

MISE AU POINT SUR L'ABLATION DES TACHYCARDIES DE L'OREILLETTE GAUCHE

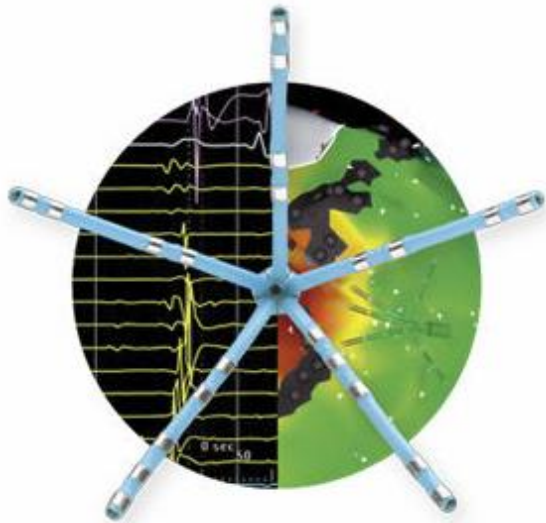
CAS CLINIQUES
J.-P. ALBENQUE

PROGRAMME ATELIER DU RETAC

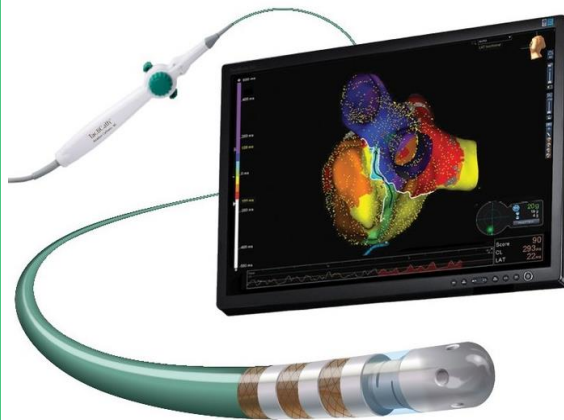


Système de Cartographie

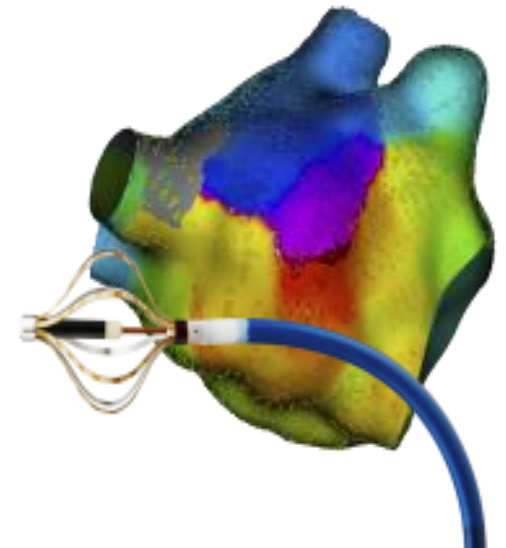
CARTO 3



Ensite Precision

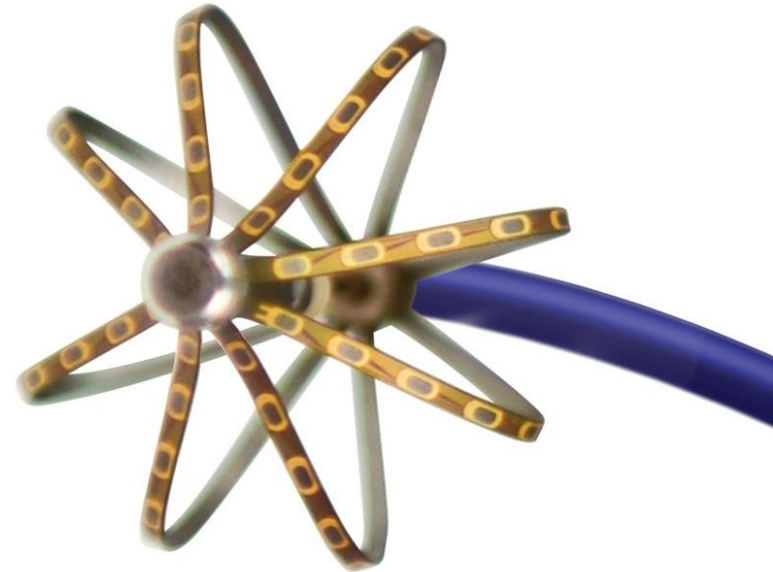


Rhythmia



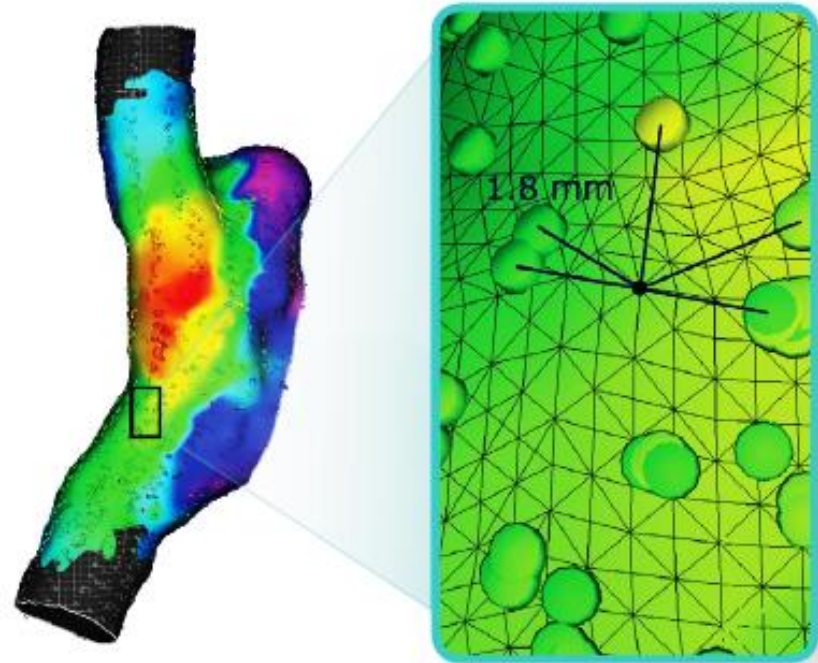
Cathéter de Mapping Haute Résolution

- Courbure bi-directionnelle
- Diamètre variable (3-22mm)
- 8.5F (2.8 mm)
- 64 electrodes
- Espacements inter-électrodes 2.5 mm
- 8 branches souples et flexibles
- Localisation magnetique
- Système d'irrigation



Intérêt du mapping à Ultra Haute Definition (UHD)

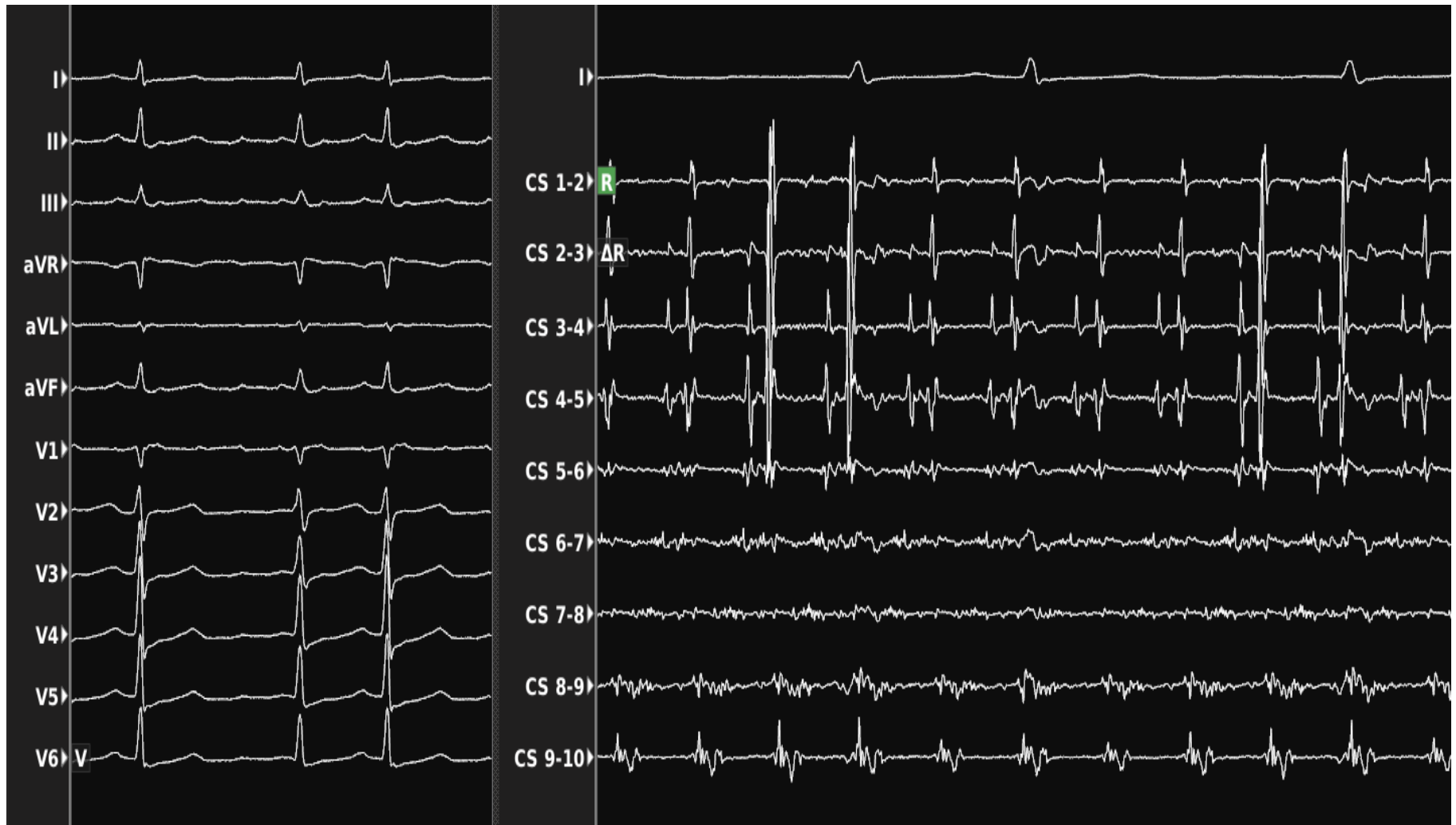
- Compréhension des mécanismes
- Définition de la stratégie d'ablation
- Anticipation thérapeutique



Histoire patient

- *M. And. DUE.*
- *Ablation flutter atypique 16/8/2017:2010 ablation FA persistante(isolation vp,defragmentation OG,ligne toit + mitrale,choc électrique,vp bloquées,bloc toit et mitrale)*

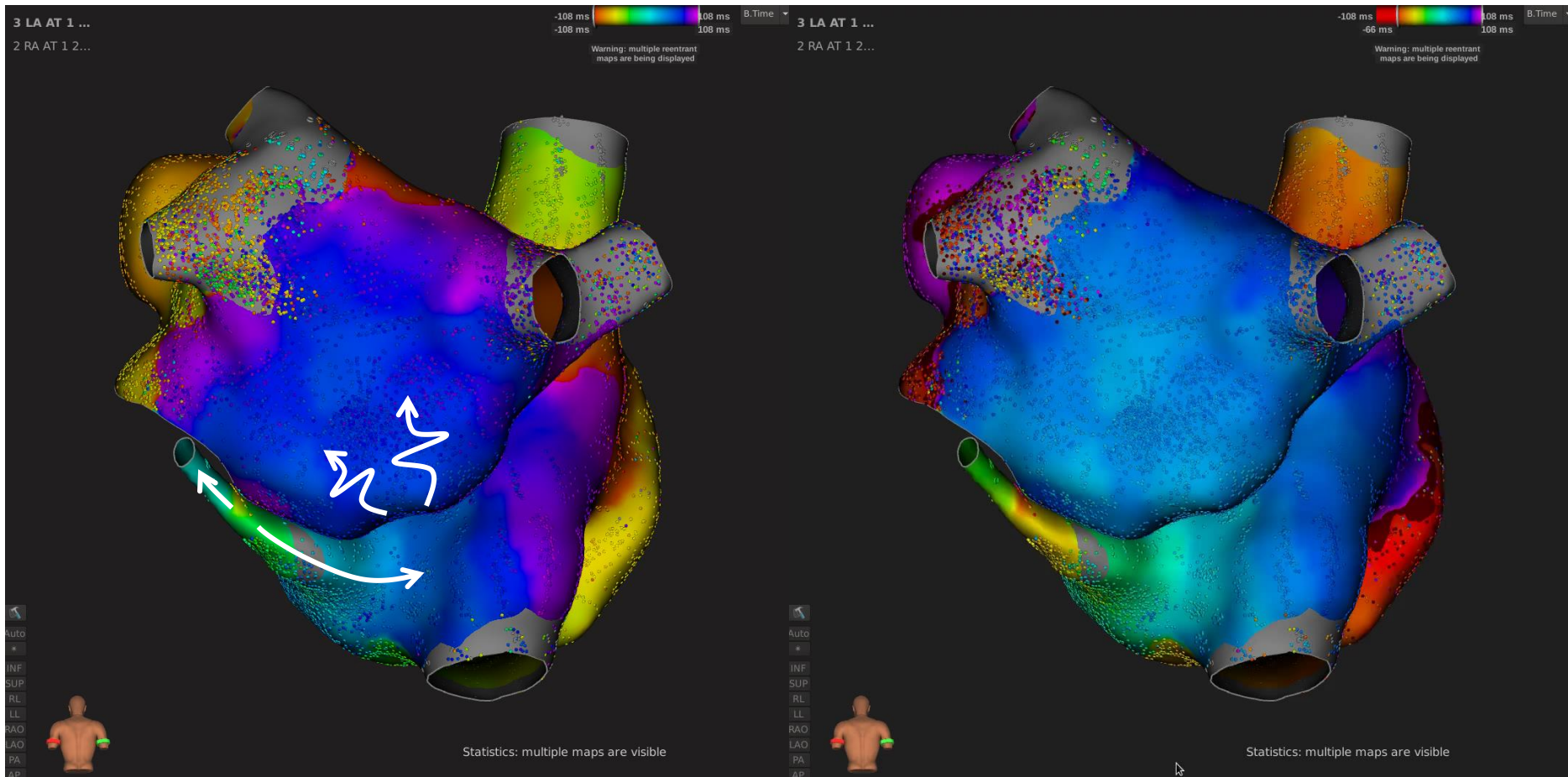
ECG



Compréhension des mécanismes

1

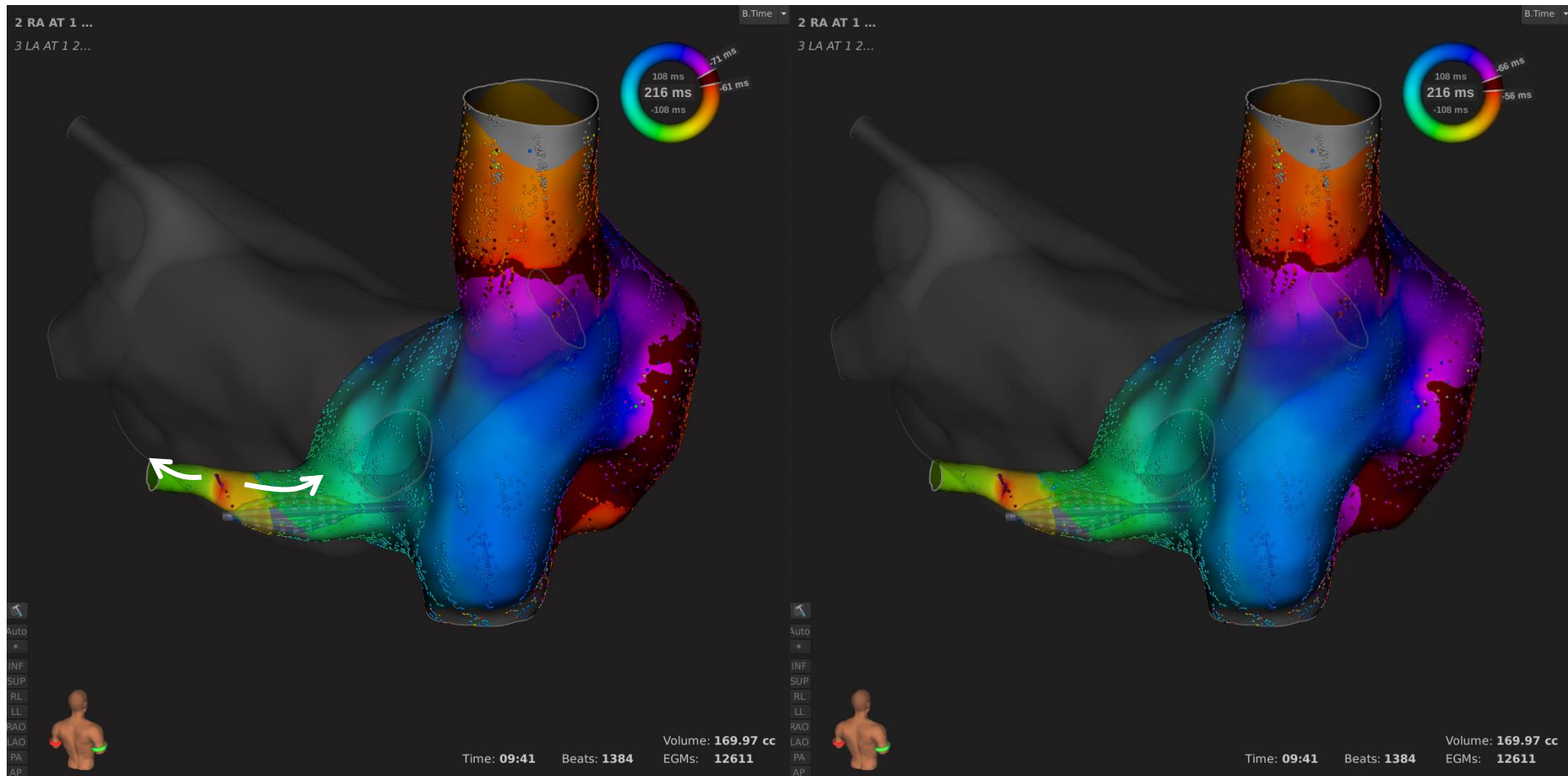
Activation OG-OD



Compréhension des mécanismes

1

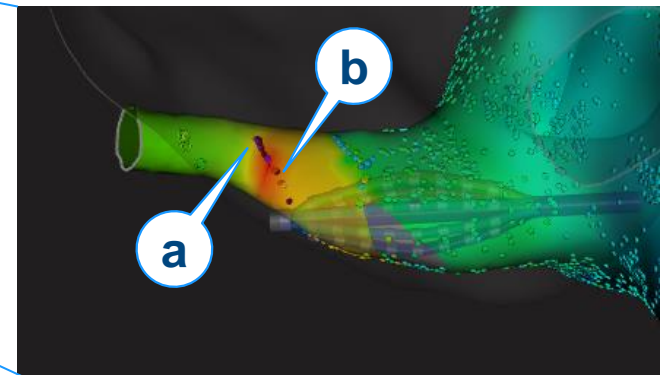
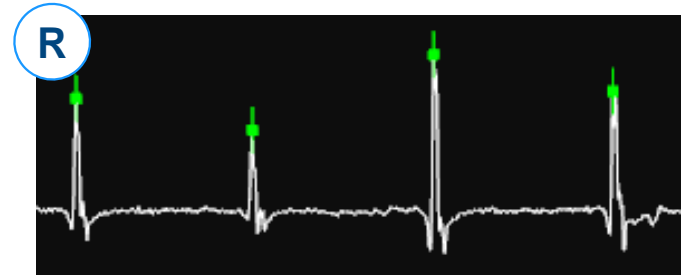
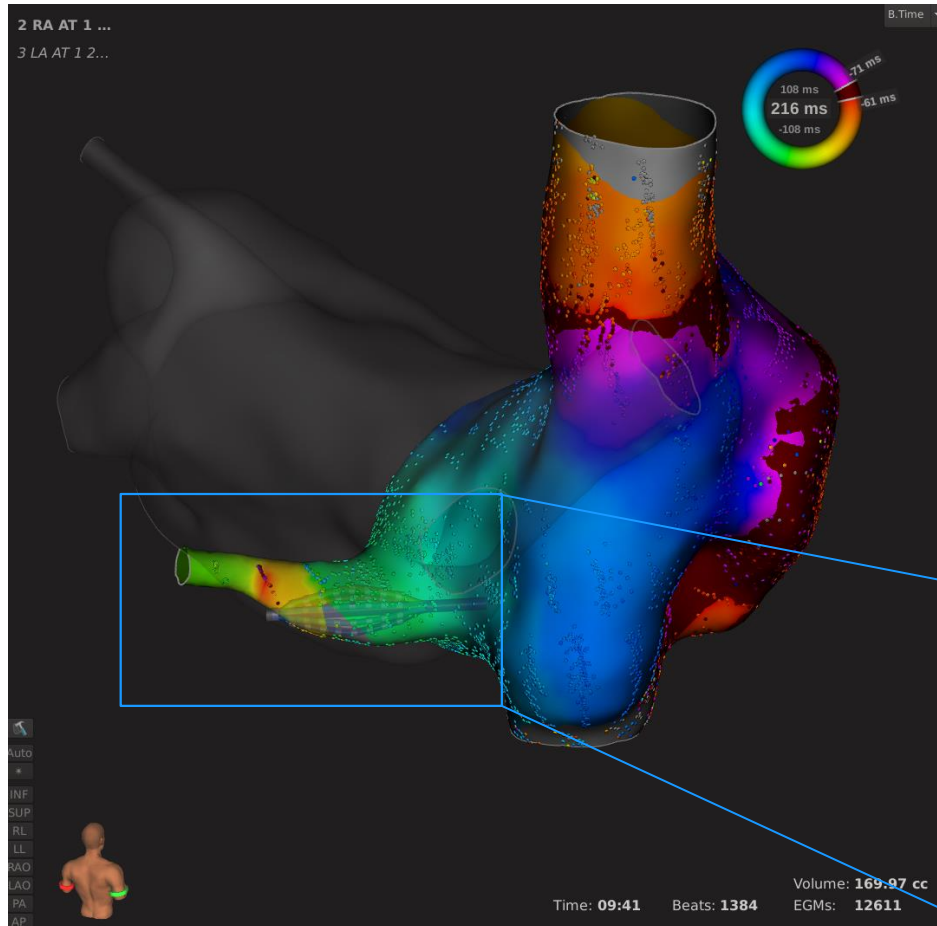
Activation CS



Compréhension des mécanismes

1

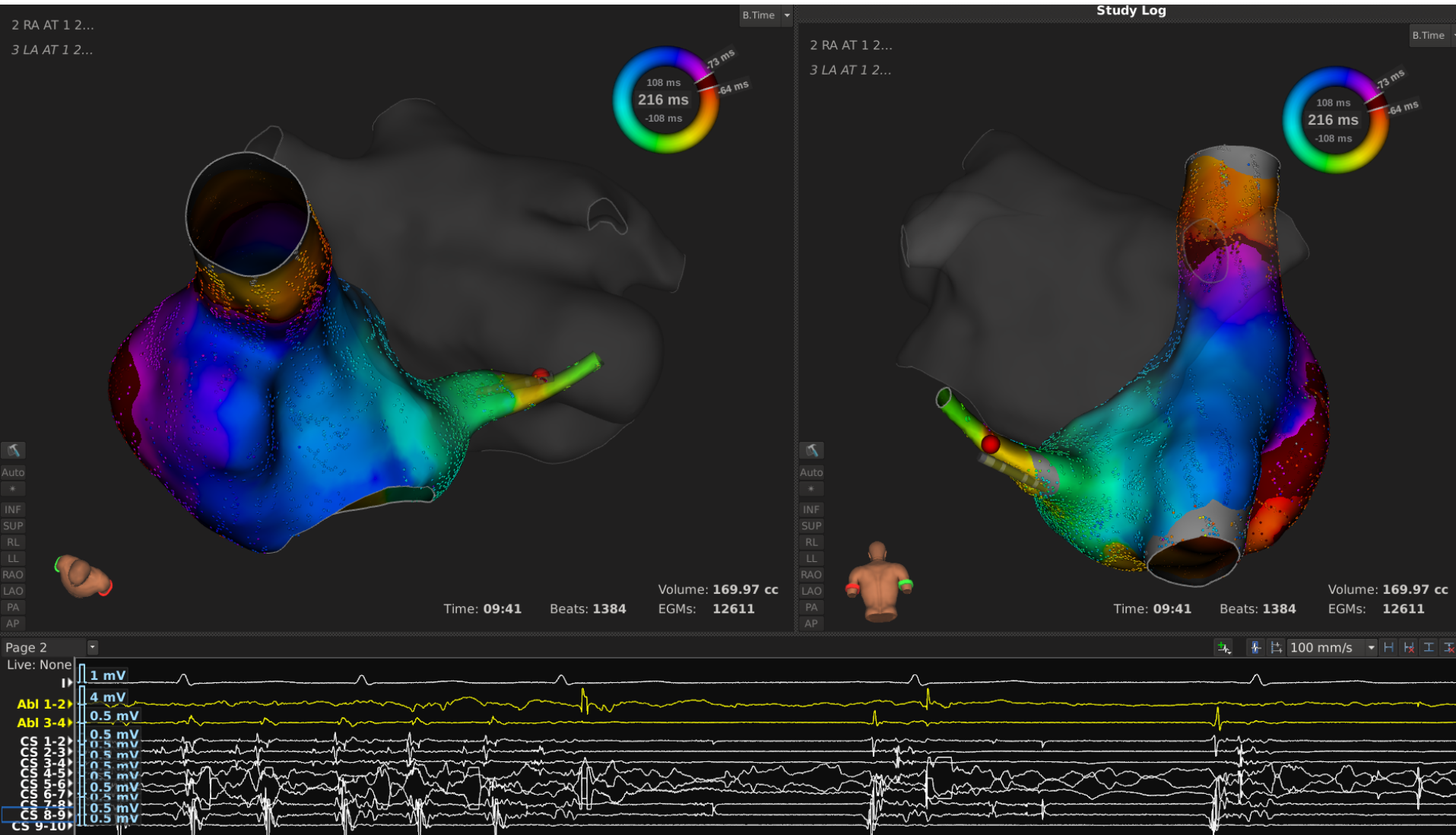
Activation CS



Compréhension des mécanismes

1

Ablation CS



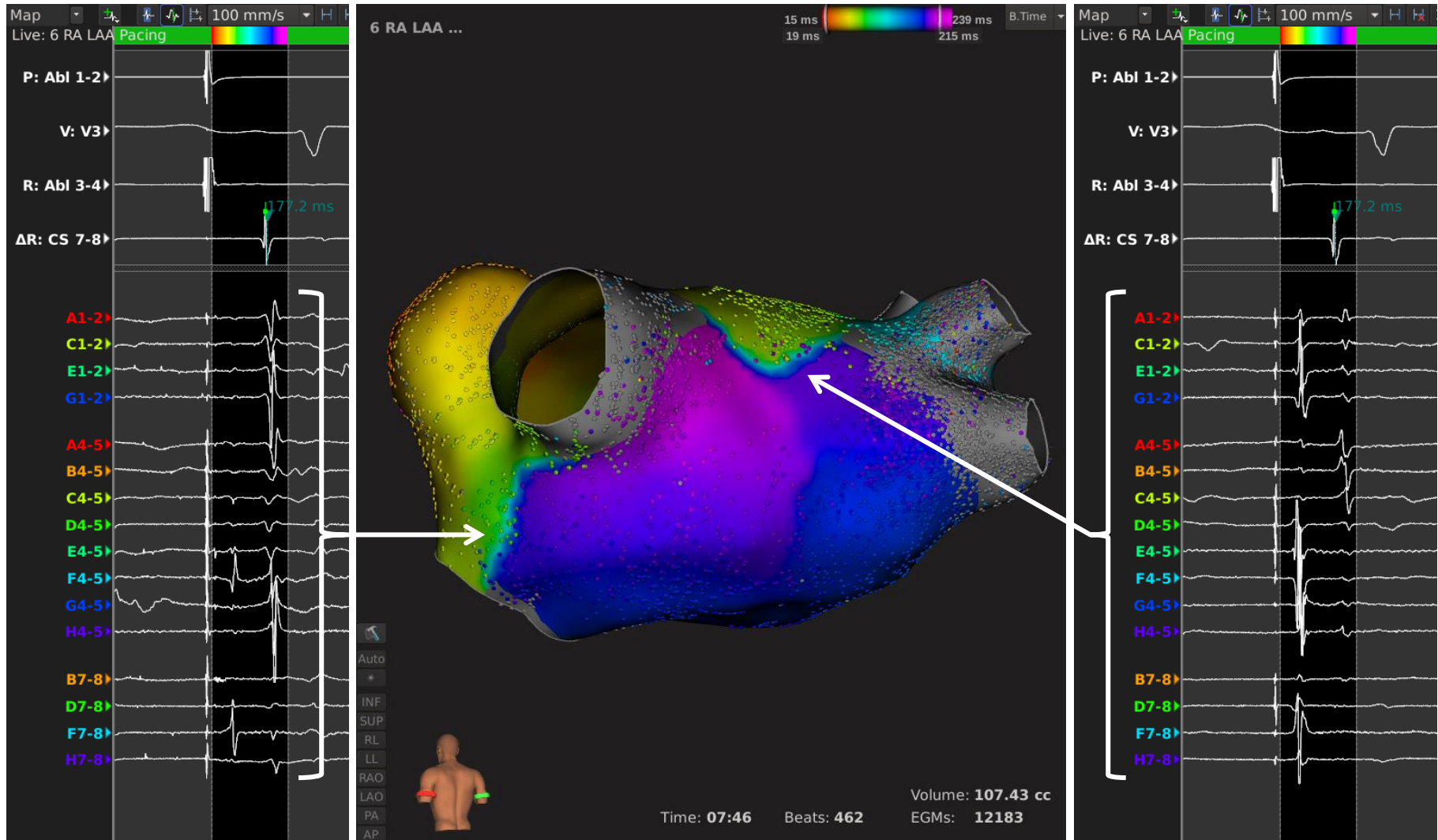
Histoire patient (M Ray. KAD.)

- *Ablation flutter atypique 23/08/2017:2015 ablation FA persistante(isolation vp ,défragmentation OG passage flutter gauche péri mitral allongement cycle flutter toit stop*
- *Contrôle vp bloquées bloc mitral et toit*

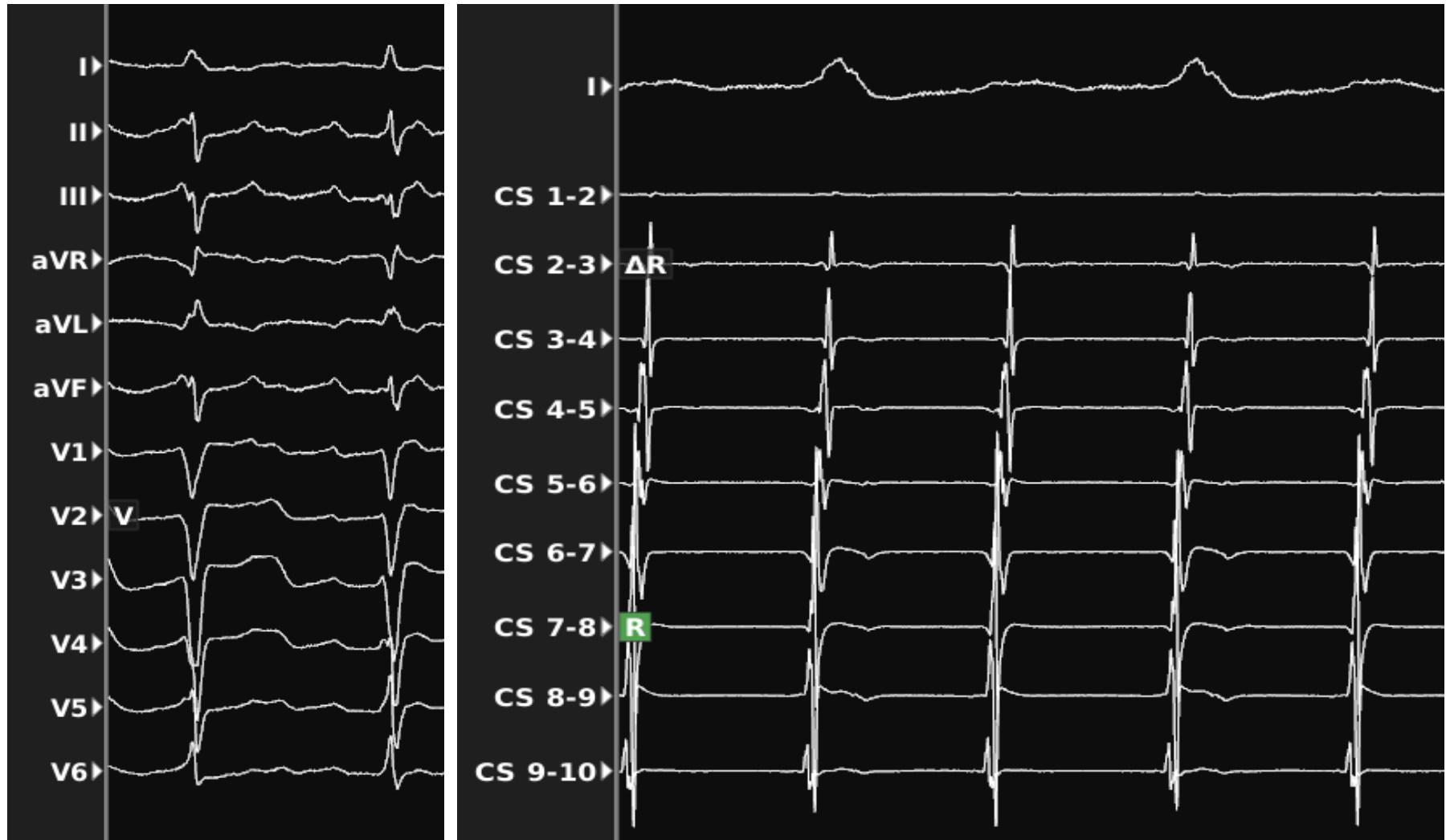
Compréhension des mécanismes

2

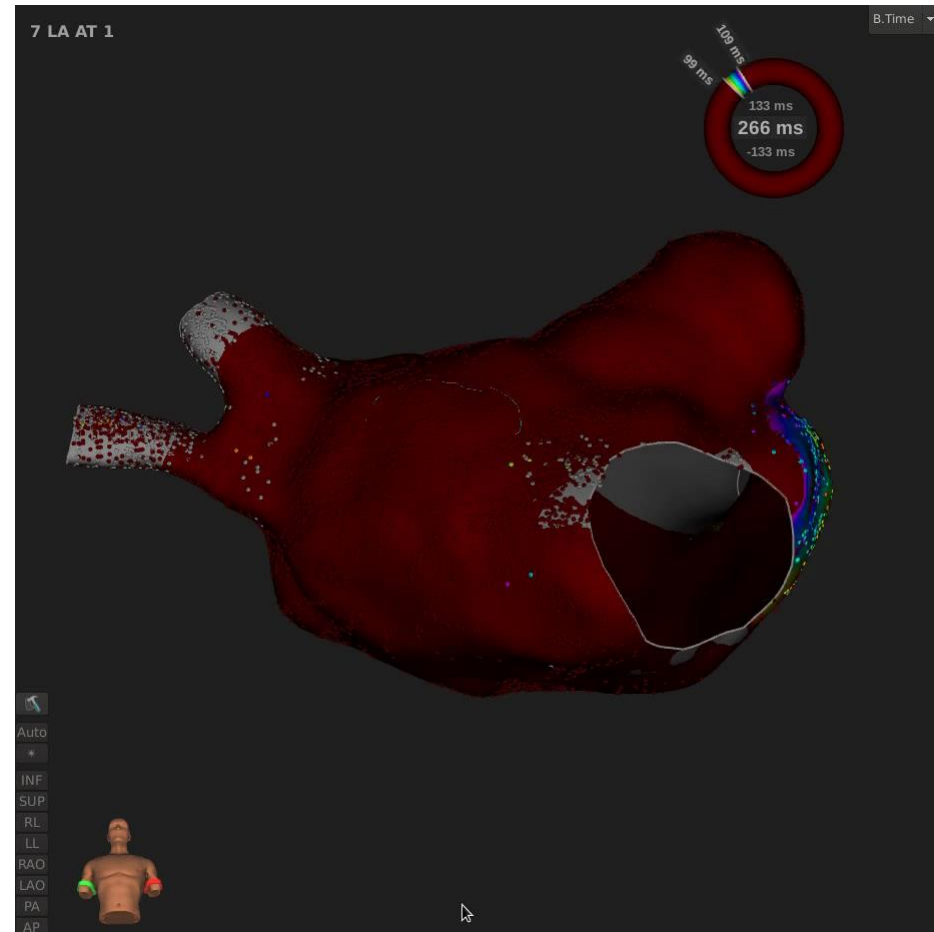
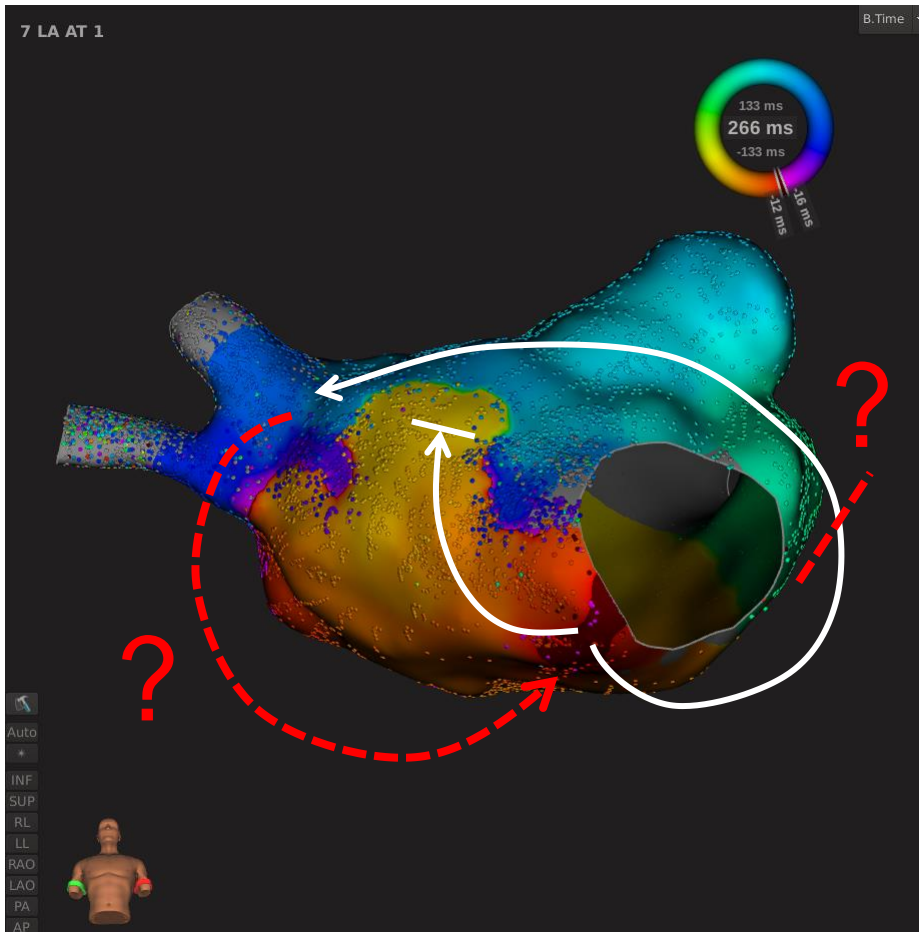
Validation des lignes de bloc



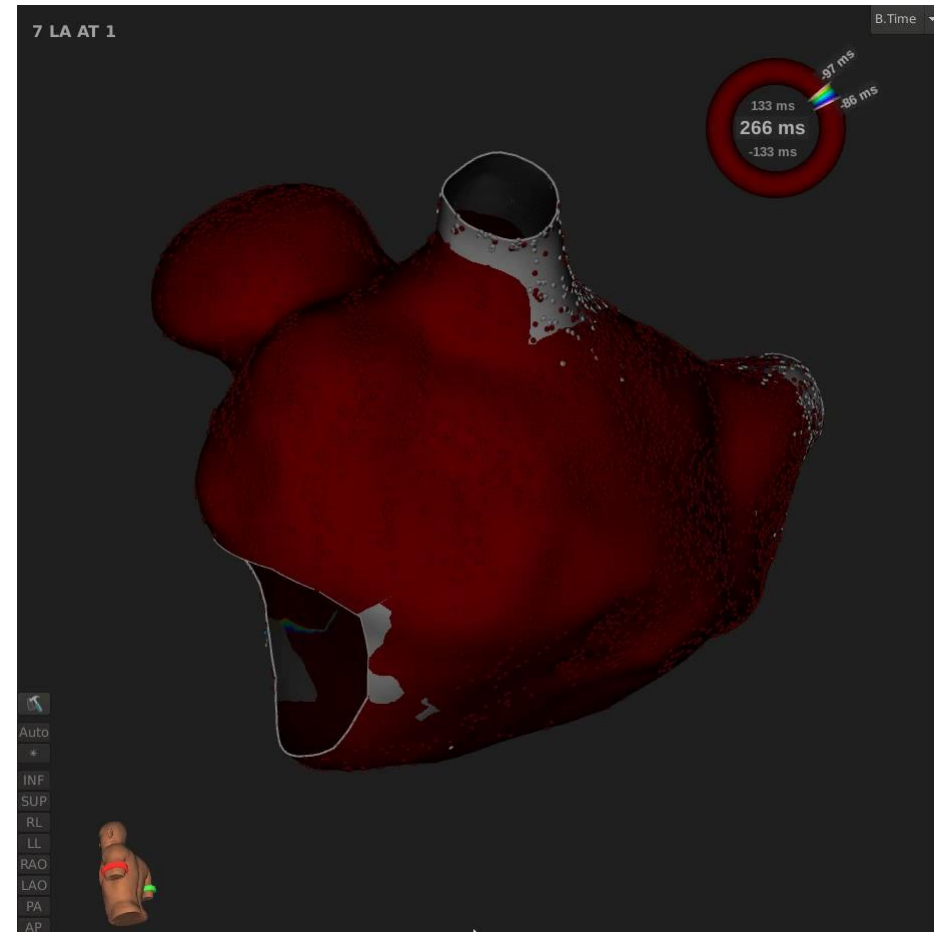
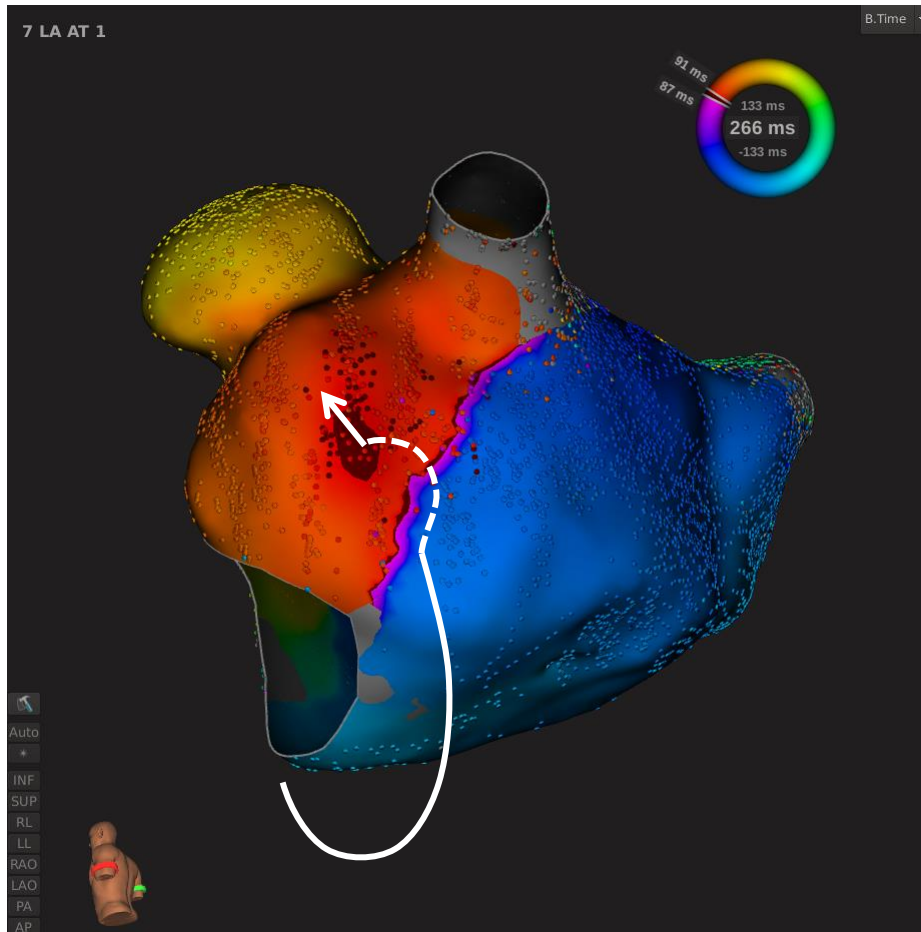
Induction d'une tachycardie (CL 266 ms)



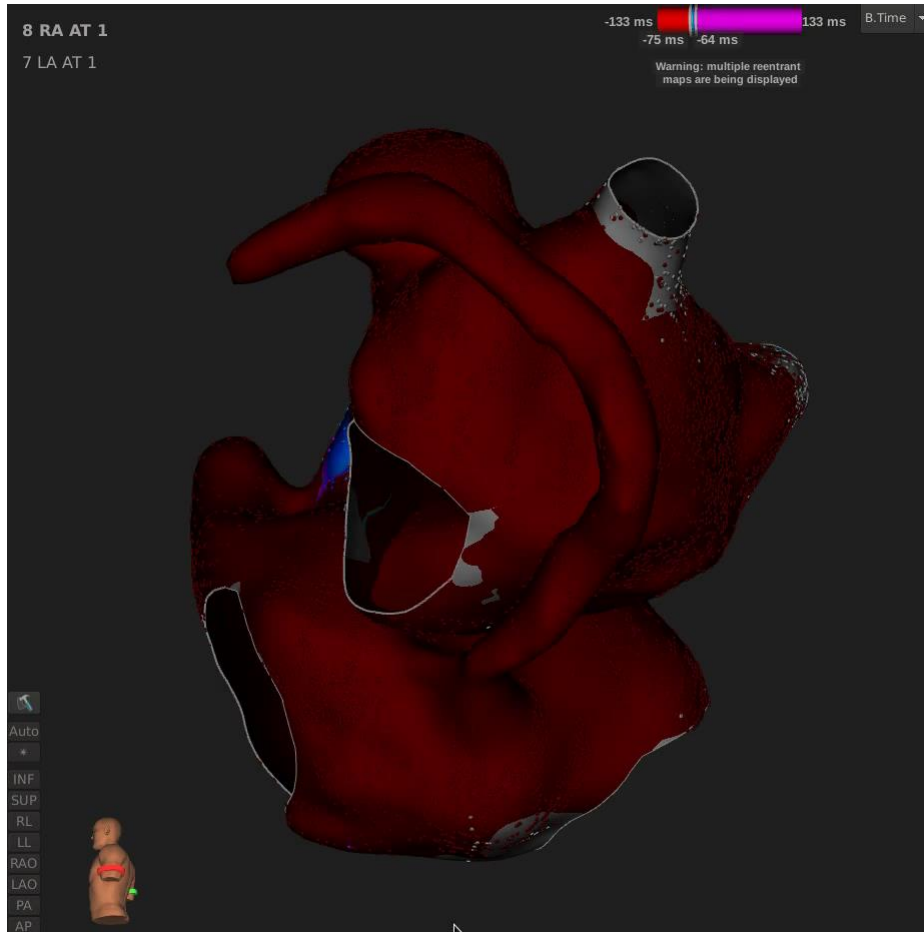
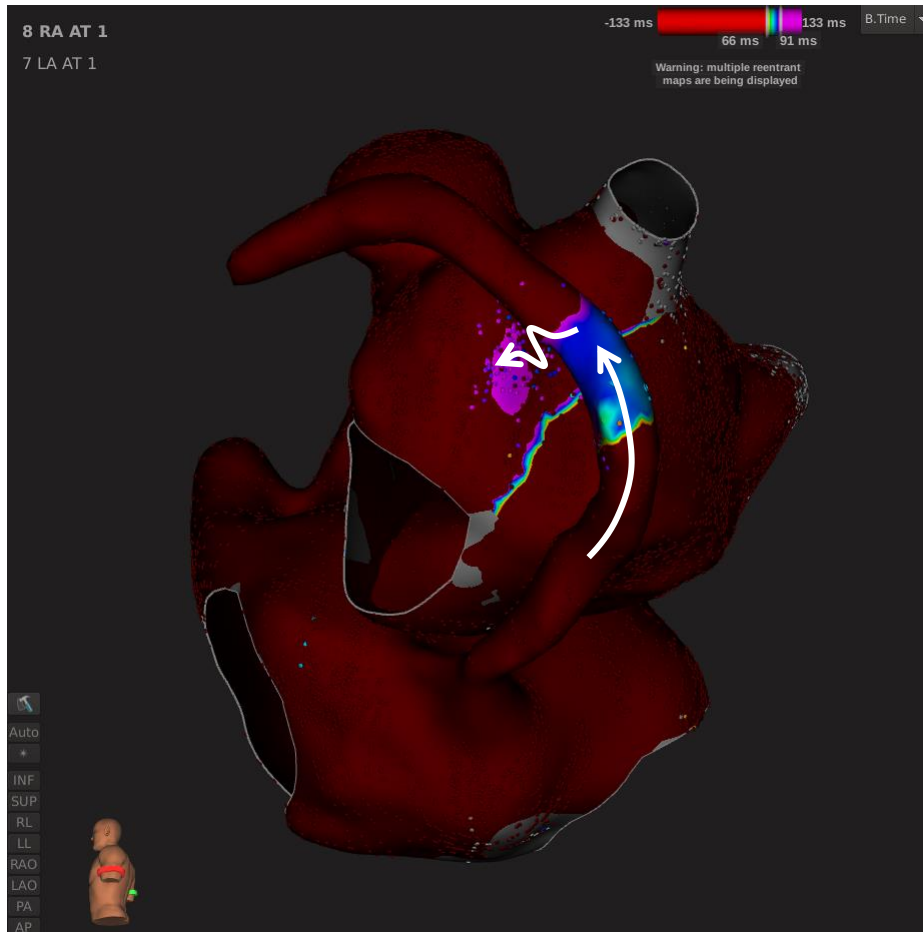
Mapping OG



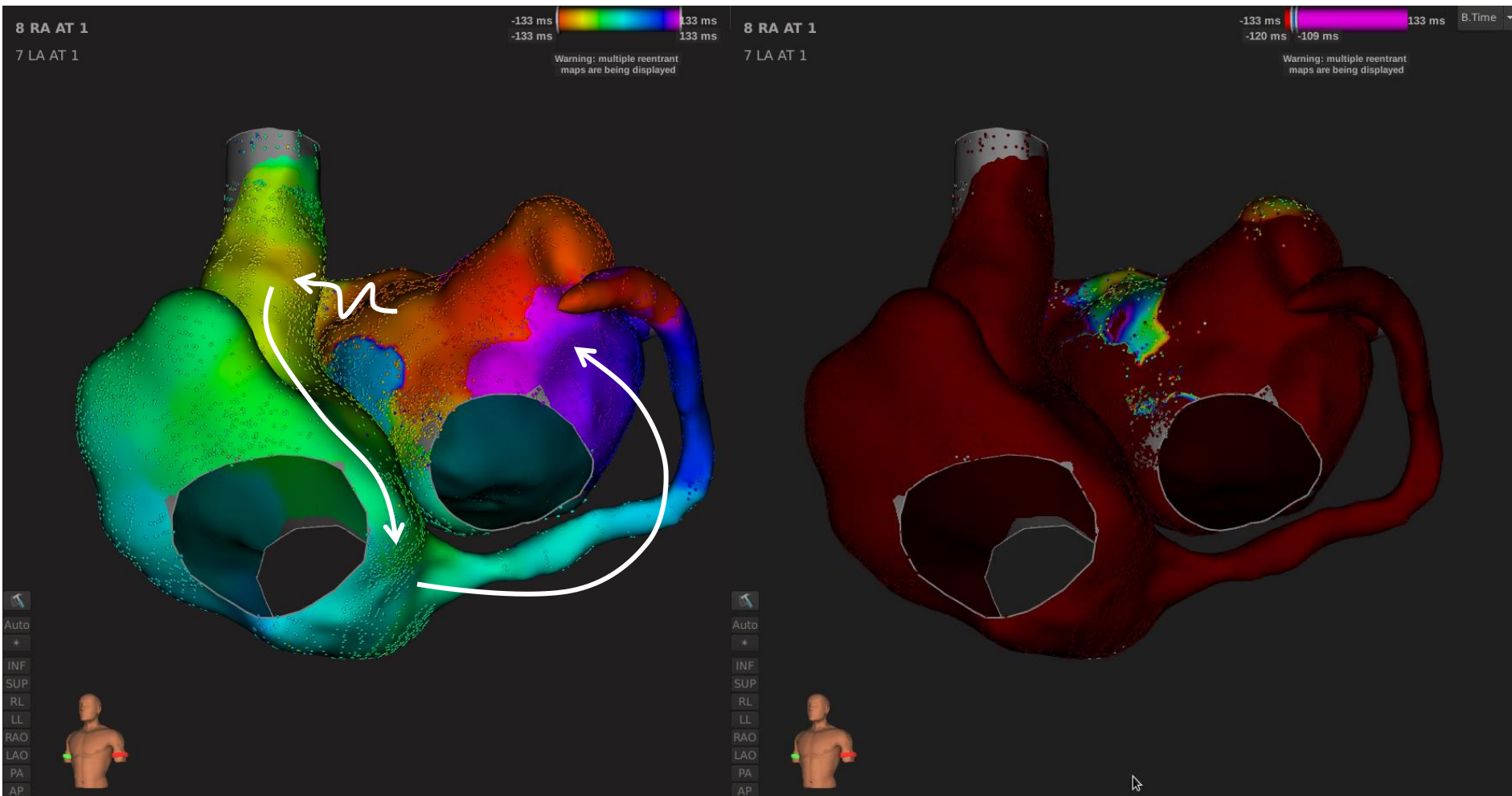
Activation isthme gauche



Activation épicardique



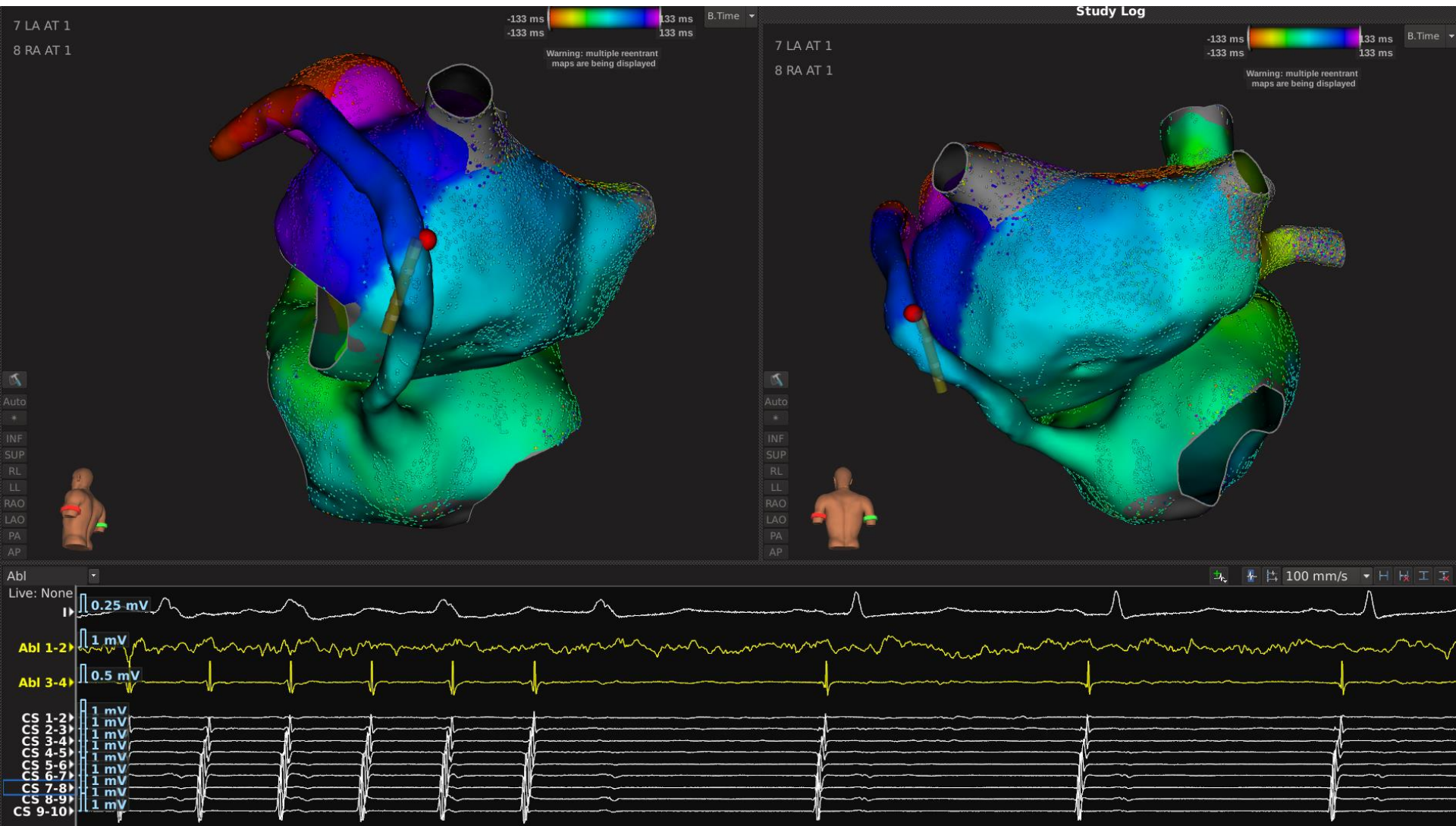
Activation bi-atriale



Compréhension des mécanismes

2

Ablation isthme gauche par le CS



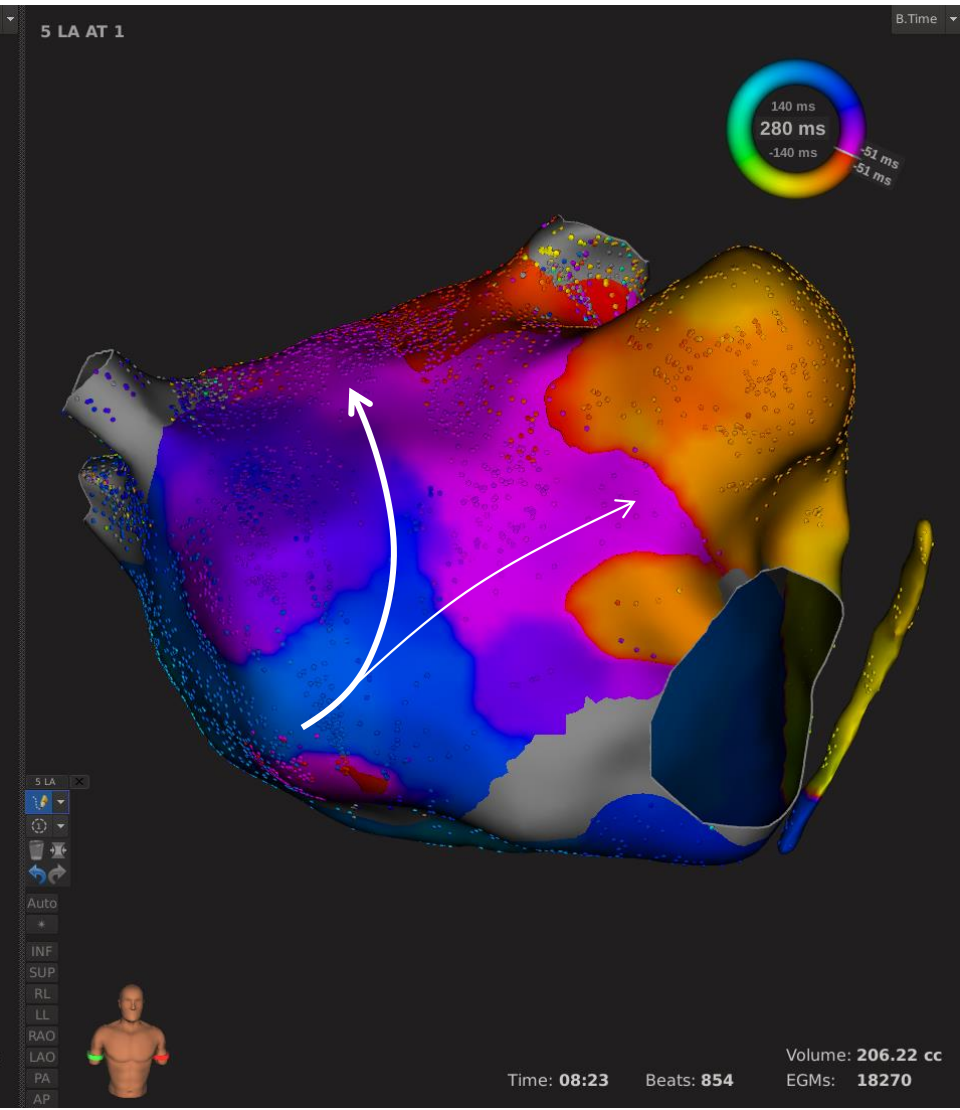
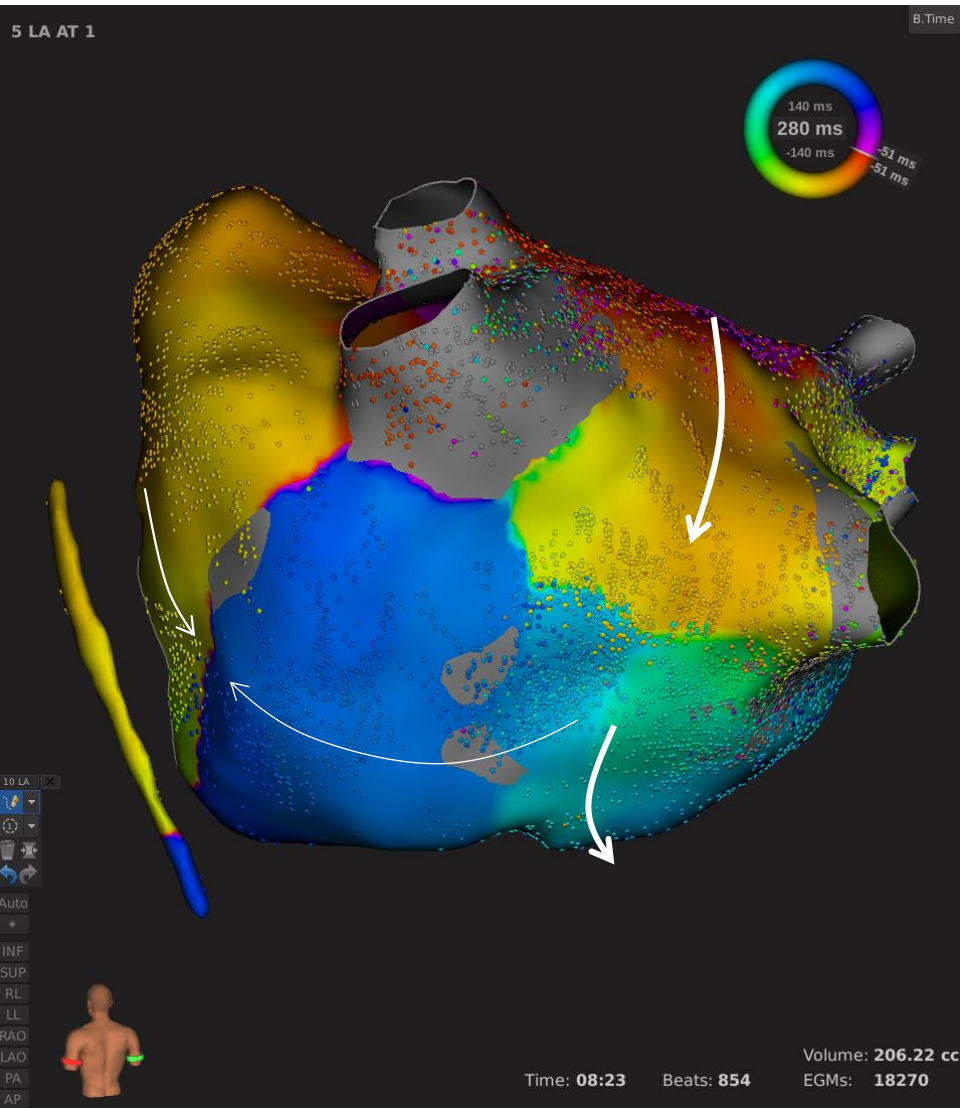
Histoire patient

- *M. Yve. SUA.*
- *Ablation flutter Atypique 05/07/2017*
- *2016 ablation fa persistante (isolation vp ,box post,défragmentation og+od passage flutter isthme mitral ablation sinusal)*
- *Controle vp bloquées ,isthme mitral bloqué,pas de bloc sur toit*

Définition de la stratégie d'ablation

3

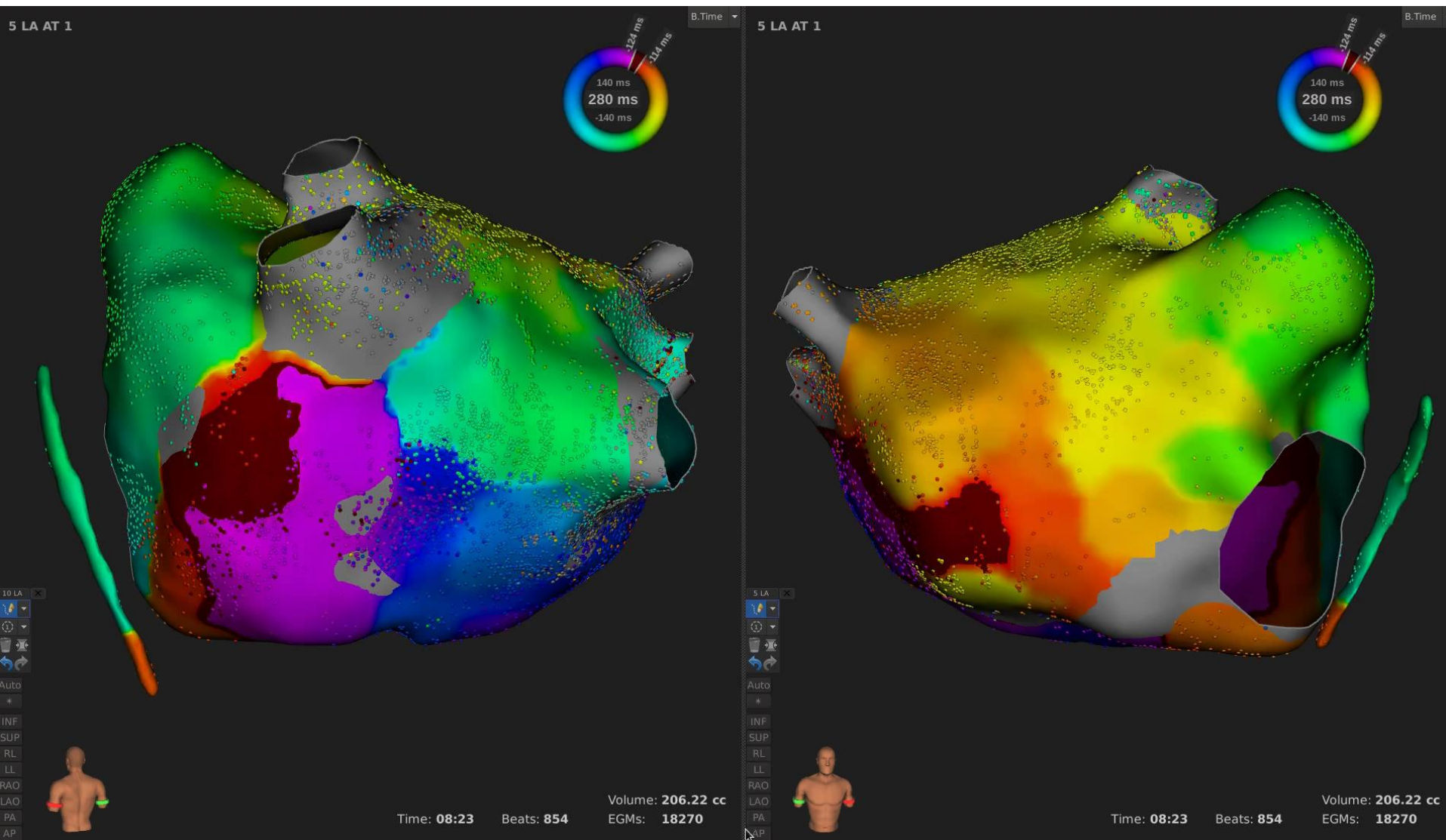
Activation OG



Définition de la stratégie d'ablation

3

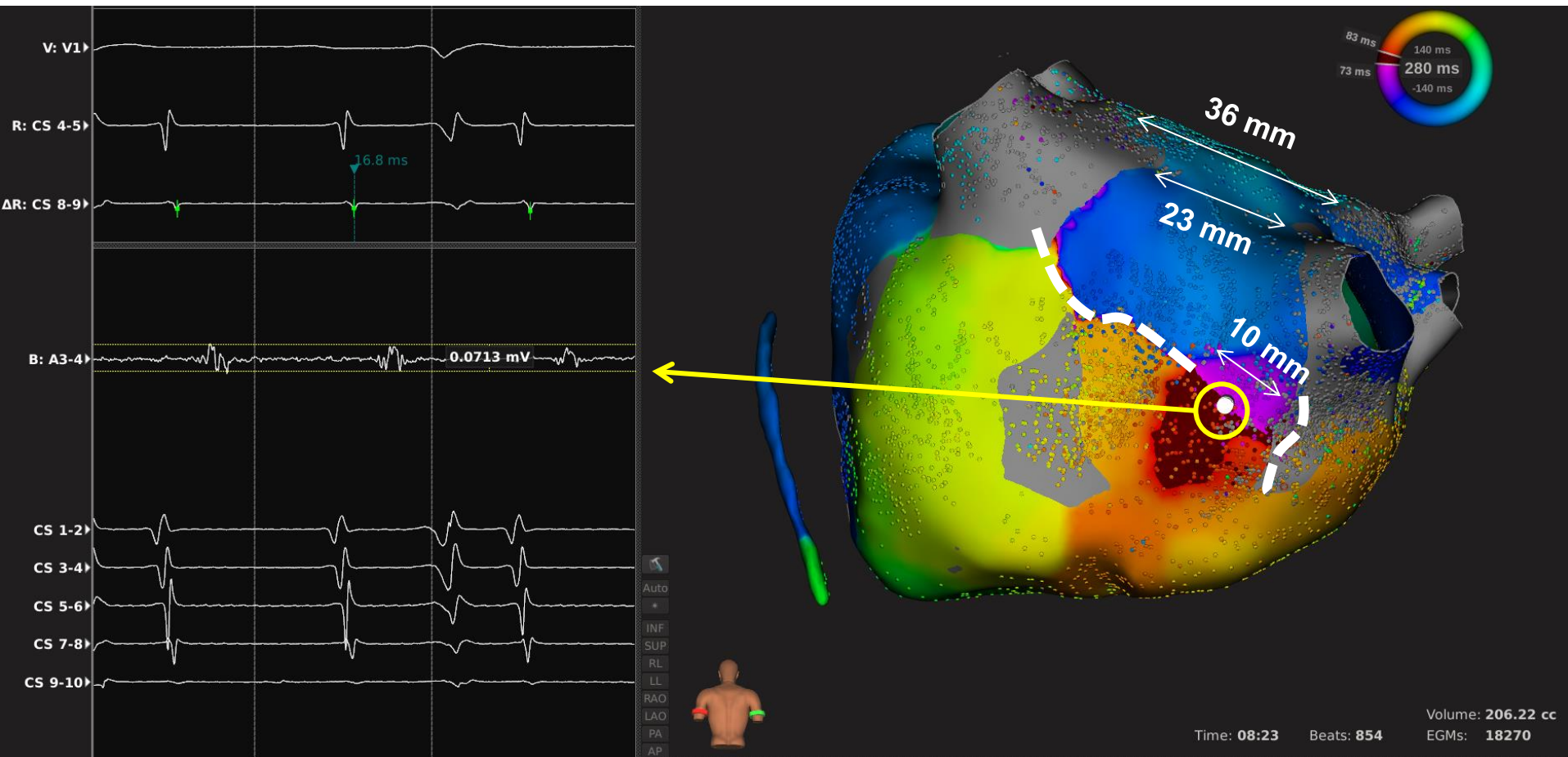
Activation OG



Définition de la stratégie d'ablation

3

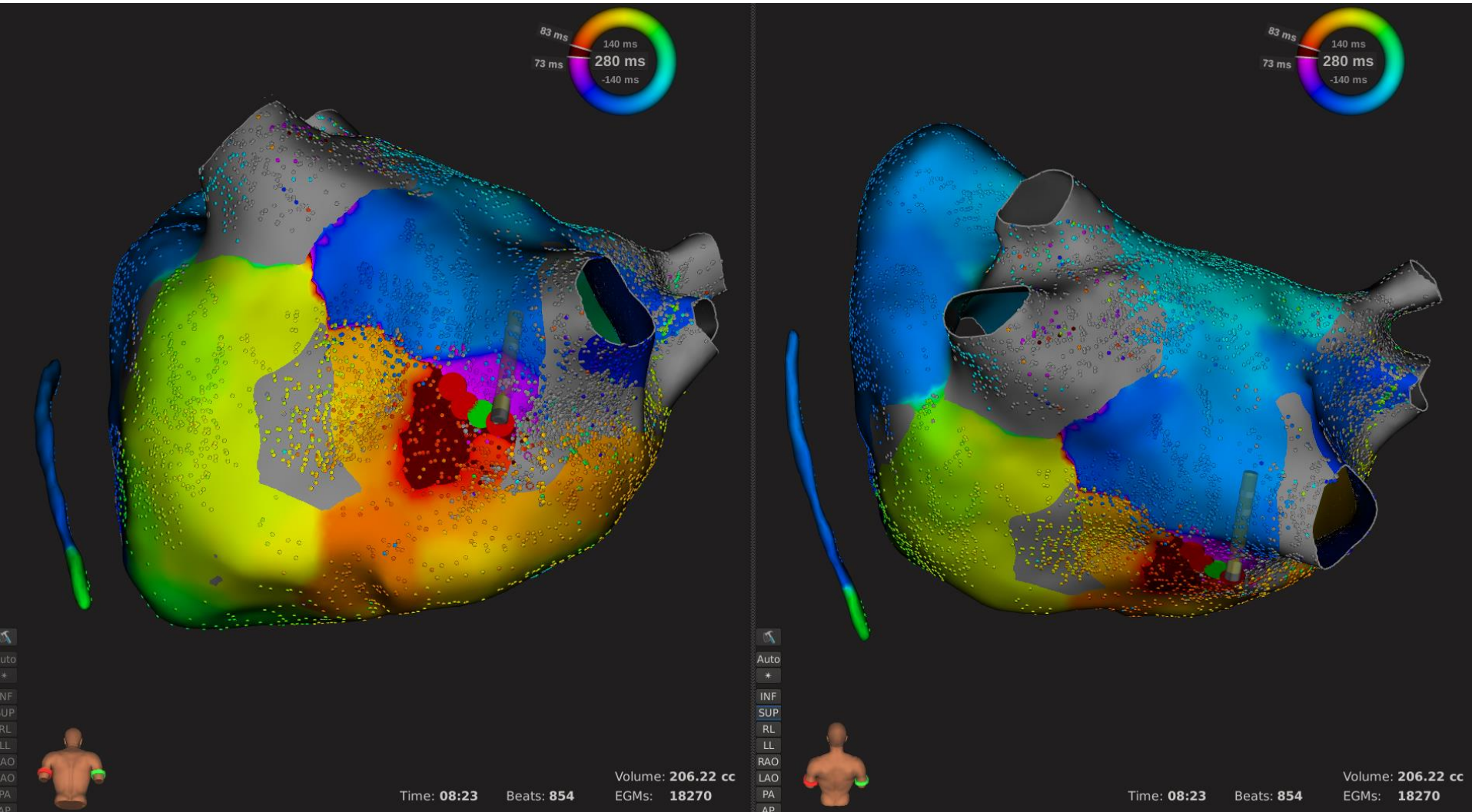
Localisation isthme critique



Définition de la stratégie d'ablation

3

Site Ablation



Histoire patient

- *M. Yve. PER.*
- *Procédure du 05/09/2017*

Définition de la stratégie d'ablation

4

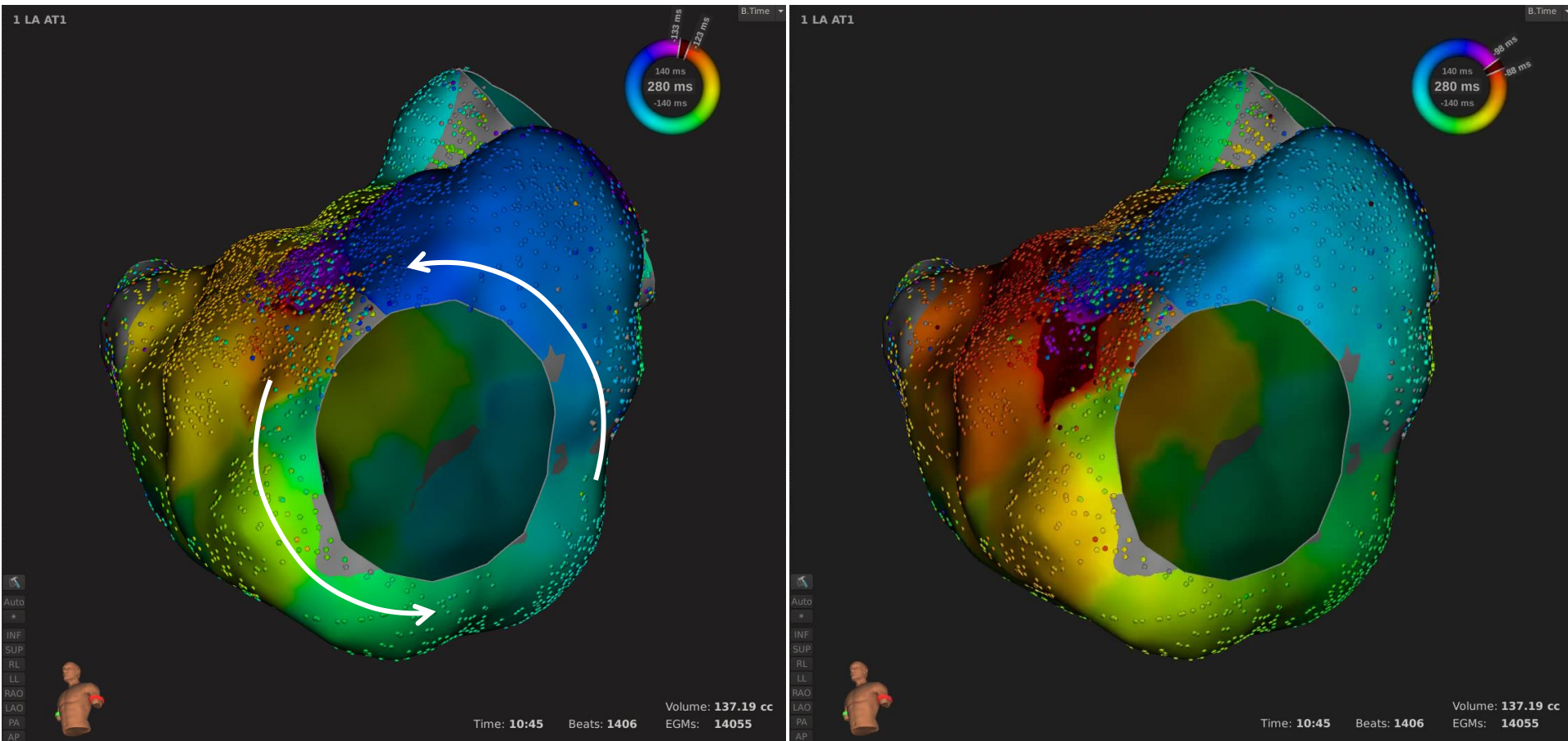
ECG – Cycle AT



Définition de la stratégie d'ablation

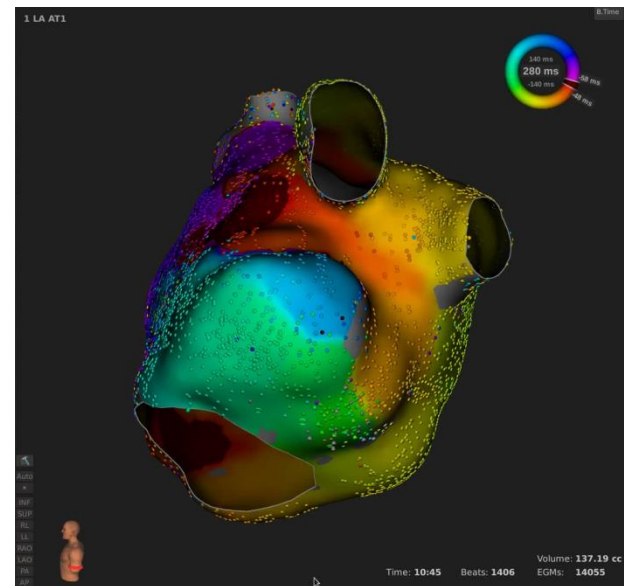
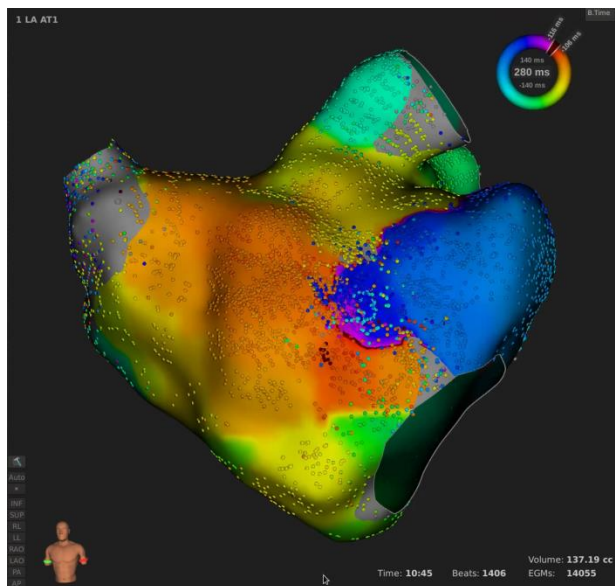
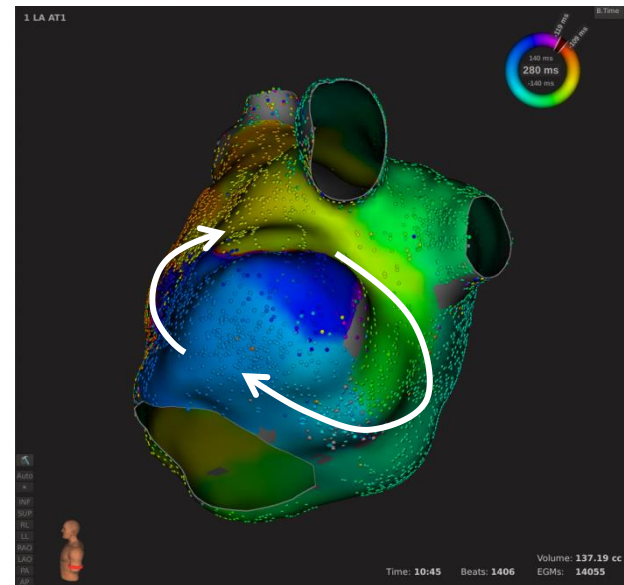
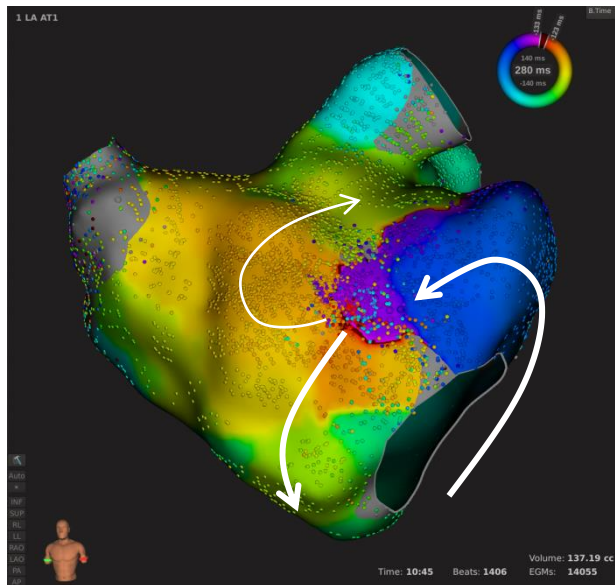
4

Activation OG



Définition de la stratégie d'ablation

4

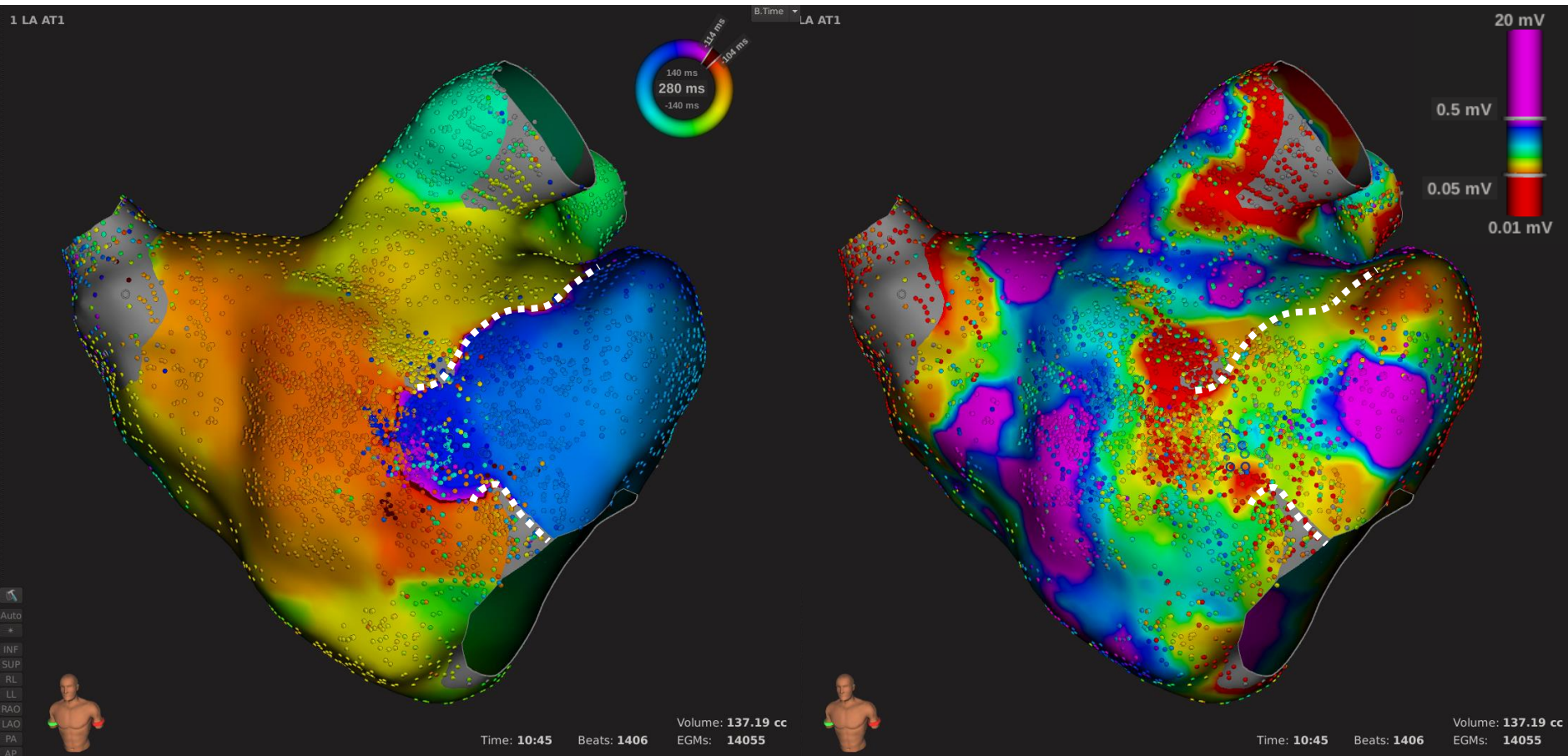


Définition de la stratégie d'ablation

4

Activation

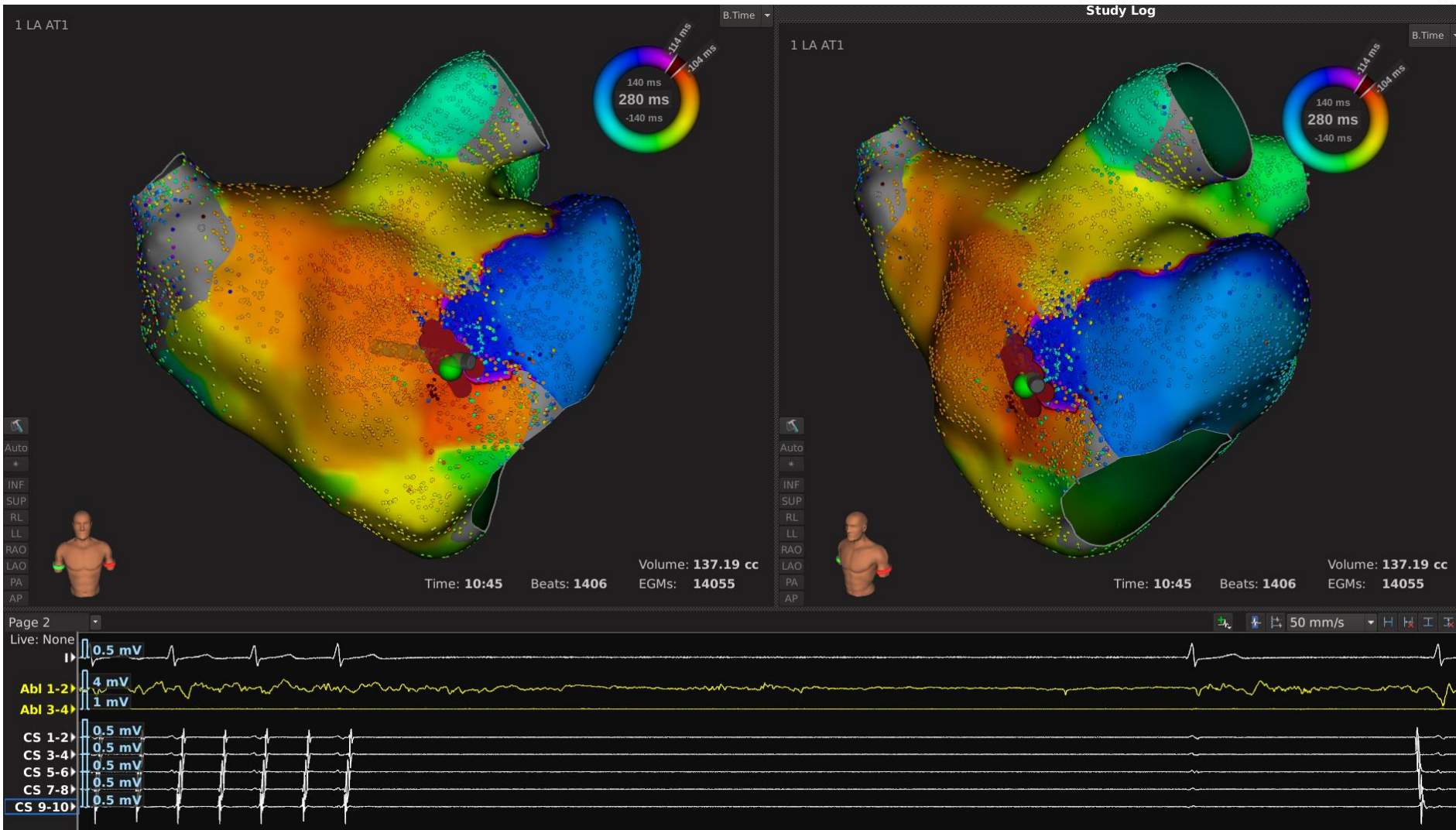
Voltage



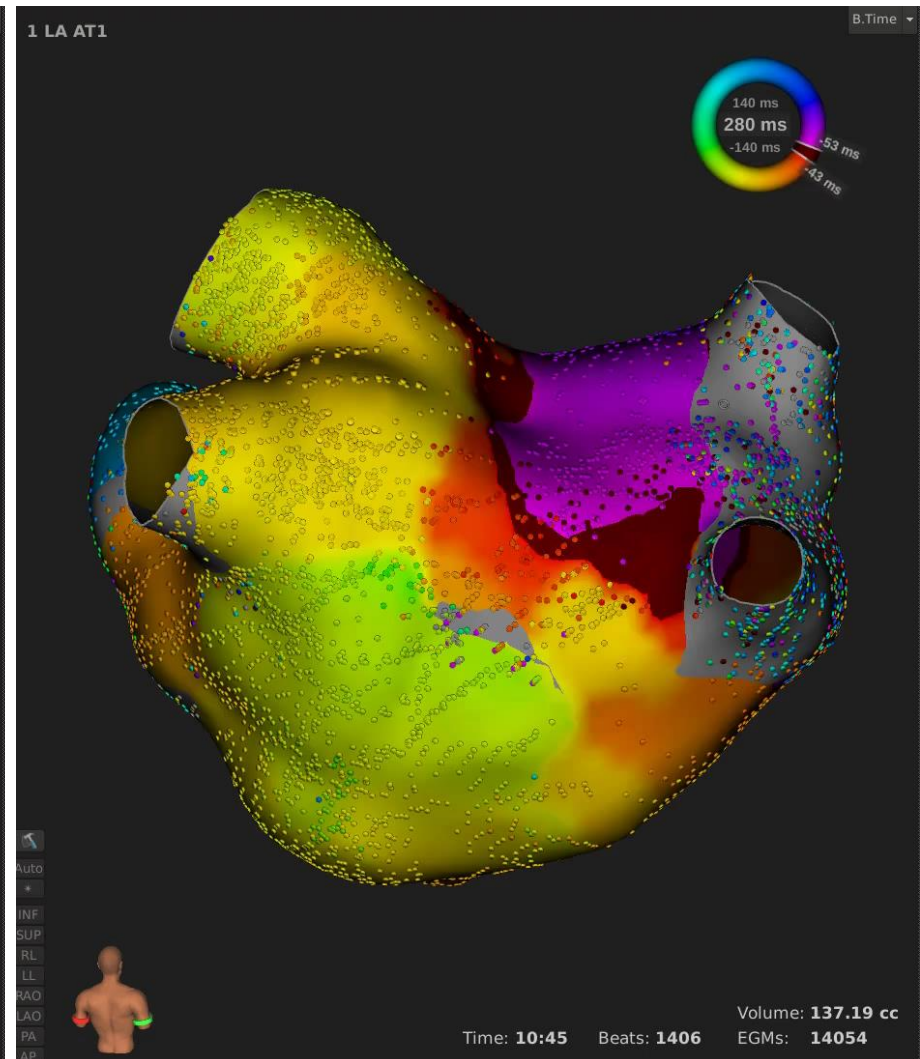
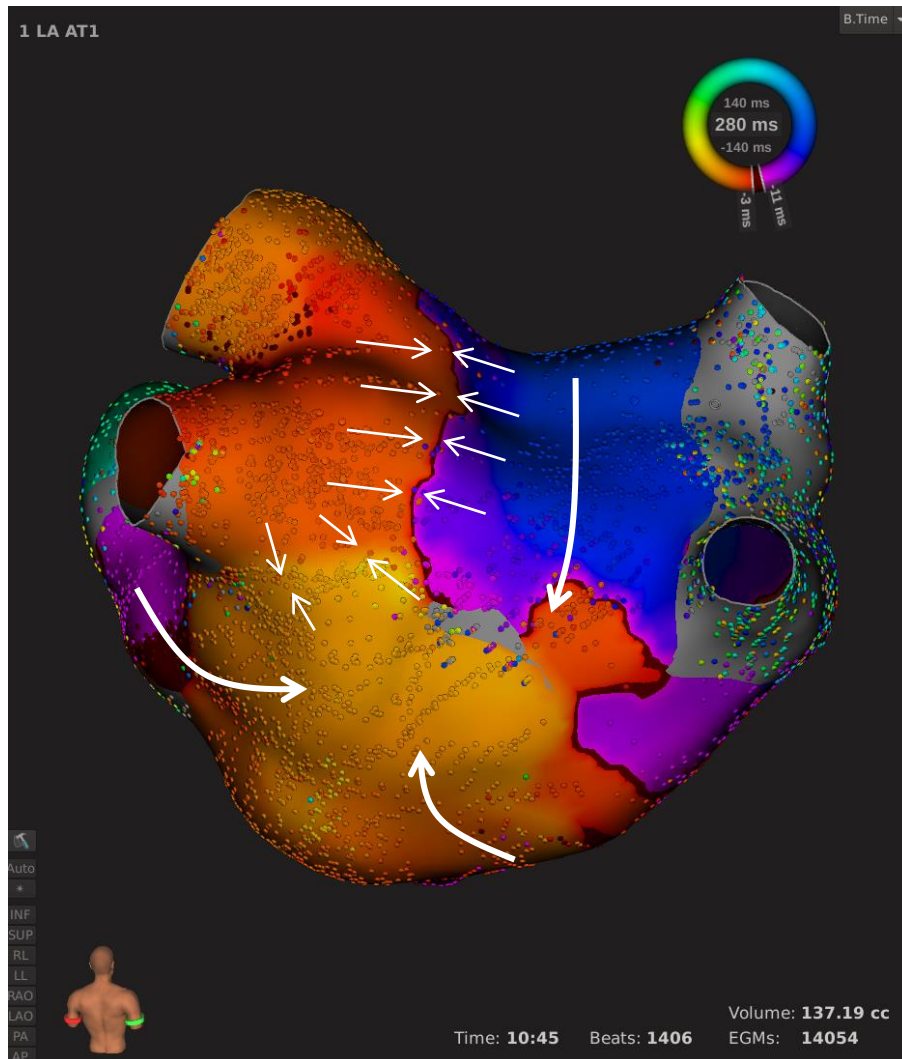
Définition de la stratégie d'ablation

4

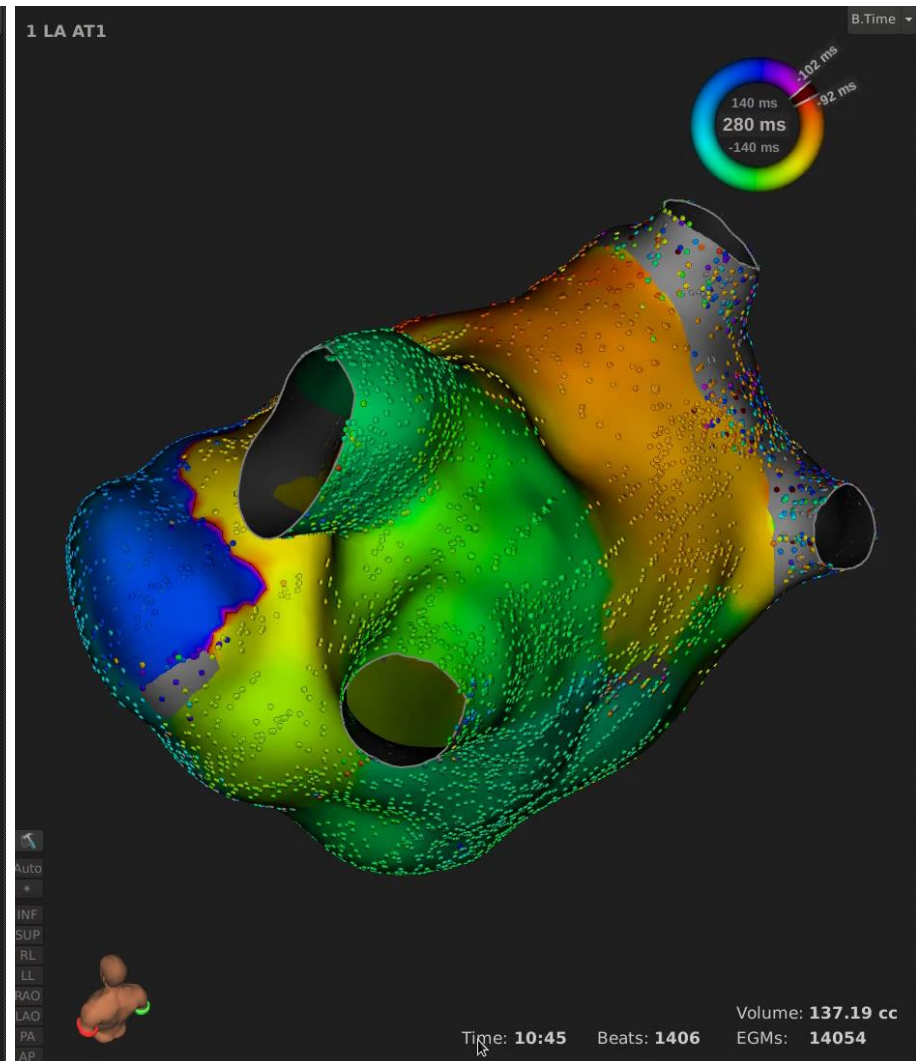
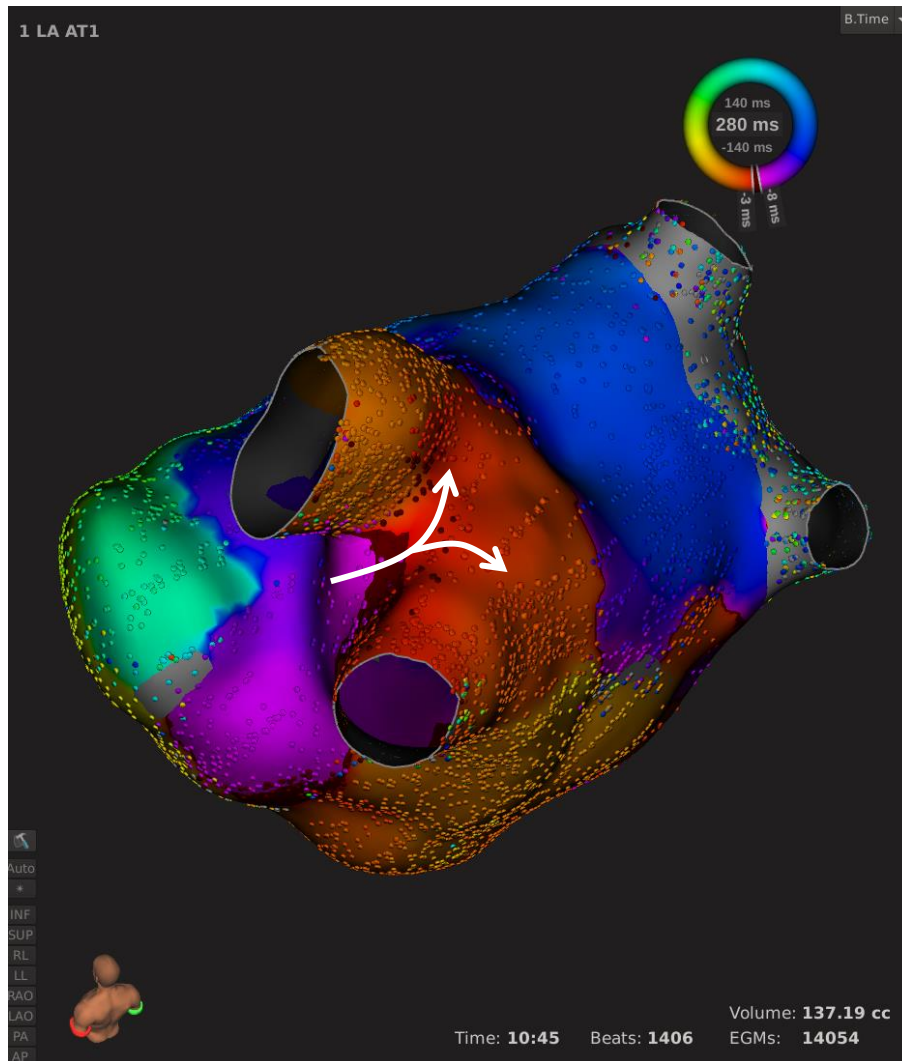
Activation OG



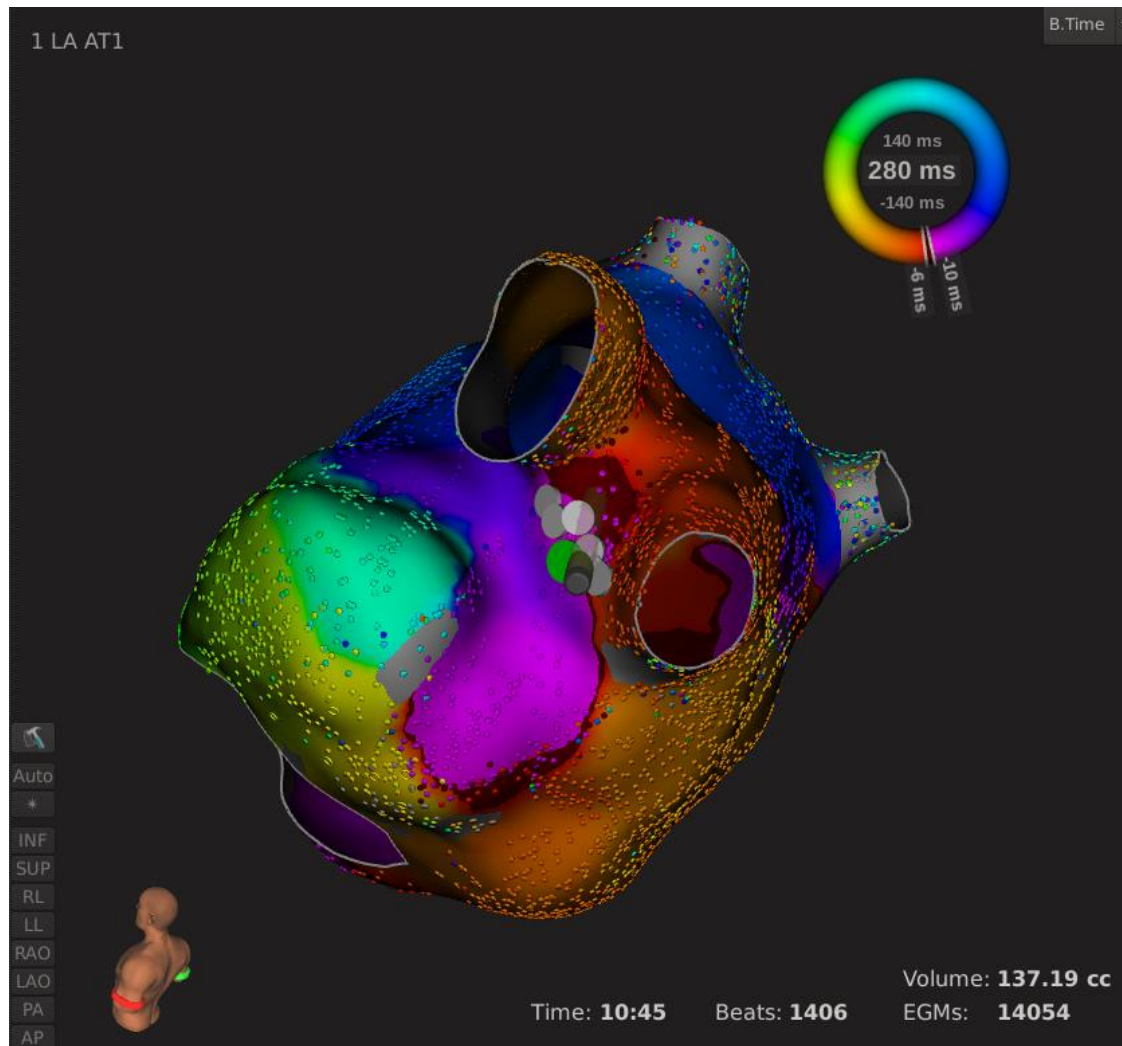
Analyse de l'activation du mur postérieur



Identification du GAP



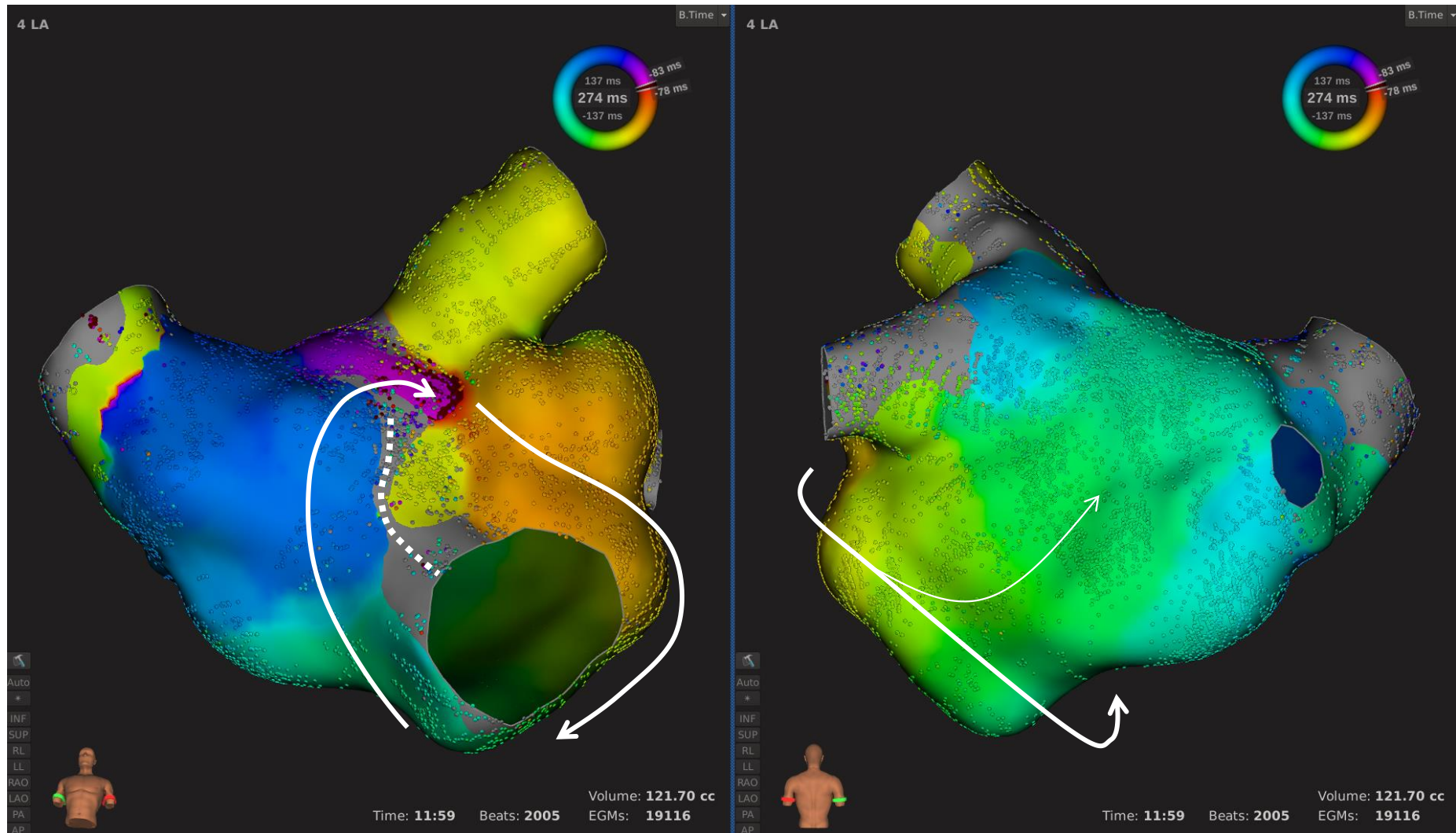
Déconnexion VPG



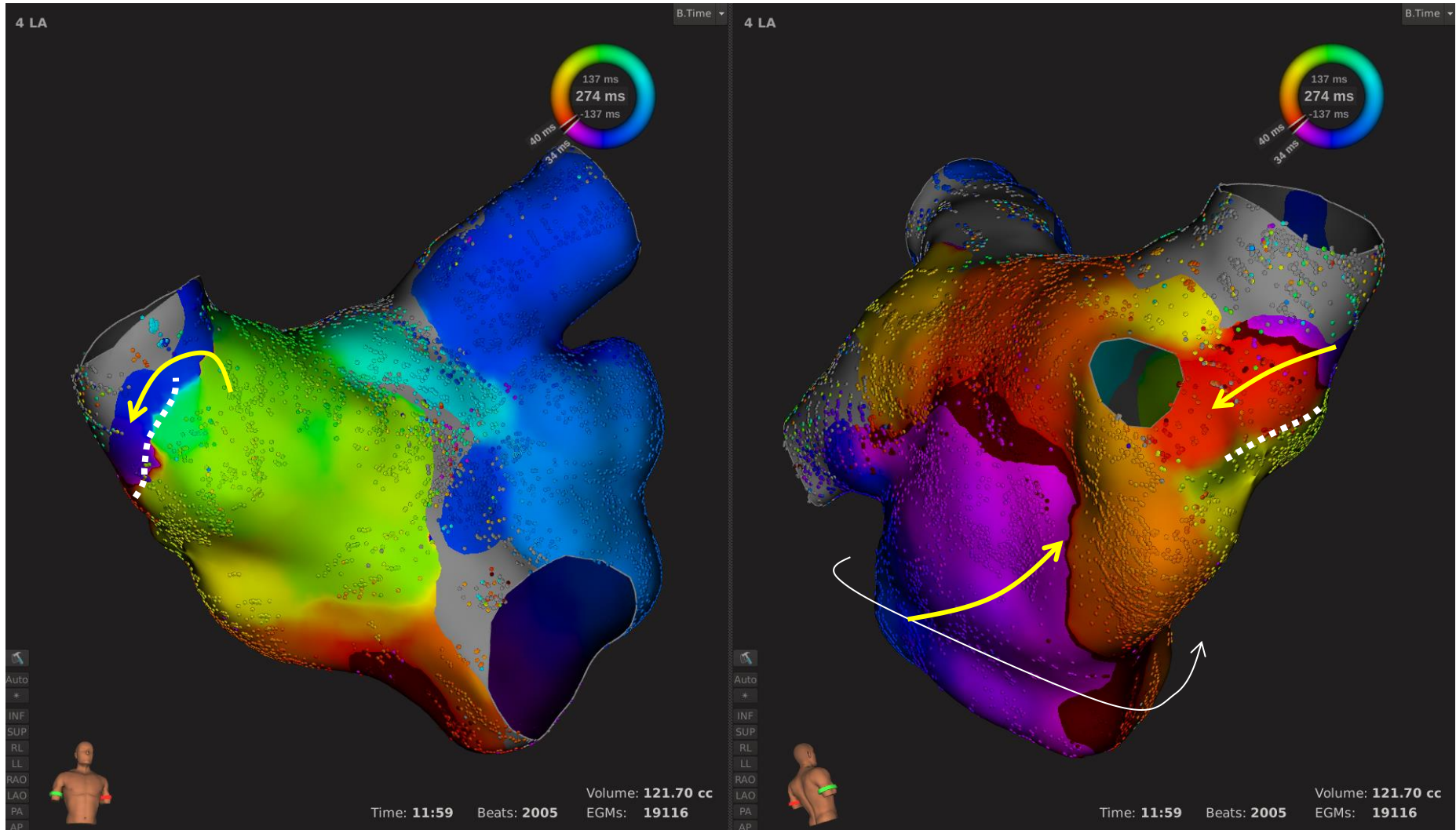
Histoire patient

- *M. JP. Bes*
- Procédure du 06/09/2017
- *perim gap ant + tachy veines droites*

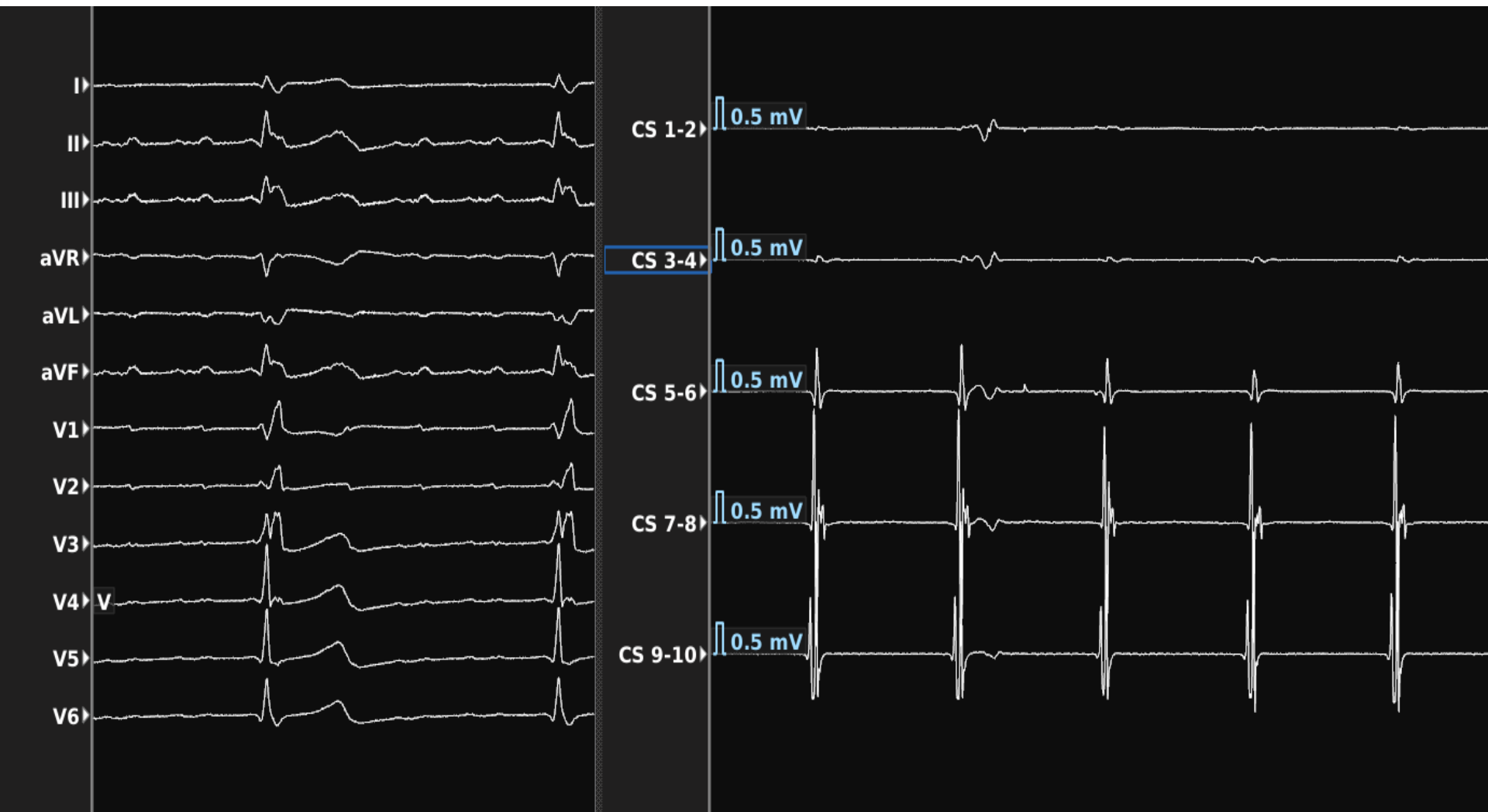
Carte activation AP-PA



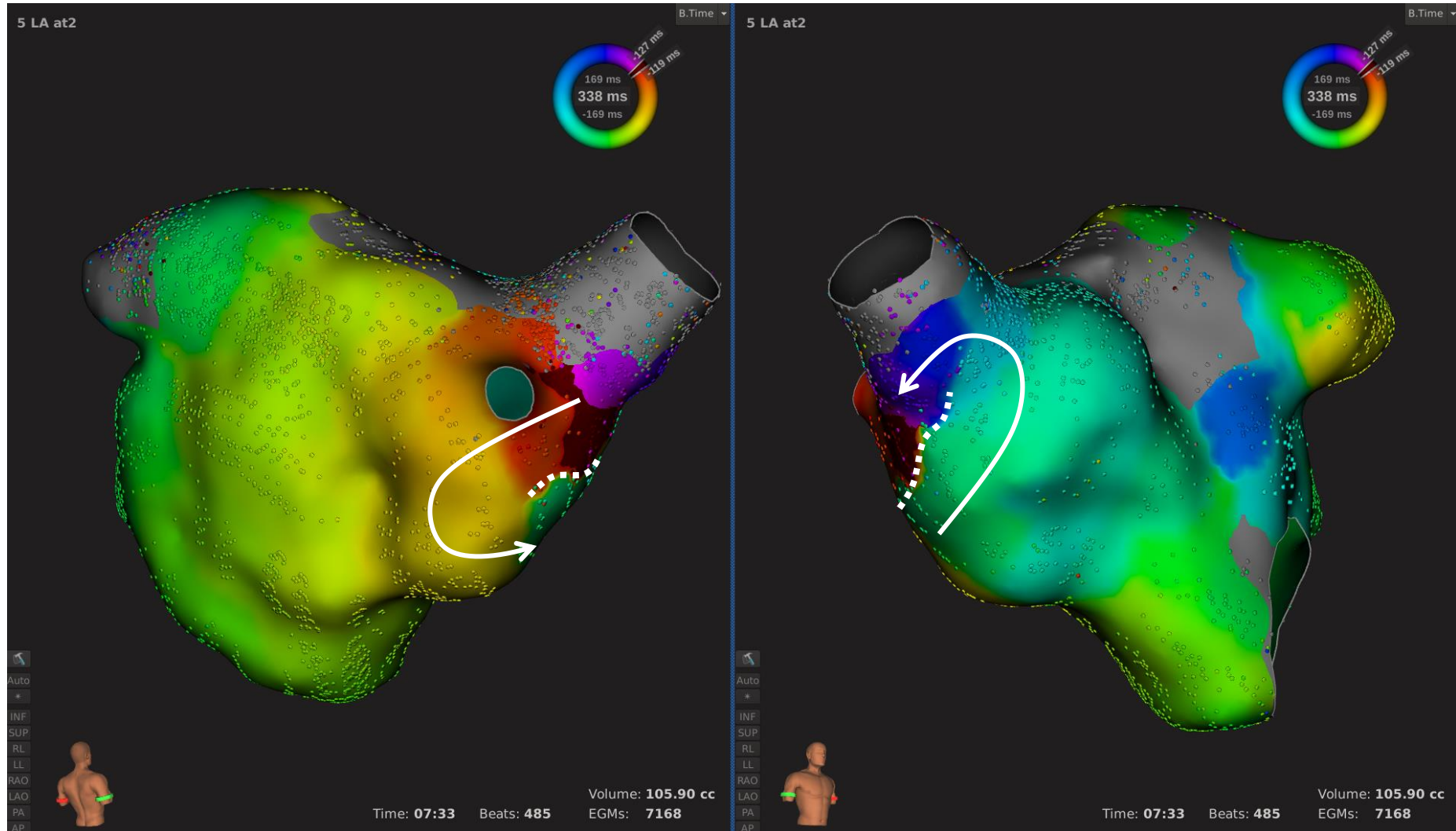
Activation VPD



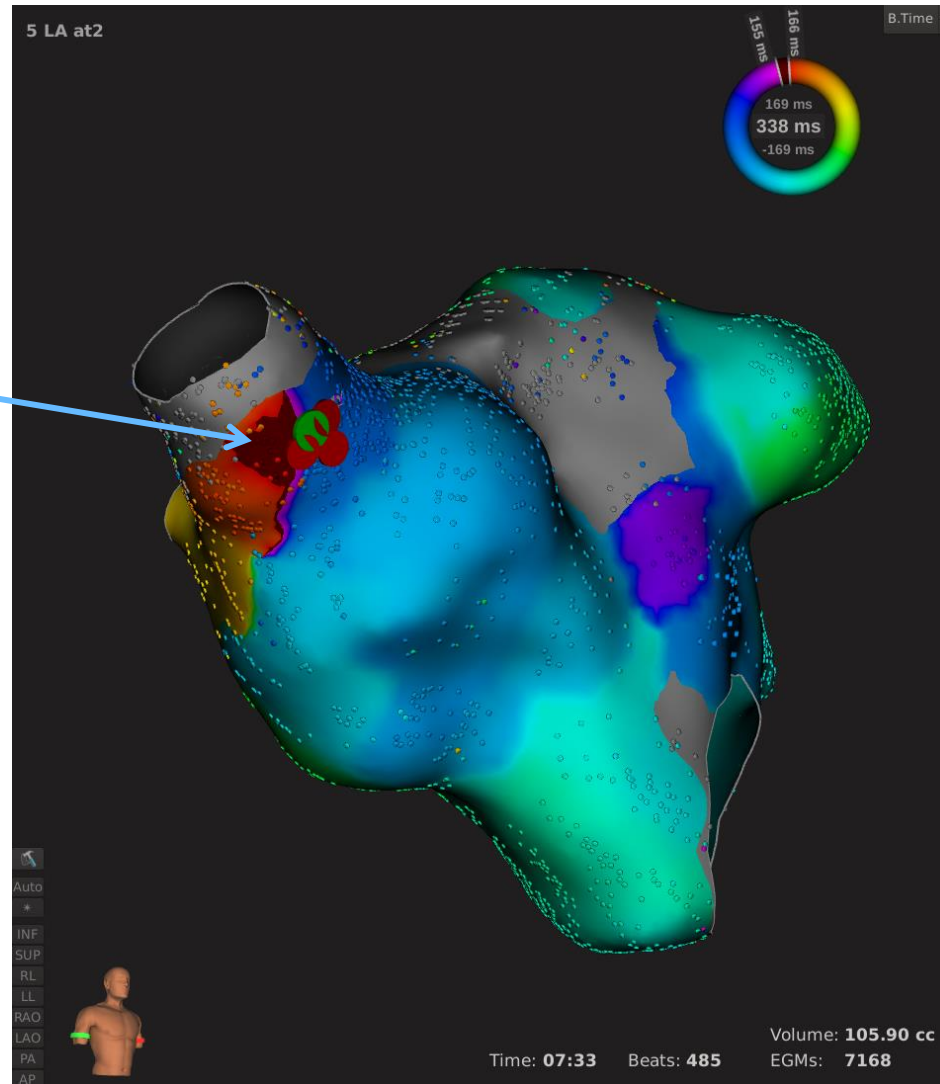
Reinduction tachy 2



Activation TA2



Arrêt tachy 2



Conclusions