

AF ablasyonunun başarılı olması için tüm aktif pulmoner venlerin kalıcı olarak izole edilmesi kesin bir zorunluluktur

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Ankara



EVET

Ablasyonun kısa tarihçesi

Teknik

Maze reproduction	Schwarz 1994
Right atrial linear lesions	Haïssaguerre 1994
Right and left atrial linear lesions	Haïssaguerre 1996
PV foci ablation	Jaïs / Haïssaguerre 1997/8
Ostial PV isolation	Haïssaguerre 2000
Circumferential PV ablation	Pappone 2000
Ablation of non-PV foci	Lin 2003
Antral PV ablation	Maroucche / Natale 2004
Double Lasso technique	Ouyang / Kuck 2004
CFAE sites ablation	Nademanee 2004
Ostial or circumferential or antral PV ablation plus extra lines (mitral isthmus, posterior wall, roof)	Jaïs / Hocini 2004/5
Circumferential PV ablation with vagal denervation	Pappone 2004

PV odakların ablasyonu

Spontaneous Initiation of Atrial Fibrillation by Ectopic Beats Originating in the Pulmonary Veins

Multi-electrode kateter ile PV mapping

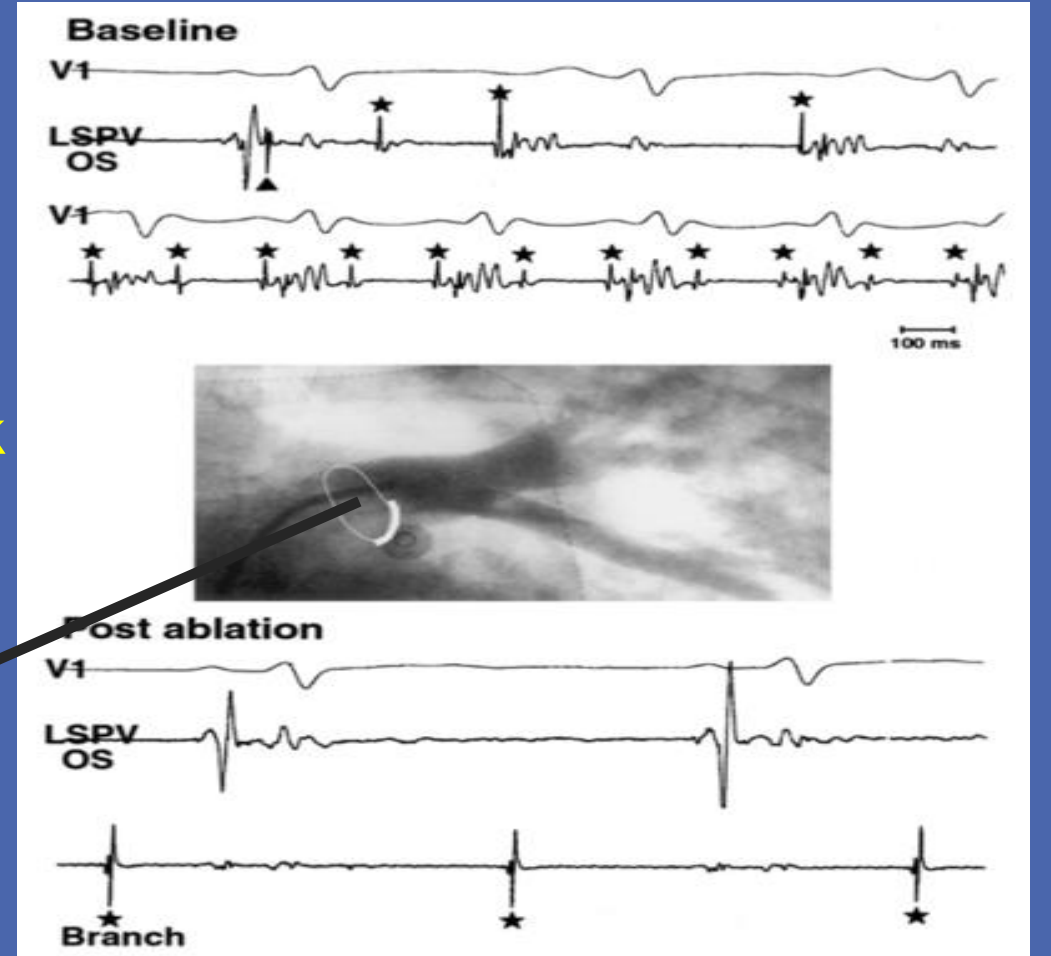
29 hastada tek odak (64%)
9 hastada 2 odak (20%)
7 hastada 3-4 odak (16%)

%60 rekürens yok

2000

Ostial PV izolasyonu

%70 rekürens yok

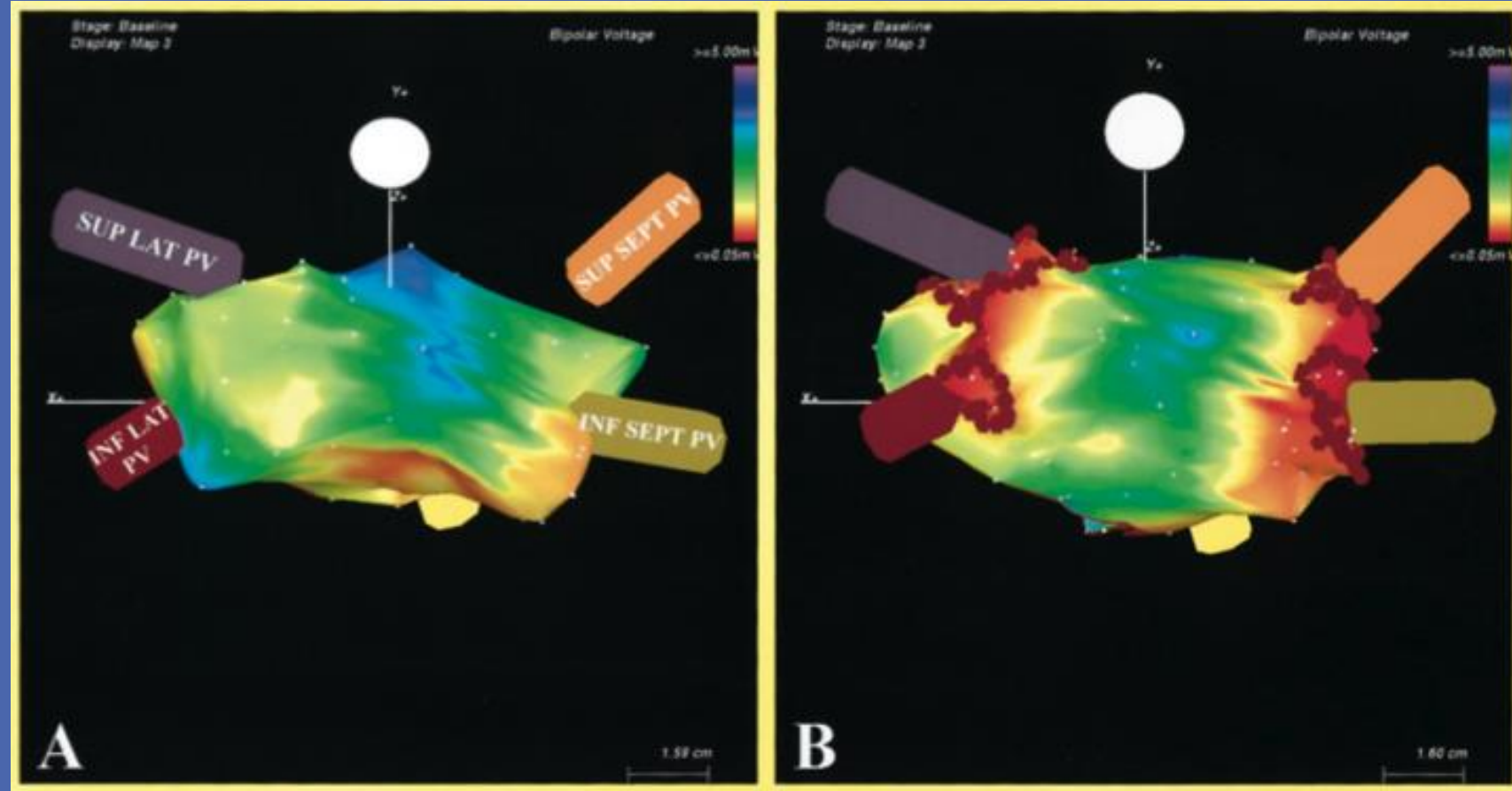


Circumferential PV ablasyonu

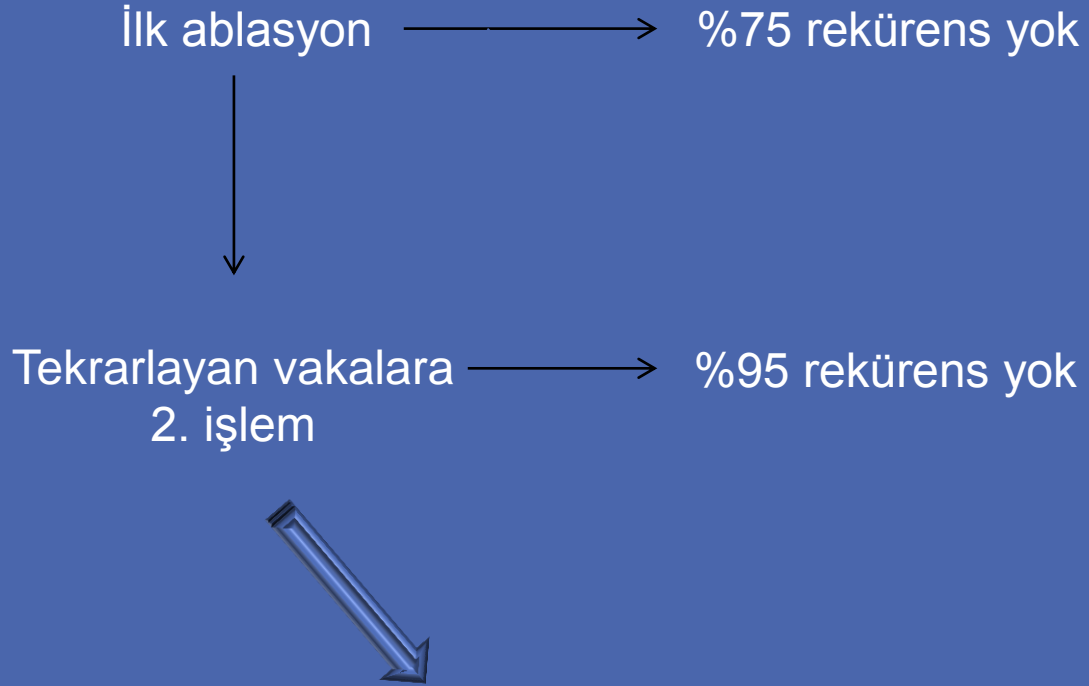
PVI %75 hastada

%65 hastada
SR ablasyon sırasında

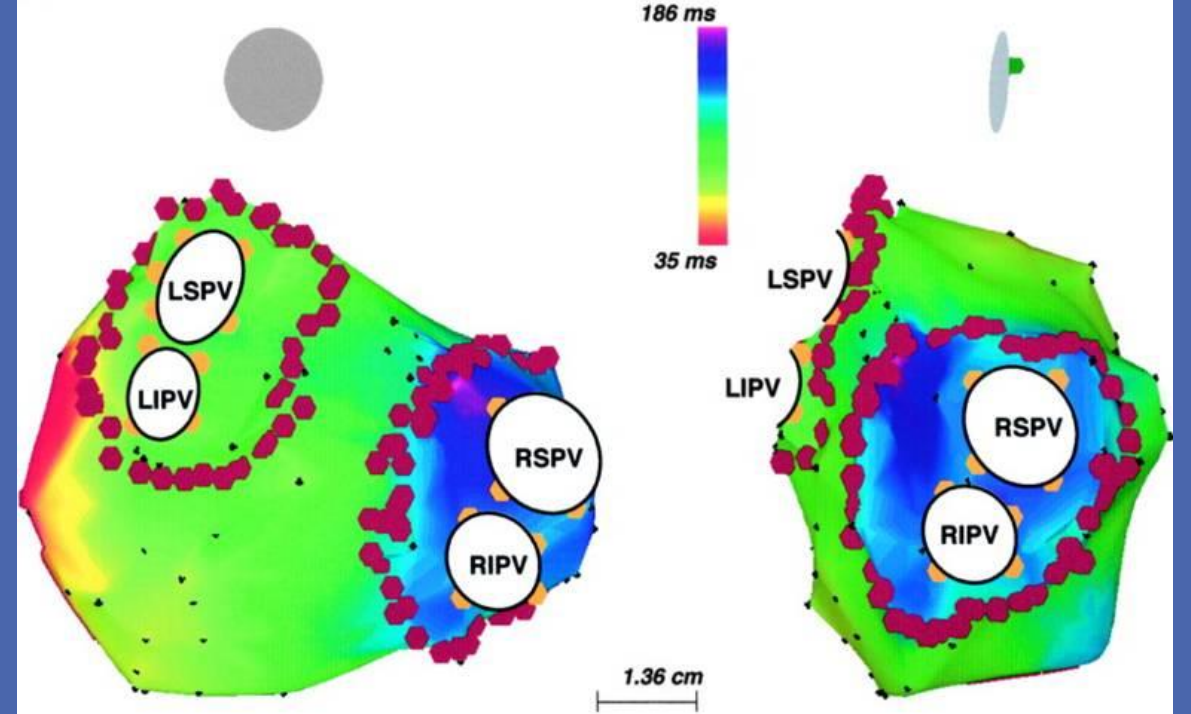
%60 hastada
rekürens yok



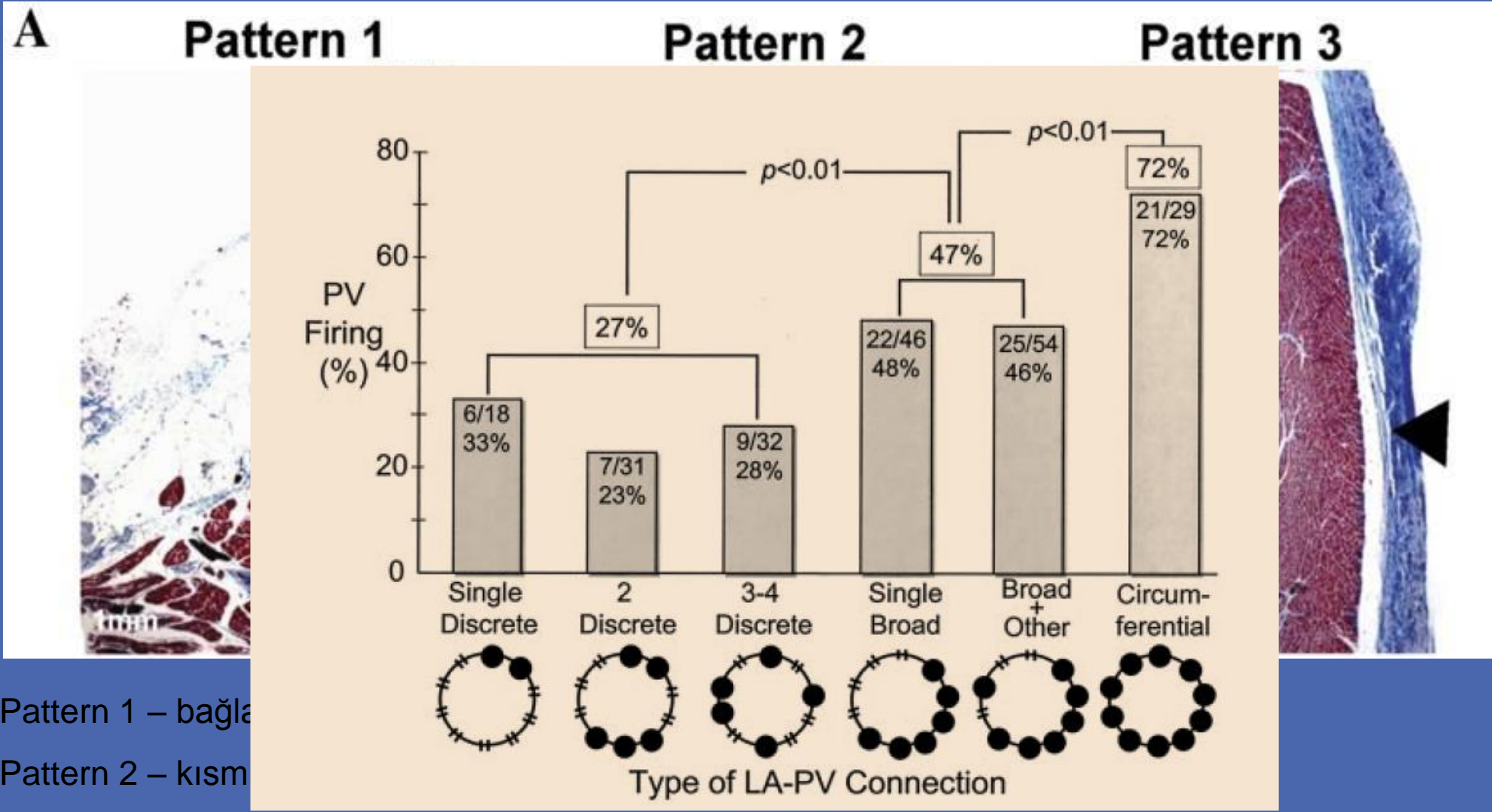
Double Lasso® ablasyon



Nükslerde %100 rekonneksiyon



PV-Sol atriyum bağlantıları

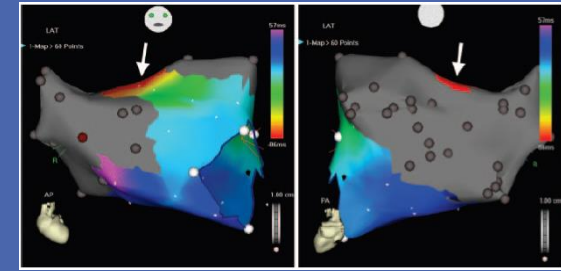


Pattern 1 – bağla

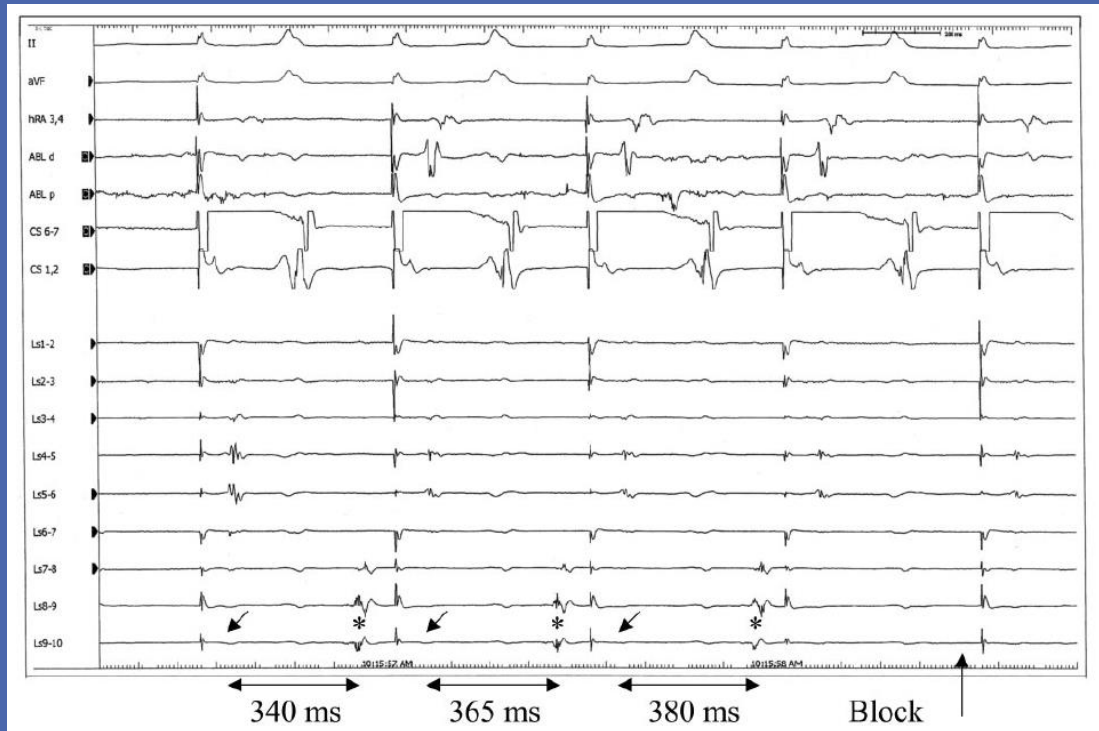
Pattern 2 – kısm

Pattern 3 – güçlü bağlantı

Response of Atrial Fibrillation to Pulmonary Vein Antrum Isolation Is Directly Related to Resumption and Delay of Pulmonary Vein Conduction



AF rekürens yok



AAİ rağmen rekürens



**Single procedure efficacy of isolating all versus arrhythmogenic pulmonary veins on long-term control of atrial fibrillation:
A prospective randomized study**



2. işlemde nüks vakalarda %100 rekonneksiyon
Sonrasında %90 SR kalma

Active or passive pulmonary vein in atrial fibrillation: Is pulmonary vein isolation always essential?

Heterojen AF popülasyonu

Sessiz PV → Pasif PV

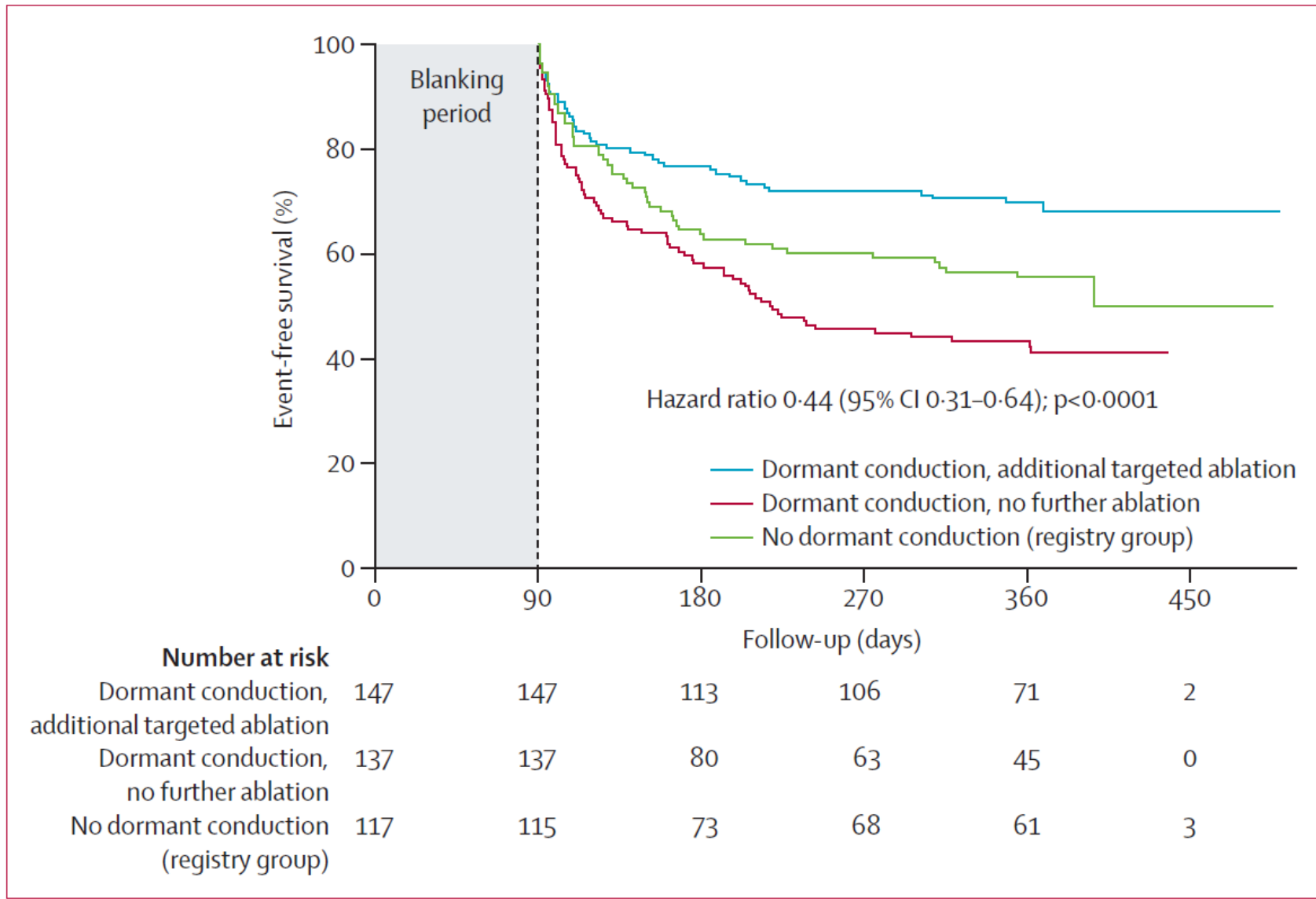
Paroksizmal AF de %0 → İzolasyon ✓

Persistan AF de ≈ %80 → İzolasyon ?

Antral CFAE ablasyonu

Adenosine-guided pulmonary vein isolation for the treatment of paroxysmal atrial fibrillation: an international, multicentre, randomised, controlled trial

534



%56 risk azalması

GAP-AF study helps to define optimal approach for atrial fibrillation ablation

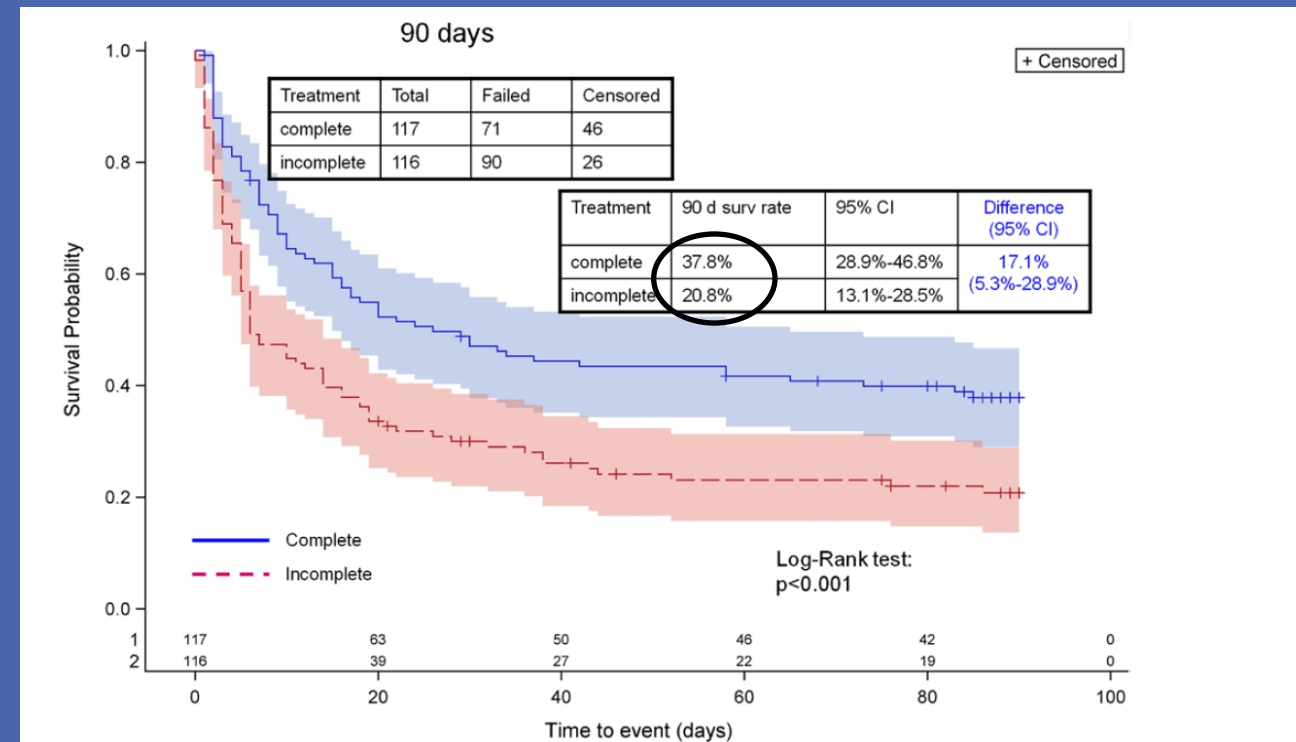
Impact of Complete Versus Incomplete Circumferential Lines Around the Pulmonary Veins During Catheter Ablation of Paroxysmal Atrial Fibrillation

Tam PVI vs. Tam olmayan PVI

SR kalmada \approx %50 daha efektif

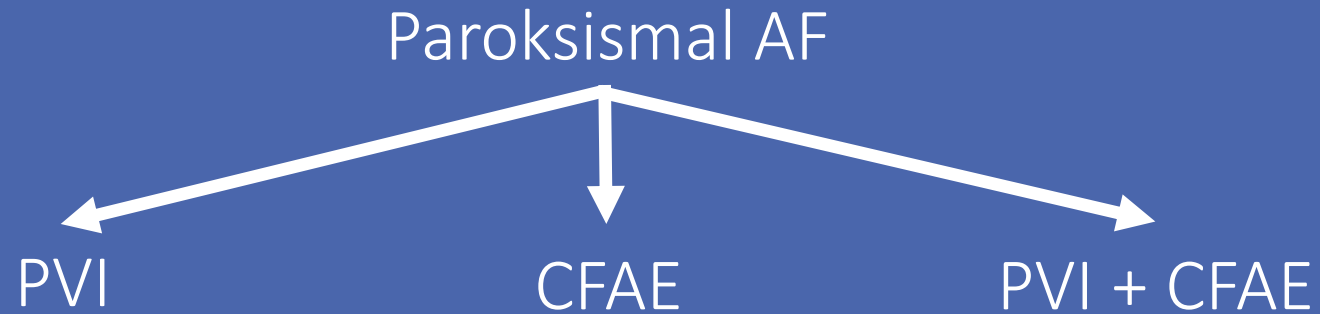
Gap bırakılanlar
Tam PVI yapılanlar

%90 rekonneksiyon
%70 rekonneksiyon



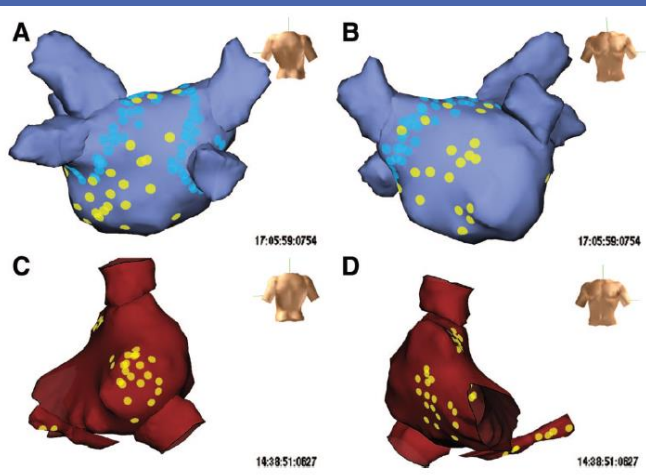
Atrial Fibrillation Ablation Strategies for Paroxysmal Patients

Randomized Comparison Between Different Techniques



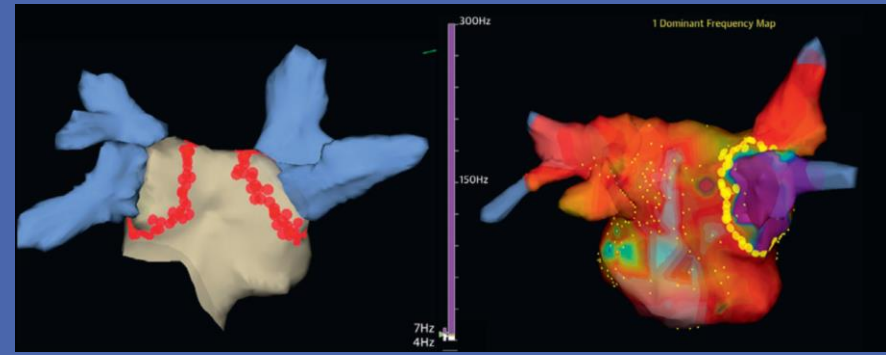
AAİ almadan 1 yıllık SR kalma

- ~%75 PVI ve PVI + CFAE
- ~%10 CFAE



Comparison of Radiofrequency Catheter Ablation of Drivers and Circumferential Pulmonary Vein Isolation in Atrial Fibrillation

A Noninferiority Randomized Multicenter RADAR-AF Trial



Antral rotor ablasyonu da mevcut

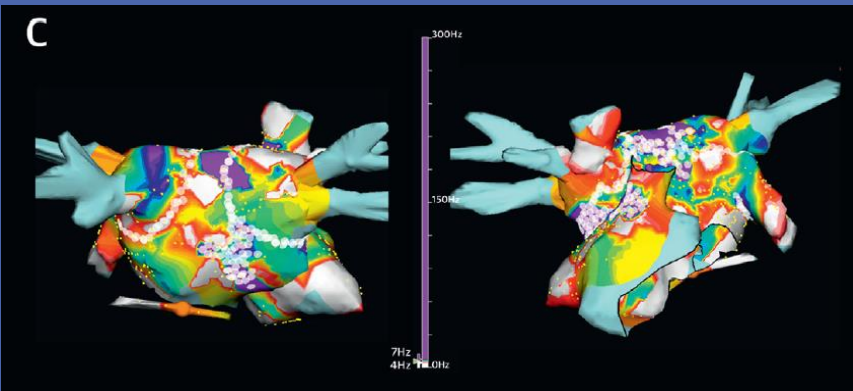
Primer son nokta: 6 ayda noninferiorite



* Redo ablasyon yapılan PAF larda %100 rekonneksiyon

Comparison of Radiofrequency Catheter Ablation of Drivers and Circumferential Pulmonary Vein Isolation in Atrial Fibrillation

A Noninferiority Randomized Multicenter RADAR-AF Trial



Her iki yaklaşımda da
6 ayda rekürensiz sağkalım yaklaşık %60

Pulmonary Vein Isolation for Atrial Fibrillation

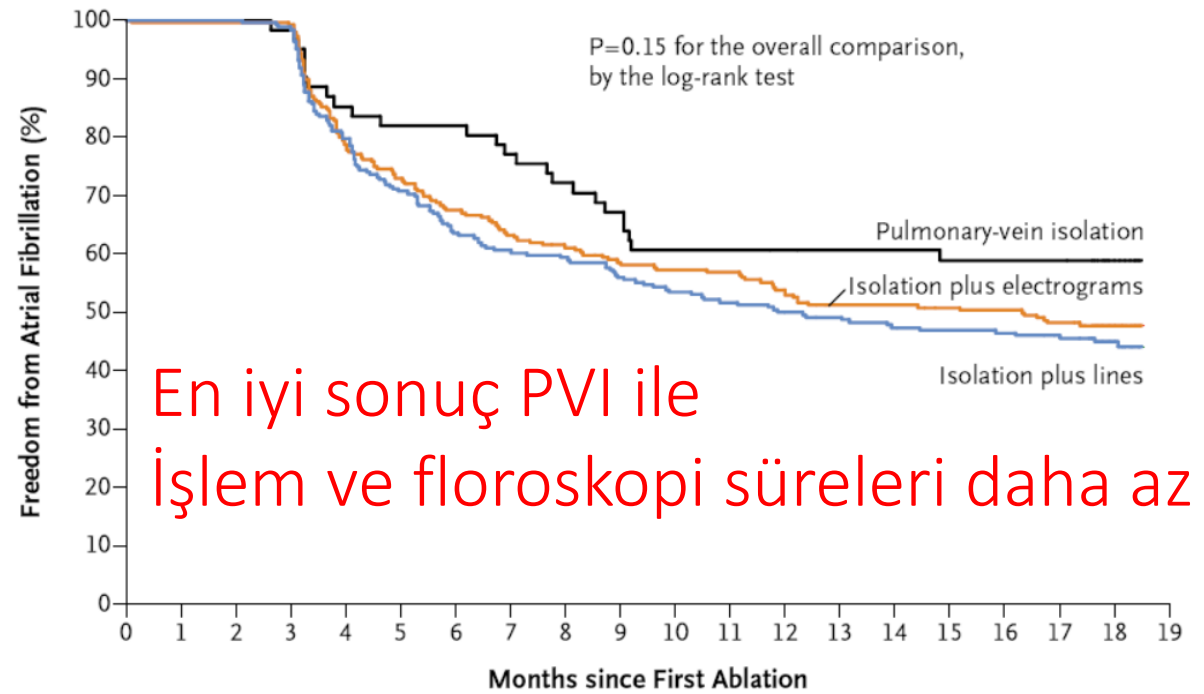
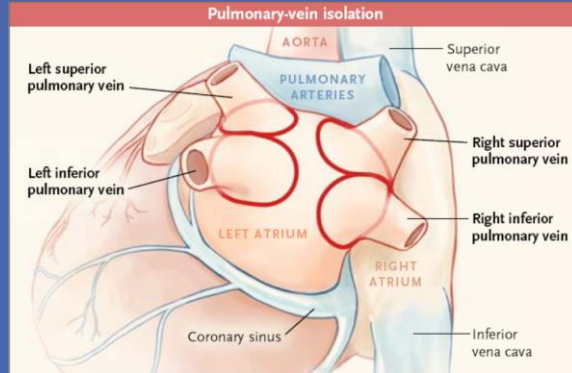
Forever Young*

Pasquale Santangeli, MD, Francis E. Marchlinski, MD

Approaches to Catheter Ablation for Persistent Atrial Fibrillation

the STAR AF II

PVI



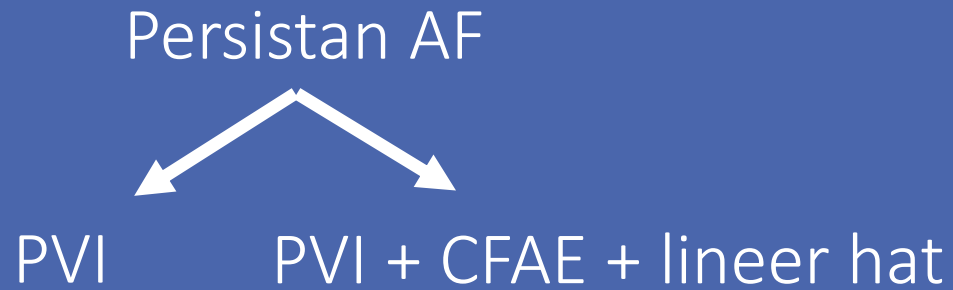
En iyi sonuç PVI ile
İşlem ve floroskopi süreleri daha az

No. at Risk

	0	3	6	9	12	15	18	19
Pulmonary-vein isolation	61	60	50	41	36	23		
Isolation plus electrograms	244	242	161	137	124	72		
Isolation plus lines	244	240	152	133	115	57		

Pulmonary Vein Isolation Versus Defragmentation

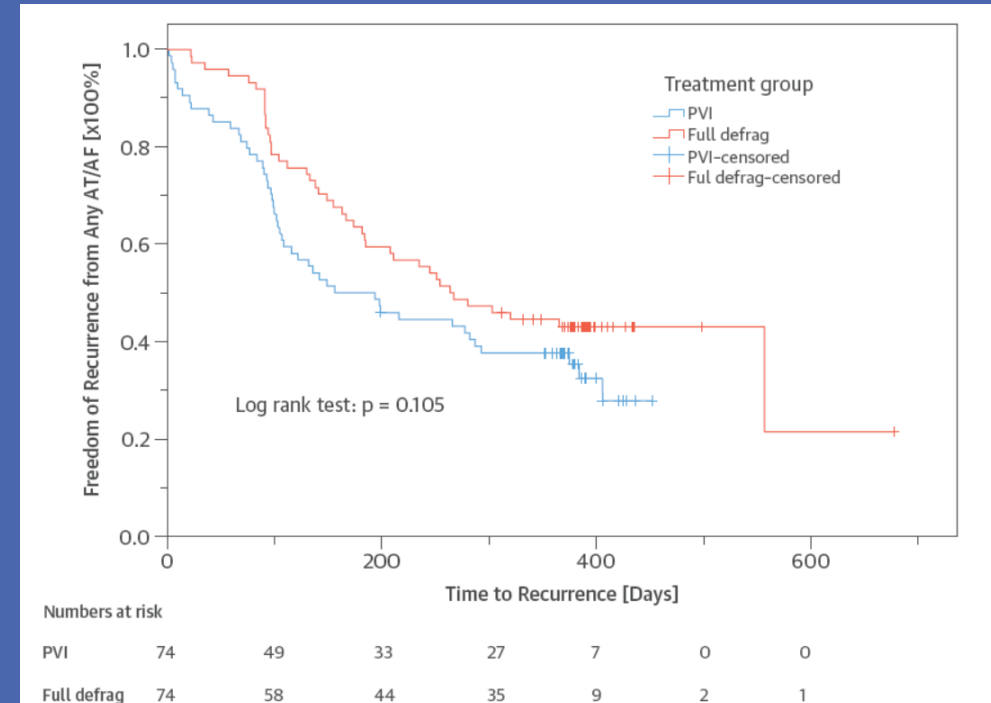
The CHASE-AF Clinical Trial



Ek bir fayda yok

SR idamesi %65 vs. %60

İşlem, floroskopi ve ablasyon zamanı daha fazla



NCBI Resources How To Sign in to NCBI

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed atrial fibrillation ablation Search

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Search results

Items: 1 to 20 of 9945

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New feature Try the new Display Settings option - Sort by Relevance

9945

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Search results

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Search results

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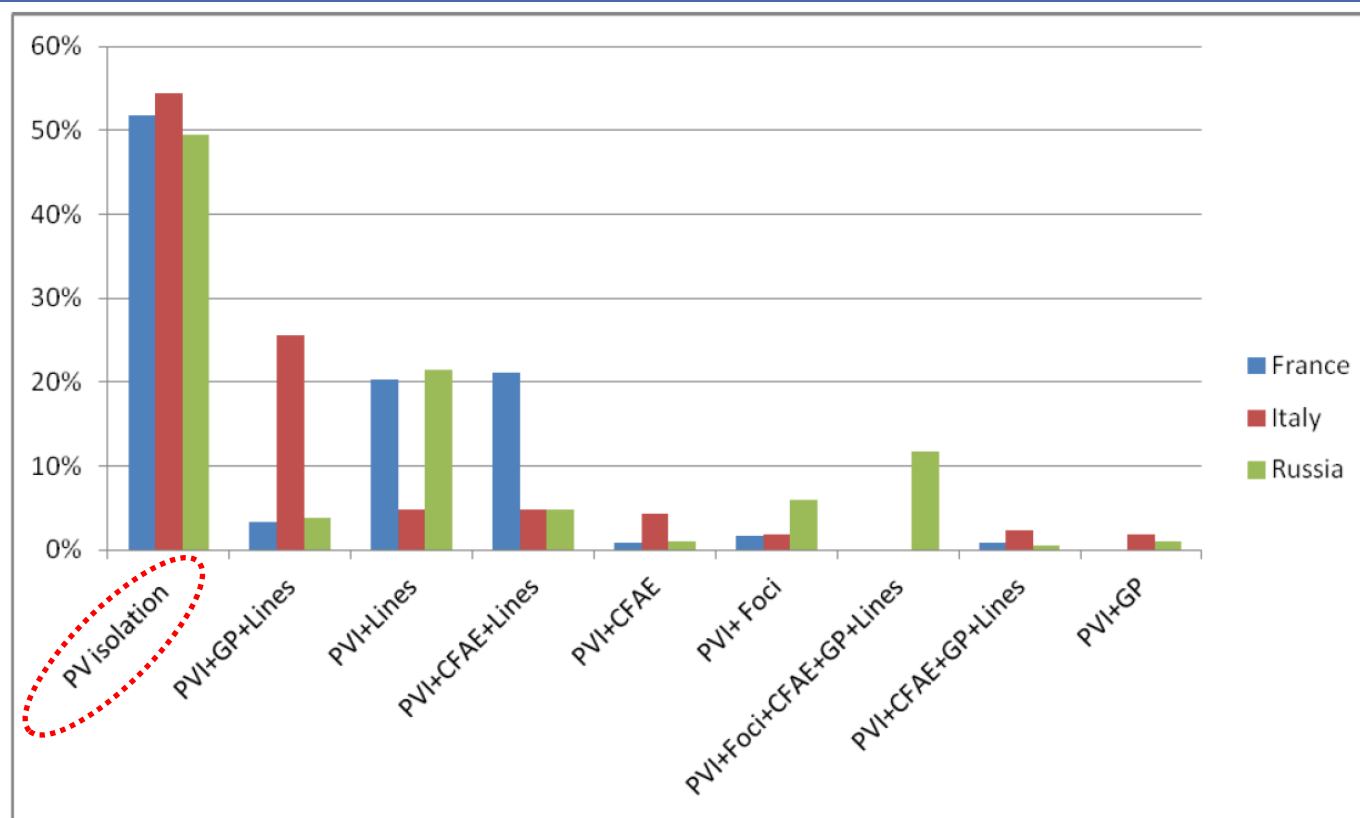
Send to: Filters: Manage Filters

New feature Try the new Display Settings option - Sort by Relevance

82

$P < 0.0001$

Prospective European Survey on Atrial Fibrillation Ablation: Clinical Characteristics of Patients and Ablation Strategies Used in Different Countries

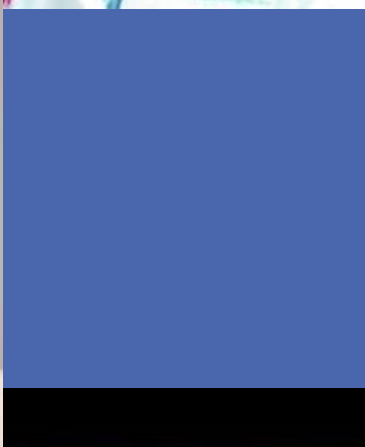


PVI: Pulmonary Vein Isolation; GP: Ganglionated Plexi ablation; CFAE: Complex Fractionated Atrial Electrograms ablation.

2012 HRS/EHRA/ECAS Expert Consensus Statement on Catheter and Surgical Ablation of Atrial Fibrillation: Recommendations for Patient Selection, Procedural Techniques, Patient Management and Follow-up, Definitions, Endpoints, and Research Trial Design

Table 3 Recommendations regarding ablation technique

- Ablation strategies that target the PVs and/or PV antrum are the cornerstone for most AF ablation procedures.
- If the PVs are targeted, electrical isolation should be the goal.
- If patients with longstanding persistent AF are approached, operators should consider more extensive ablation based on linear lesions or complex fractionated electrograms.



Sonuç olarak,

- PVI \approx 20 yıllık bilgi birikimi
- PVI single-shot teknolojiler (cryobalon, lazer, PVAC, nMARQ vb)
- Diğer teknolojiler  (CFAE, spektral analiz, rotor, gradiyent vb)

- Tek işlem
- Ek işlemler
(CFAE, Rotor, lineer hatlar)

başarı %50-75

başarı



-Asıl sorgulama

kalıcı olan PVI (adenozin, isoproterenol, pacing, kateterler (contact force), ice vb)

**BENİ DİNLEDİĞİNİZ İÇİN
TEŞEKKÜR EDERİM**