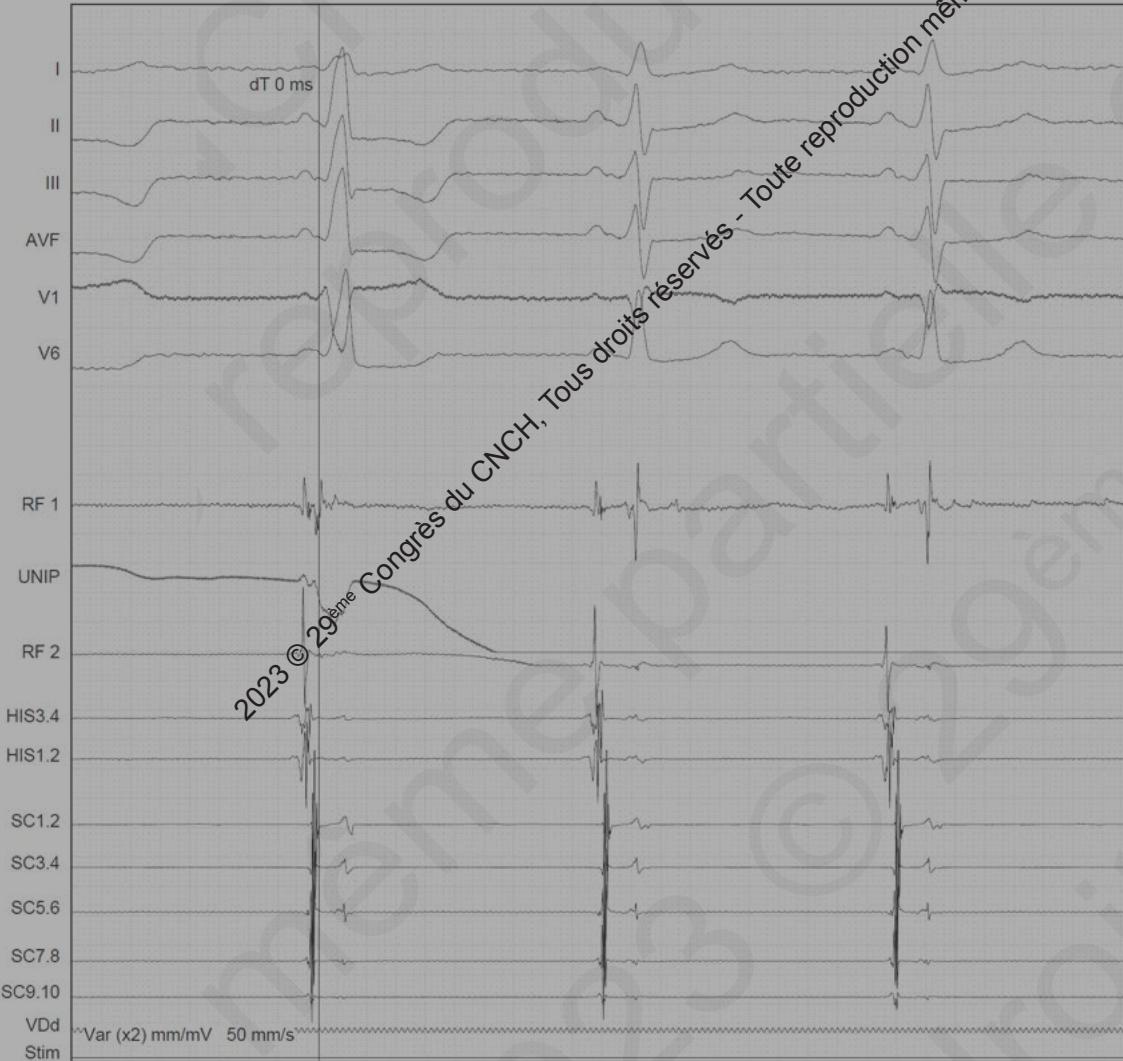


Ablation des VA Multiples

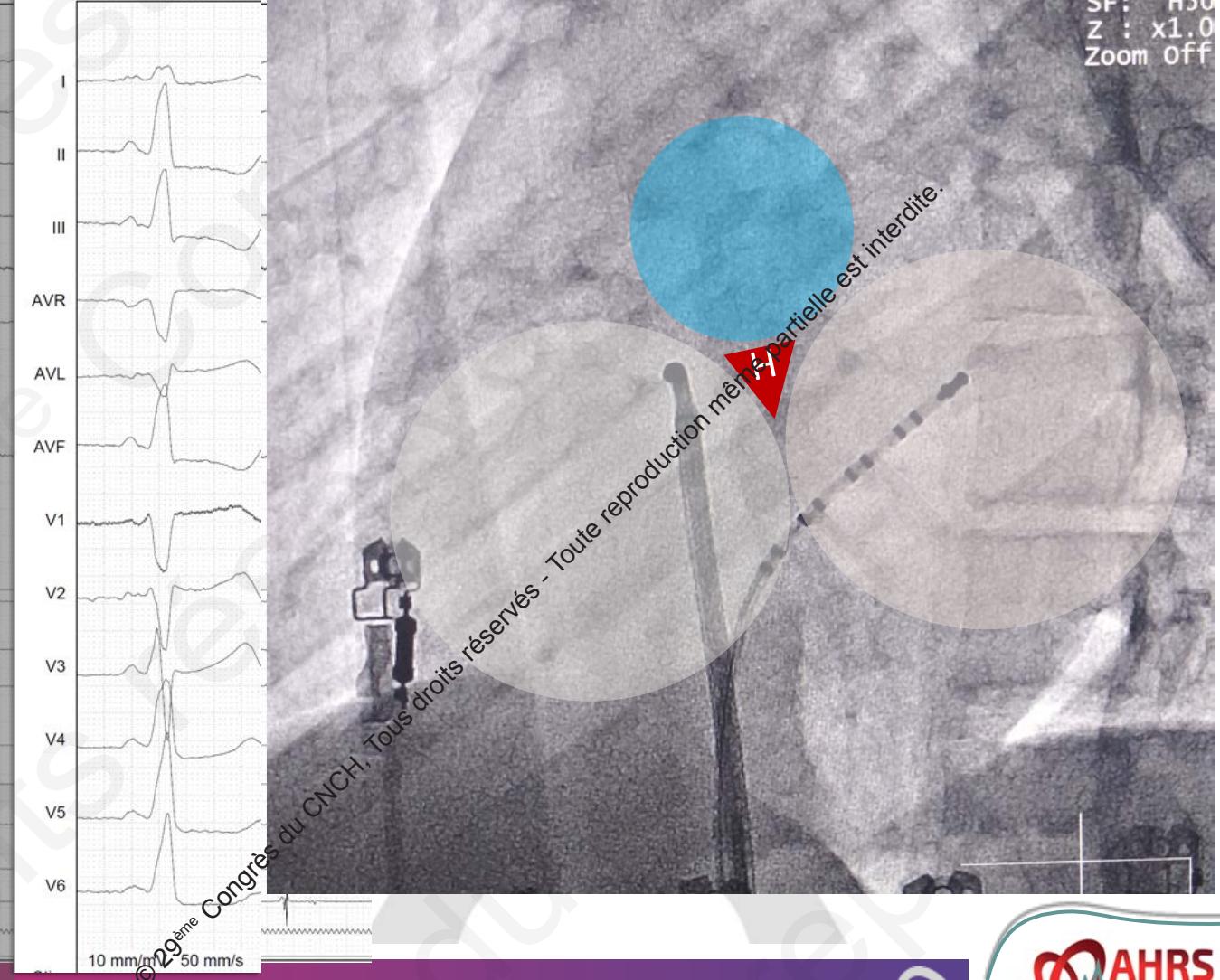


Ablation des VA Antero septale

CHU MUSTAPHA CARDIO A1



CHU MUSTAPHA CARDIO



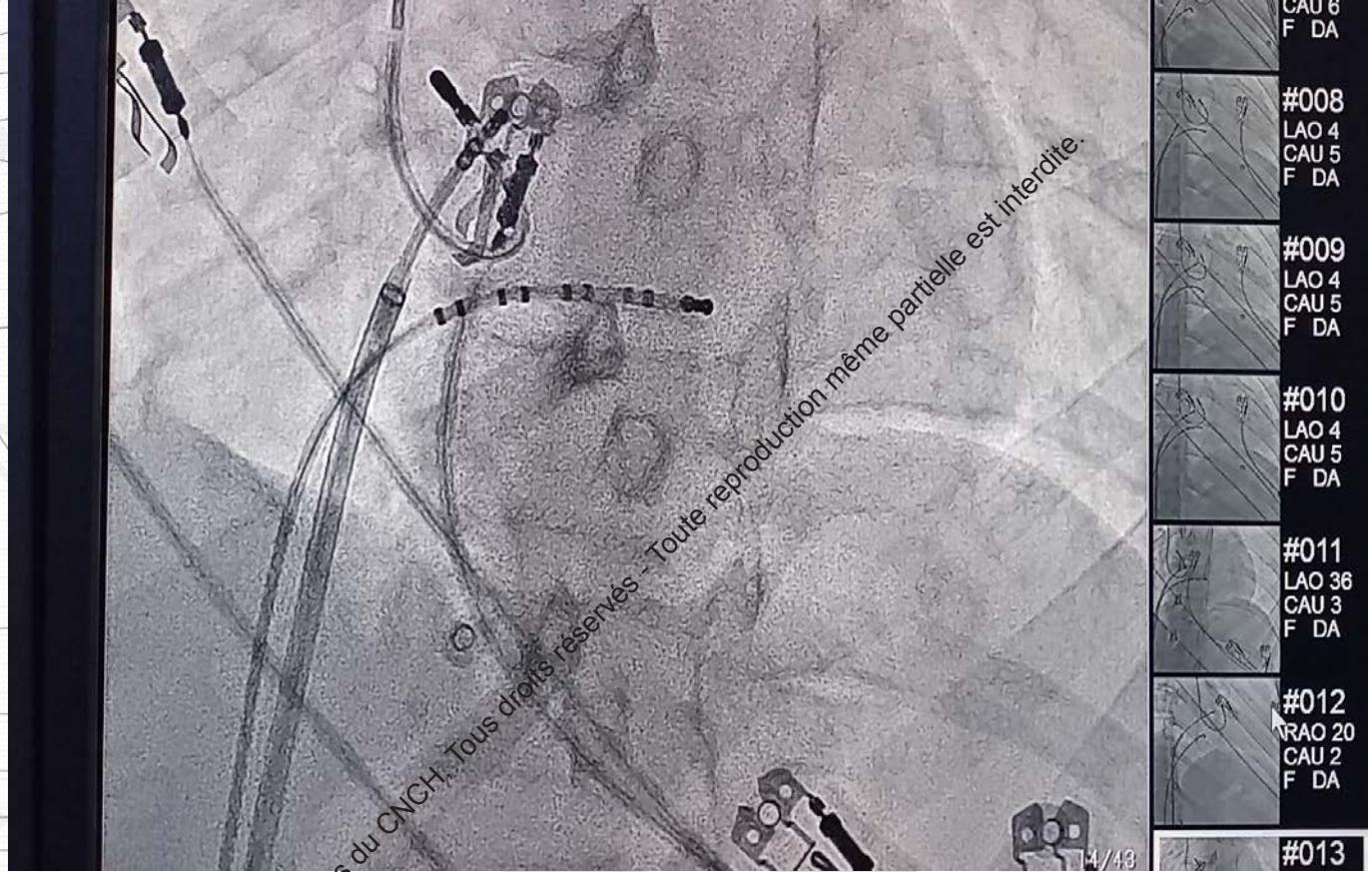
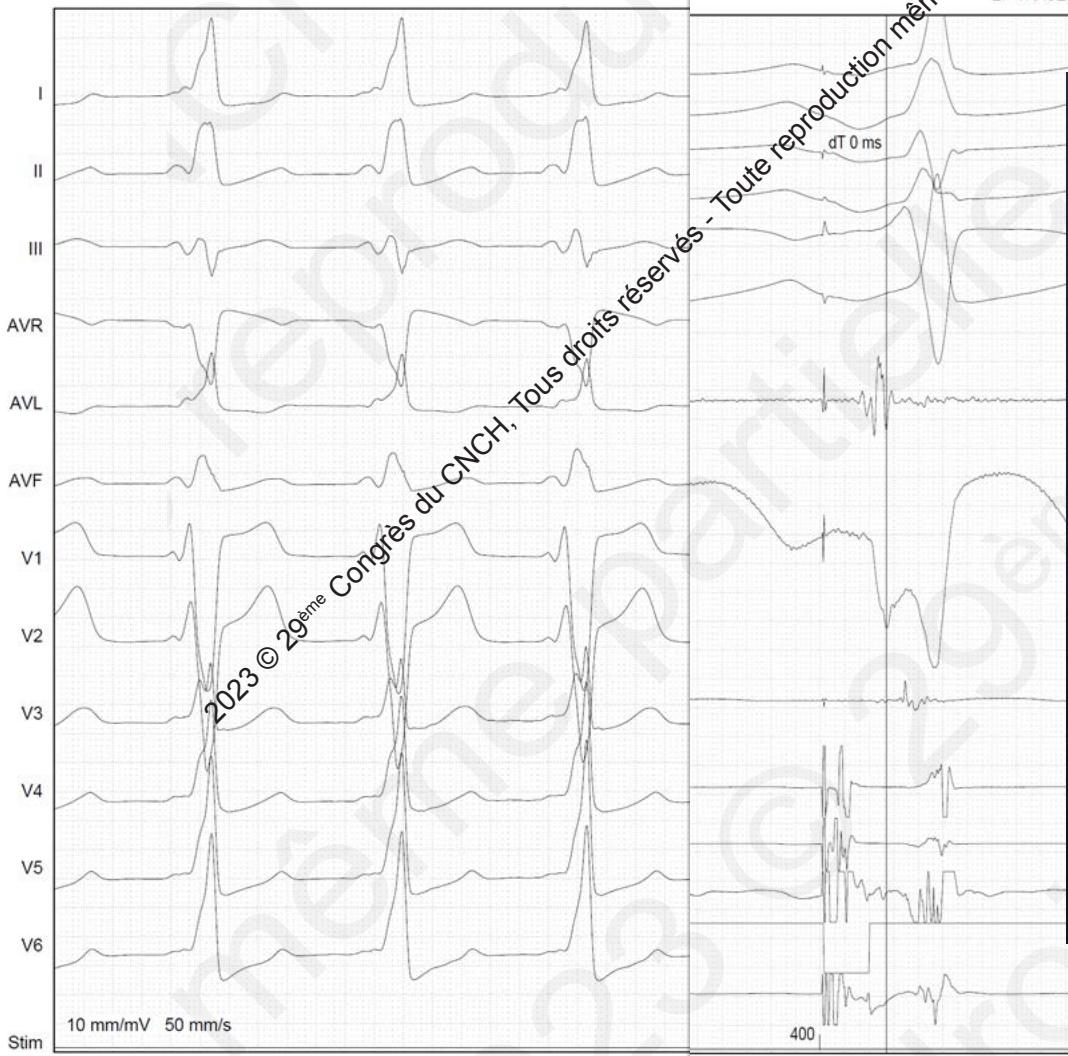
SF: H30
Z : x1.0
Zoom off

AHRS

الجمعية الجزائرية لاضطرابات نظم القلب
Algerian Heart Rhythm Society

Ablation des VA Antero septale

CHU MUSTAPHA CARDIO A1

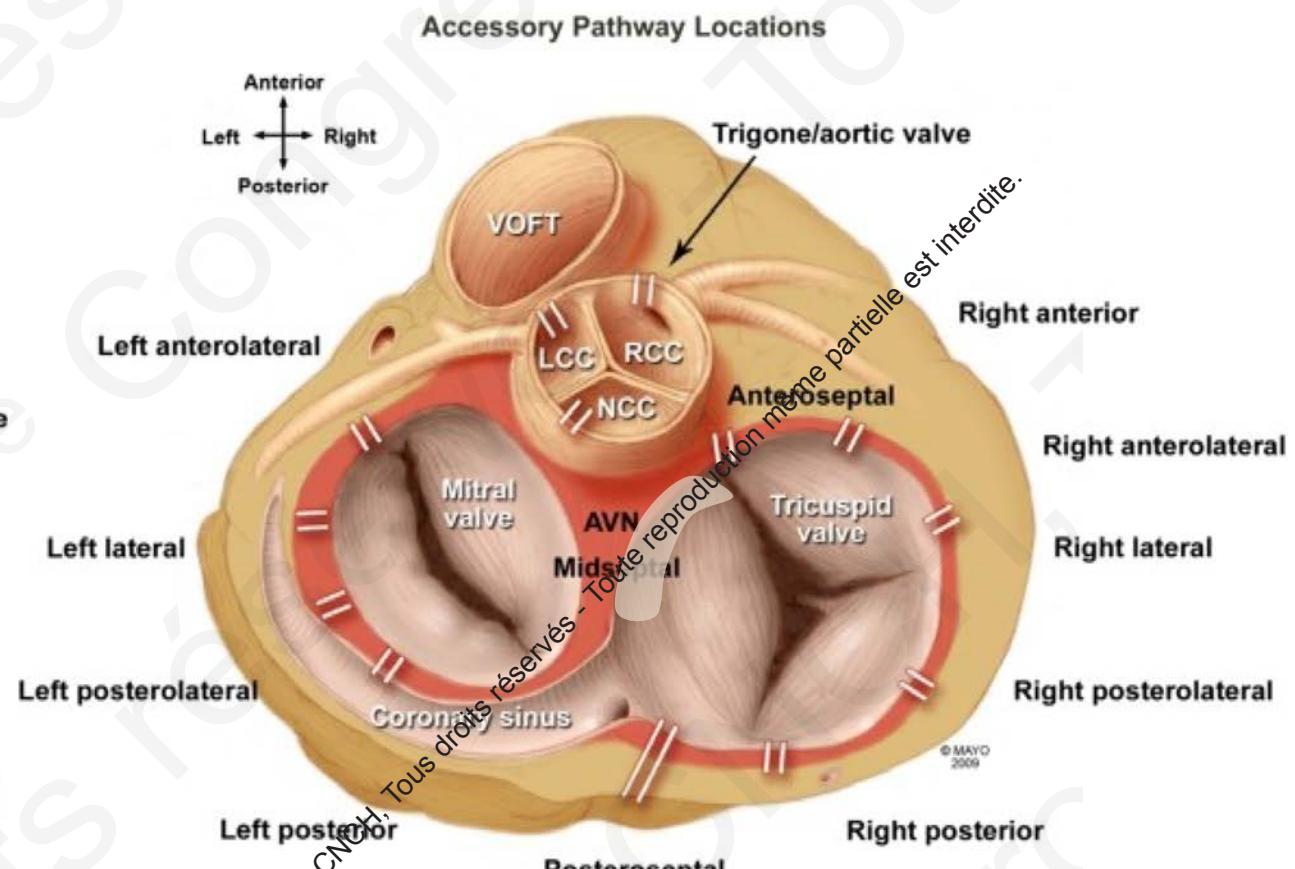
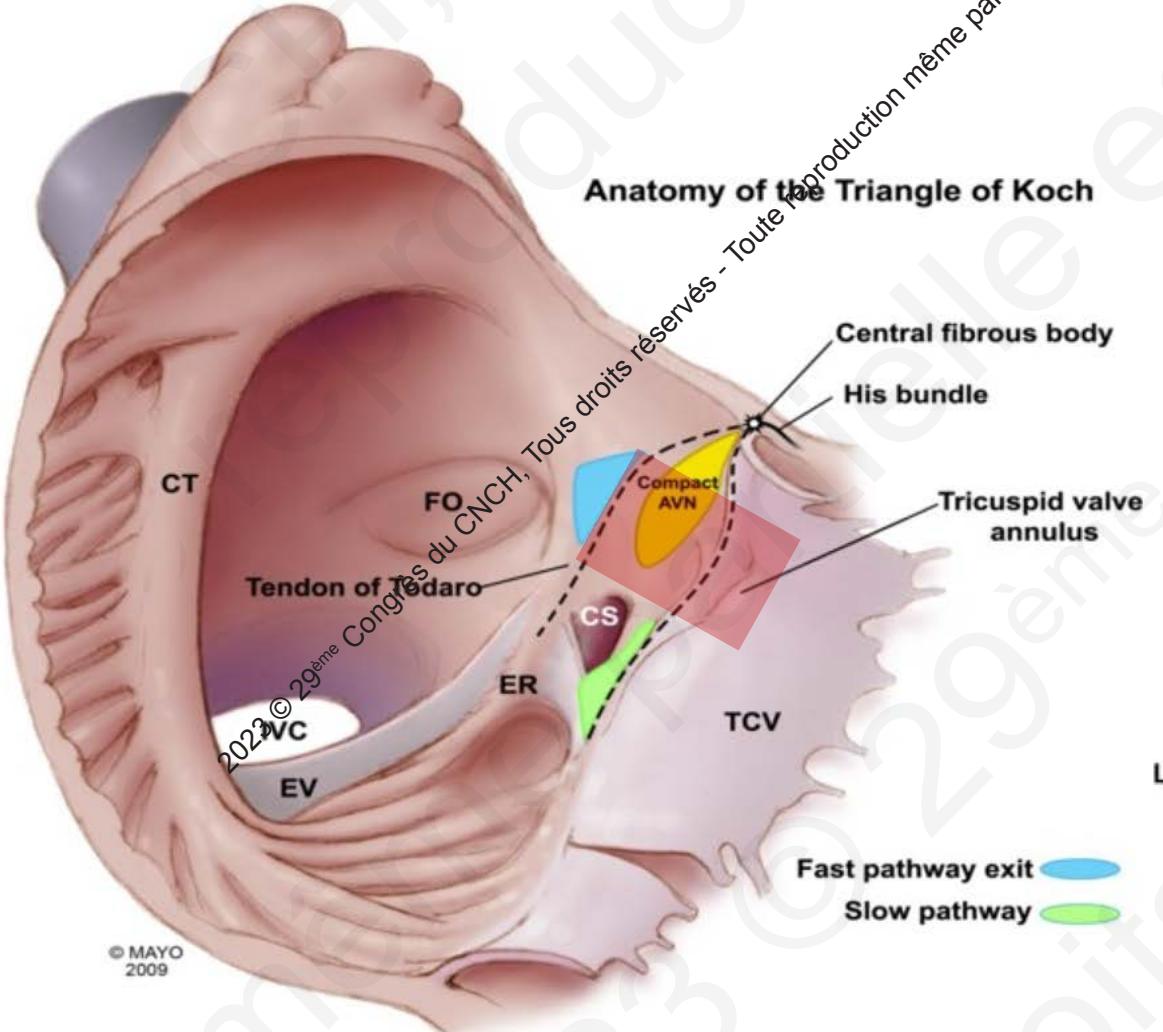


2023

AHRS

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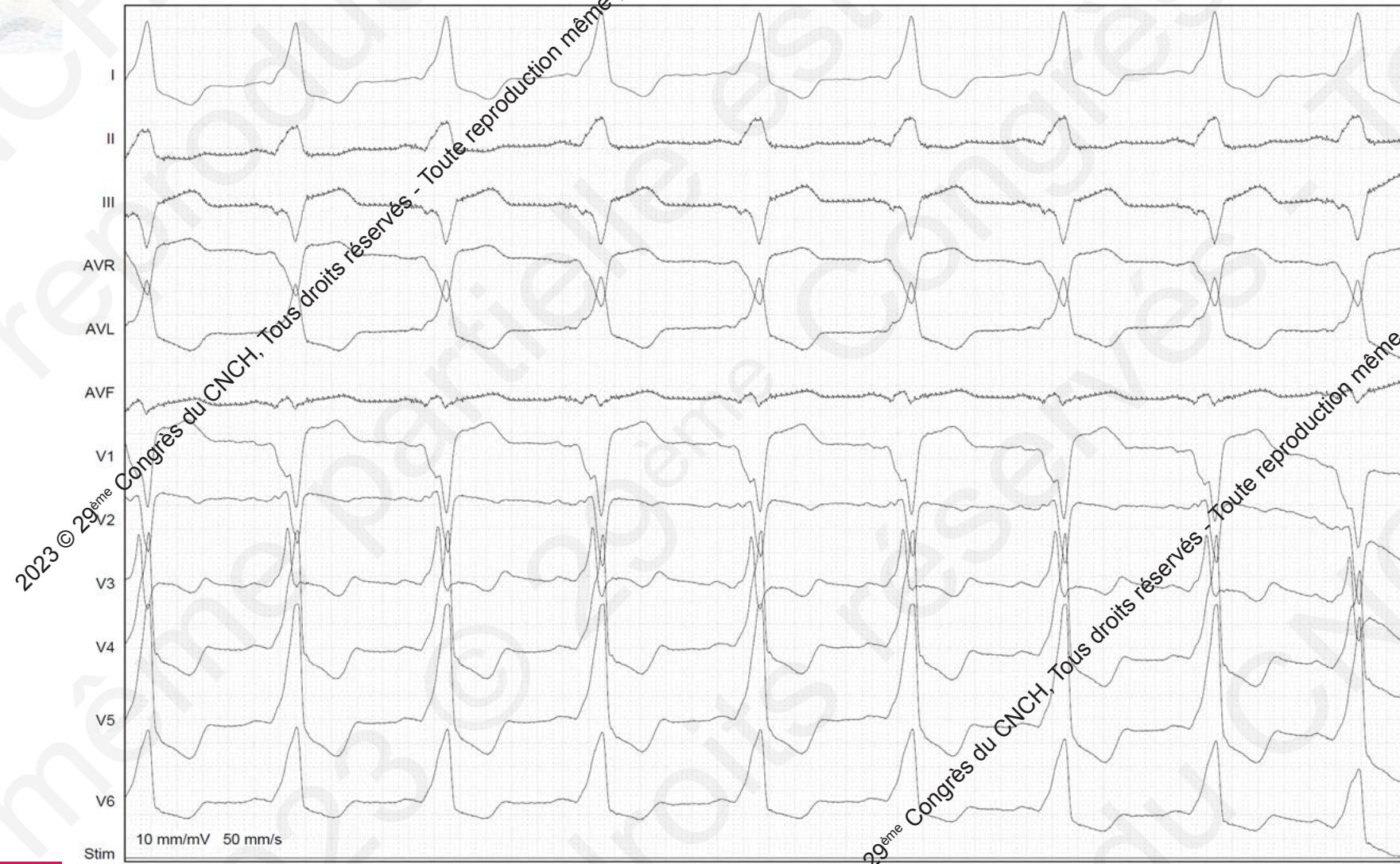
Ablation des VA Mid Septales



Ablation des VA Mid septale

CHU MUSTAPHA CARDIO A1

EP-TRACER Review 2.2.3.3369



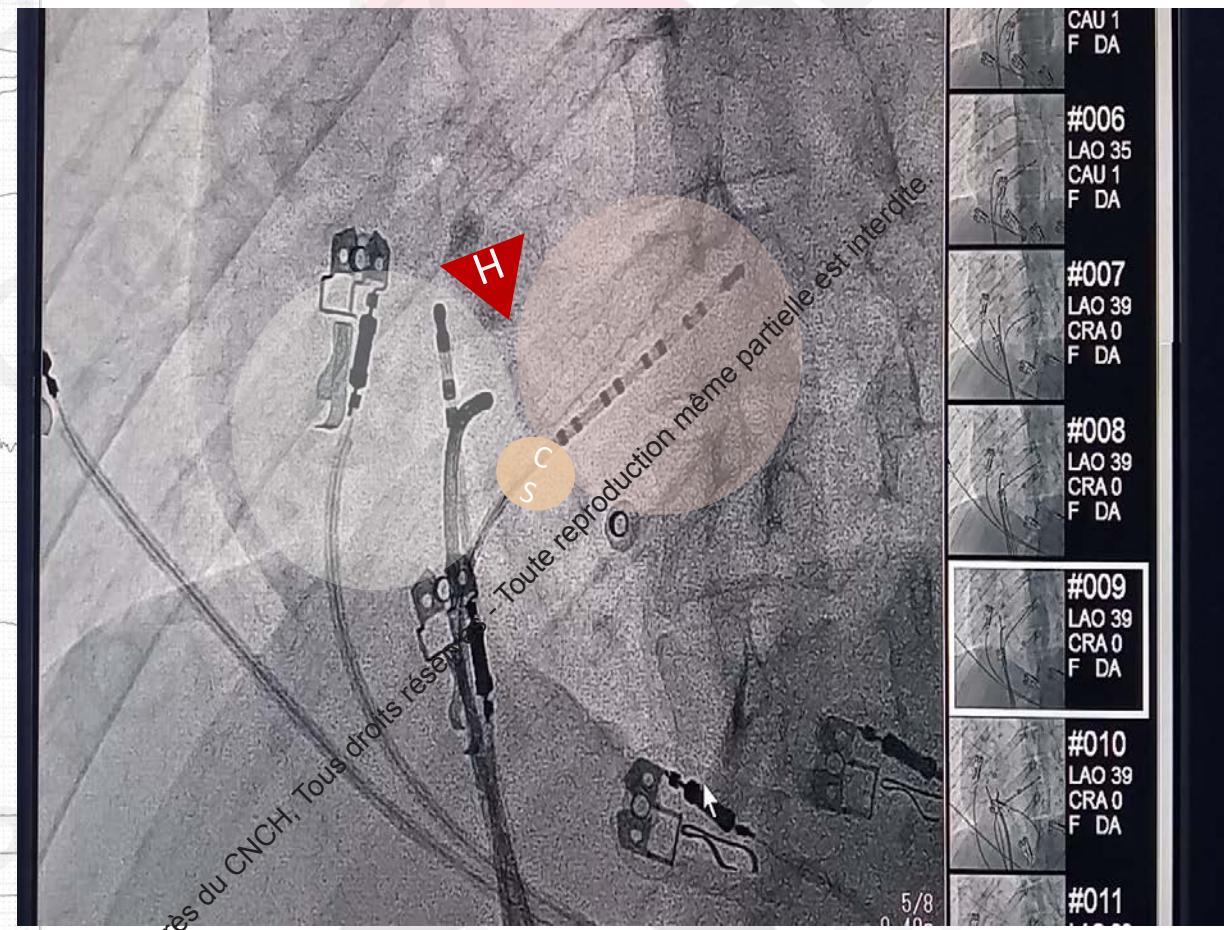
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Algerian Heart Rhythm Society

Ablation des VA Mid septale

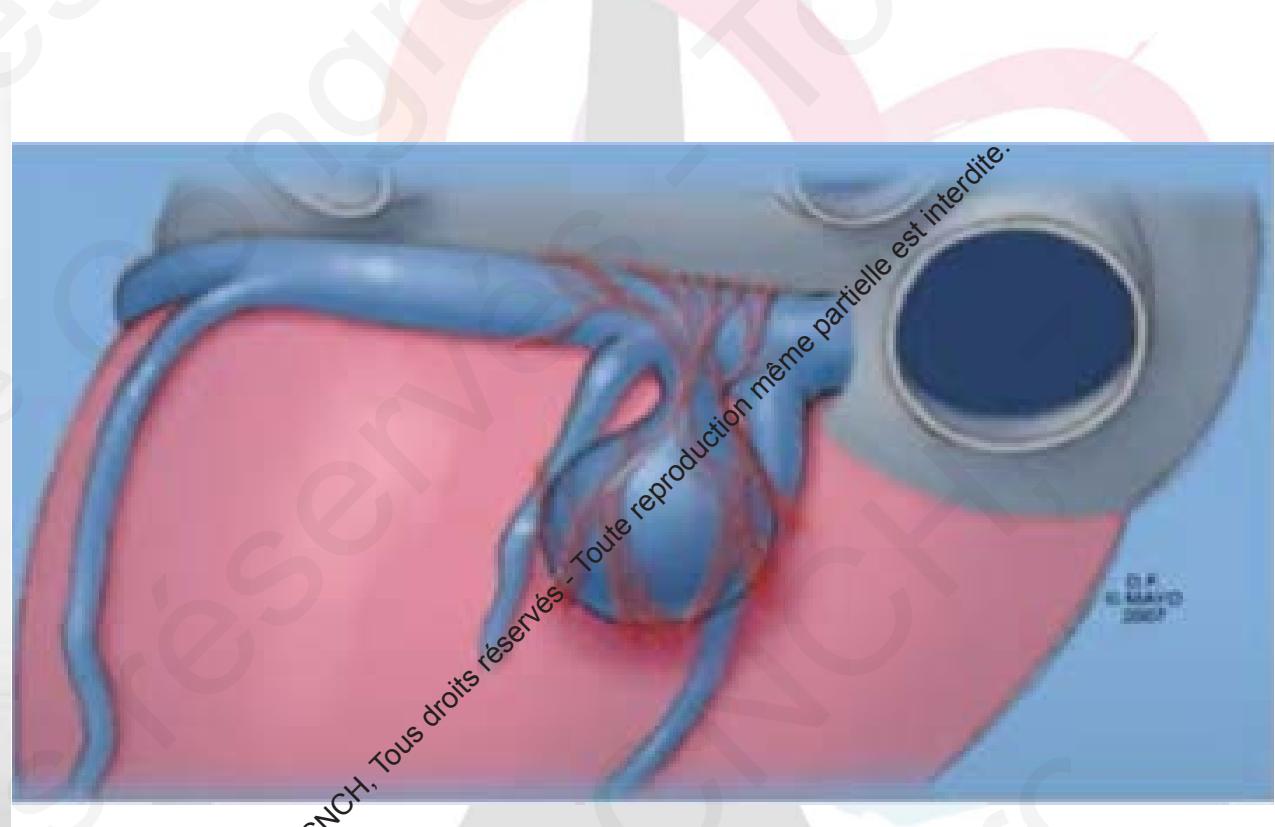
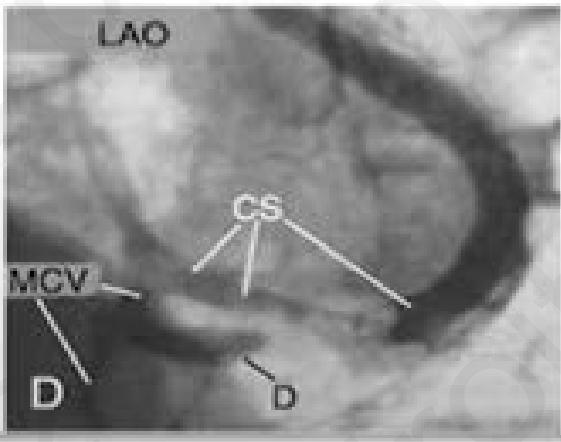
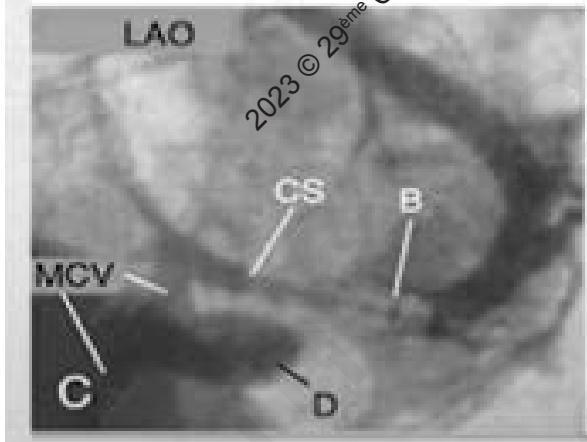
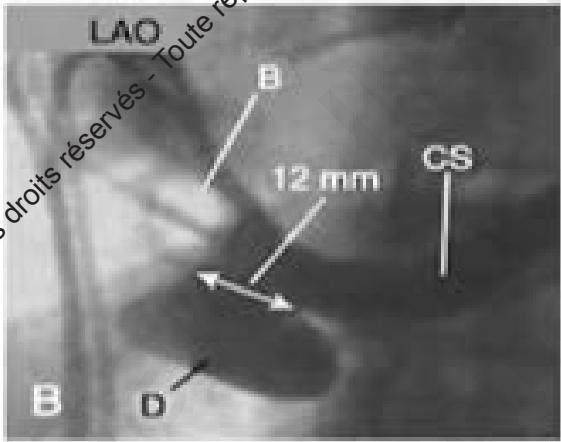
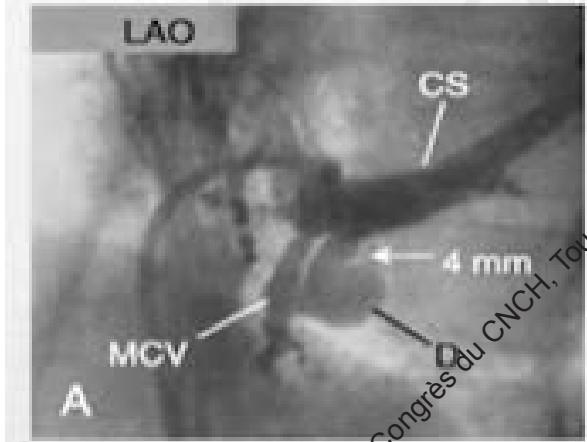
CHU MUSTAPHA CARDIO A1

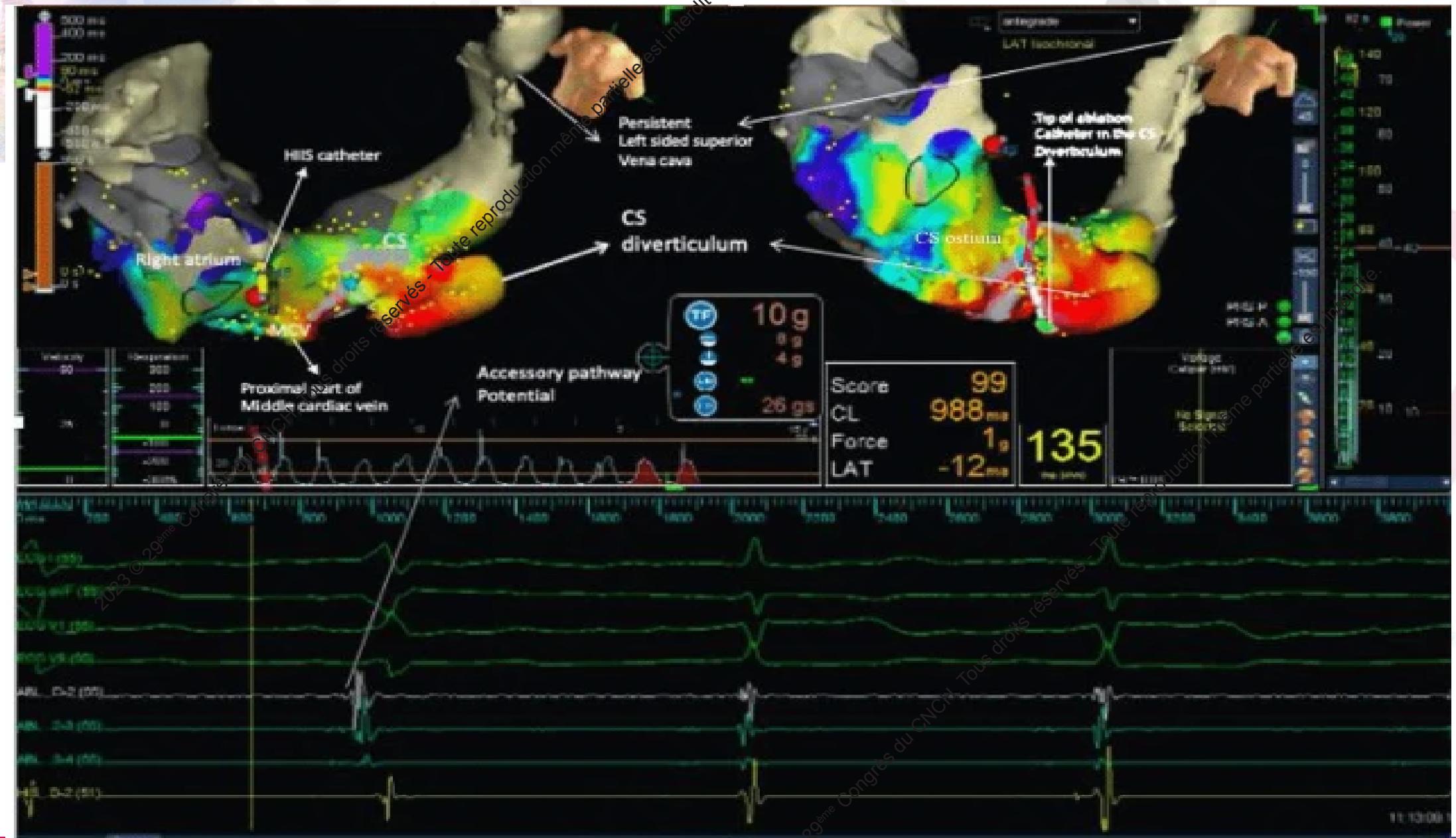




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CHALLENGES IN AP ABLATION POSTEROSEPTAL

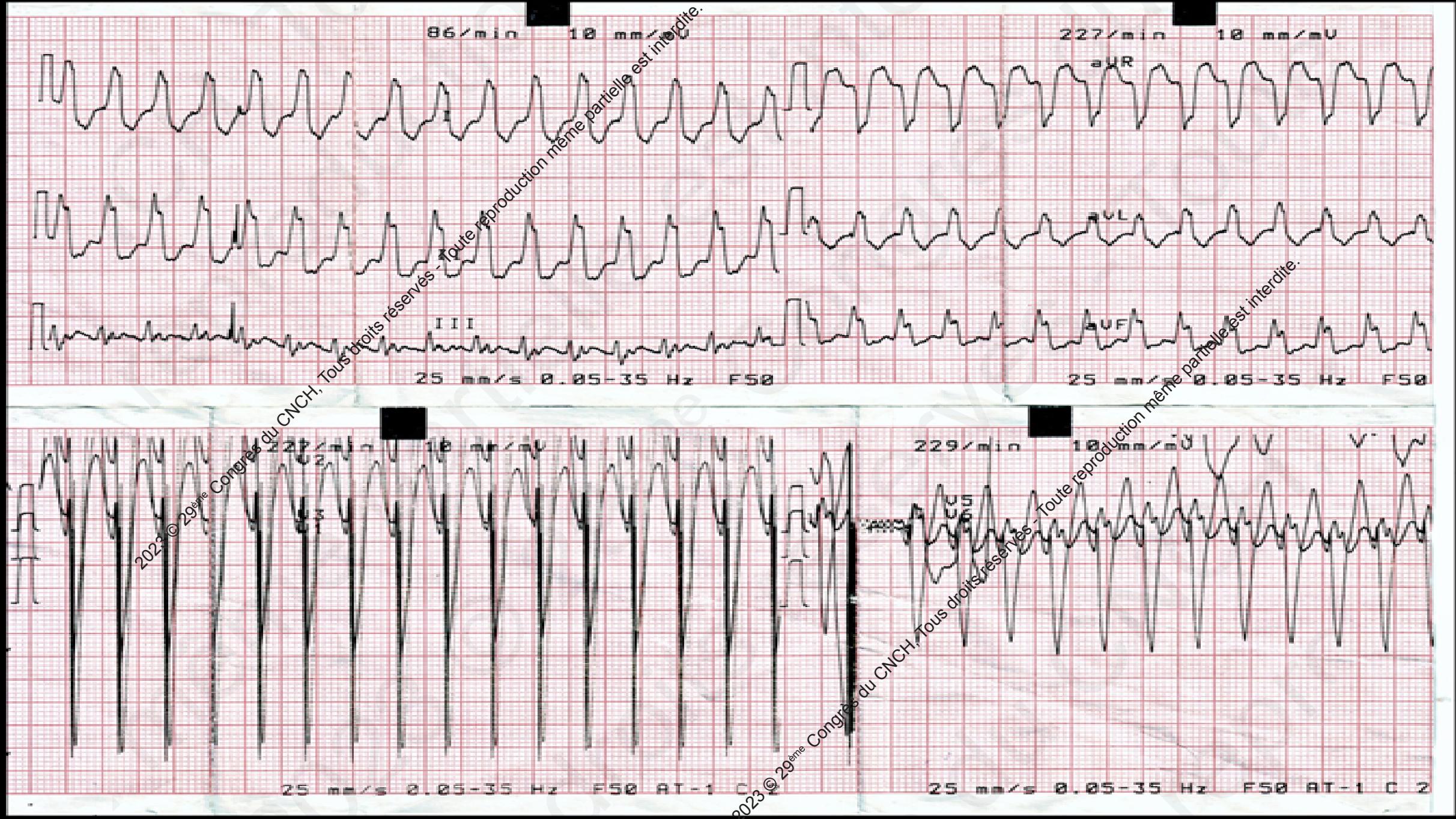






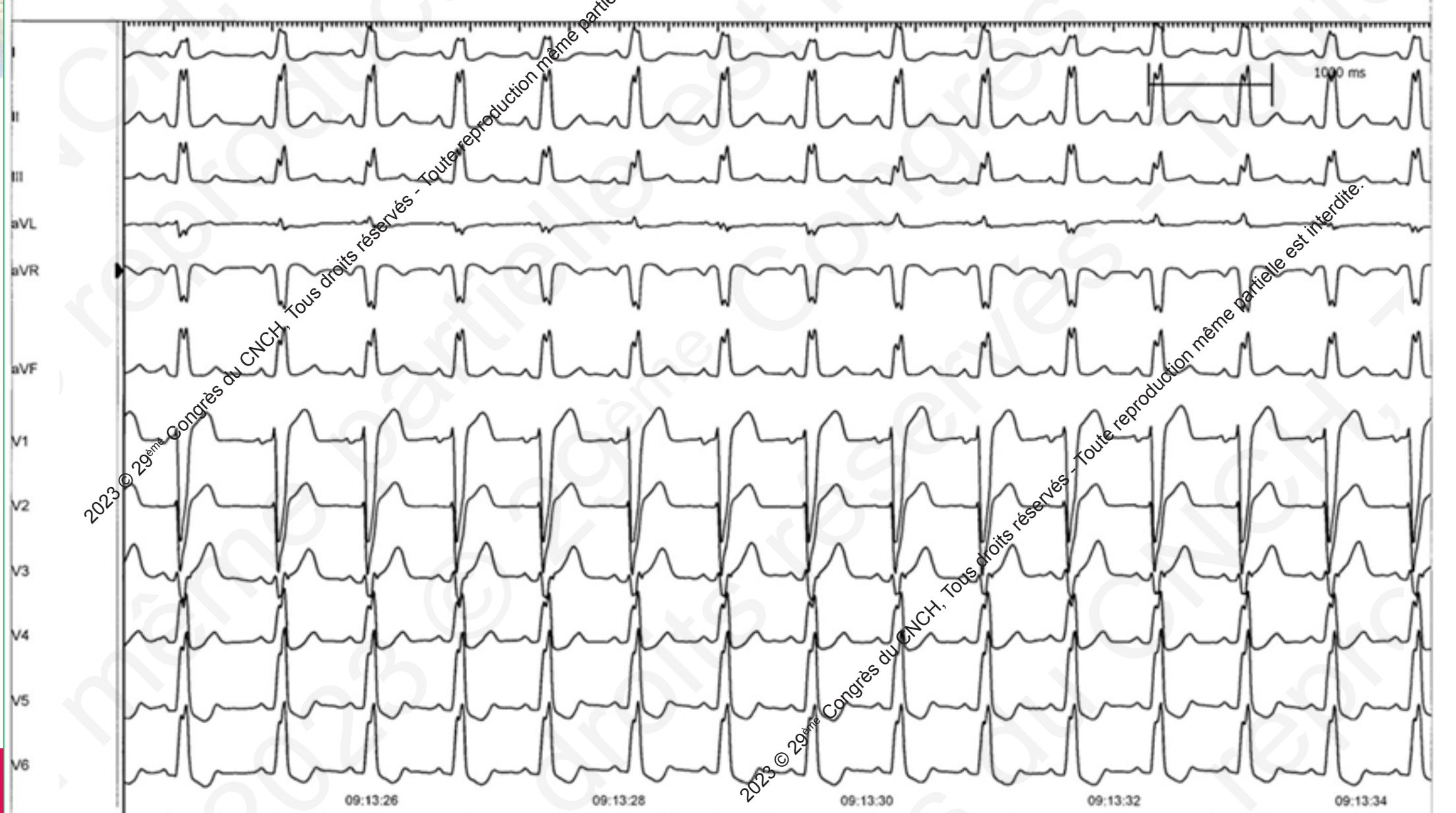
- Fillette de 10 ans, sans ATCD
- Malaises et palpitations depuis 2 ans
- Pas de cardiopathie sous-jacente
- Traitée depuis par amiodarone.
- Septembre 2011: tachycardie syncopale réduite par



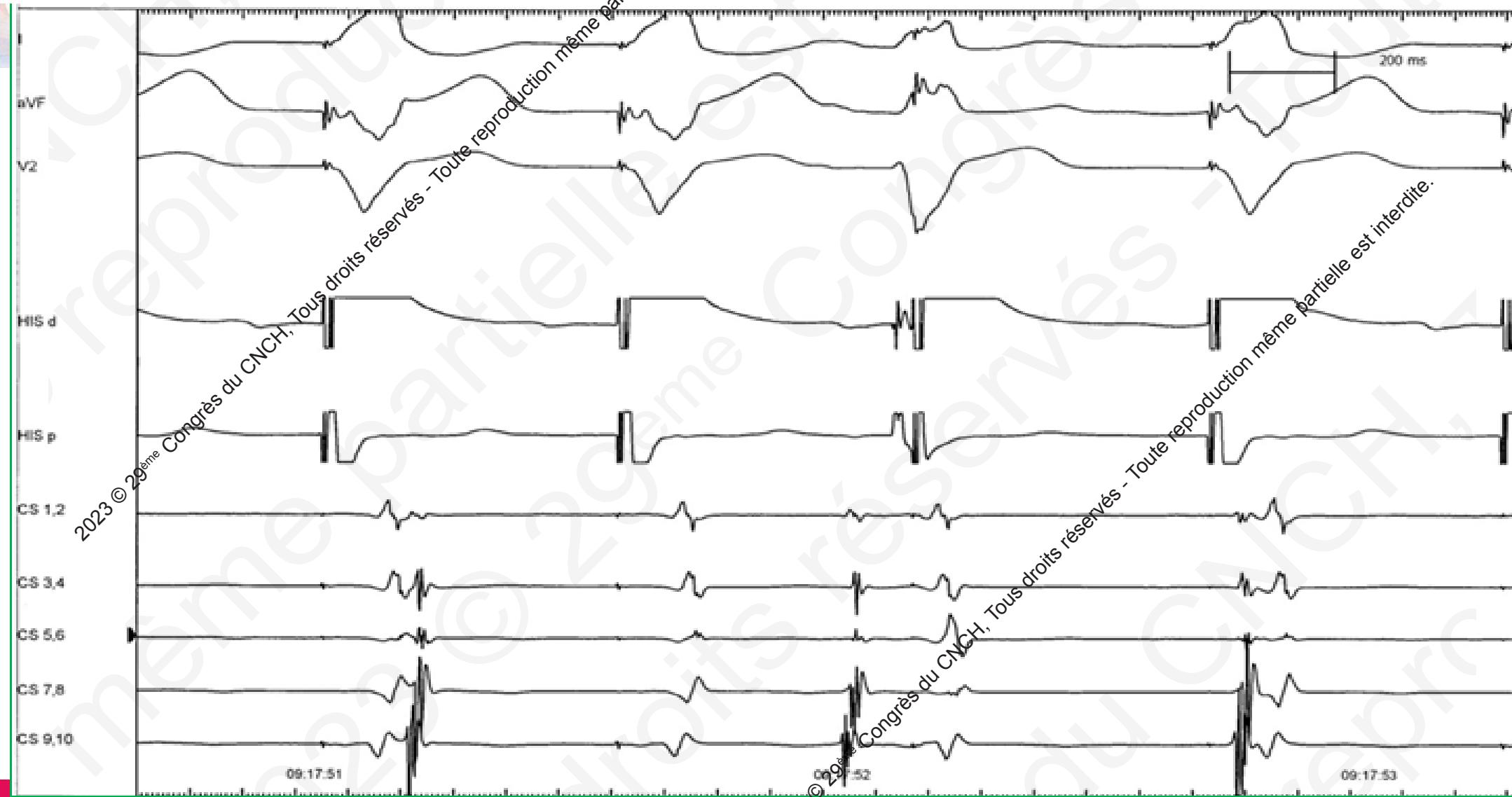


ECG en rythme sinusal

CONGRES 10



Stimulation du VD: Absence conduction rétrograde



La valeur de HV varie en fonction de la largeur de QRS !

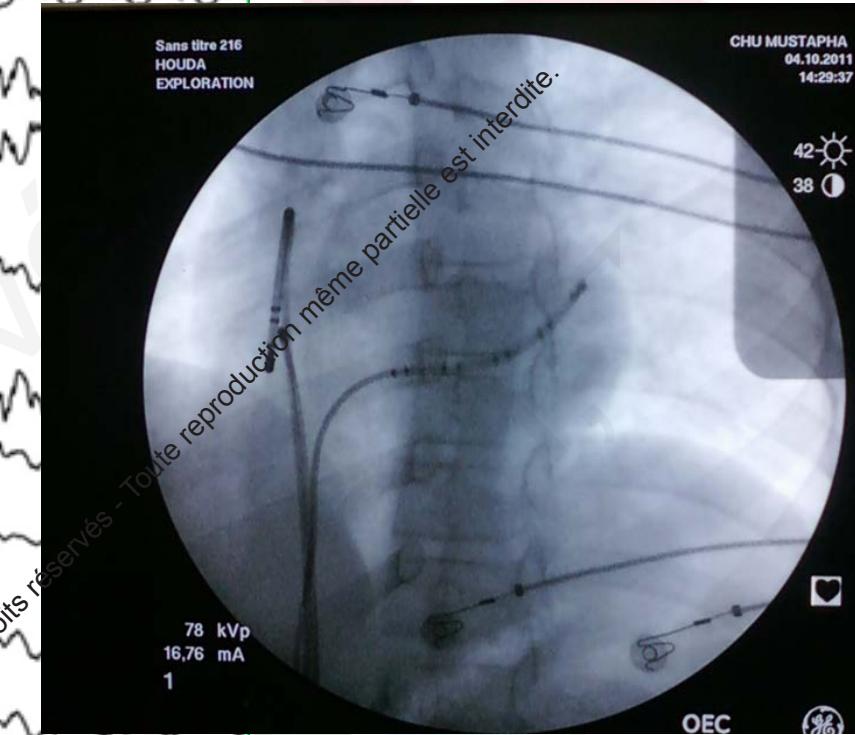
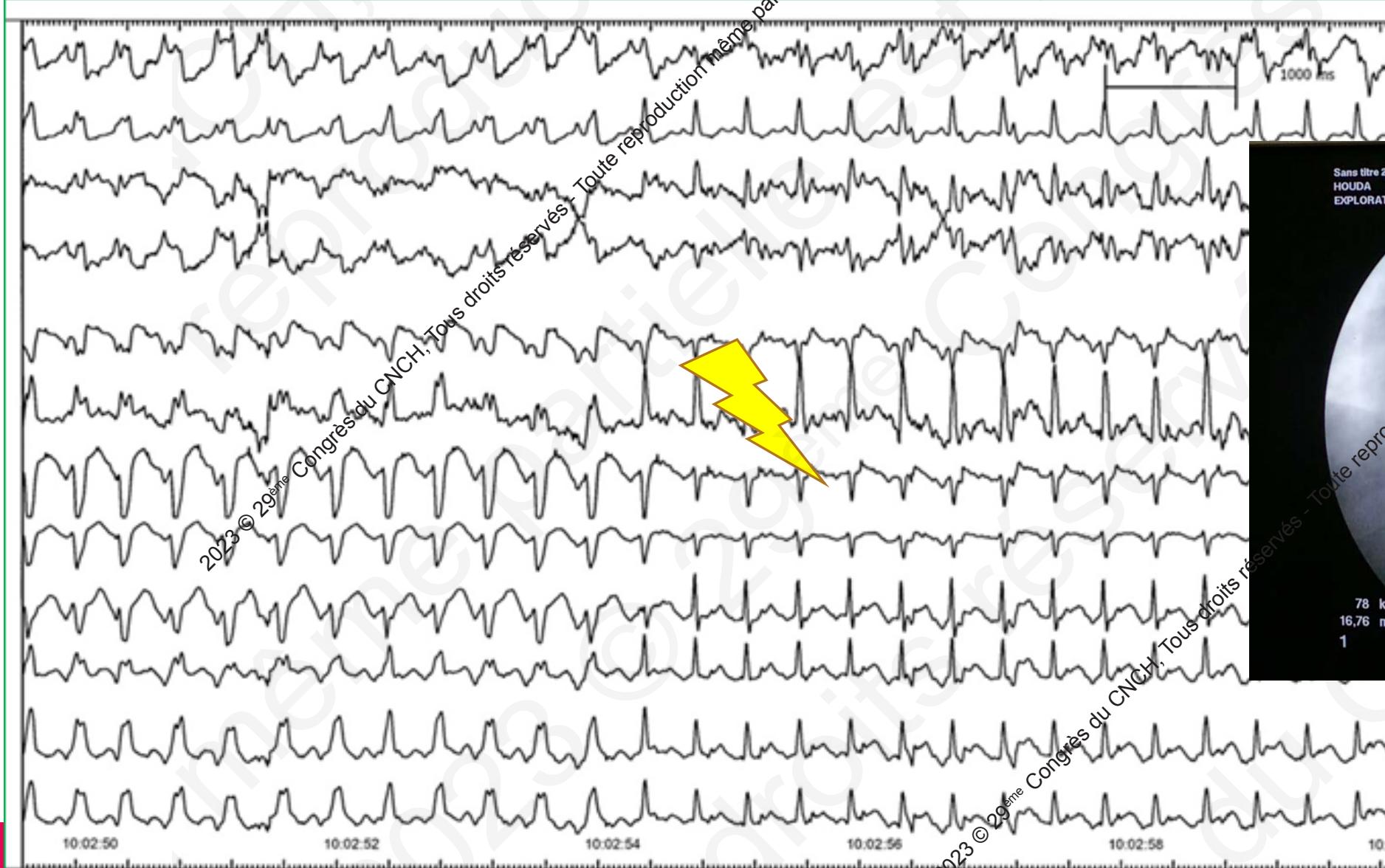


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National des
Cardiologues des
Hôpitaux

Ablation par courant de radiofréquence du Fx de Mahaim



En fin de la procédure: en stimulation de l'OD, HV normal, QRS fins et la tachycardie n'est plus inducible.



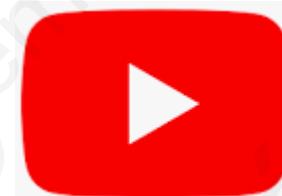


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