

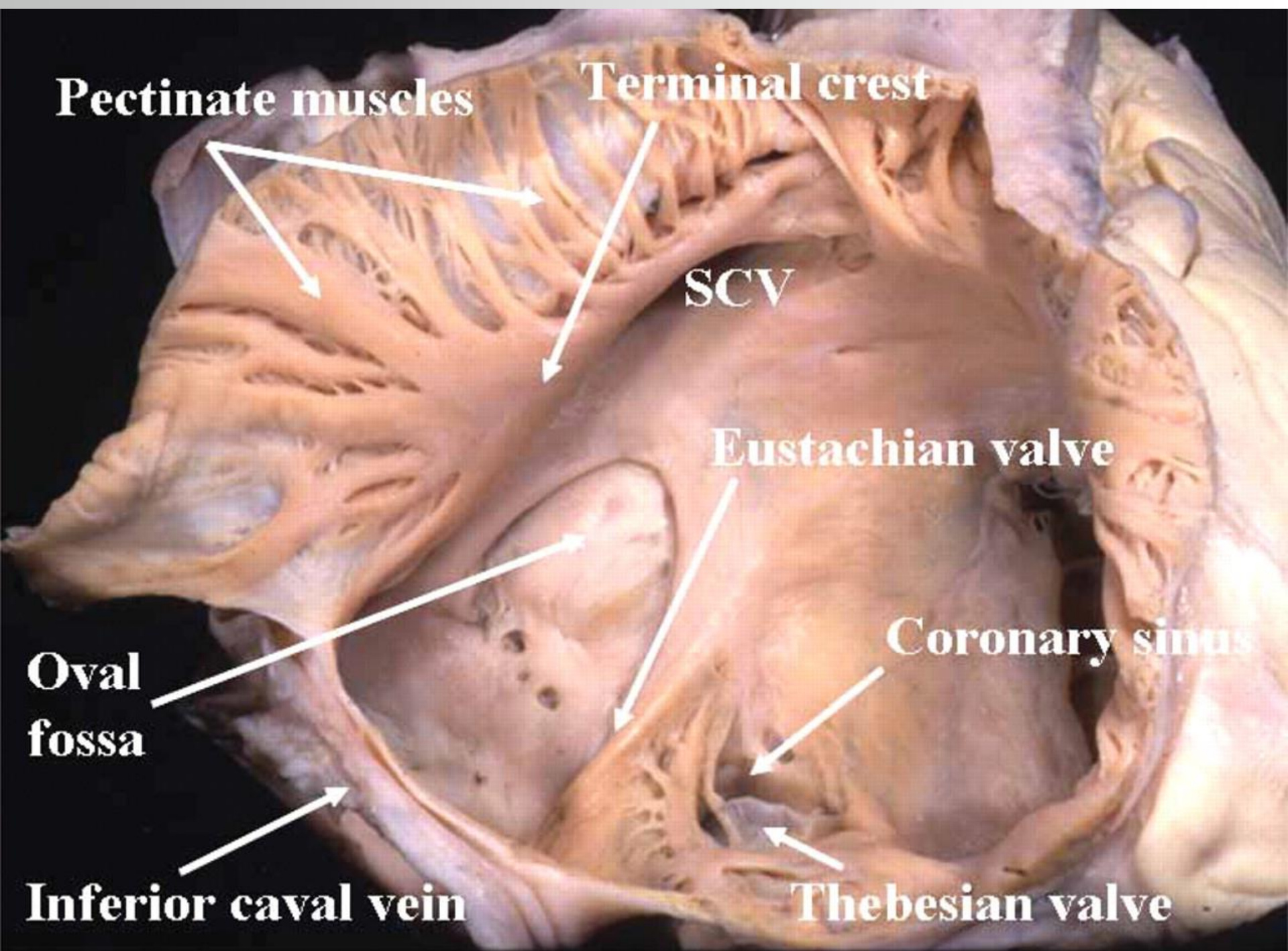
İNSİZYONEL MAKROREENTRAN ATRİYAL TAŞİKARDİ ABLASYONU

Dr. Duhan Fatih Bayrak

Acıbadem Üniversitesi, İstanbul, Turkey

- Kardiyak cerrahi sonrası, cerrahi patch, dikiş ve conduitlerin yarattığı ileti bloğu nedeniyle ortaya çıkan atriyal reentran (en sık reentran ve sağ atriyal kaynaklı) taşikardilerin genel adıdır.
- Post atriyal fibrilasyon ablasyon izlenen atipik sol atriyal flutter ile benzer etyoloji
- Sıklıkla persistan taşikardiler ve antiaritmiklere dirençli
- Sinüs nod disfonksiyonu ve ventriküler disfonksiyon sıklığı nedeniyle antiaritmik kullanım zorluğu

- Krista terminalis ve uzantısı Eustachian ridge
- Triküspit anulus
- IVC, SVC
- Todaro tendonu
- Mitral anulus



Pectinate muscles

Terminal crest

SCV

Eustachian valve

Coronary sinus

Oval fossa

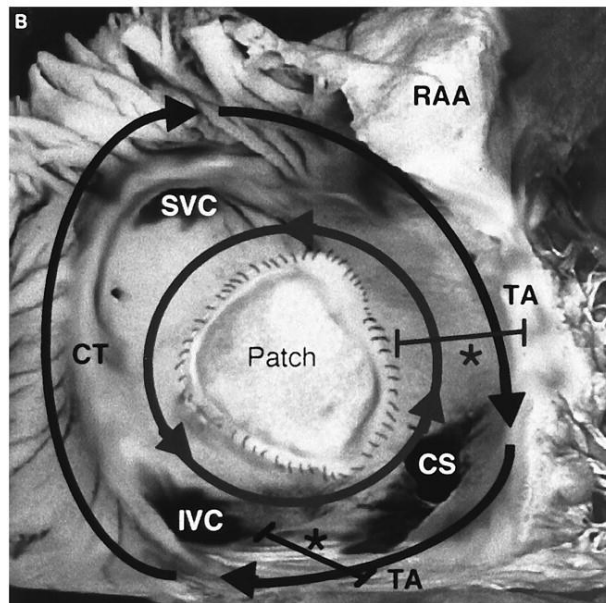
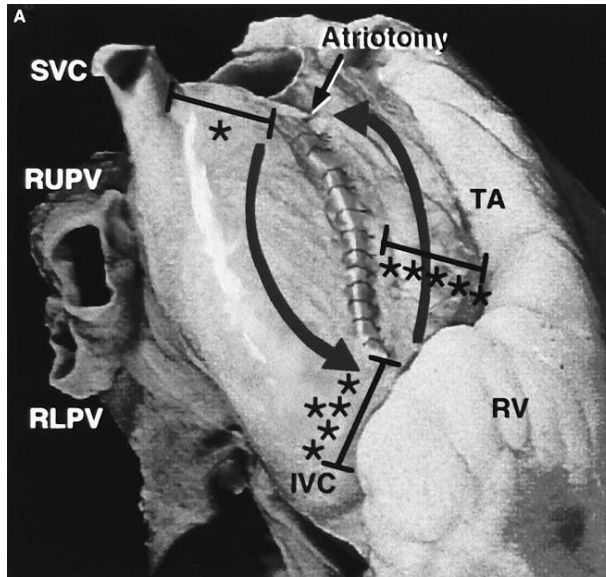
Inferior caval vein

Thebesian valve

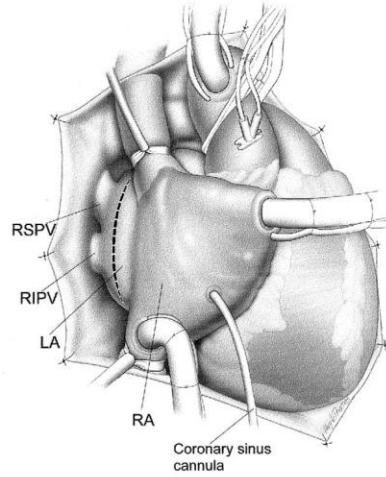
- Mevcut anatomik bloklara ek cerrahi inzisyonlar da reentriye eğilimi arttıran ek blok hatları oluşturur.
- Yine de kardiyak cerrahi sonrası en sık tipik flutter (CTİ bağımlı) izlenir.
- Tipik dışında genellikle insizyon hattı ya da patch etrafında dönen flutterler de sıktır.

- Konjenital kardiyak anatomi
- Eşlik eden cerrahi teknik ve ayrıntılar (atriyotomi, patch ve conduit lokalizasyonları)
- Ameliyat raporu

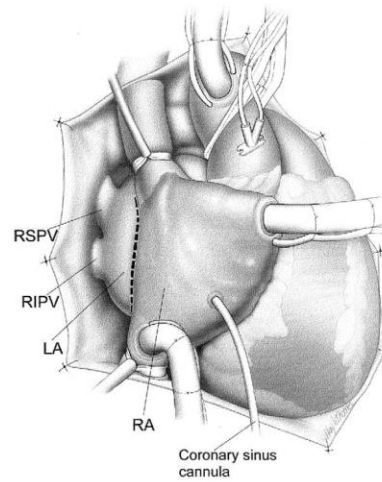
- İşlem öncesi hedef ablasyon bölgeleri belirlenebilir
- Örneğin, ASD kapatılması ya da Fallot tetralojisi cerrahisinden sonra hedef ablasyon bölgeleri
 - CTI
 - Atriyotomi ile triküspit anulusu arası
 - Atriyotomi ile SVC arası



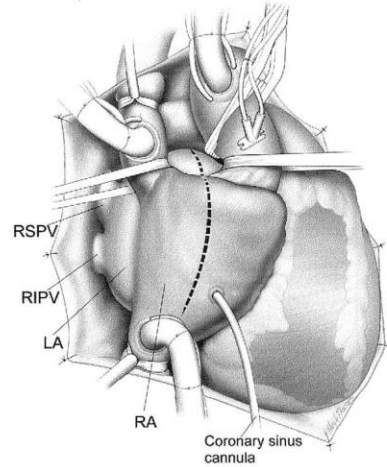
A Right lateral approach to the Left Atrium



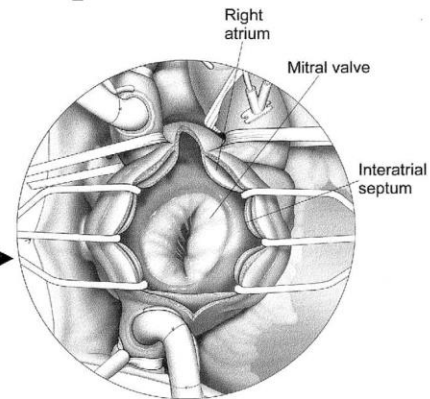
B Incision through the interatrial groove posterior to fossa ovalis



C₁ Superior transseptal



C₂ Superior transseptal

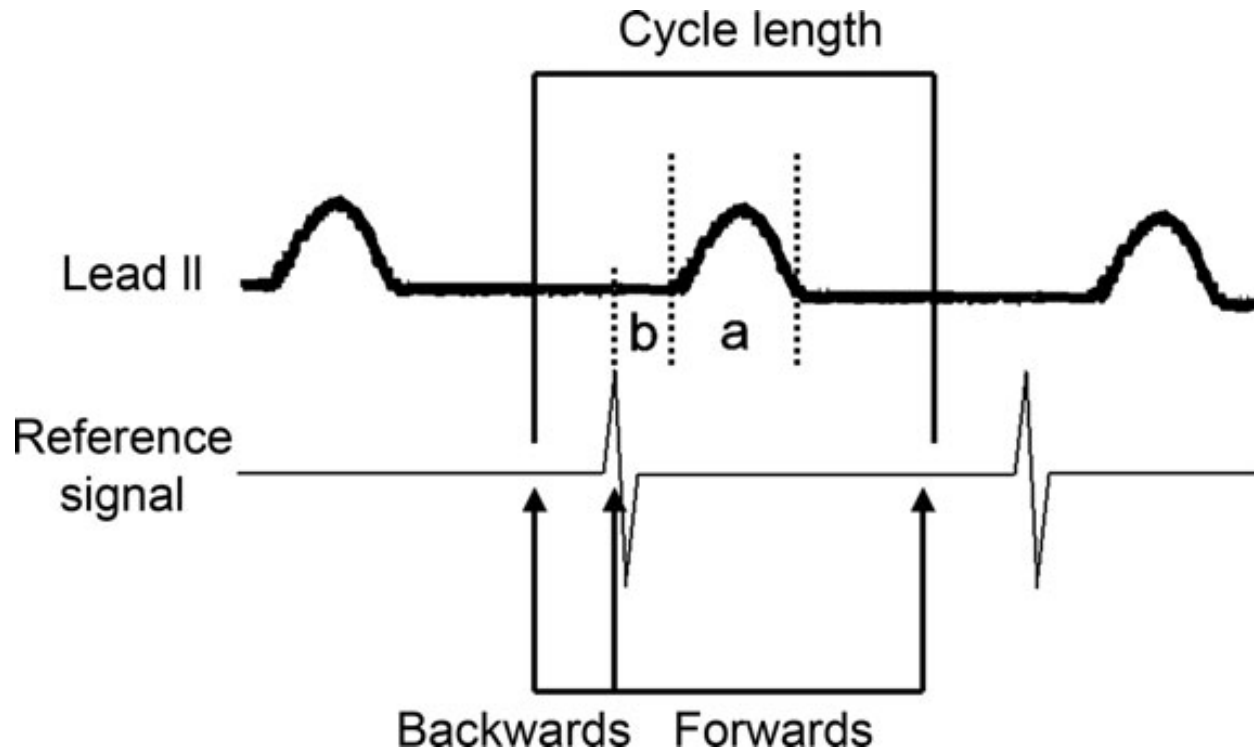


Haritalama tekniđi

- Sinüs-tařikardi?, substrat-aktivasyon?
- Tek gezen kateter (sıklıkla 3D mapping ile)
- Simultane multisite mapping (multipolar noncontact mapping)
- Destruktif haritalama (RF uygulanan bölgede tařikardinin sonlanması)

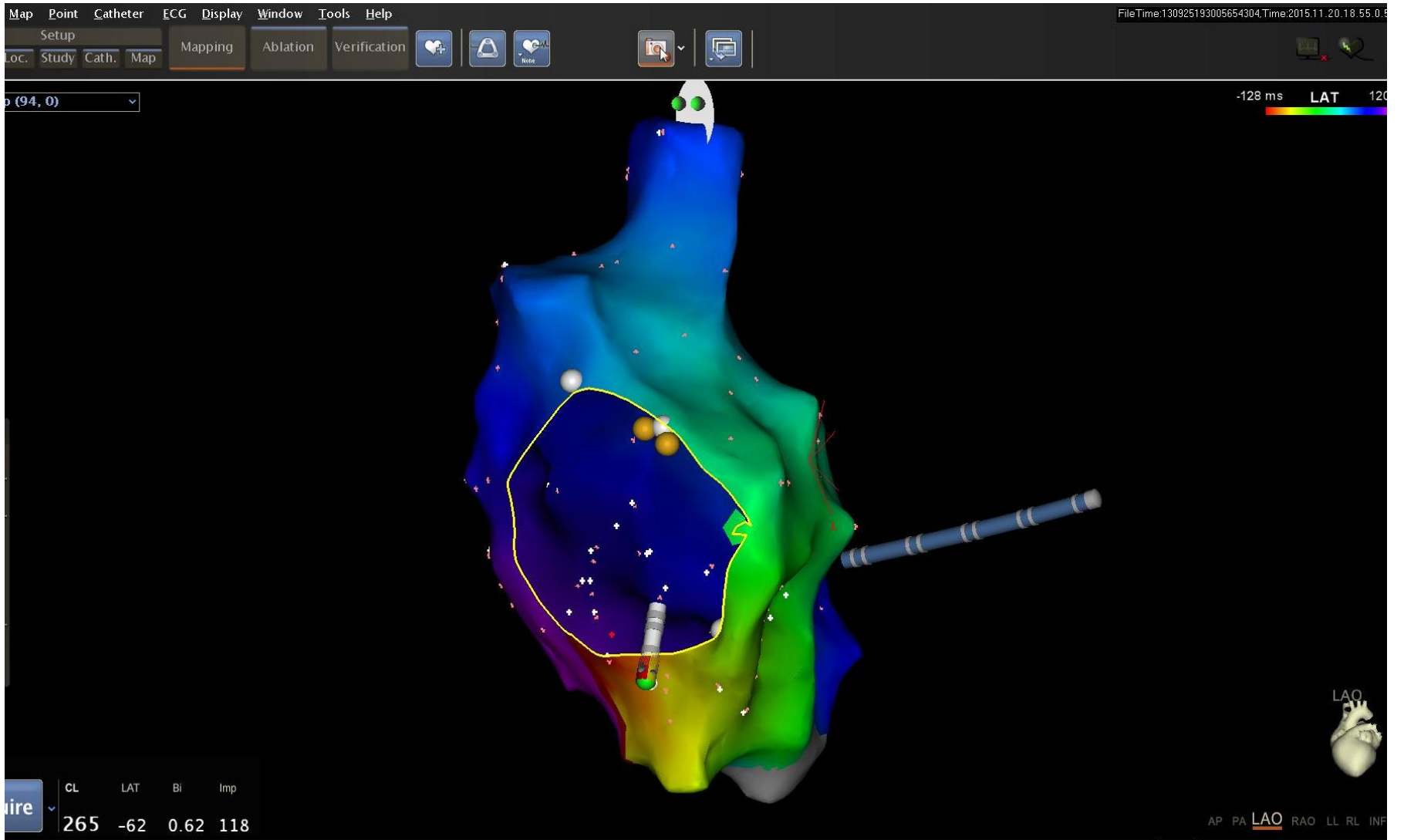
Haritalama tekniđi

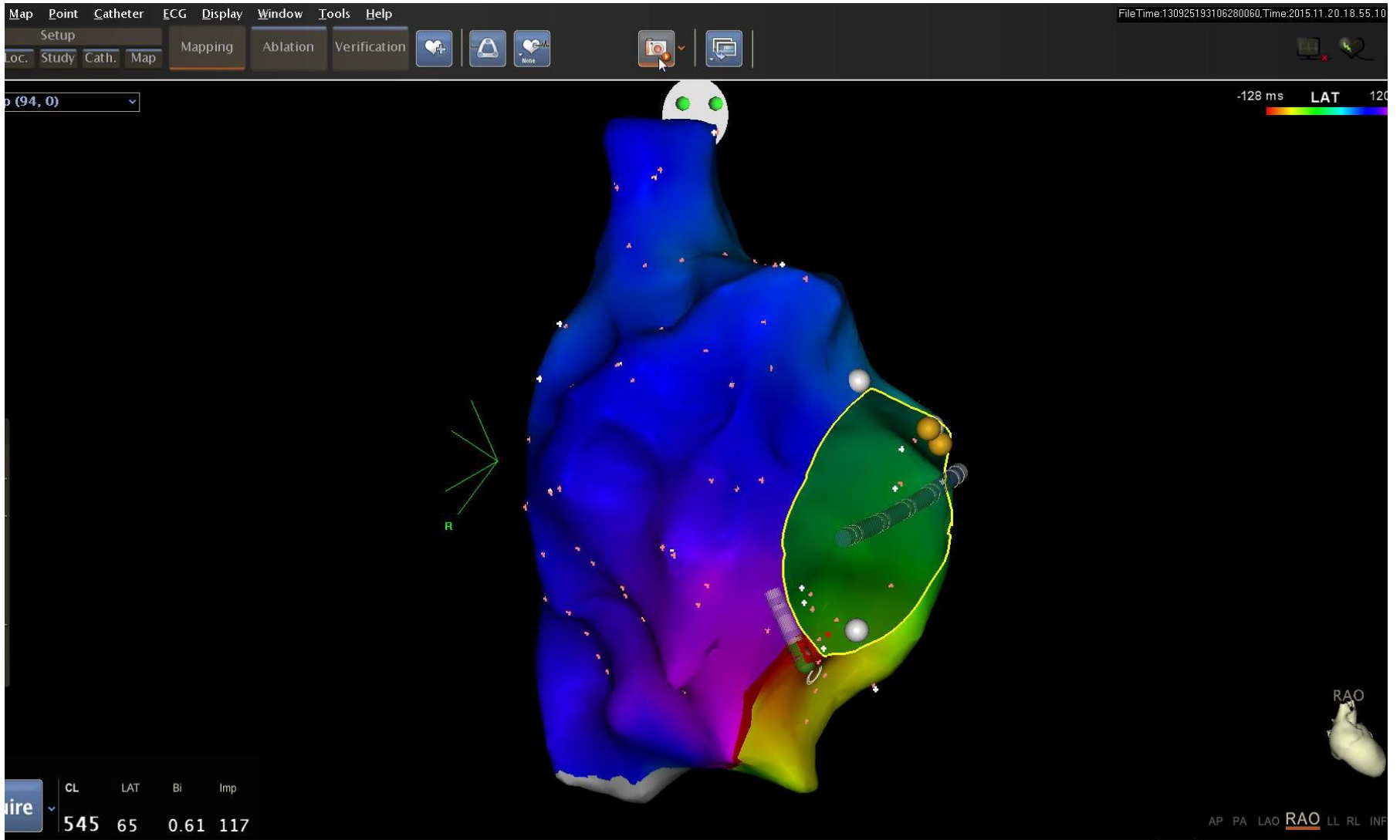
- Öncelikle anatomik bariyerler belirlenir (triküspit anulus gibi)
- Takiben cerrahi ile ilişkili olabilecek blok hatları tespit edilir (cerrahi insizyon bölgelerinde double potansiyel)
- Aktivasyon haritalaması
- Entrainment yanıtlarının değerlendirilmesi

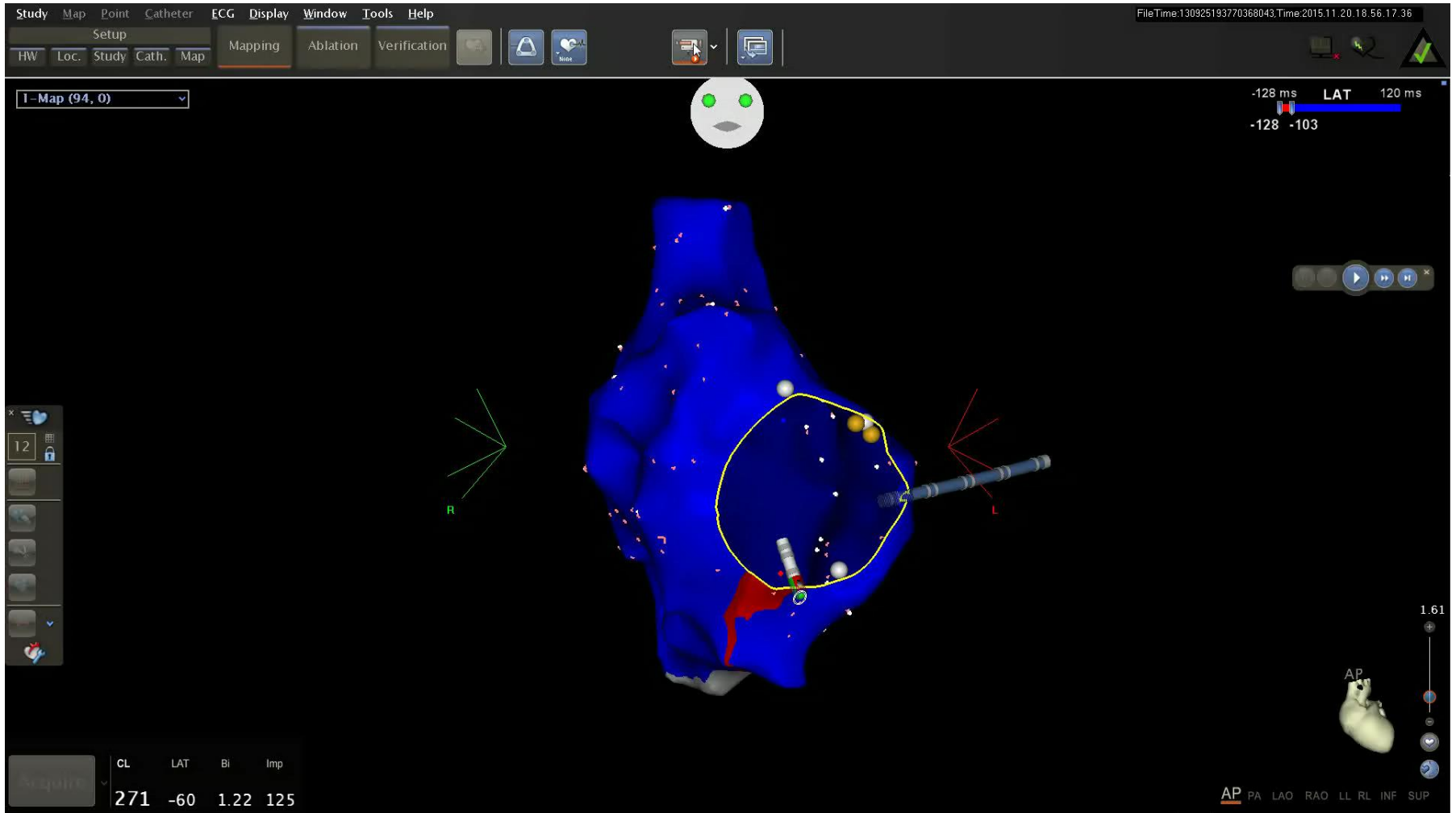


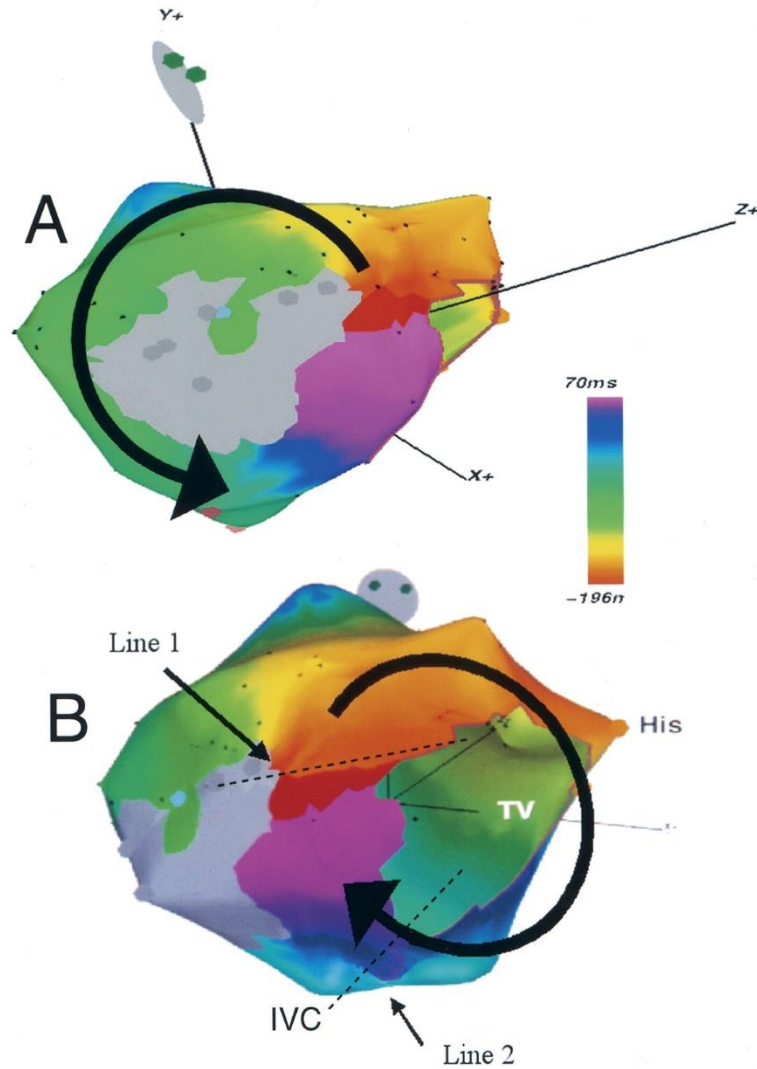
$$\text{Backward interval} = \frac{\text{TCL} - \text{DUR}^{\text{PW}}}{2} + \text{Interval}^{\text{PWonset-ref}}$$

$$\text{Forward interval} = (\text{TCL} - \text{Backward interval}) \times 0.90,$$

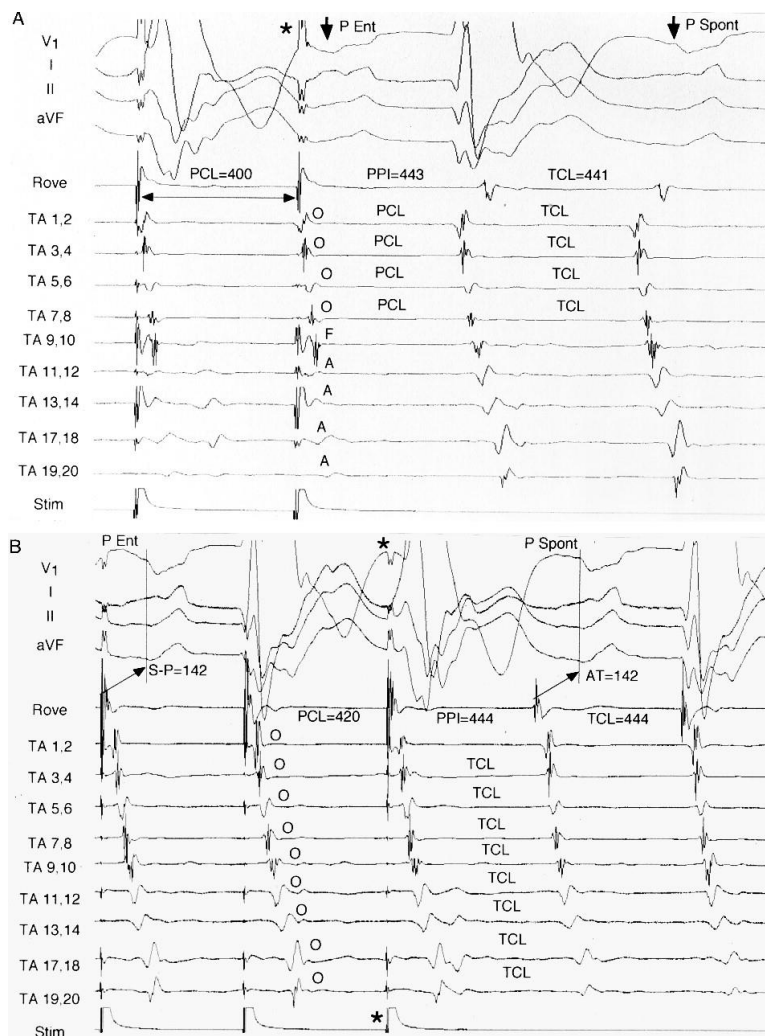






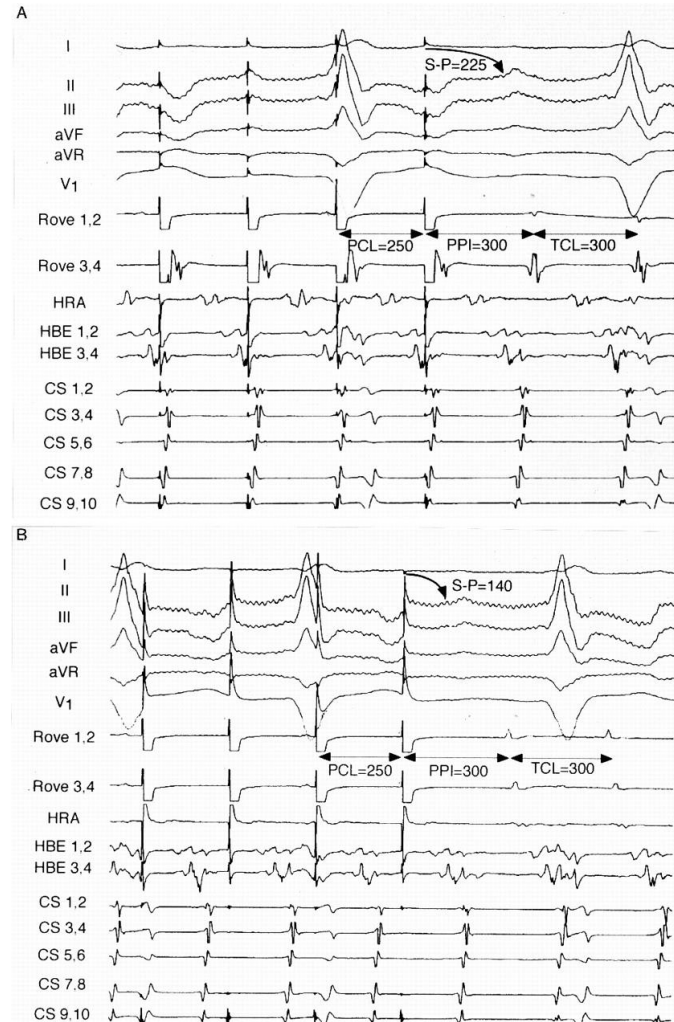


In this patient with a previous Rastelli repair for transposition of the great artery, a halo catheter was deployed around the TA (TA 1 through 20).

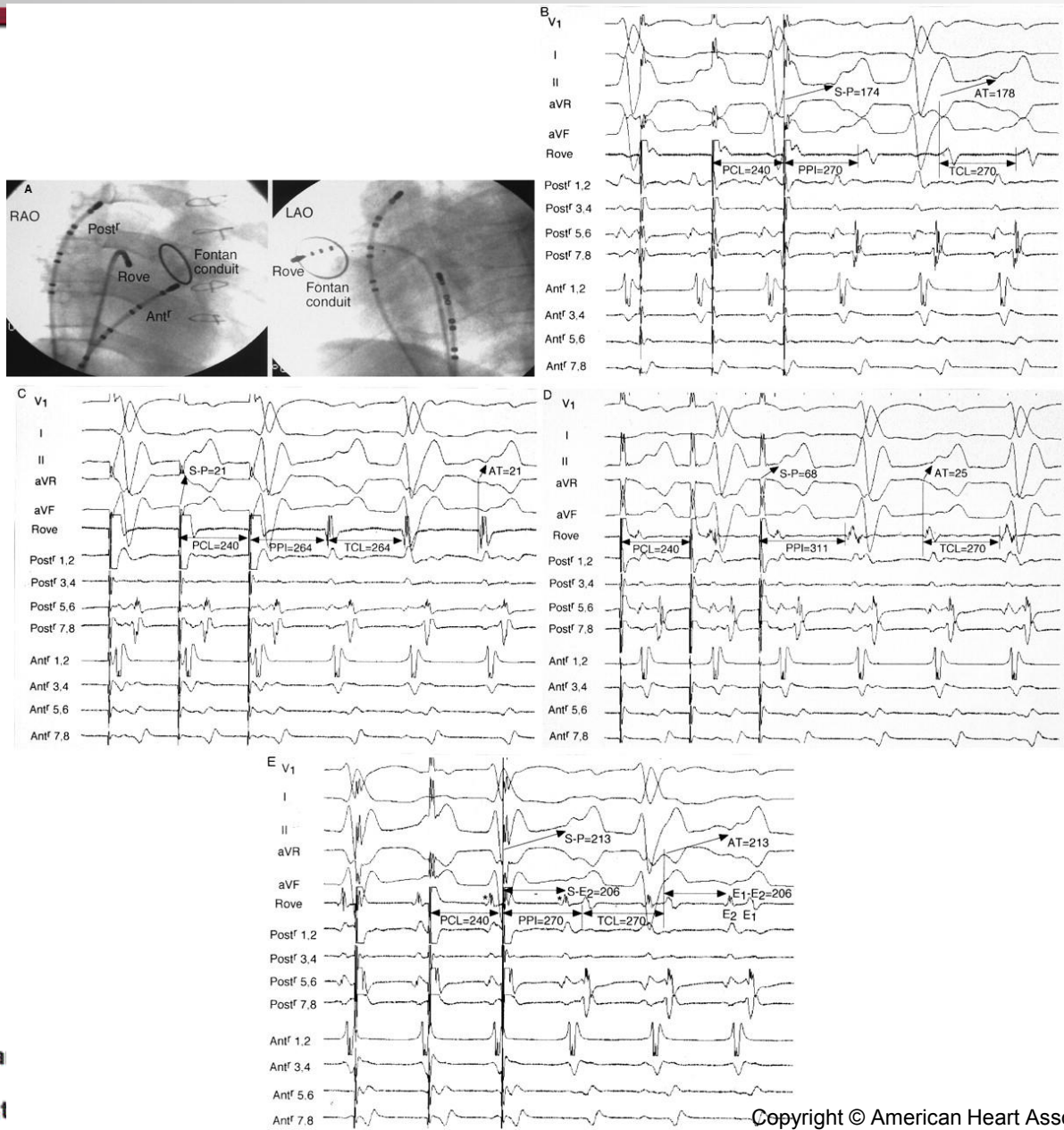


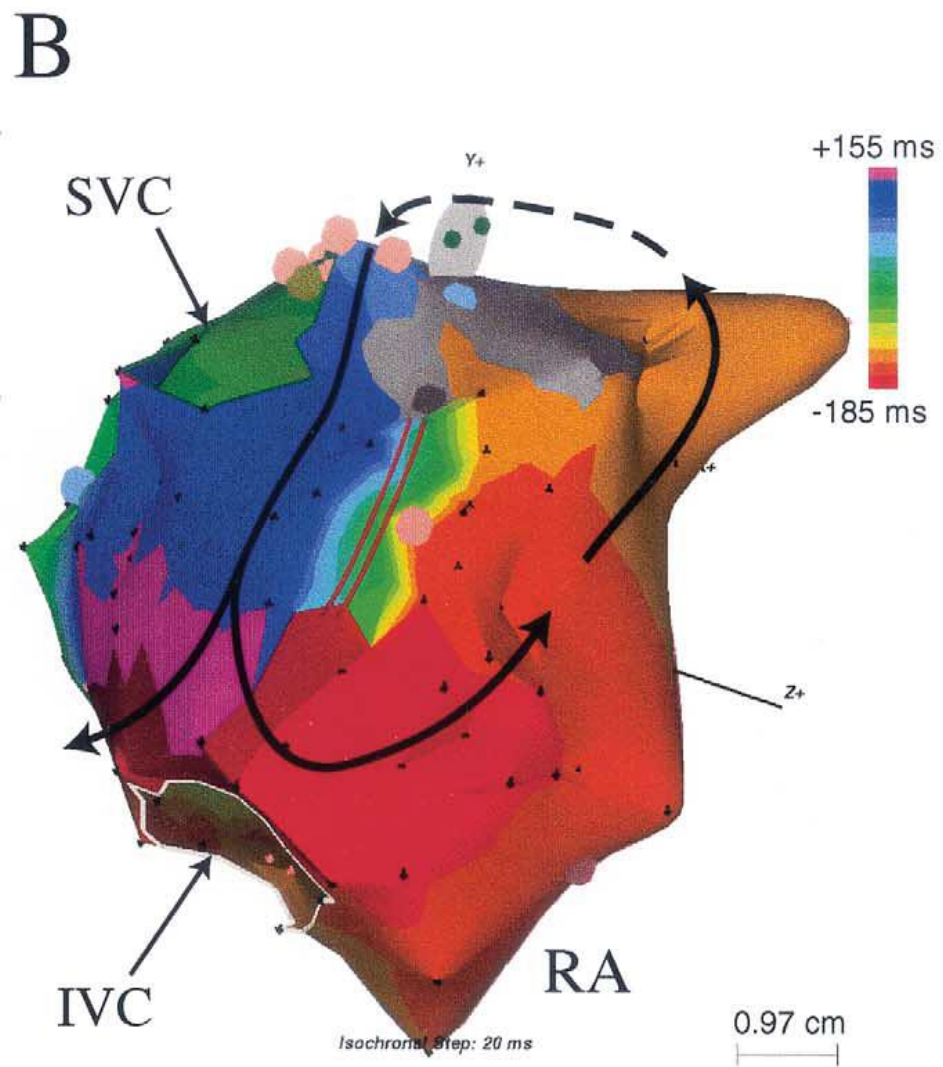
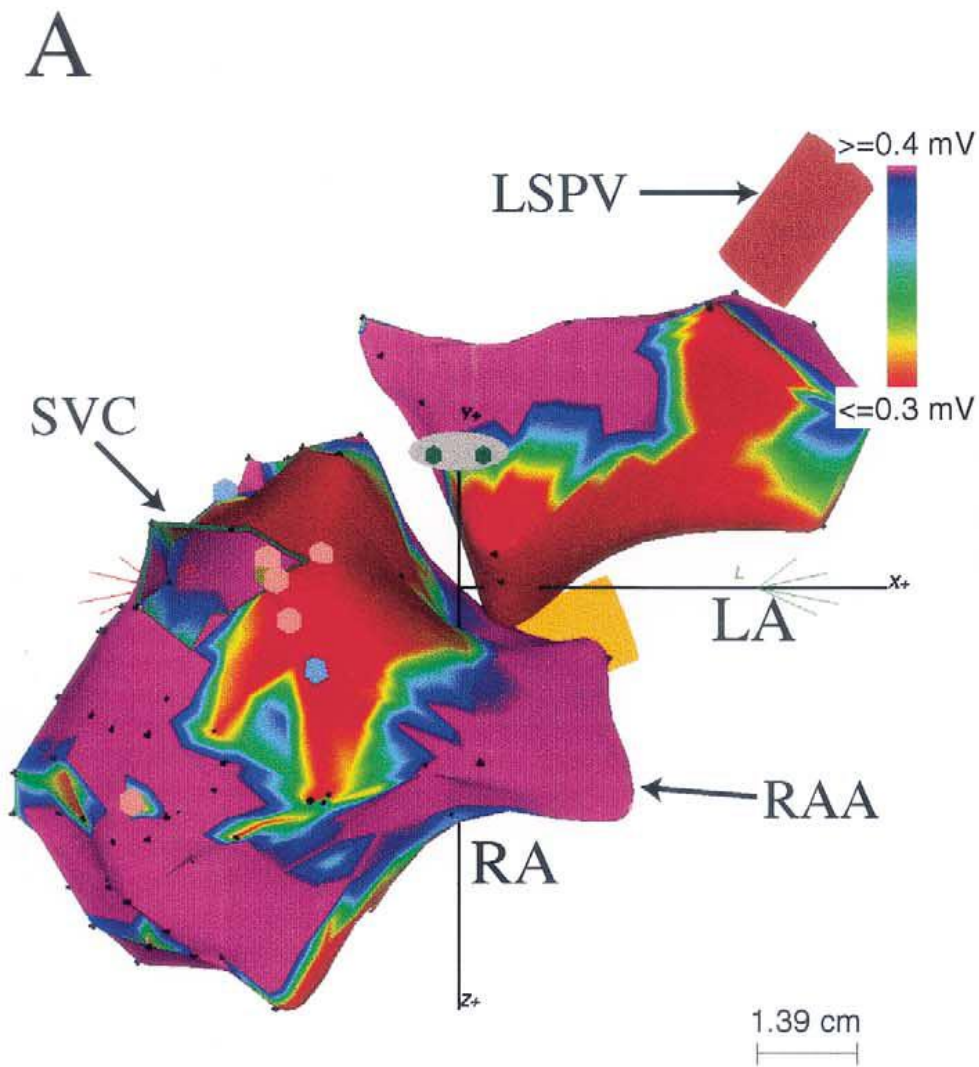
Jonathan M. Kalman et al. *Circulation*. 1996;93:502-512

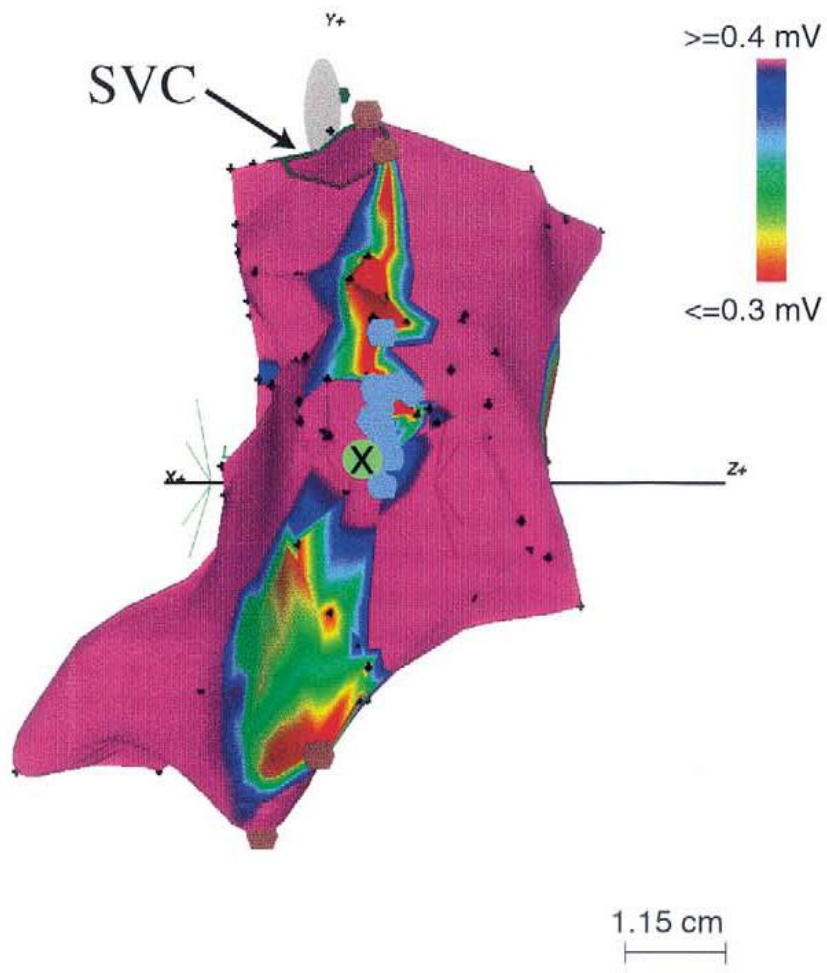
In this patient over an extensive area between the lateral TA and an anterolateral atriotomy, who had undergone prior repair of an atrial septal defect, entrainment with concealed fusion and criteria consistent with a site critical to the tachycardia could be demonstrated



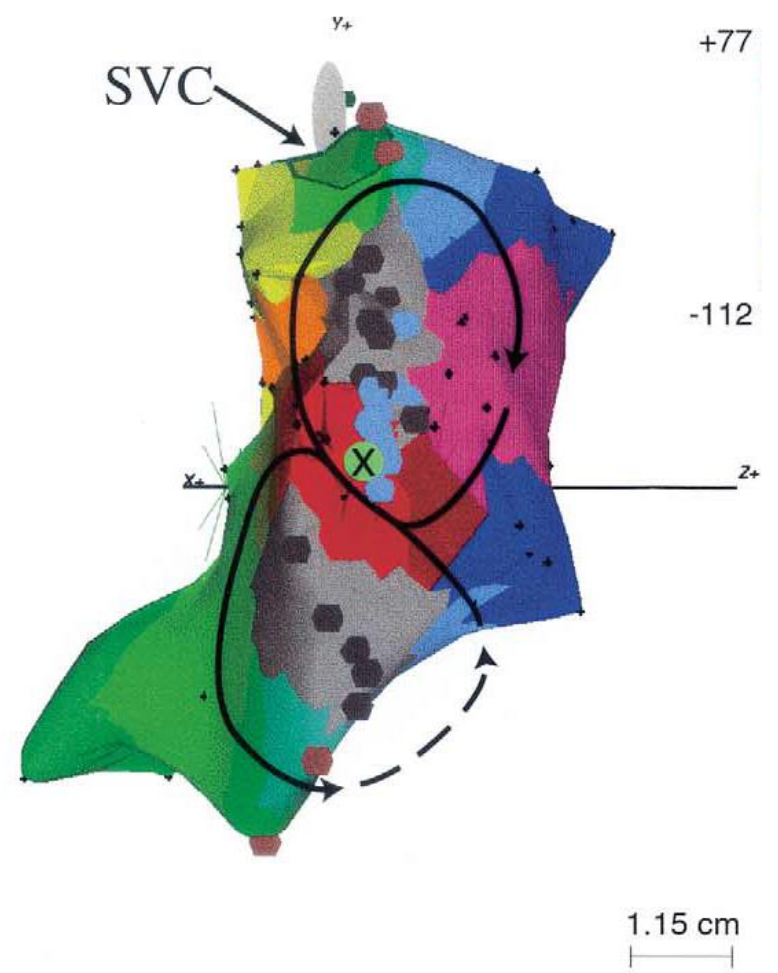
A, Right (RAO) and left anterior oblique (LAO) projections of catheter positioning.

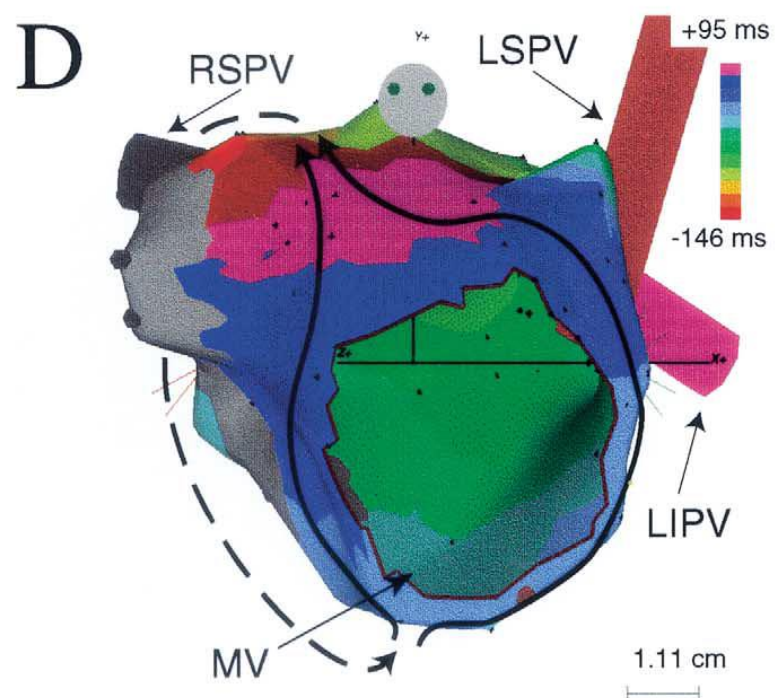
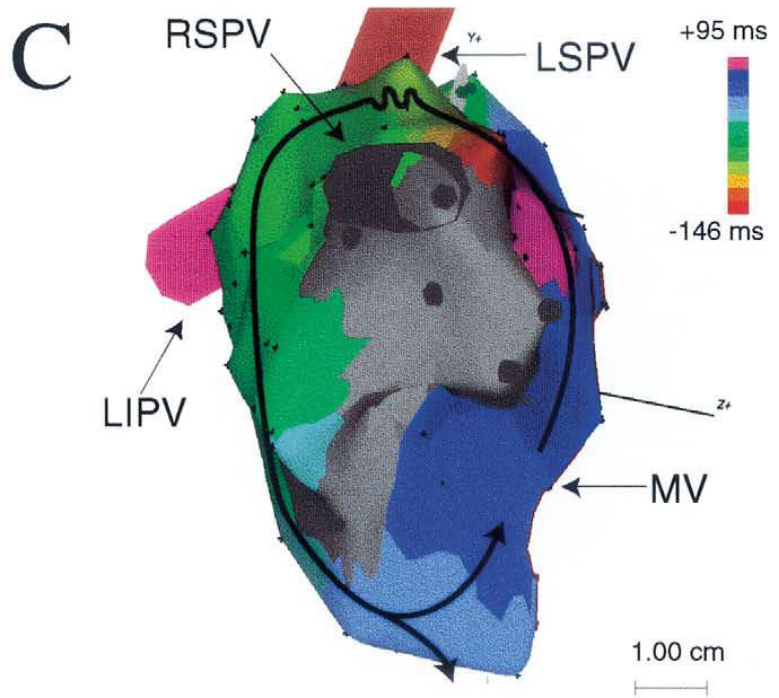
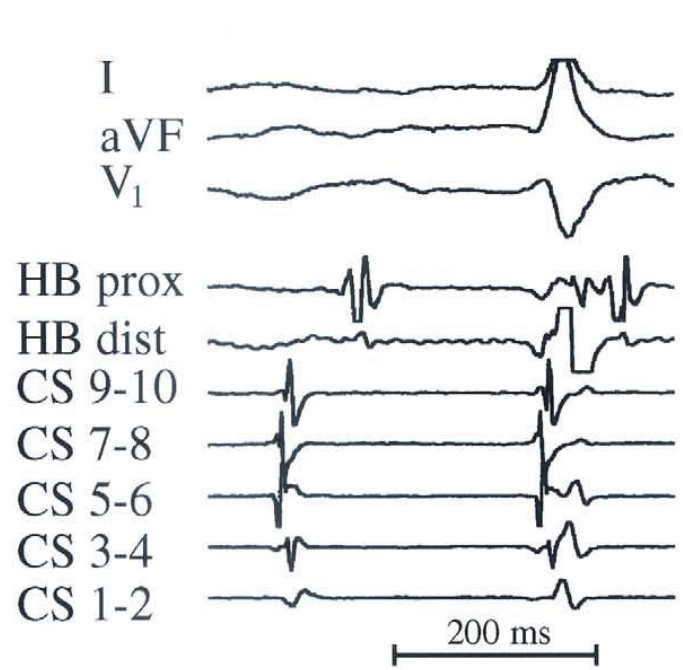
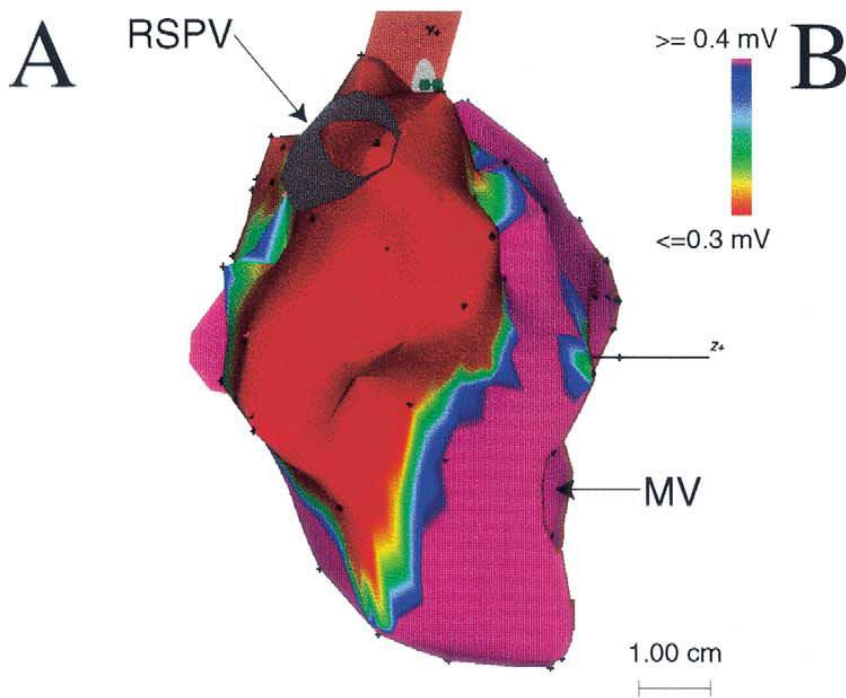




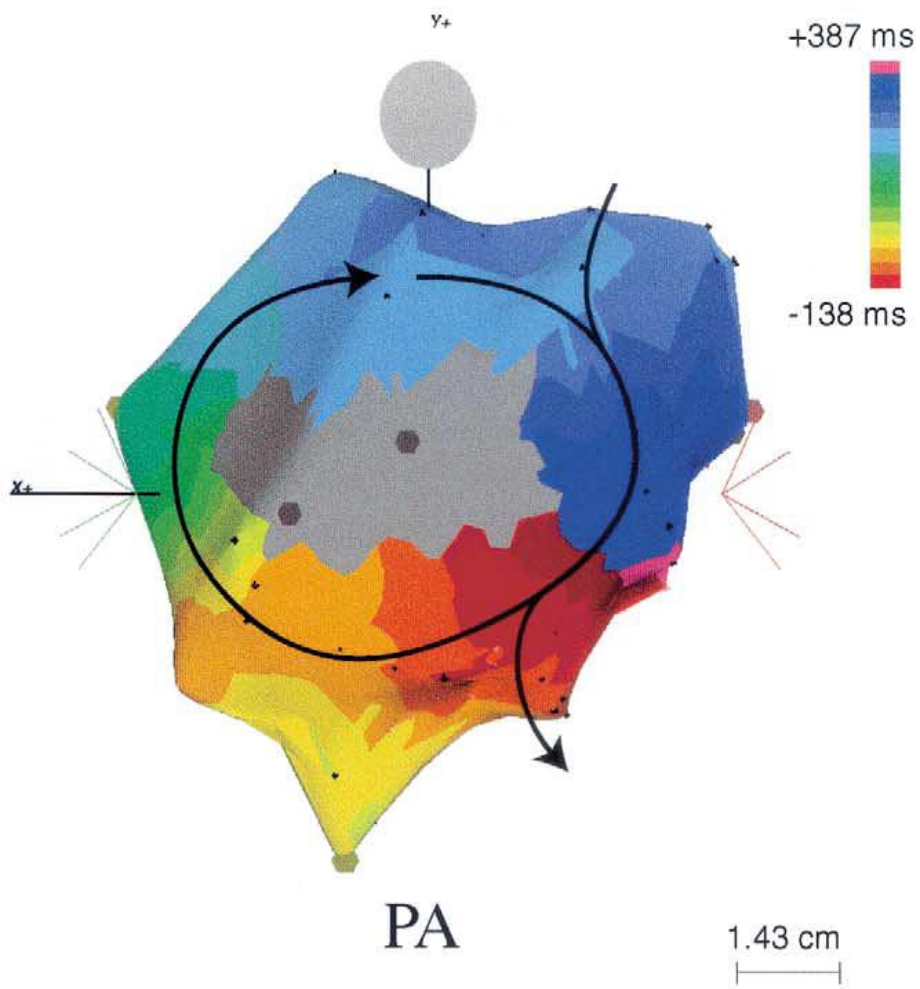


B





A



B

