

FASİKÜLER VT ABLASYONU

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Fasiküler VT

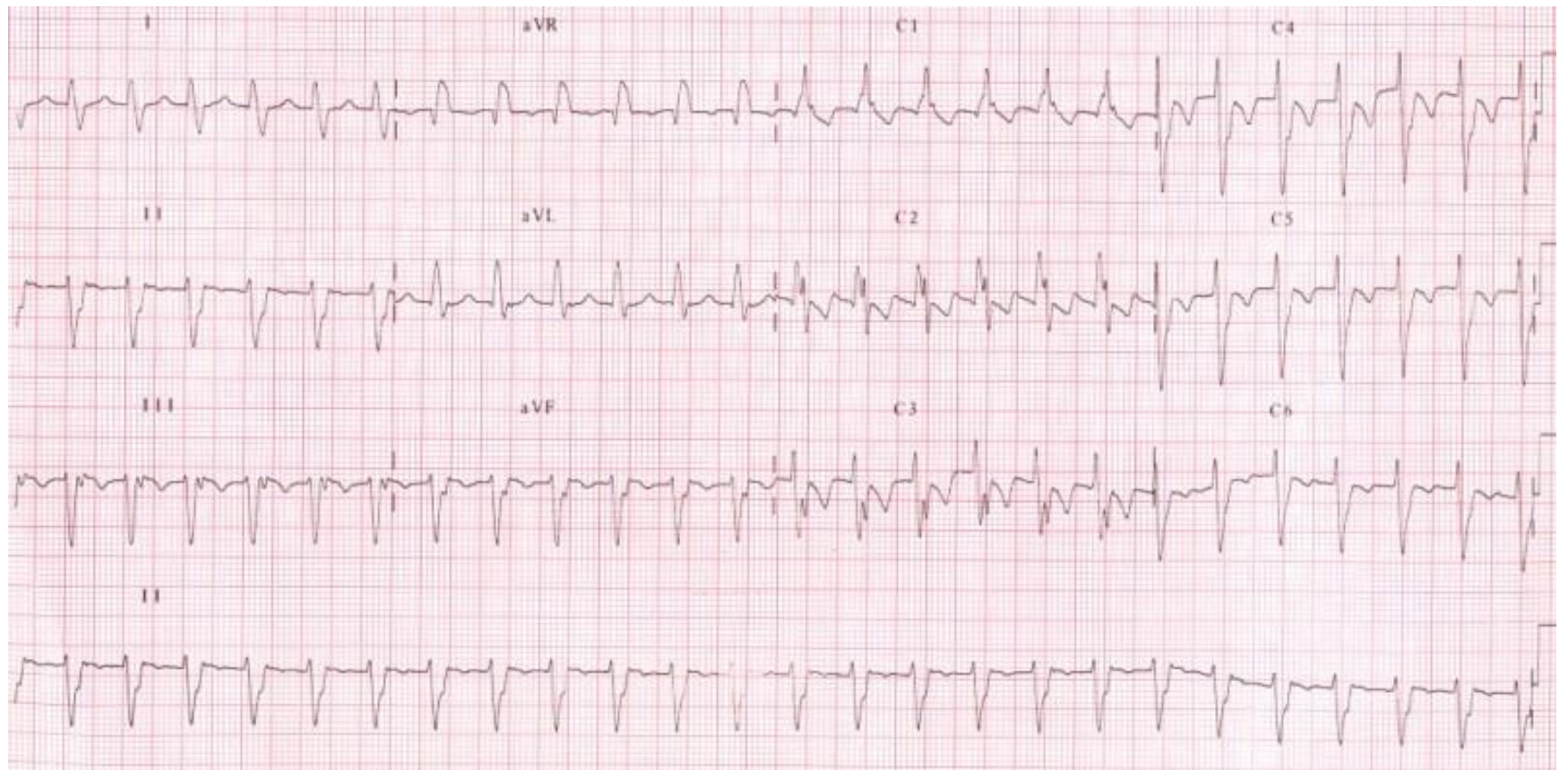
- 1979'da Zipes tarafından ilk kez tanımlanmış
- Verapamile hassasiyet
- Programlı atriyal stimülasyon ile indüklenme
- Yapısal kalp hastalığı yok (idiyopatik VT)
- Sıklıkla paroksizmal, nadiren insessan

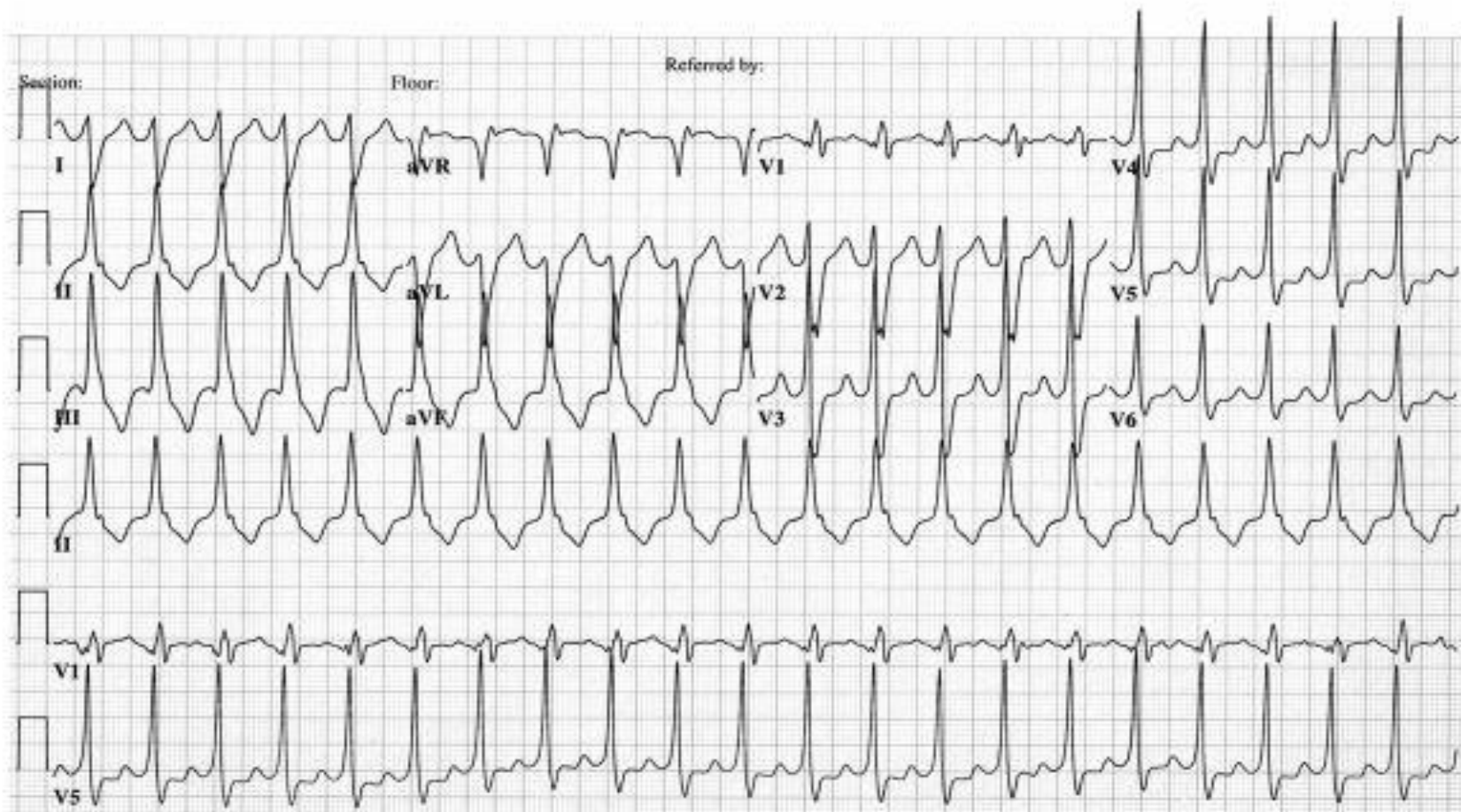
Fasiküler VT

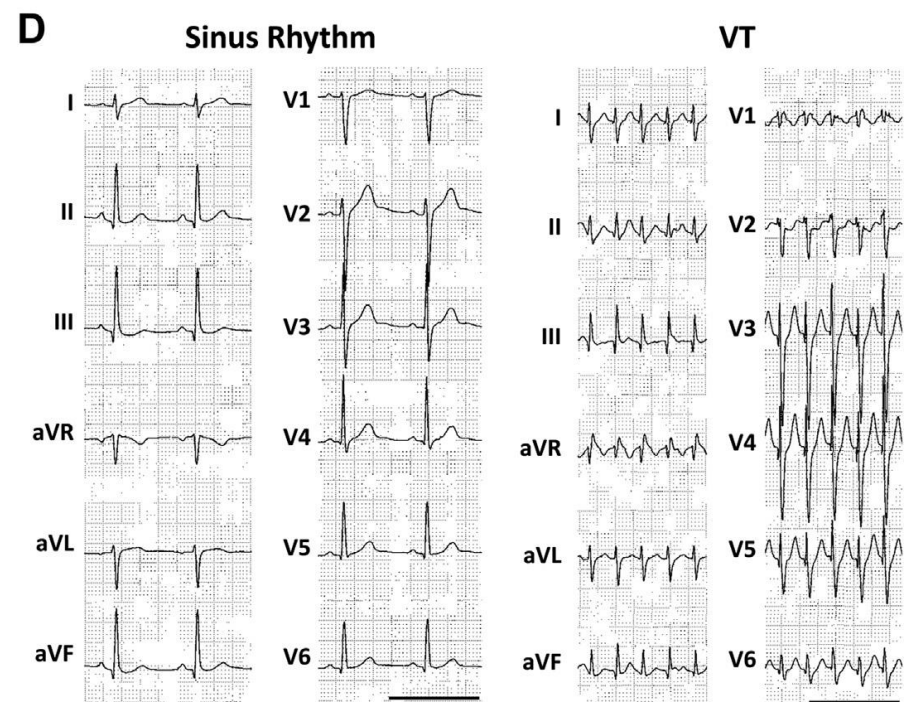
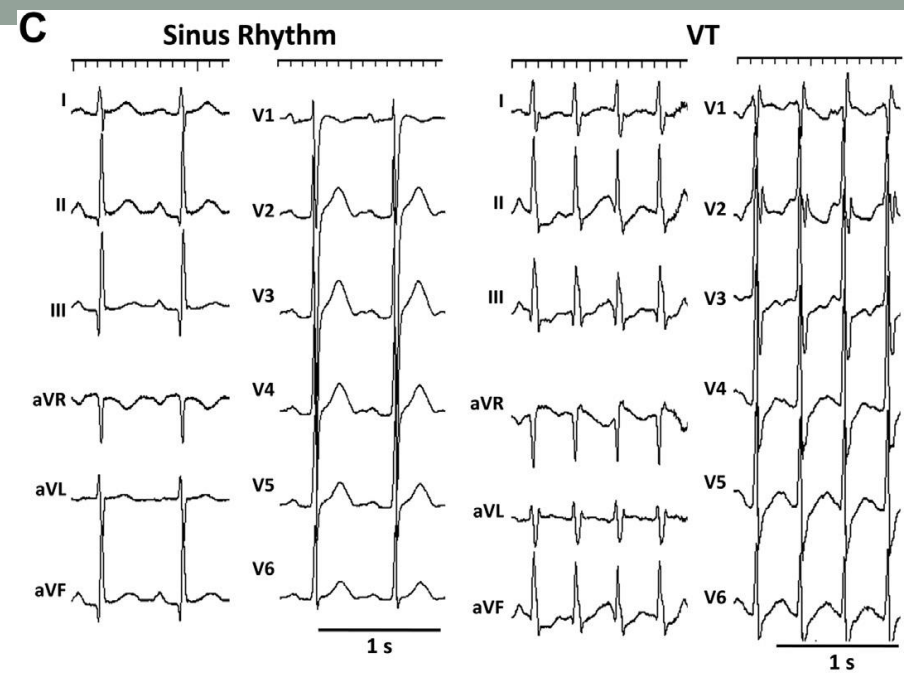
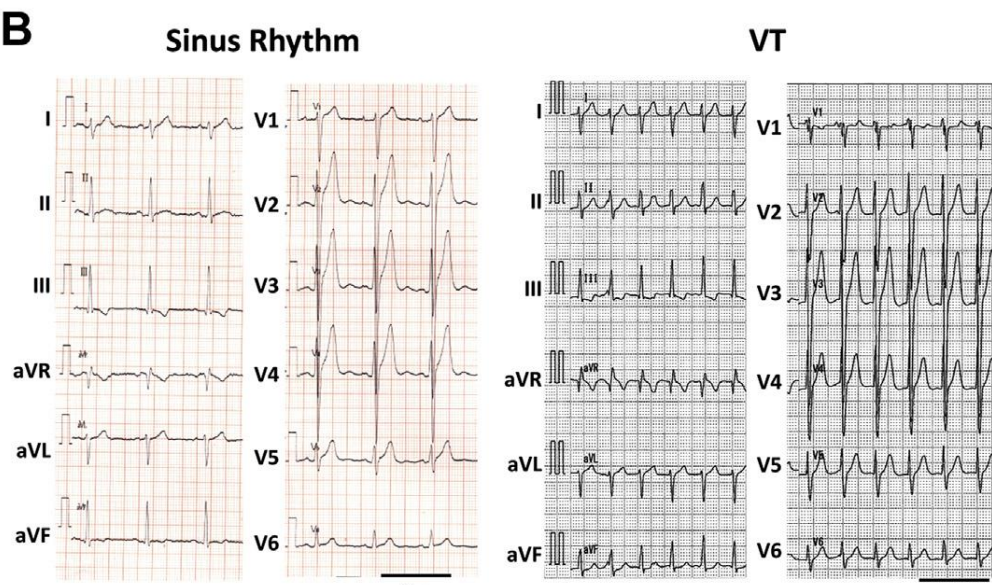
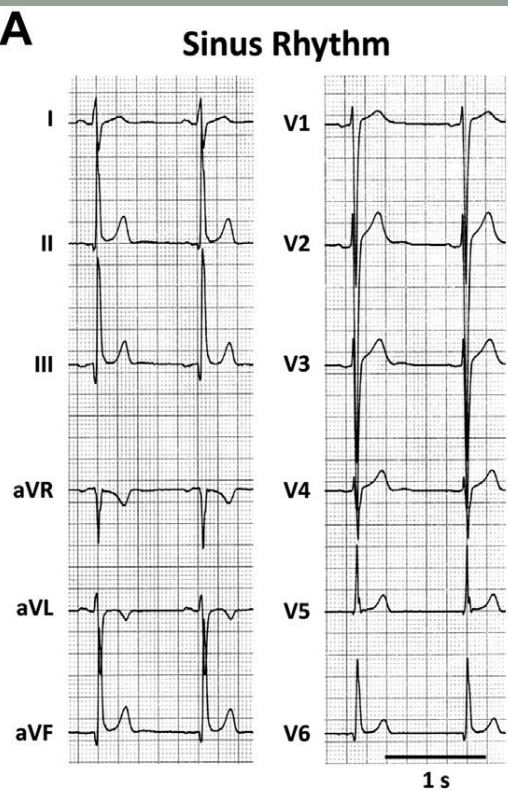
- 15-40 yaş arası erkekler (%60-80)
- Egzersiz ve emosyonel ile indüklenebilir
- Nispeten dar QRS'li ve sağ dal bloğu morfolojisi, (SVT ile karışabilir), hastaların %10-25'inde ilave SVT
- İzoproterenol ihtiyacı olabilir, hastaların önemli bir kısmında indüklenemez

Fasiküler VT Tipleri

- Non-reentran fasiküler VT (%3)
 - EKG benzer, verapamil rezistan, multipl morfoloji sık, entrainment mümkün değil, izoproterenol ya da burst pacing ile indüklenir, değişken siklus uzunluğu,
- Upper Septal VT
 - Dar QRS, sağ dal bloğu var ya da yok, sinüs ile benzer aks
- Anterior fasiküler VT
 - Dar QRS, sağ dal bloğu, sağ aks
- Posterior fasiküler VT (%90)
 - Dar QRS, sağ dal bloğu, sol aks

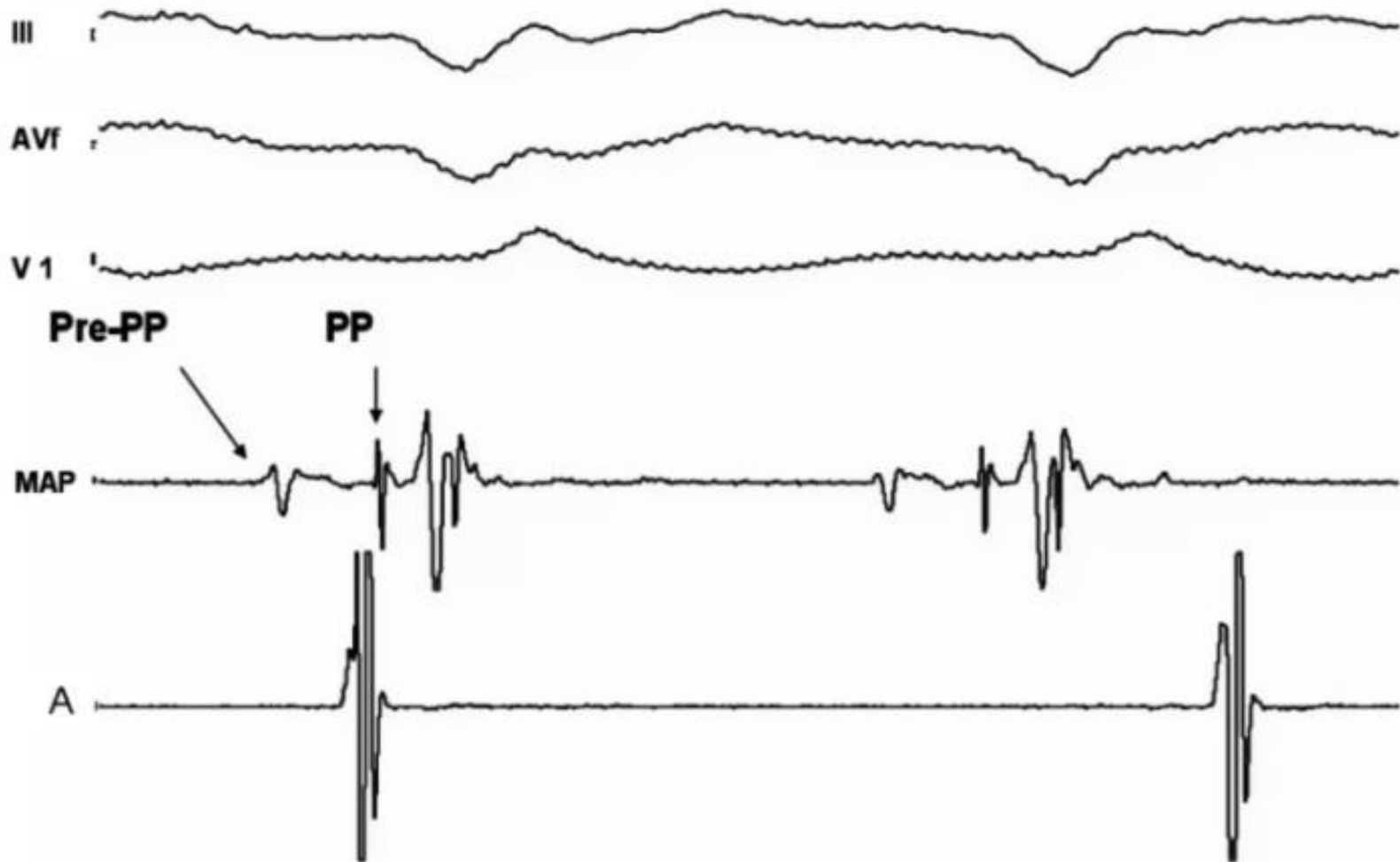


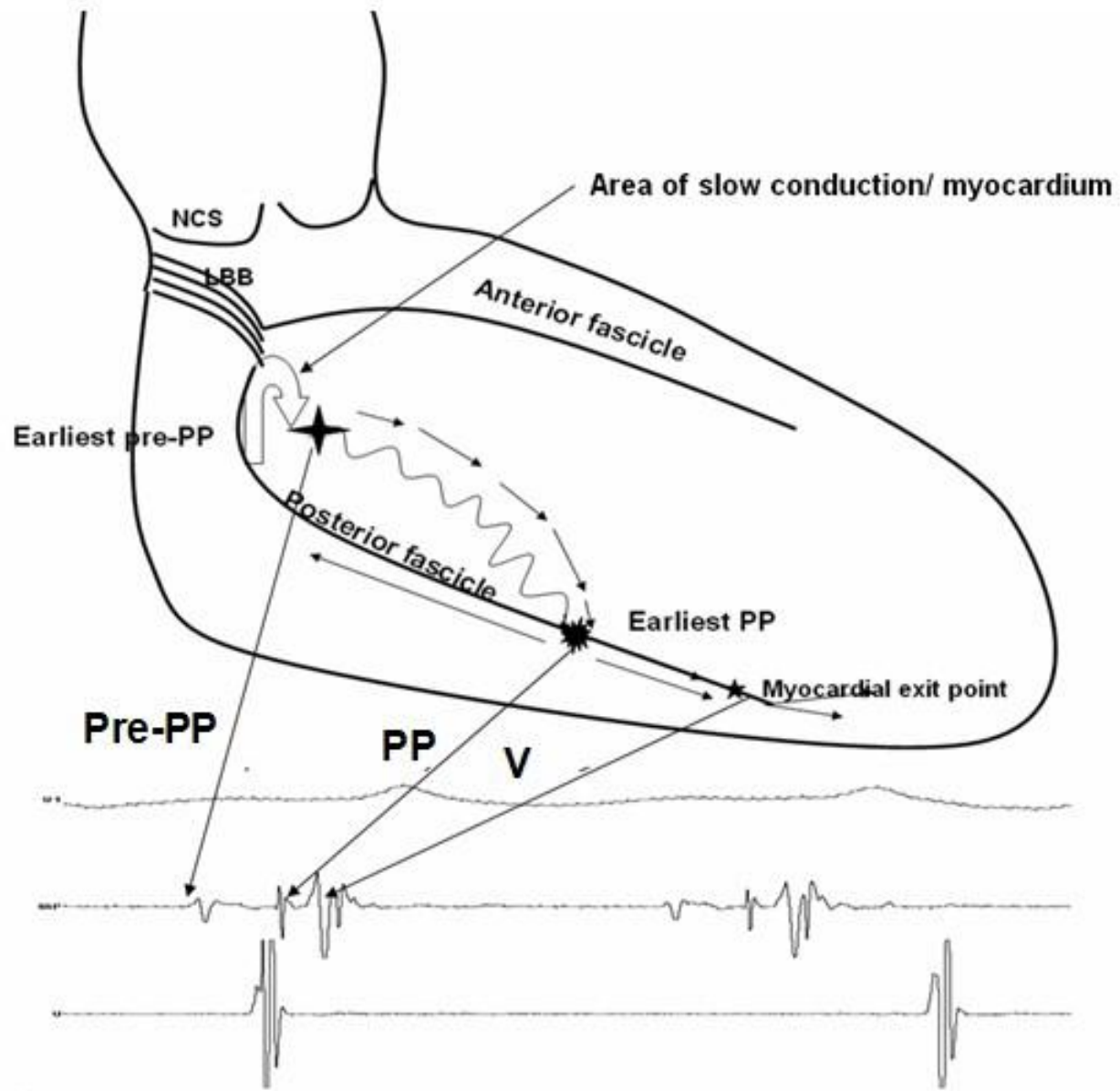




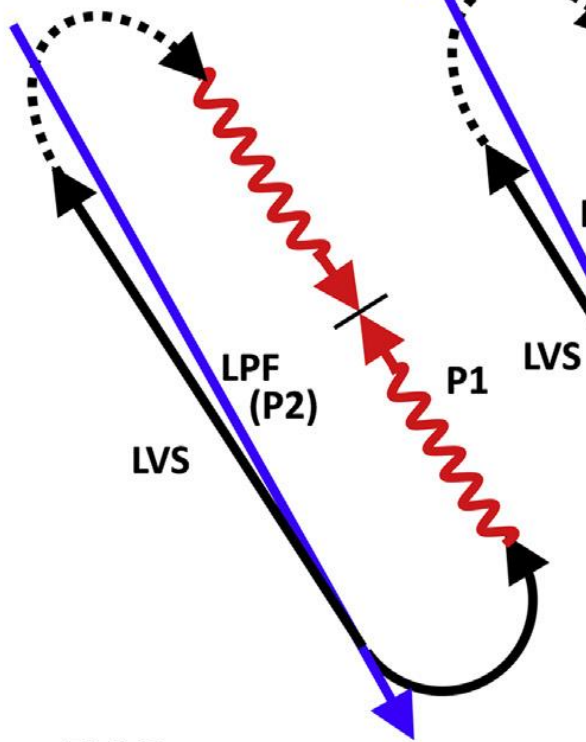
Taşikardi devresi (posterior fasiküler)

- Prepurkinje potansiyelleri (P1, -30, -70 msn)
 - Taşikardi sırasında P2 önünde, sinüs ritminde QRS arkasında
- Purkinje potansiyelleri (P2, -5, -25 msn)
 - Fasikülün aktivasyonunu gösterir

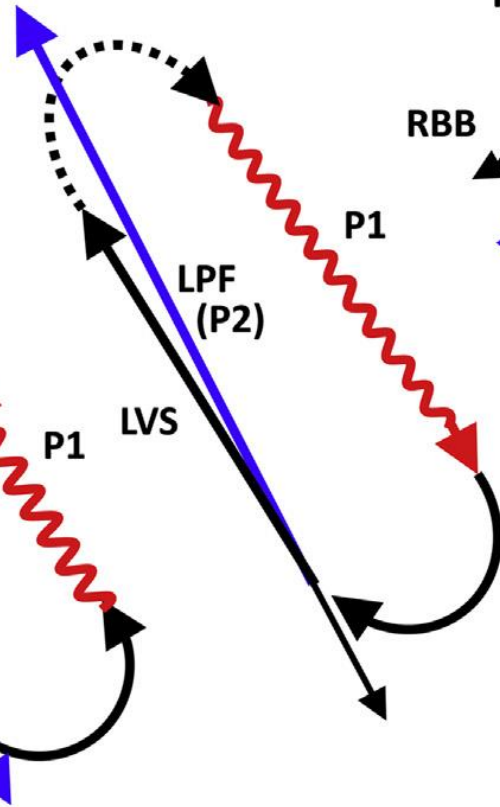




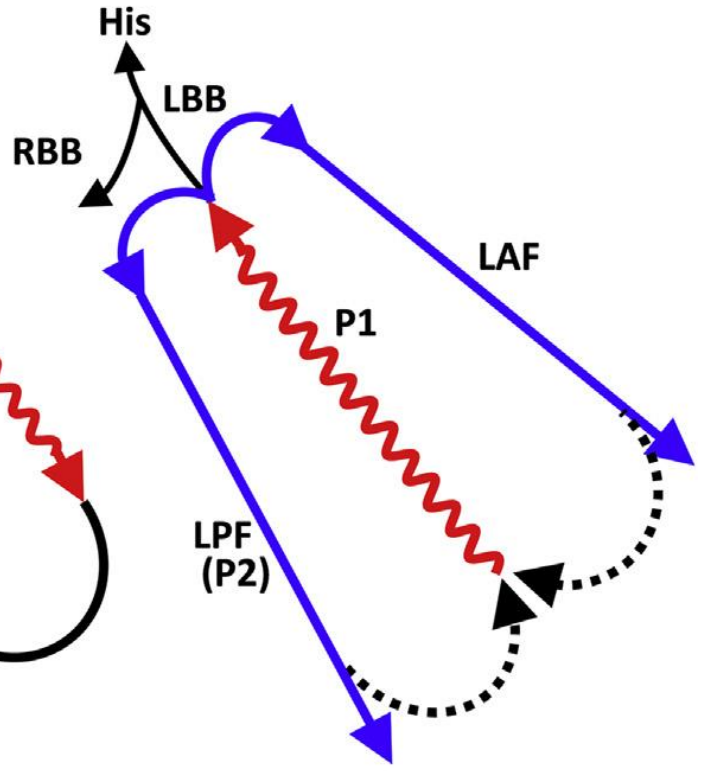
A Sinus Rhythm



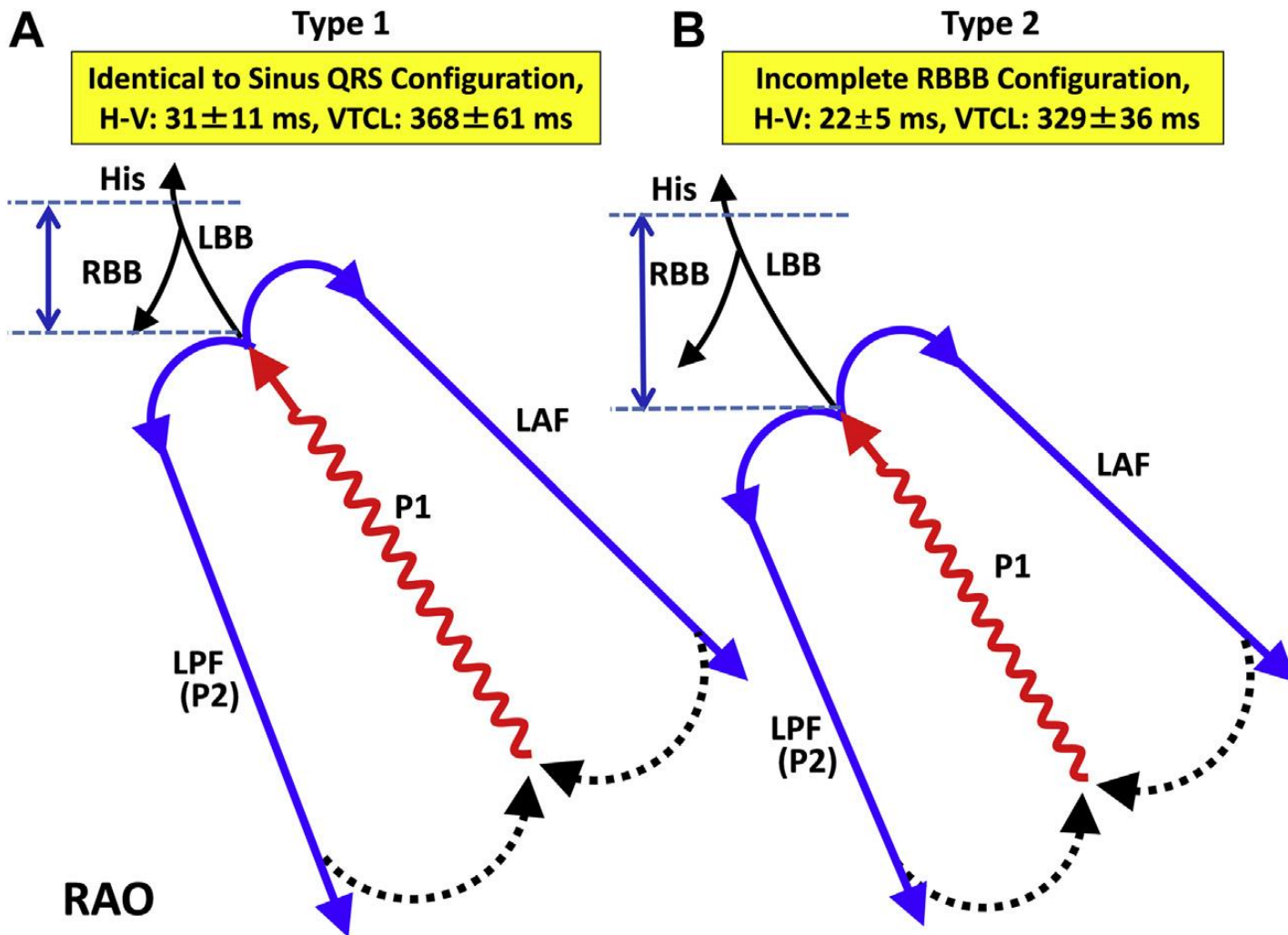
B Common ILVT

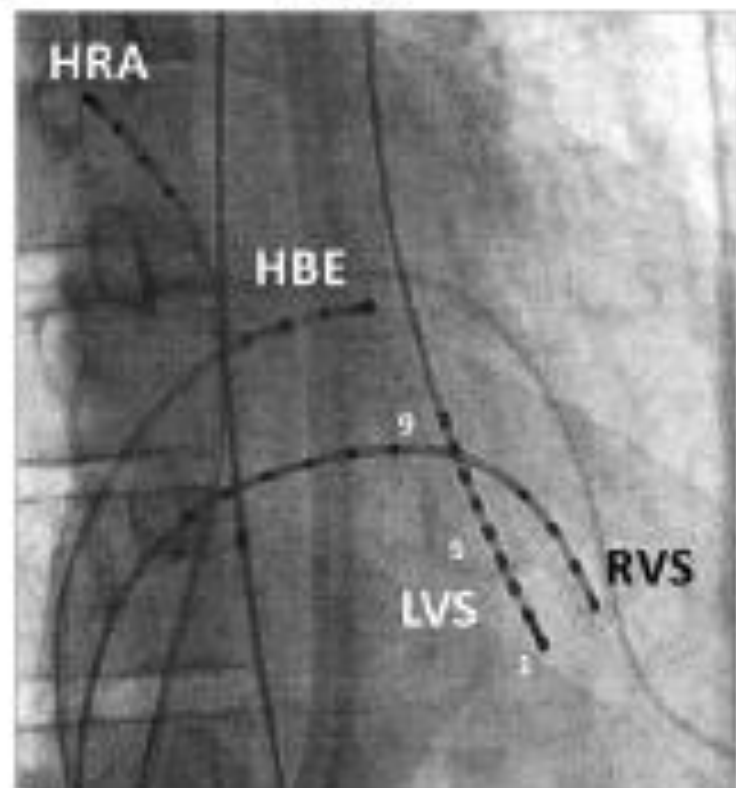
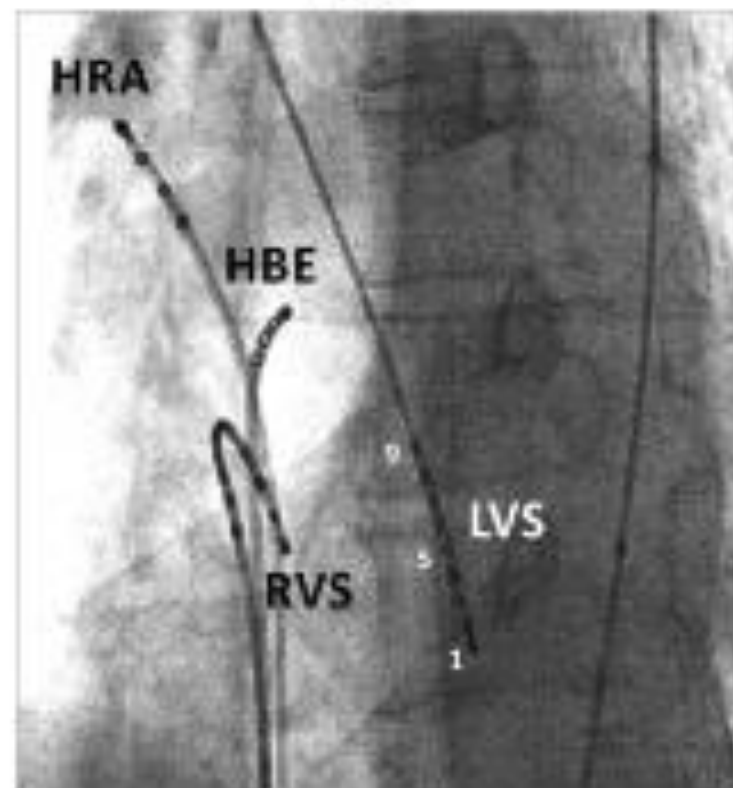


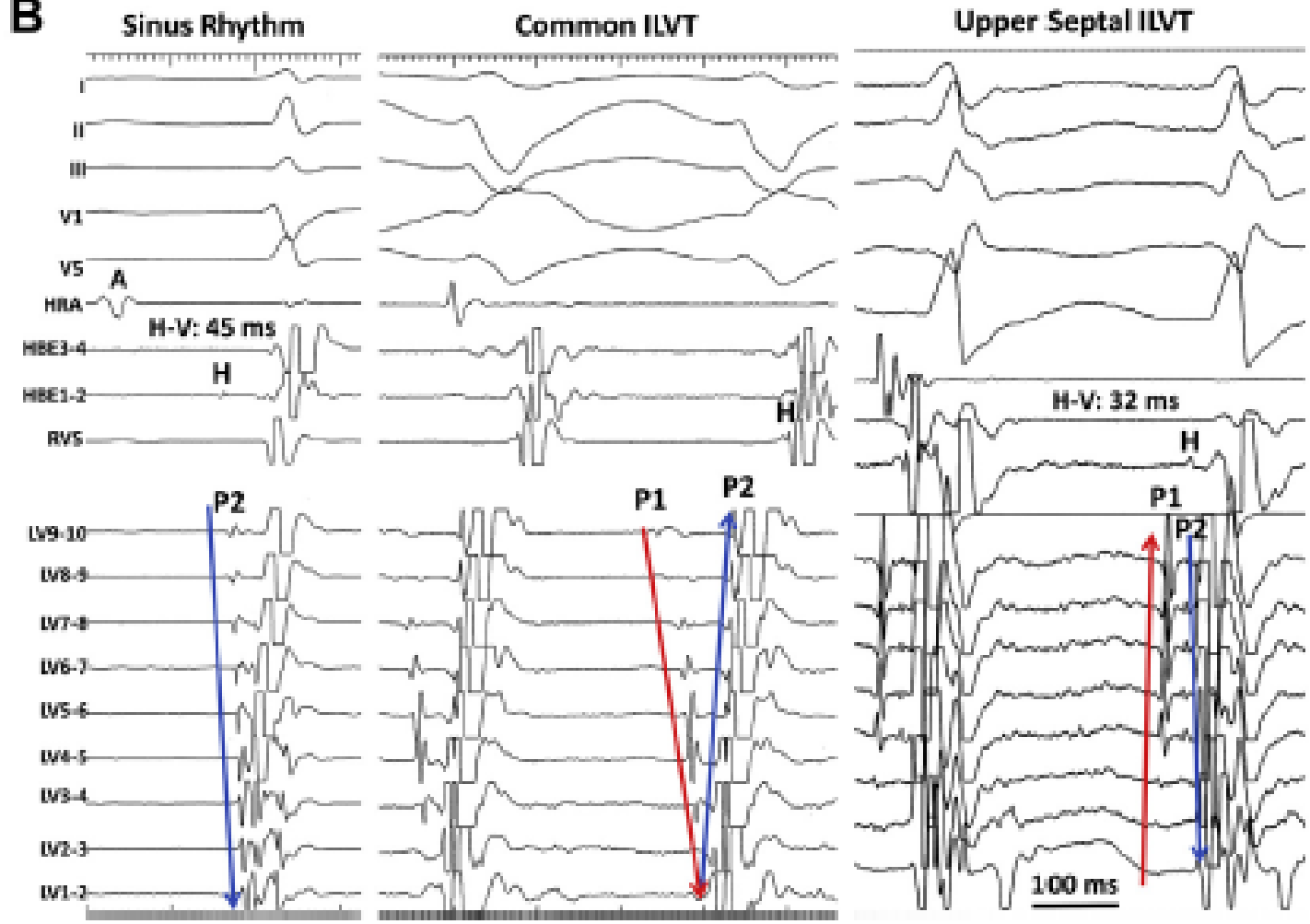
C Upper Septal ILVT



RAO

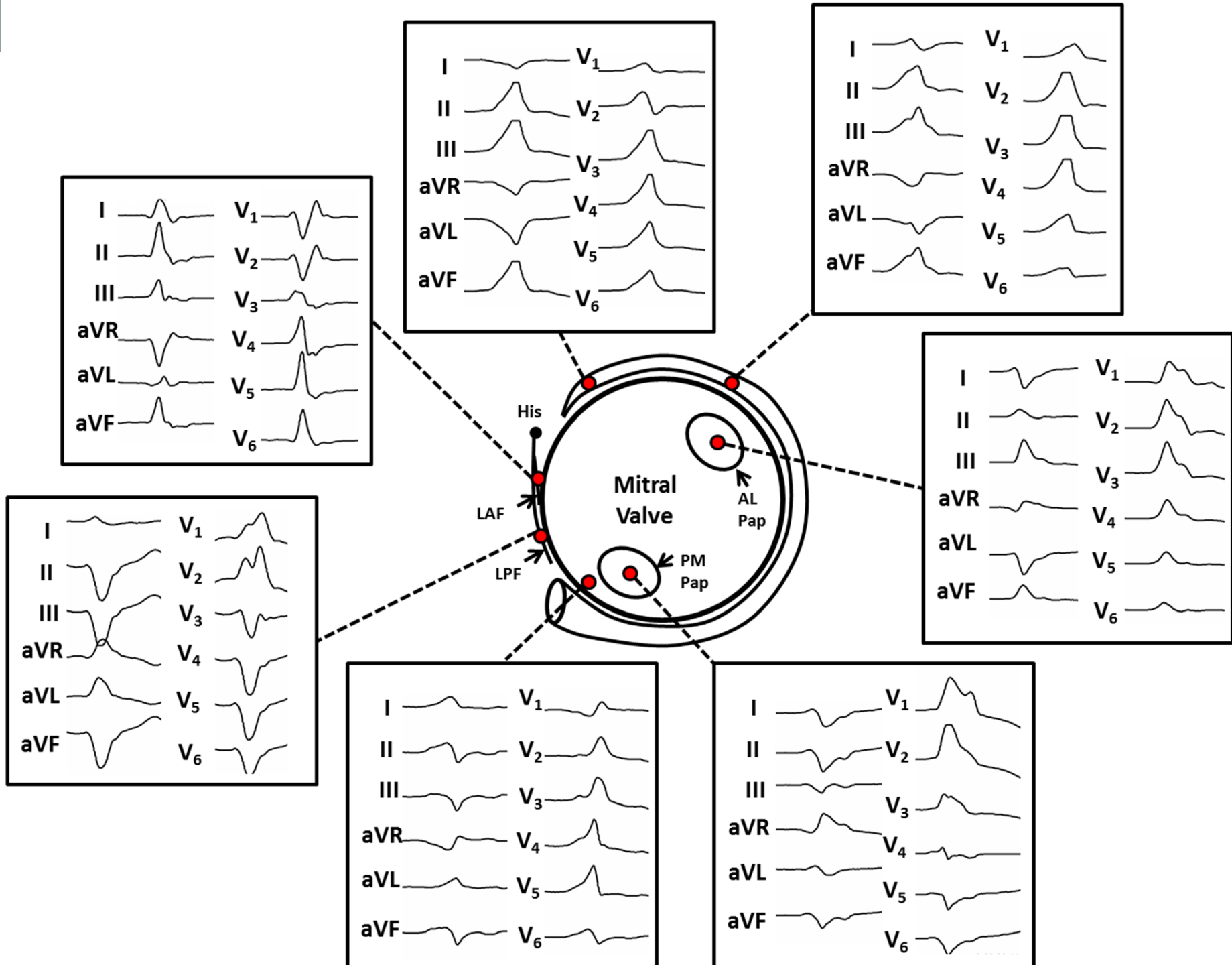


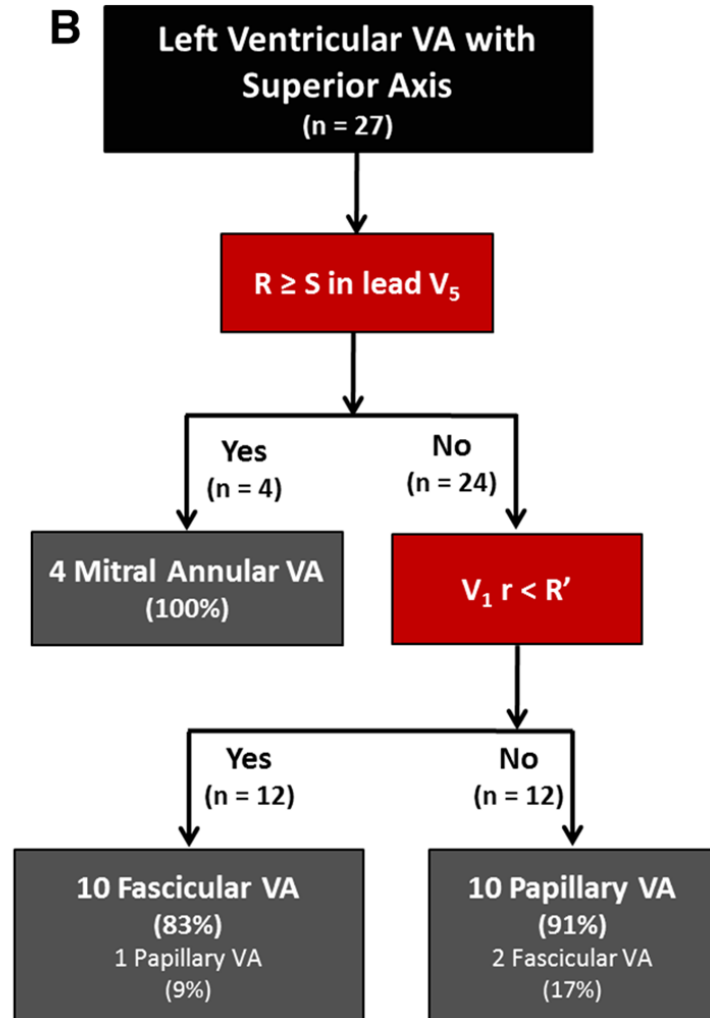
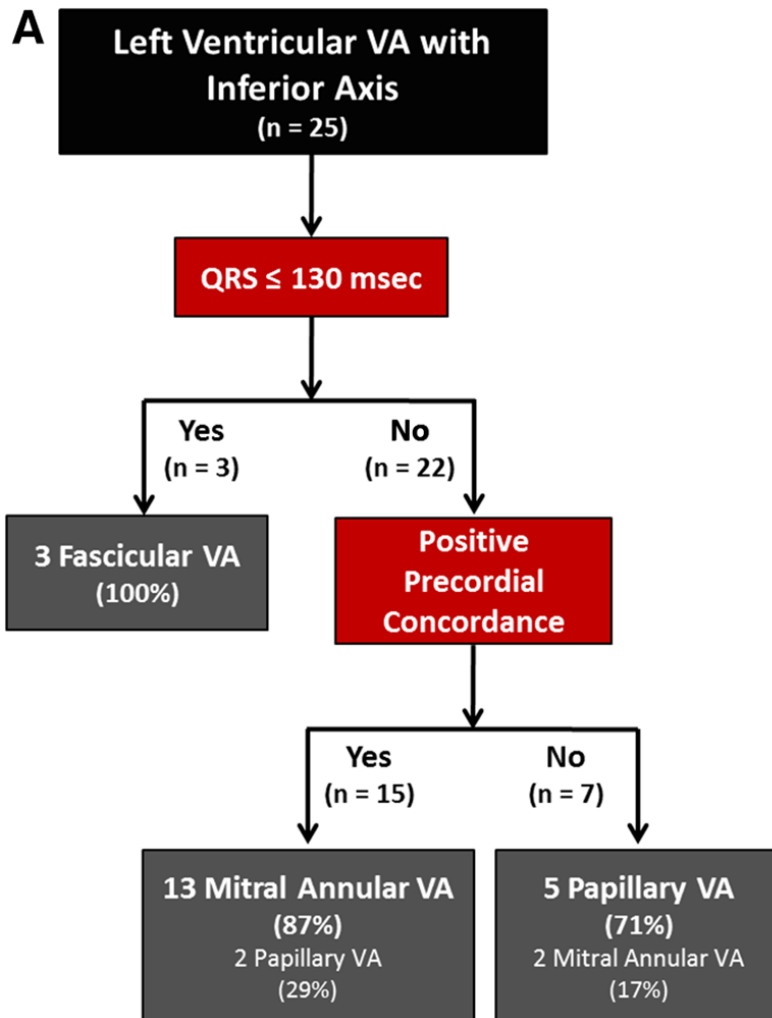
C**RAO****LAO**

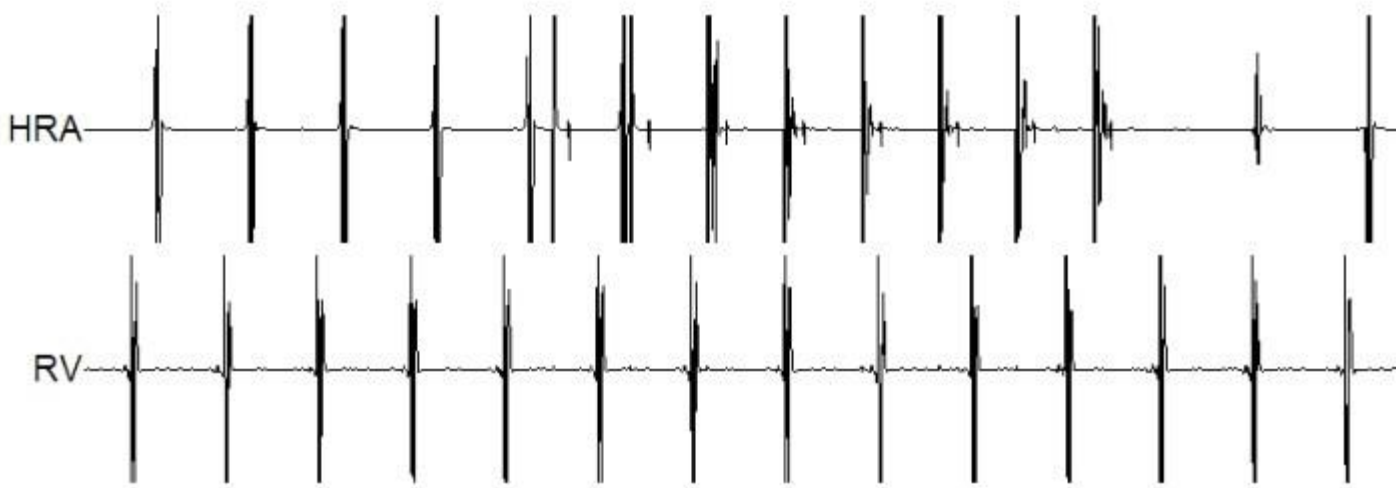
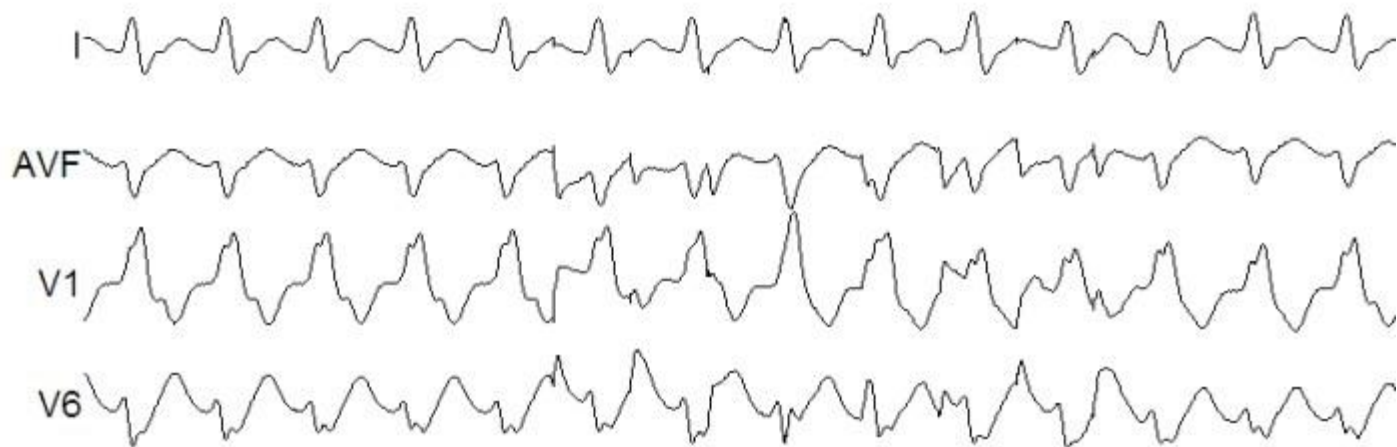
B

Ayırıcı tanı

- SVT
 - AV disosiasyon, capture, füzyon, HV intervali, atriyal incremental pacing ile progresif füzyon
- Papiller adele VT
 - Daha çok PVC, geniş QRS, multipl morfoloji
- Mitral anuler VT
 - Geniş QRS, V5 R>S, prekordiyal pozitif konkordans
- Fasiküler VT
 - V1 r<R'





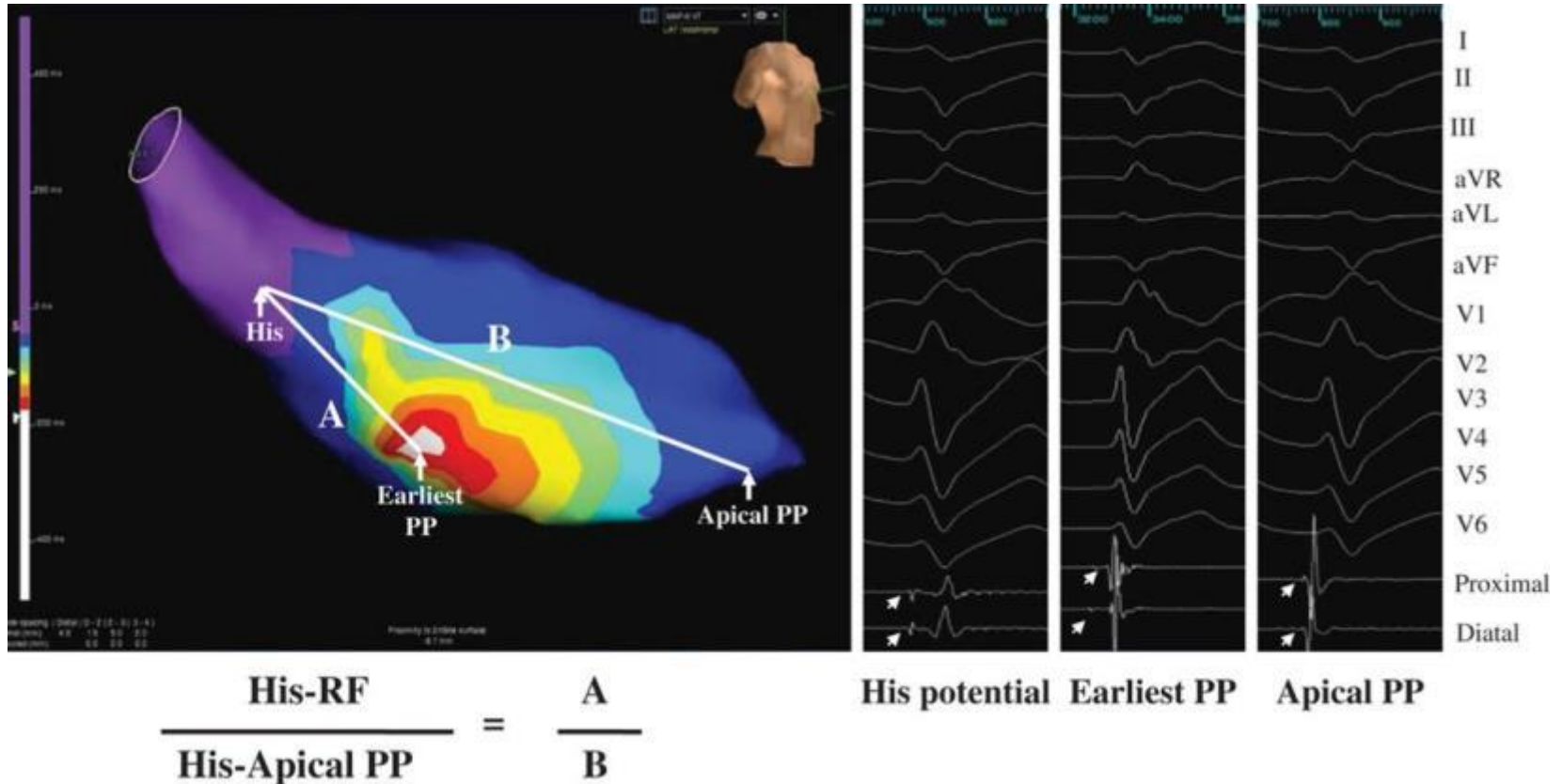


Ablasyon

- Taşikardi sırasında ablasyon
 - Erken aktivasyon bölgesinde aktivasyon, erken purkinje (fasiküler, nonreentran)
 - Geç P1, erken P2 ablasyon (fasiküler)
 - P1 ablasyon (upper septal)

- Sinüs ritminde ablasyon
 - Lineer ablasyon
 - Pace map ile ablasyon
 - Fasiküler blok hedeflenen ablasyon

Activation map using the NavX system was created during fascicular ventricular tachycardia (FVT).



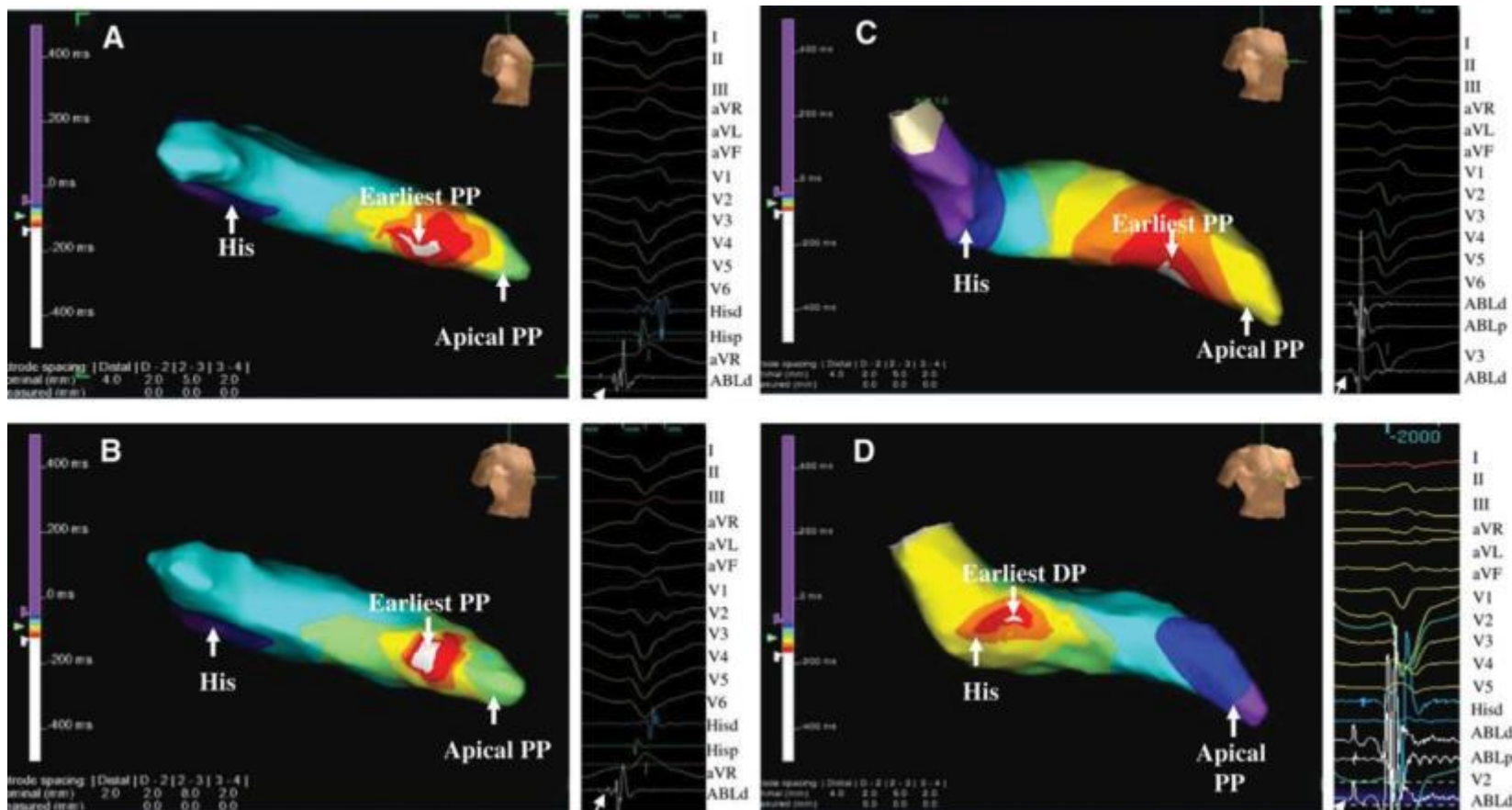
Yaowu Liu et al. *Circ Arrhythm Electrophysiol.*
2015;8:1443-1451

Intracardiac electrograms during electrophysiological studies of left posterior fascicular ventricular tachycardia (LPFVT).



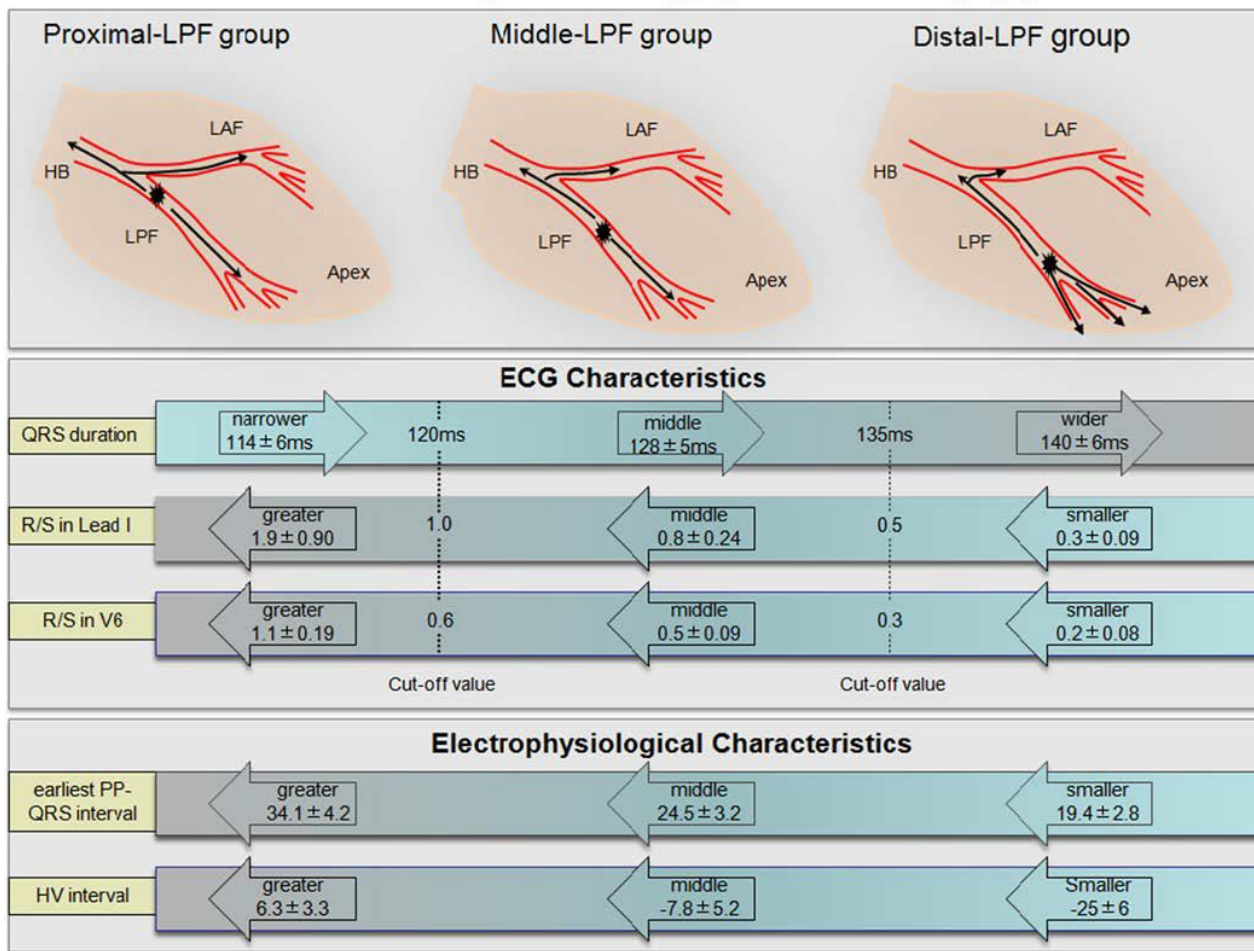
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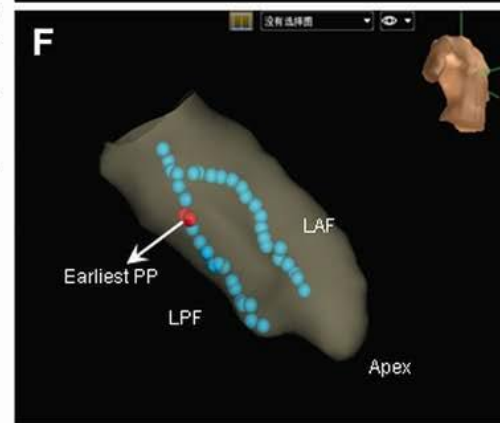
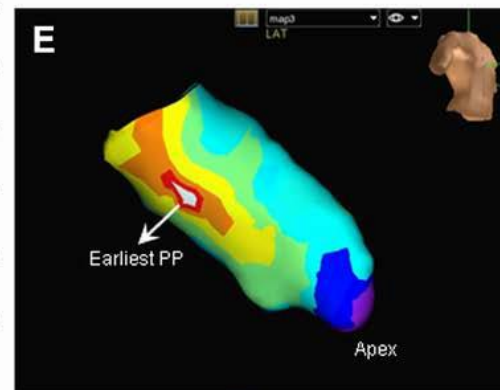
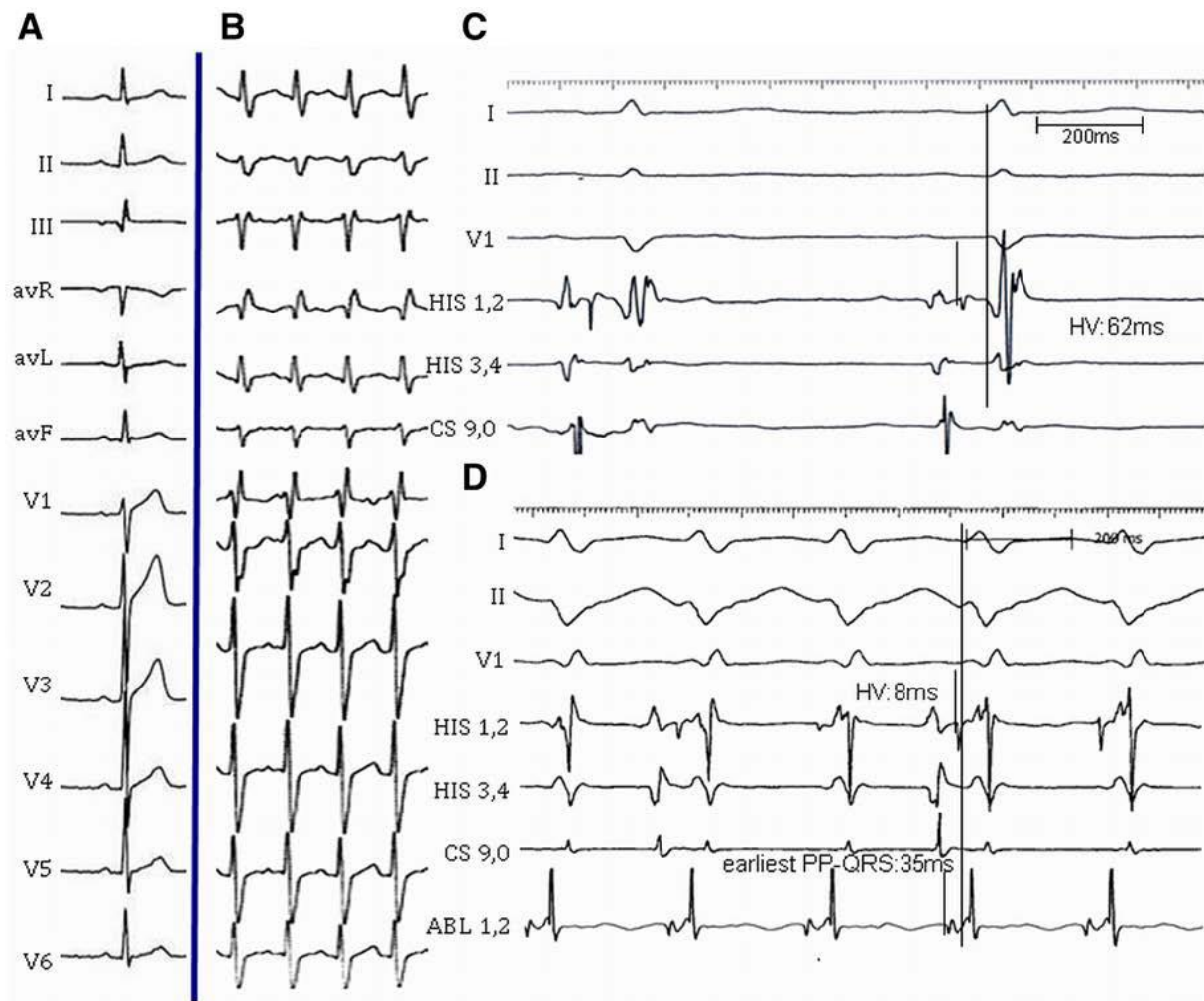
A, Activation map in patient 1 recorded during the first ablation procedure for left posterior fascicular ventricular tachycardia (LPFVT).

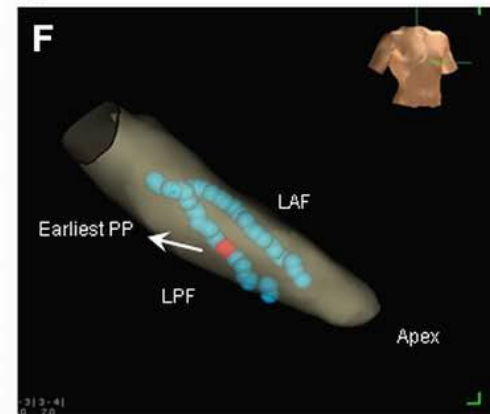
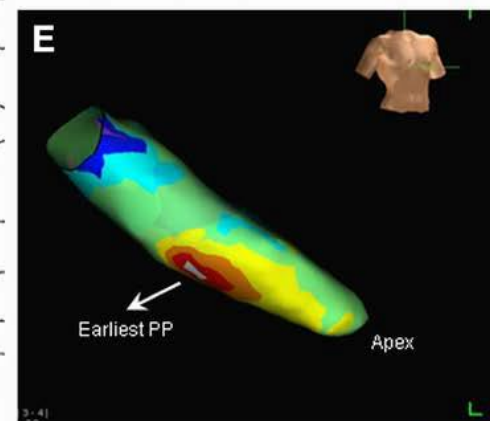
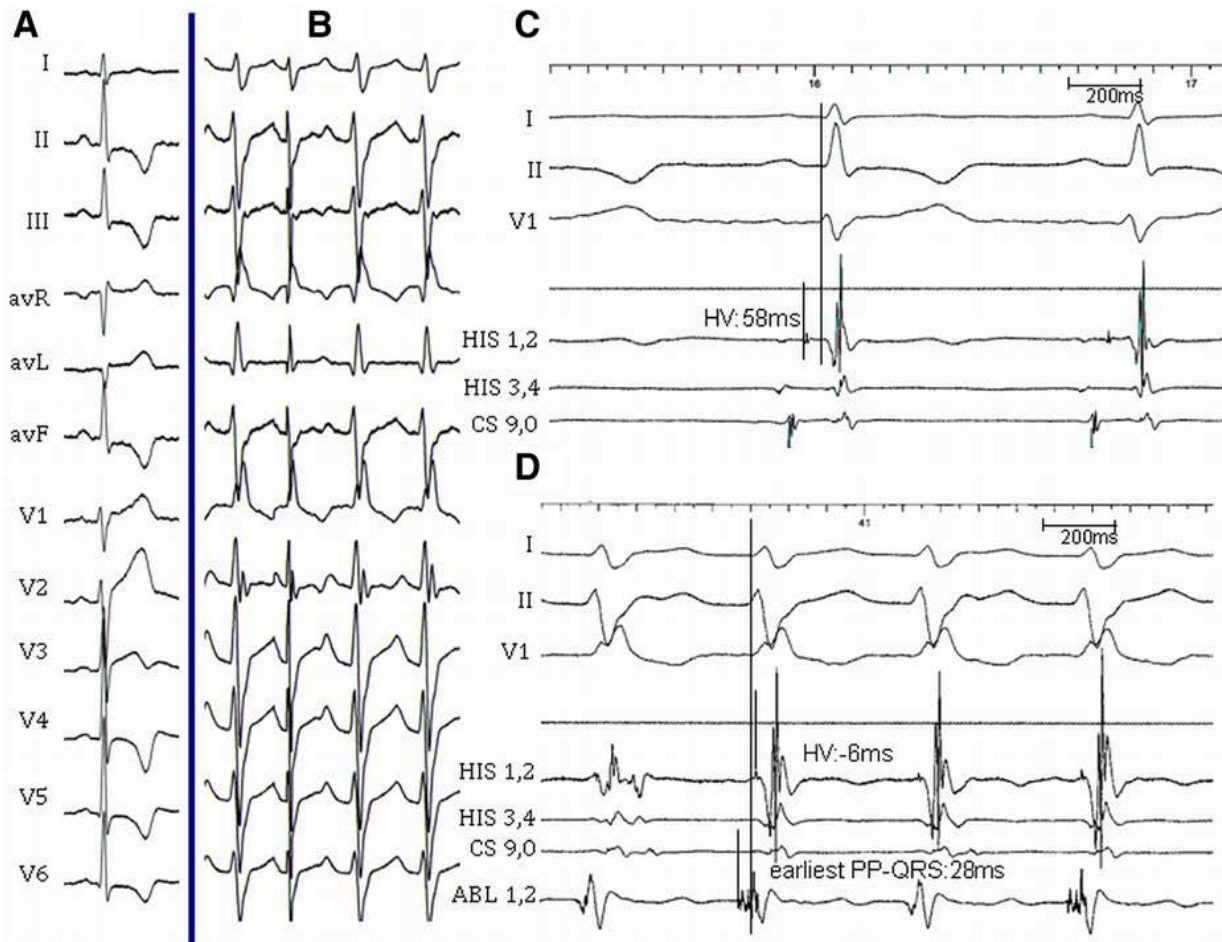


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Predicting the Site of Origin of Idiopathic Left Posterior Fascicular Ventricular Tachycardia via Mapping and Electrocardiography







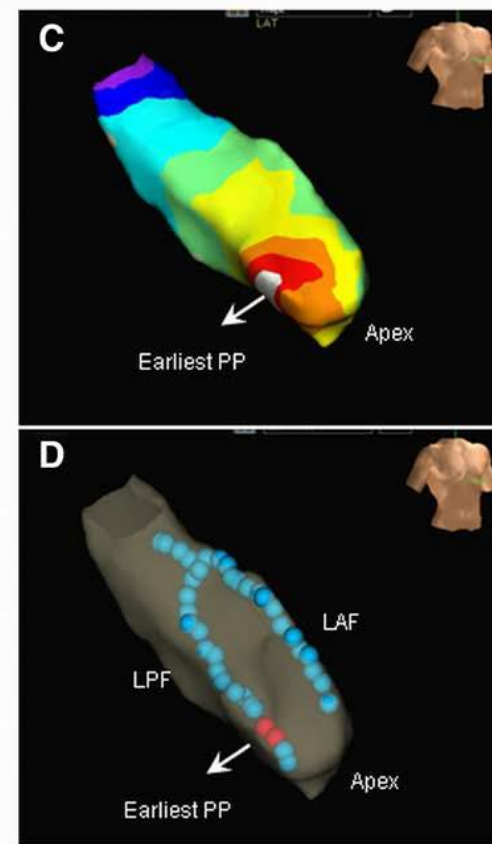
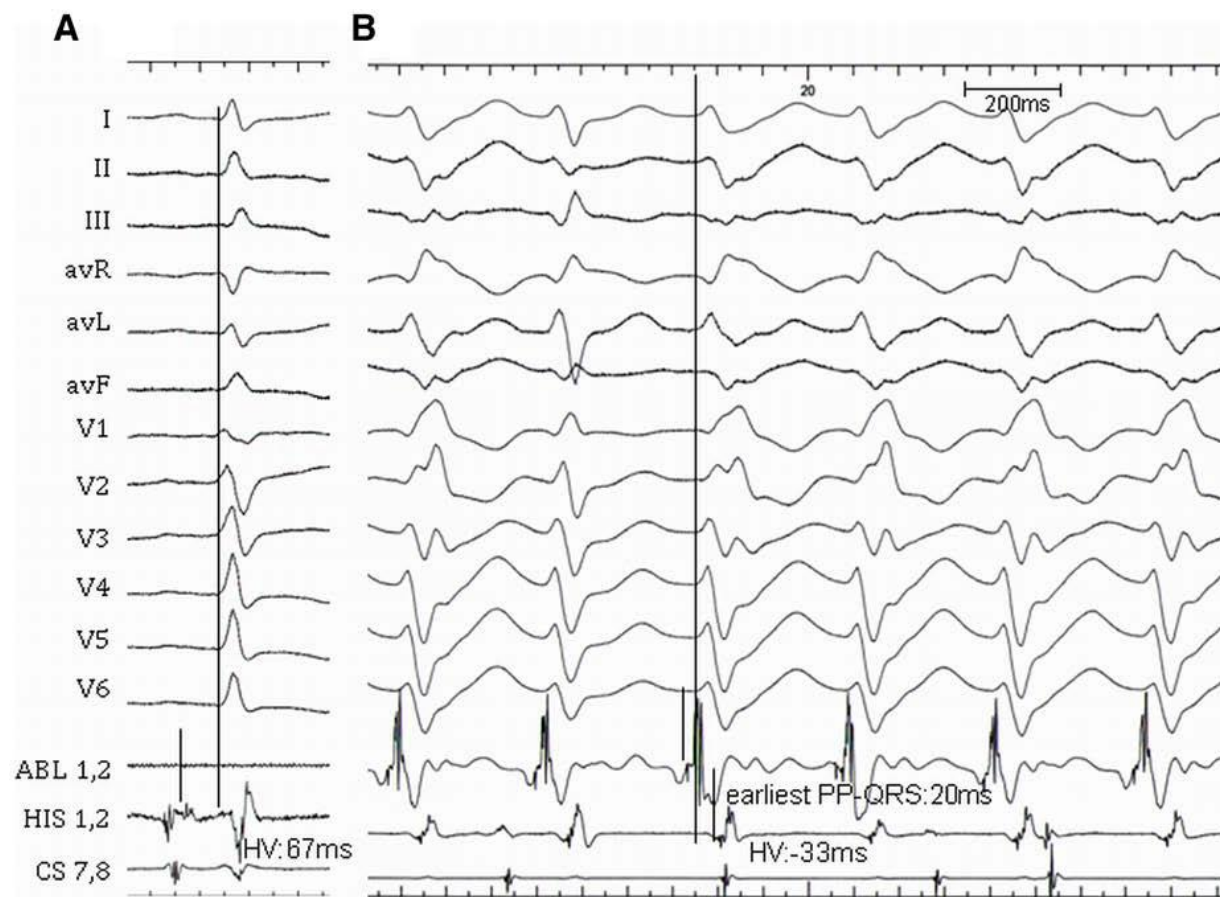
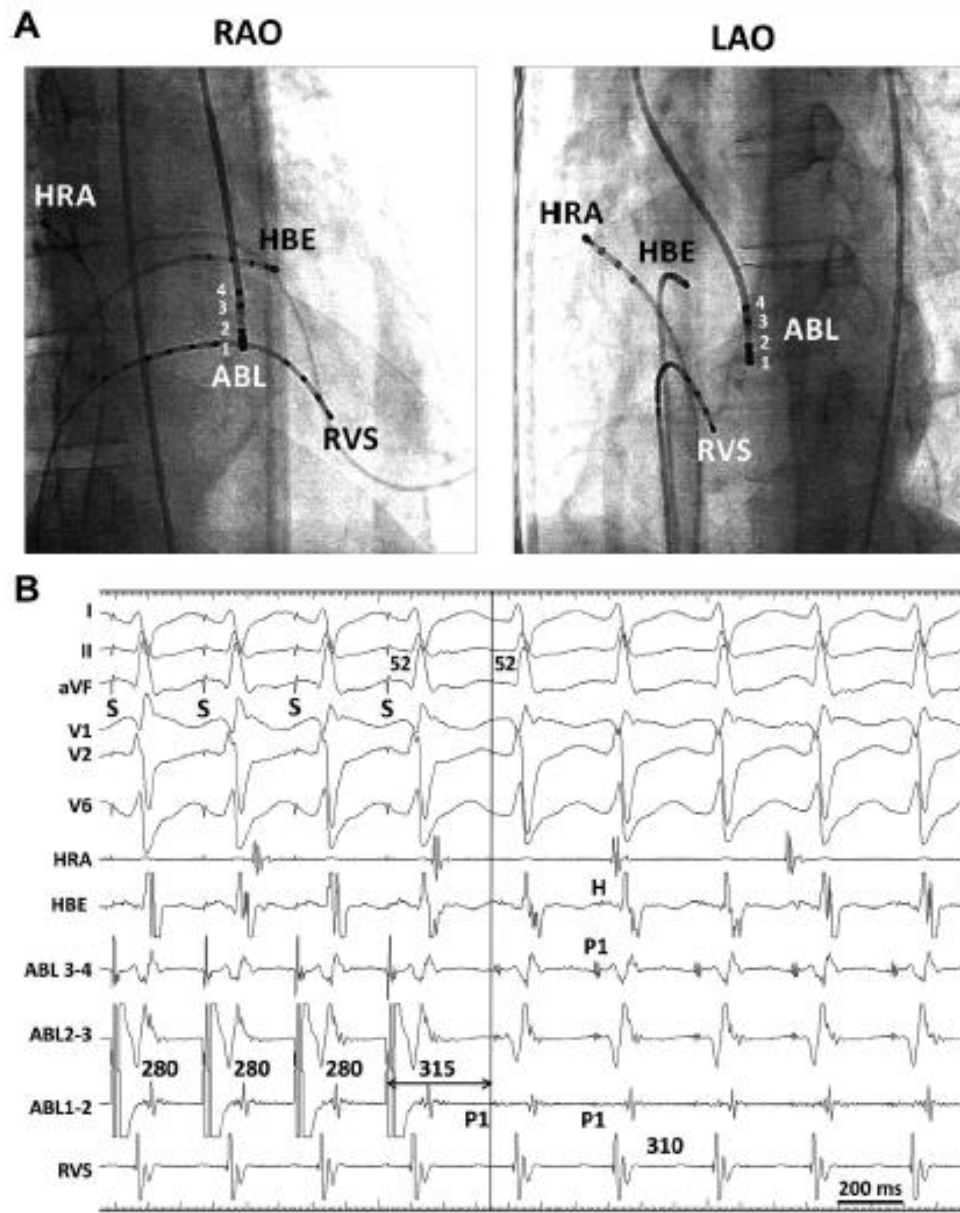
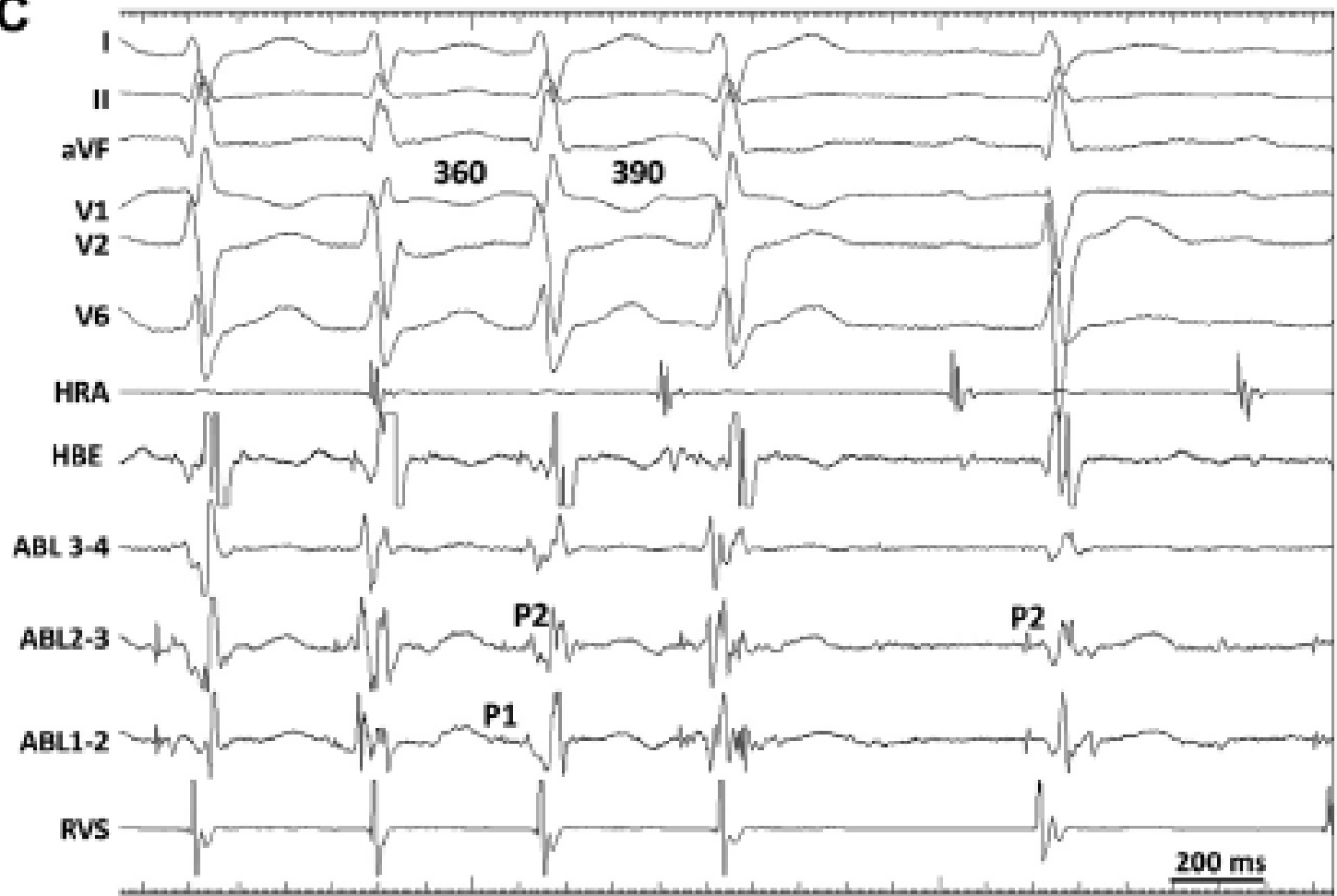


FIGURE 4 Entrainment and Successful Ablation of US-ILVT (Patient #9)



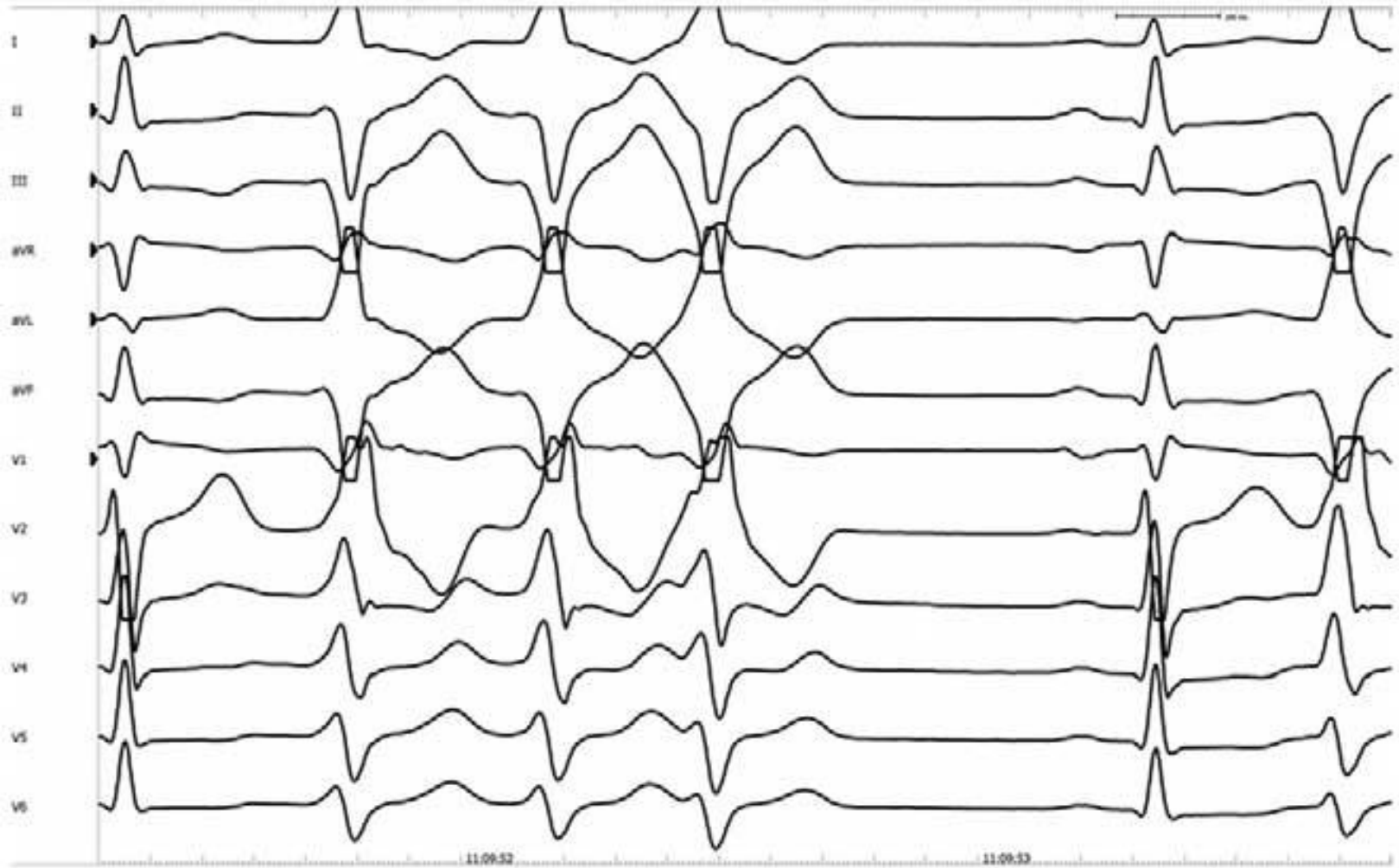
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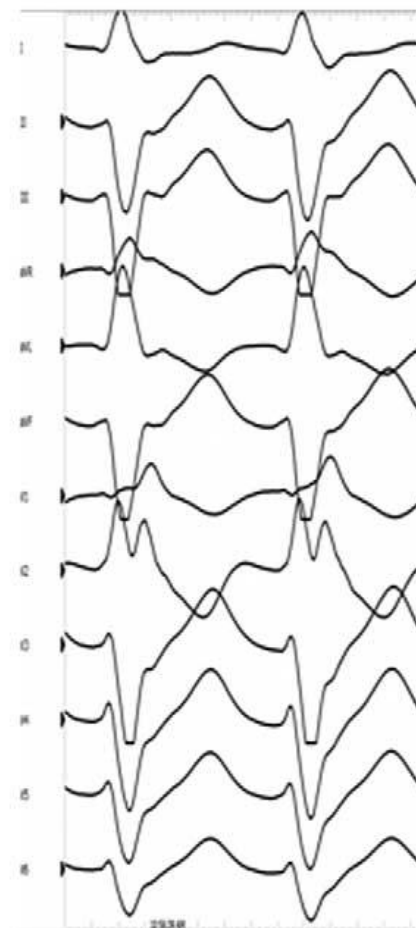
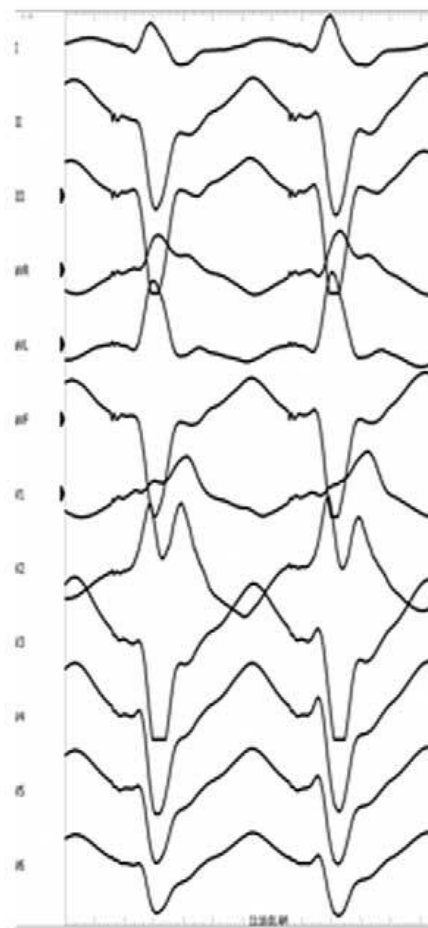
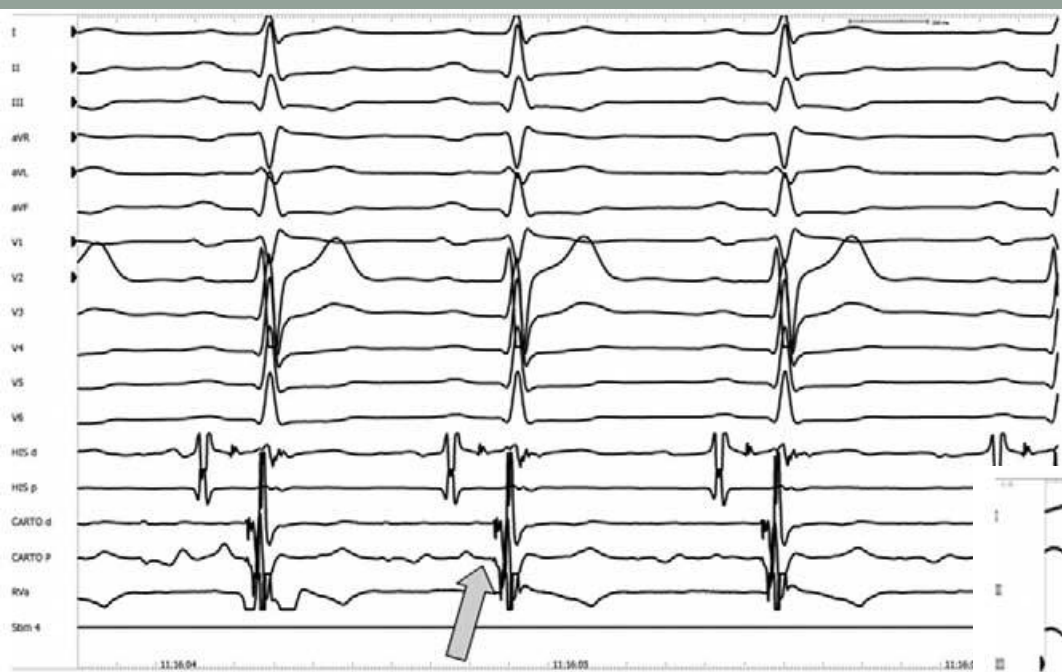
VT indüklenemeyen hastalarda ablasyon

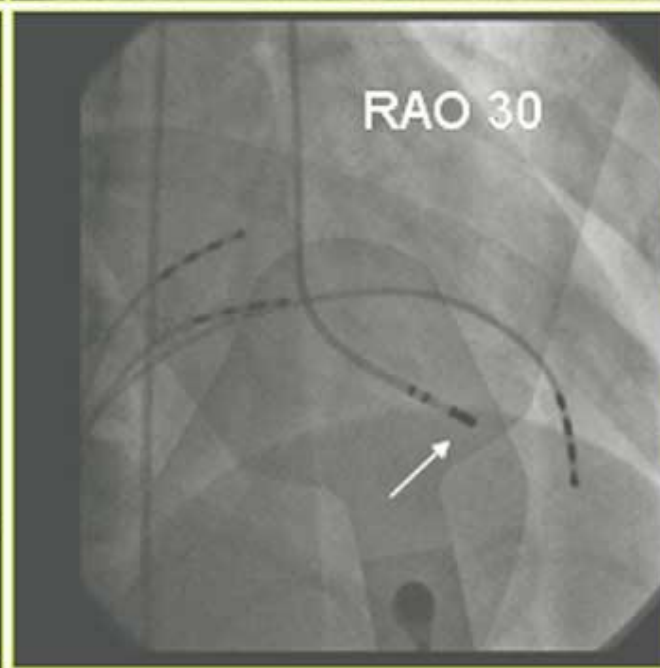
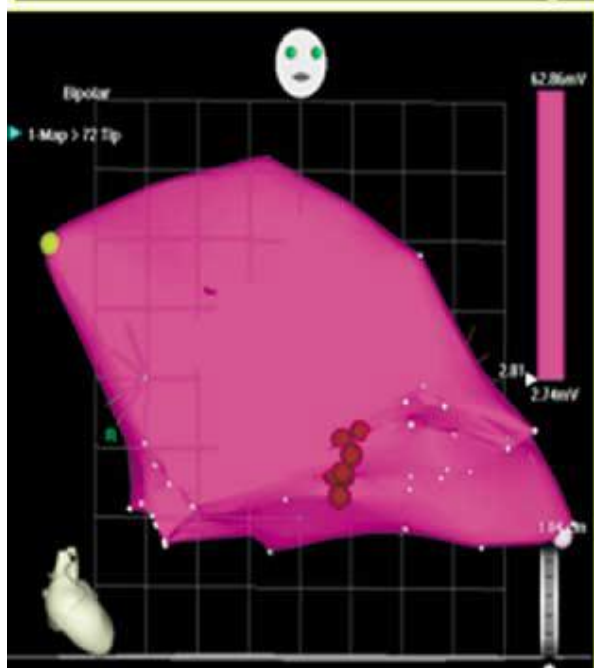
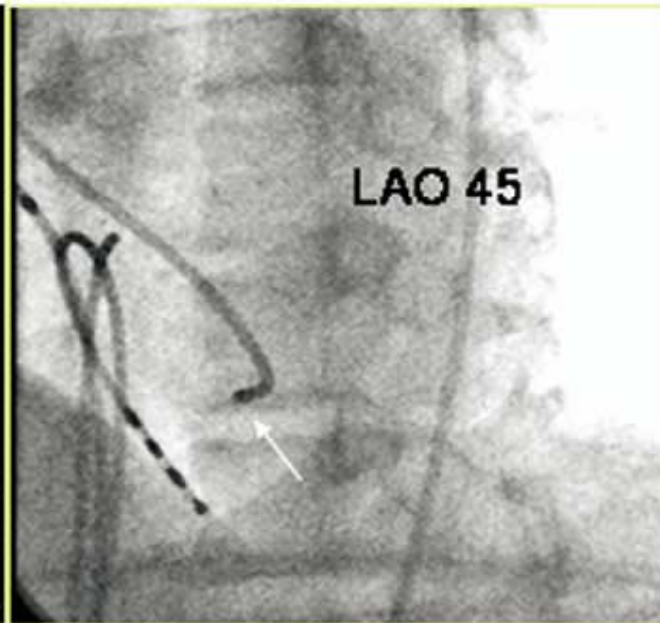
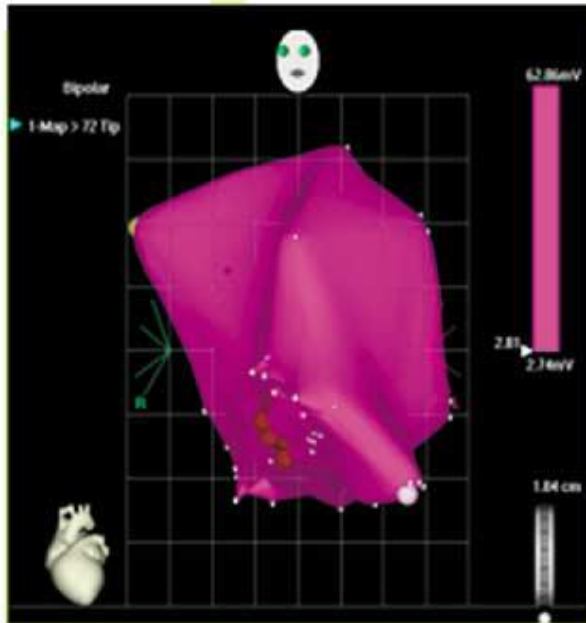
- Sinüs ritminde geç potansiyelleri P1 (QRS sonrasında, septumda geniş bir alanda izlenebilir ve AV blok riski vardır)
- Ekstra atımların ablasyonu
- Ampirik lineer ablasyon (ventrikül uzun aksına dik, bazal-apikal ortası)
- Pace map
- Ablasyon ile komplet LPH (daha bazal ablasyon gerektirir, dal bloğu ve AV blok riski)

VT indüklenemeyen hastalarda ablasyon









Non reentran Fasiküler VT

- EKG benzer, verapamik rezistan, multipl morfoloji sık, entrainment mümkün değil, izoproterenol ya da burst pacing ile indüklenir, değişken siklüs uzunluğu,
- Exit site yerine, en erken purkinje ablasyonu efektif olur

Özet

- En sık görülen tip posterior fasiküler VT
- Posterior fasiküler VT ablasyonu sonrasında upper septal VT görülebilir
- İndüklenebilir taşikardi varlığında P1-P2 potansiyelleri kullanılmalı
- İndüklenemeyen vakalarda pacemap, ampirik lineer ablasyon yararlı olabilir
- Transseptal yaklaşım ve haritalama yöntemleri yardımcı olabilir