



**12. Atriyal Fibrilasyon  
Zirvesi 2023**

# BIATRIAL FLUTTER

Dr.Erkan BAYSAL

SBÜ

2023

# NEDENLER

- % 0.5-2
- Cerrahi
- Konjenital Hastalıklar
- AF/Afl Ablasyonu

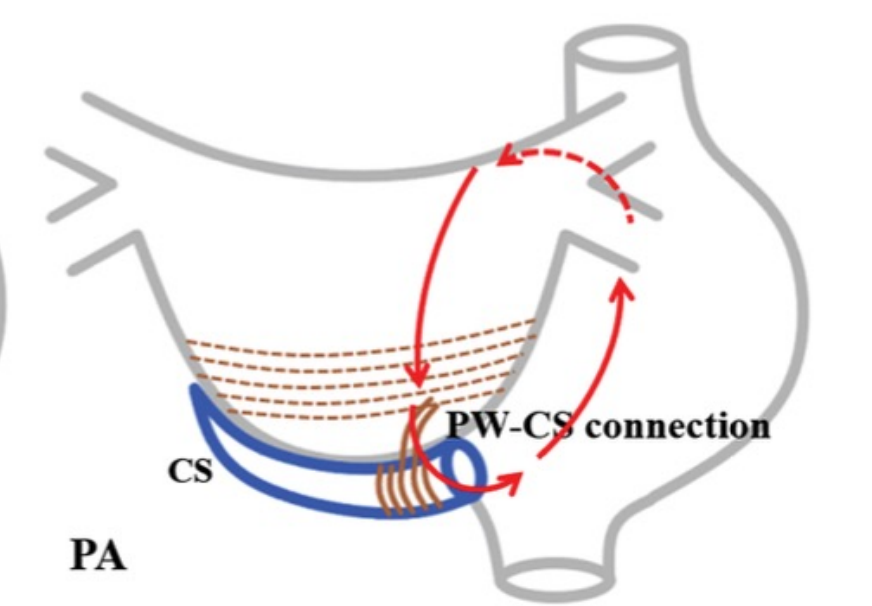
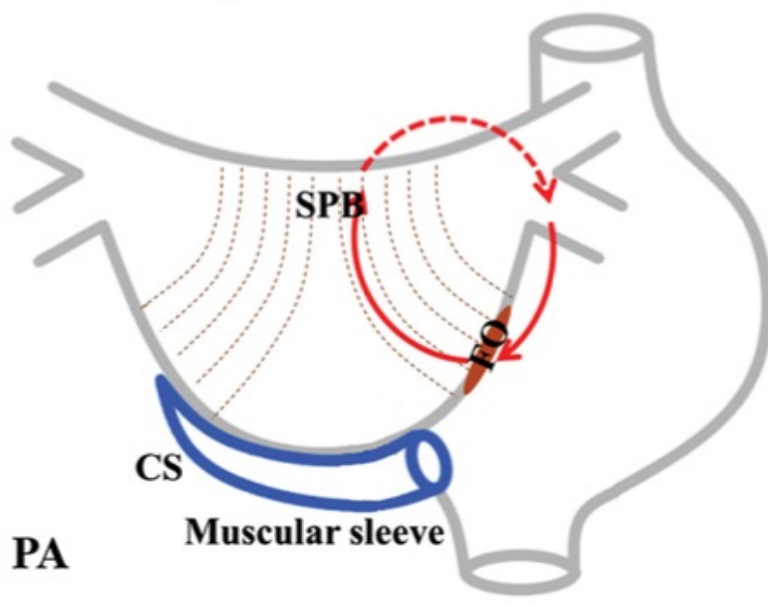
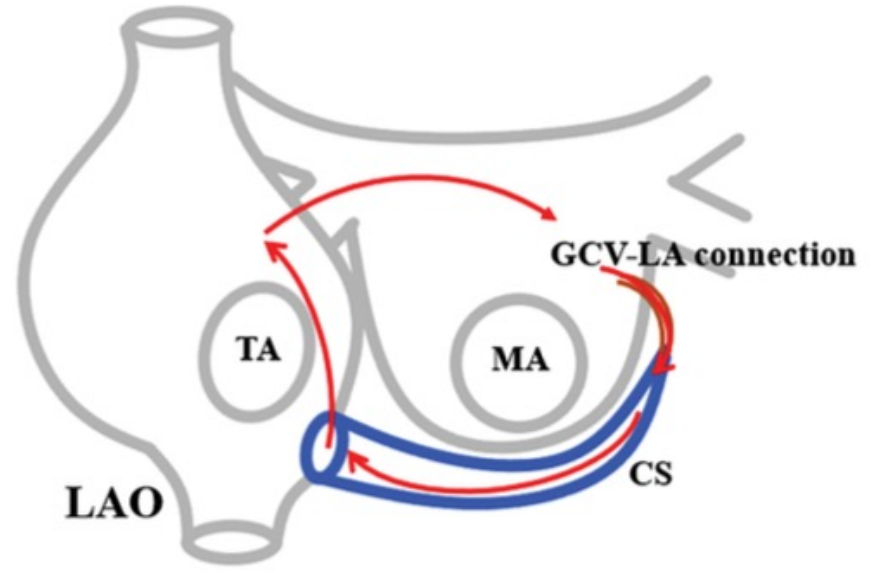
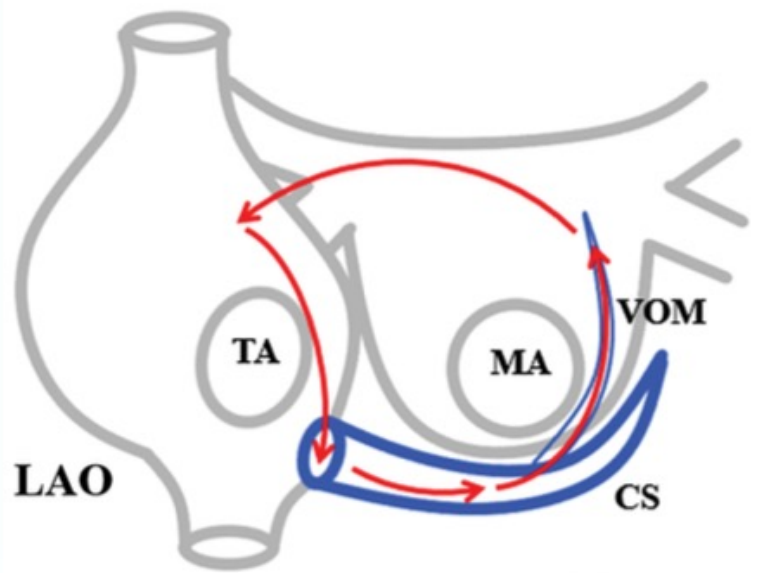
# The role of LA epicardial conduction in BiATs

BB

SPB

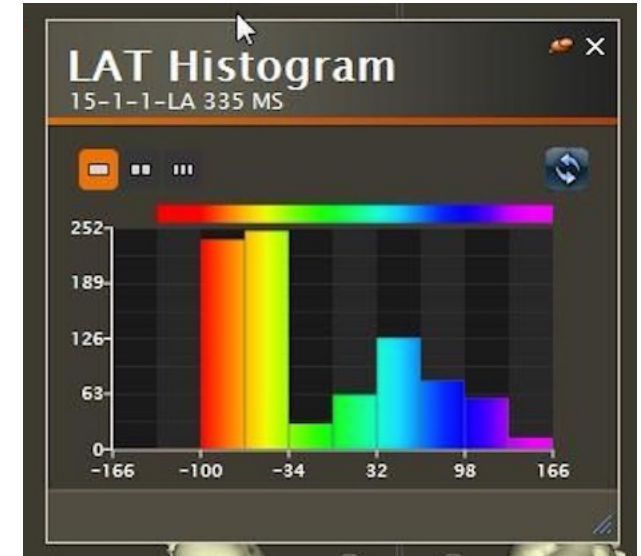
FO/Septum

CS



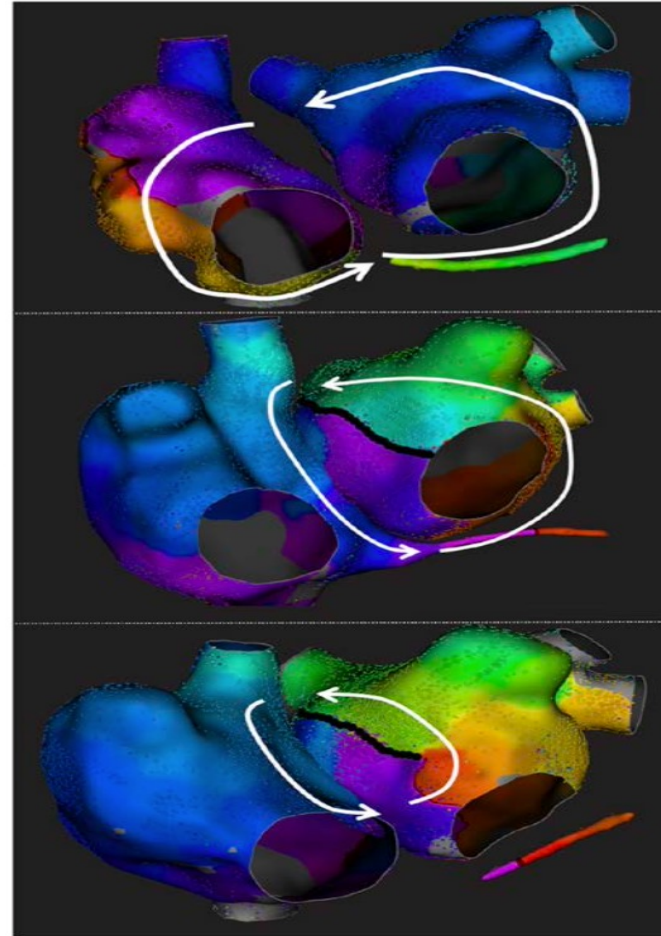
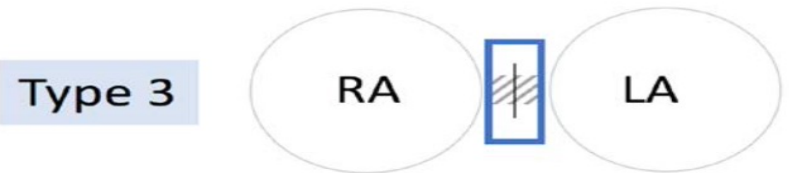
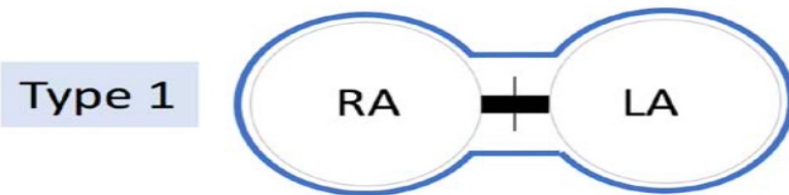
# TANI

- Açıklanabilir biatrial aktivasyon haritası
- LA'da tamamlanamayan CL izlenmesi
- LA aktivasyonunun kesintili olması
- PPI < 30 msn ( her iki atriumda)

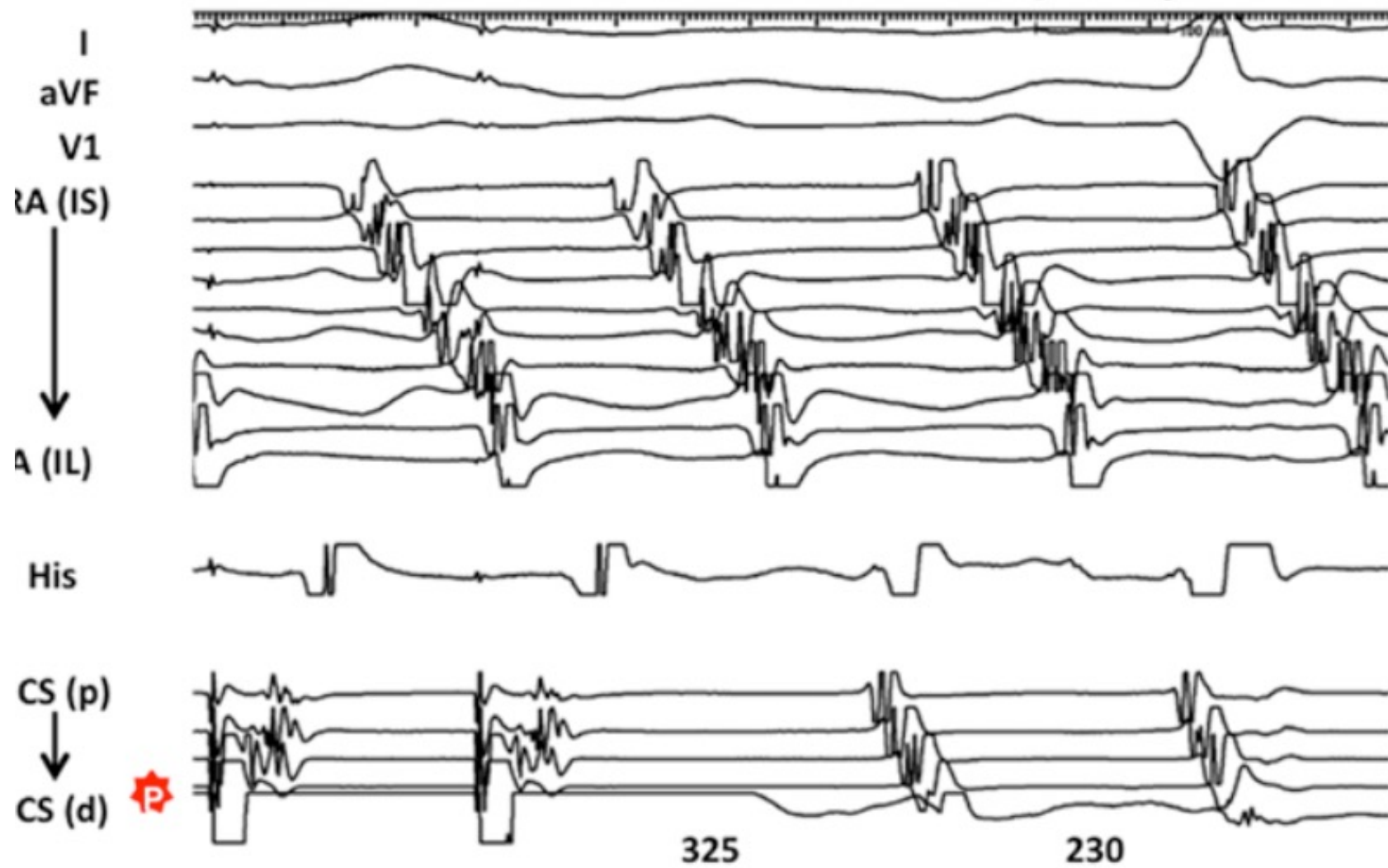


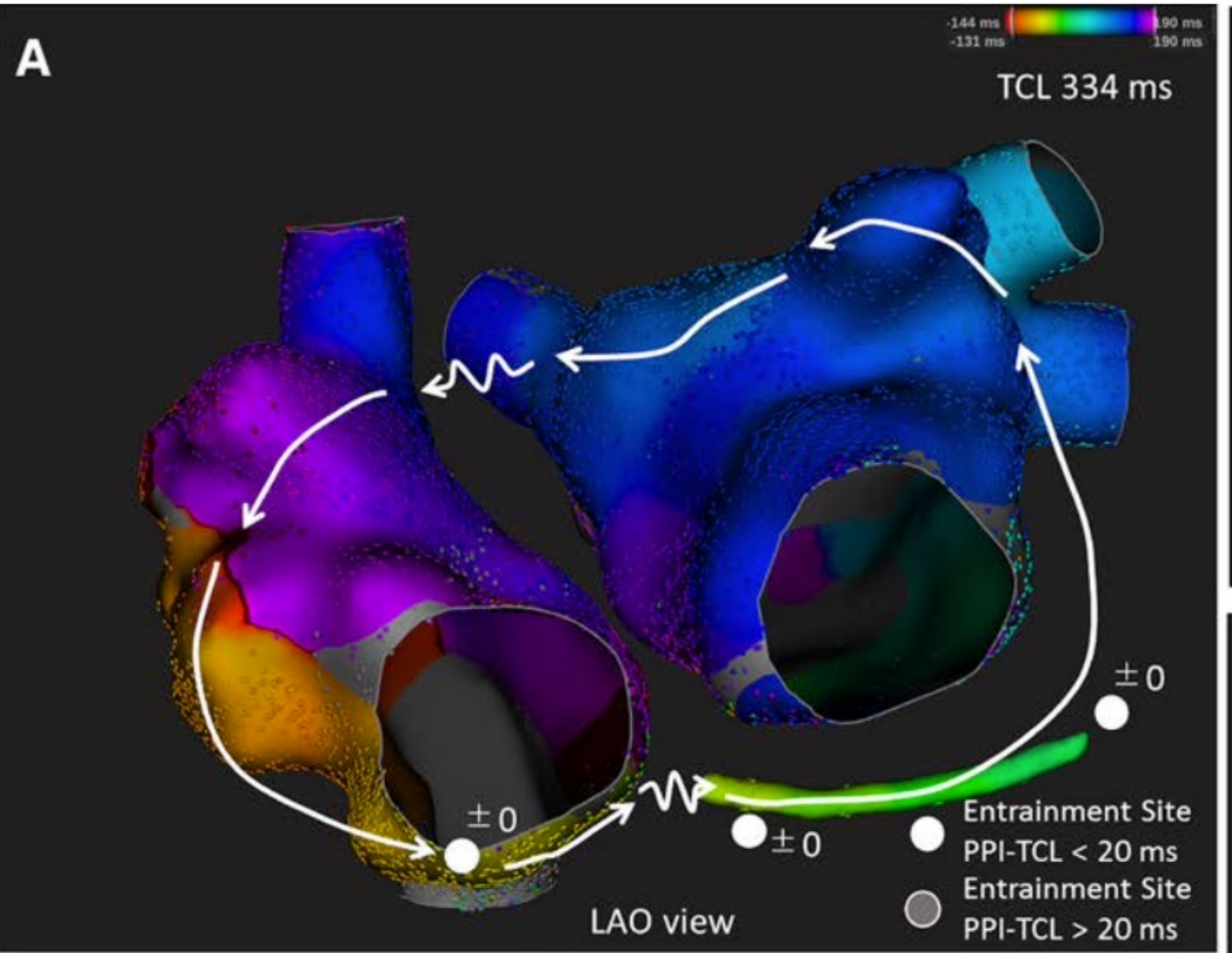
# Siniflama

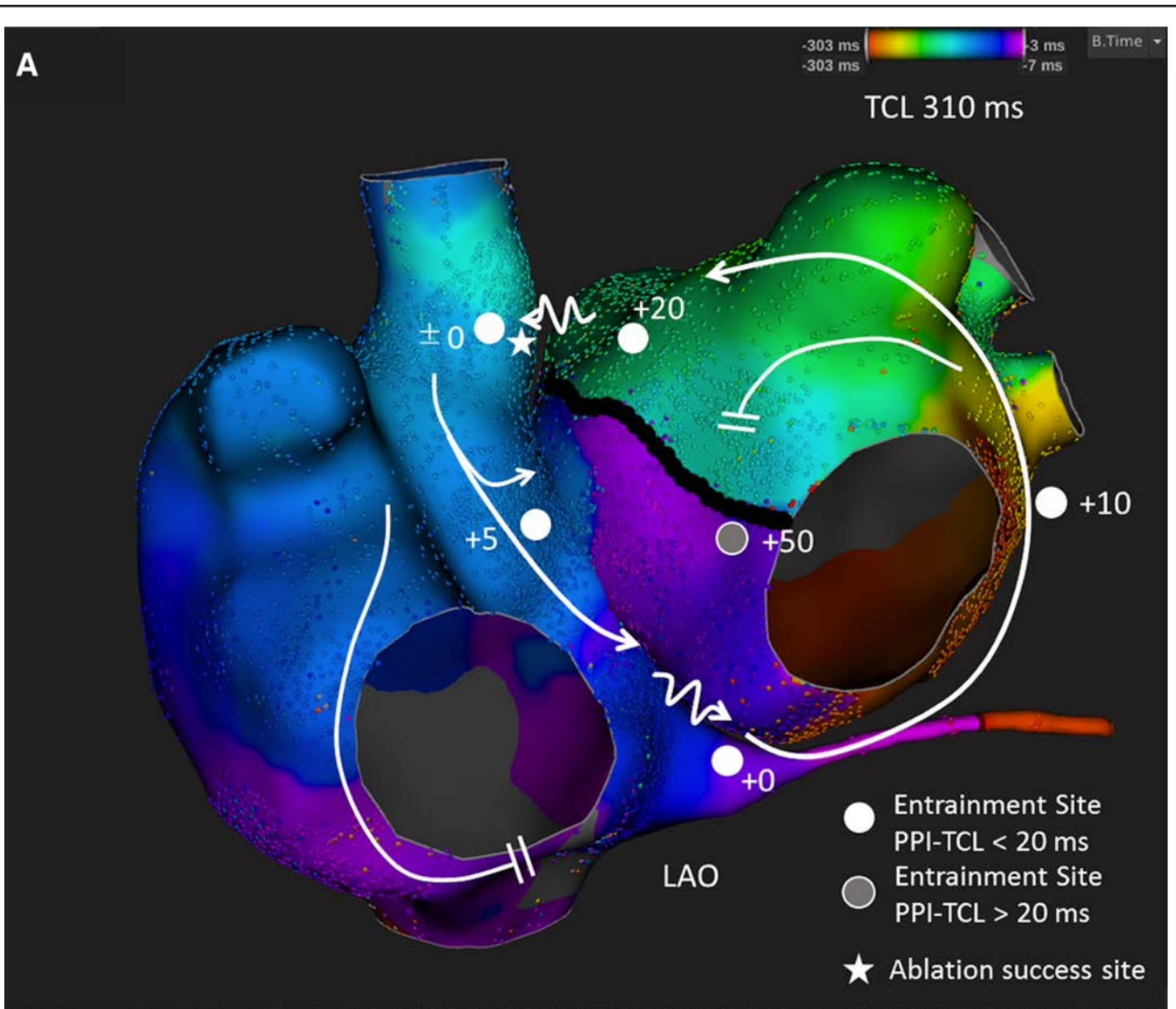
Three types of biatrial tachycardia reentrant circuit.



# Post-pacing Interval







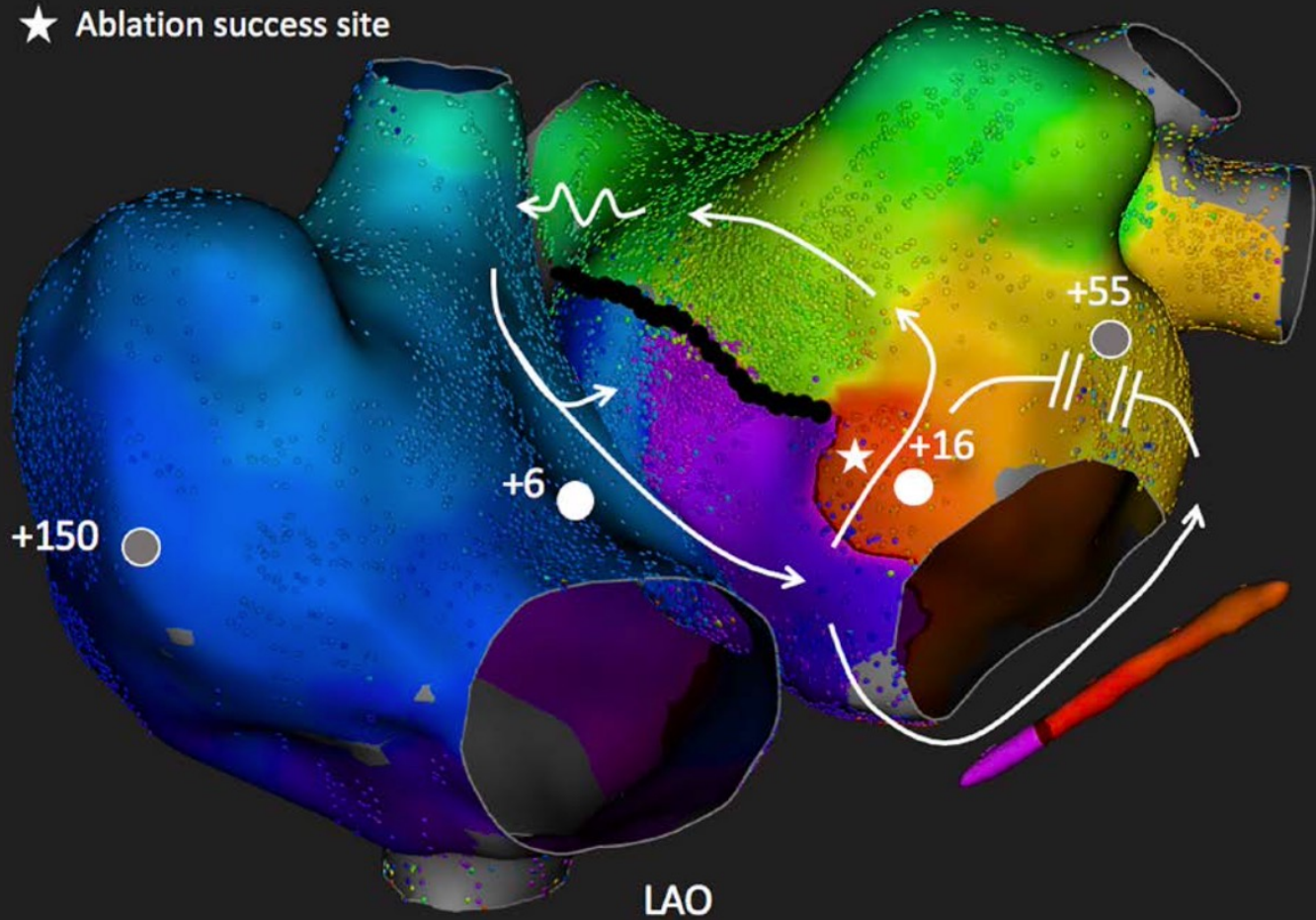


- Entrainment Site  
PPI-TCL < 20 ms
- Entrainment Site  
PPI-TCL > 20 ms
- ★ Ablation success site

TCL 295 ms

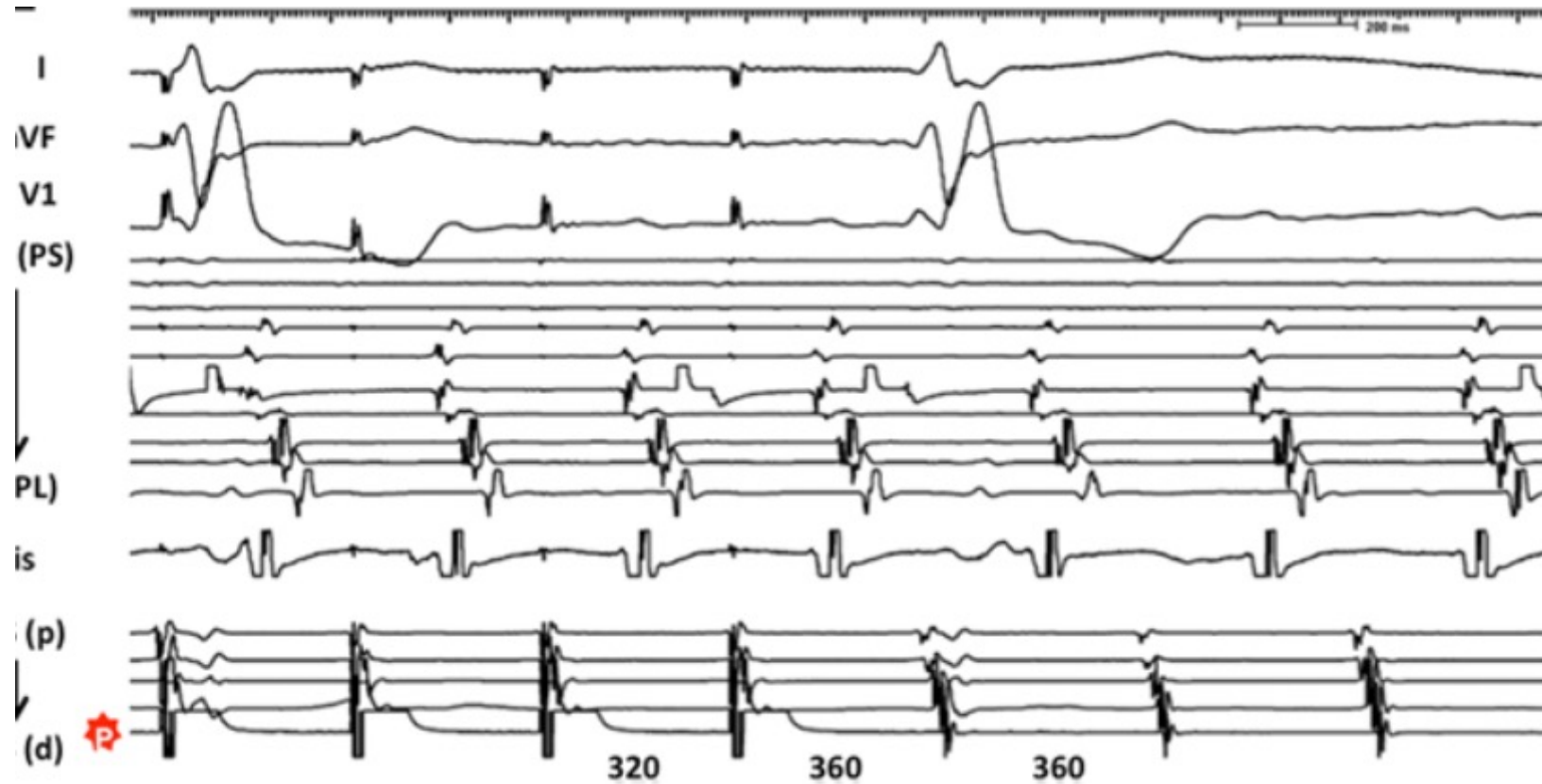


Warning: multiple reentrant maps are being displayed

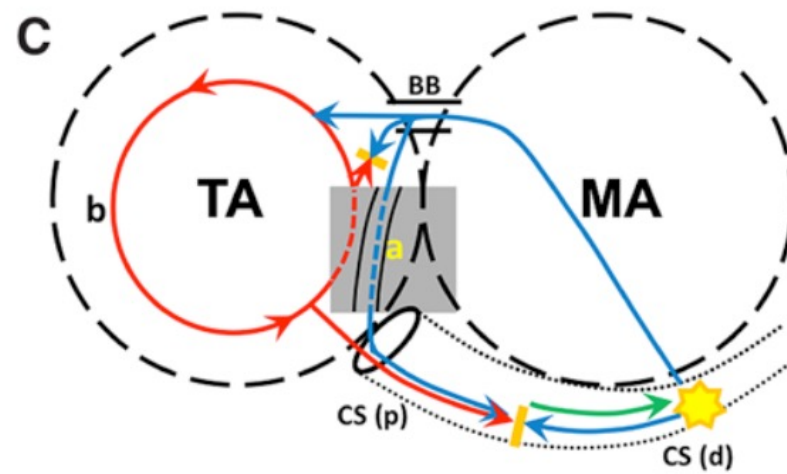
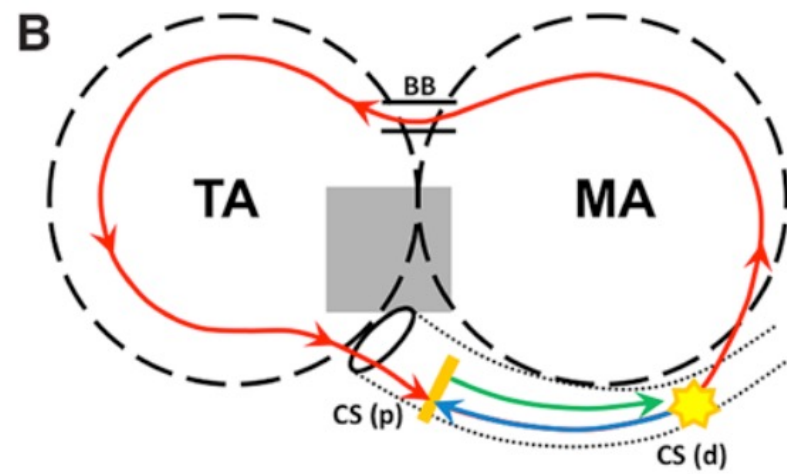
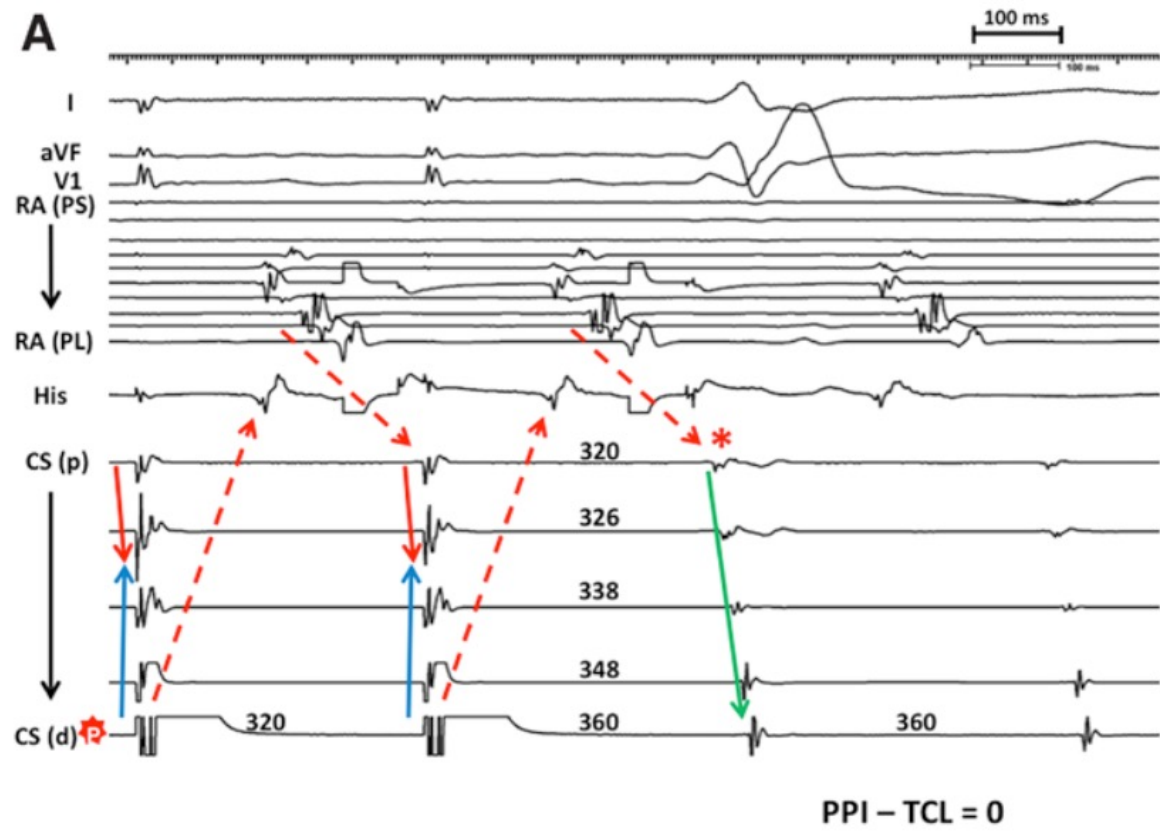


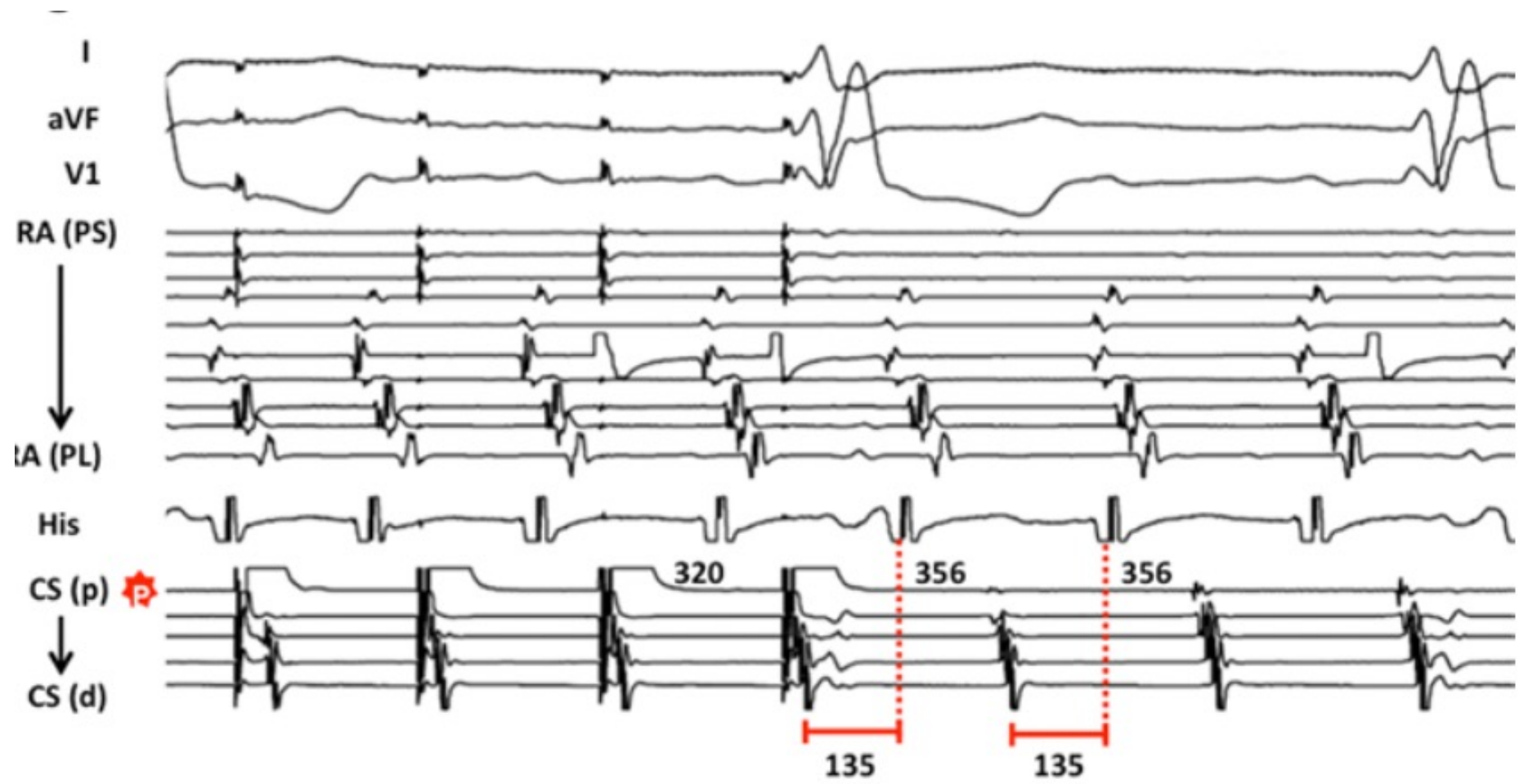
# Konsantrik Aktivasyon

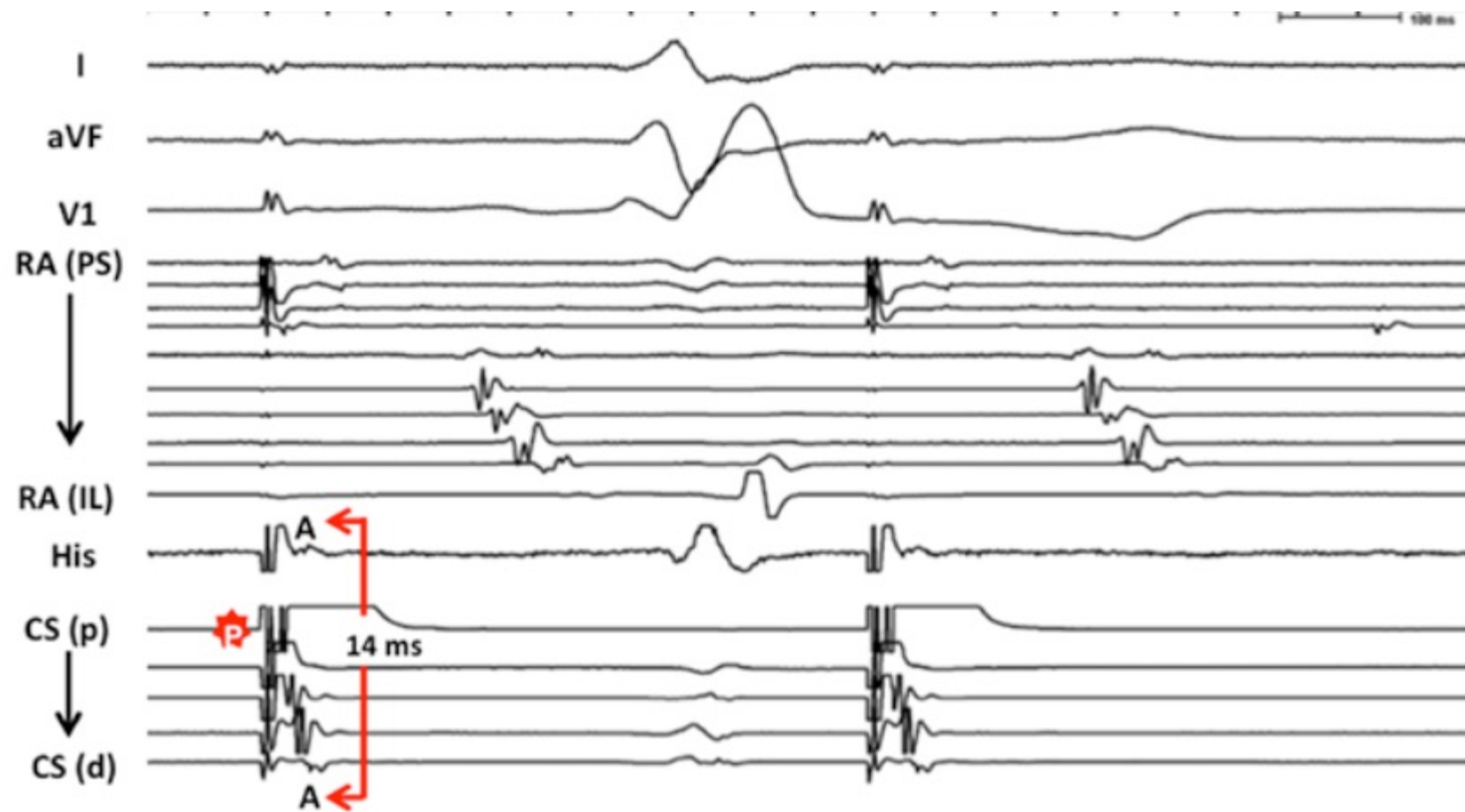
## Cs pacing PPI-TCL = 0



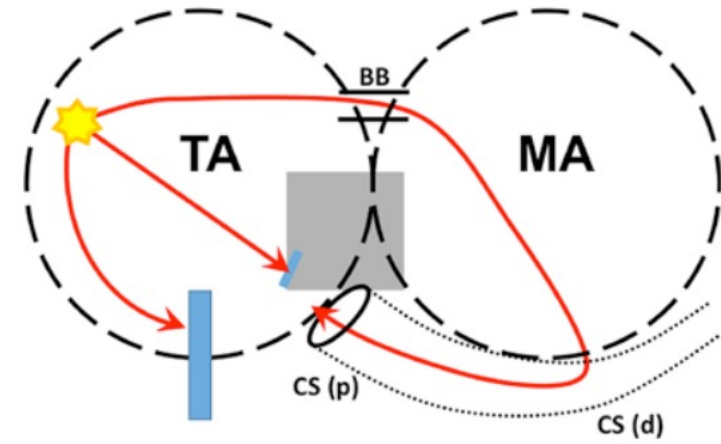
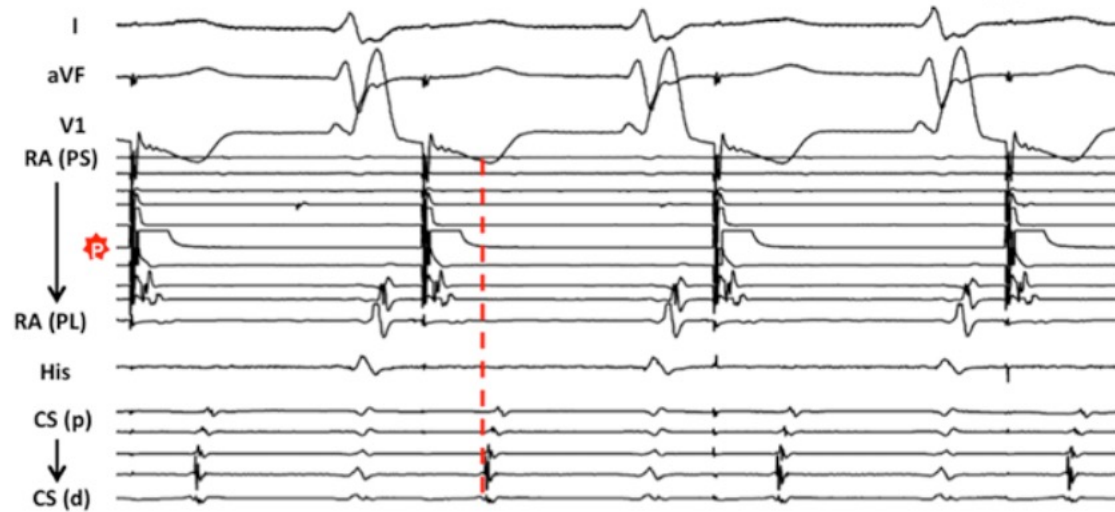
Observations/Maneuvers	Typical Atrial Flutter	Batrial Tachycardia With Active LA Participation in Figure-of-8 Dual Loop Reentry	Batrial Tachycardia With LA as Bystander	Batrial Tachycardia With Active LA Participation in Single Loop Reentry
Entrainment from CTI and CSp showing PPI-TCL <30 ms	Yes	Yes	Yes	Yes
Entrainment from dCS showing PPI-TCL <30 ms	No	Yes	Possible	Yes
CS activation during tachycardia	Concentric	Eccentric	Concentric	Concentric
CSd-A to His-A timing during CSp entrainment vs tachycardia	Not linked	Linked	Not Linked	Linked
Termination with ablation along CTI	Yes	No	Yes	Yes
$(\text{CSd-His A})_{\text{SVT}} / (\text{CSd-His A})_{\text{CSp pacing}}$	$\approx 1$	$> 1$	$\approx 1$	$> 1$



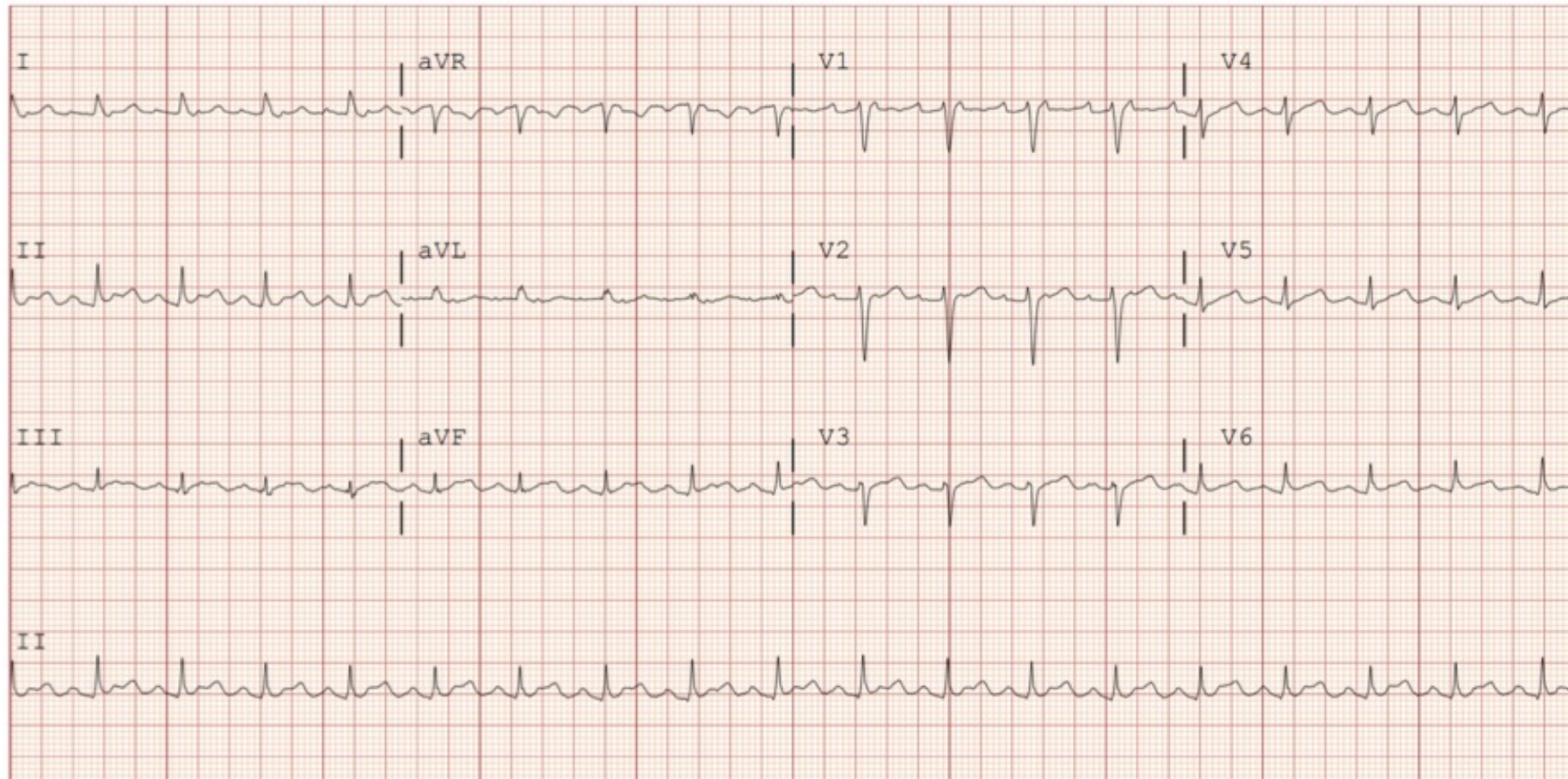




# Ablasyon sonrası egzantrik patern görülmesi

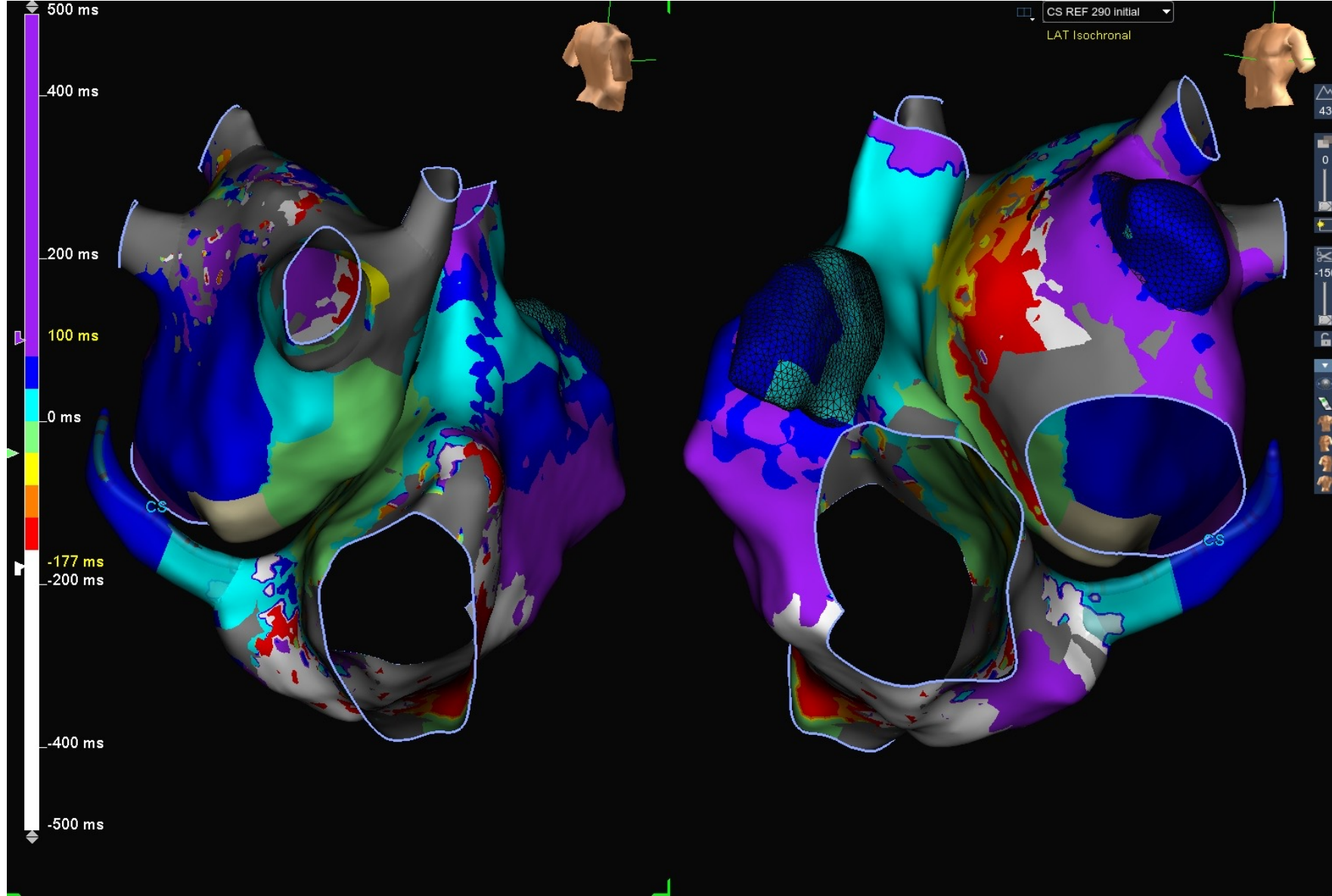


# VAKA

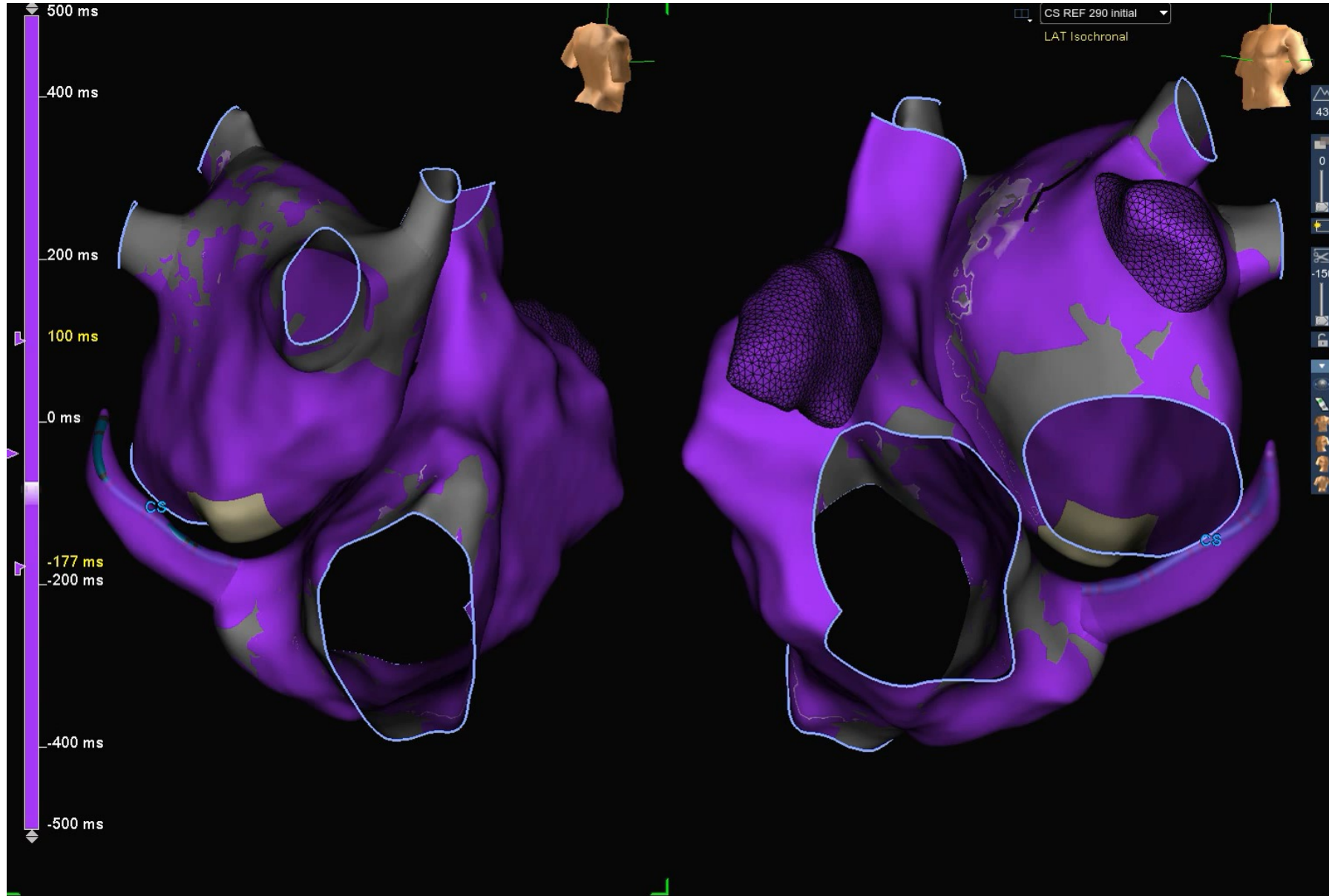




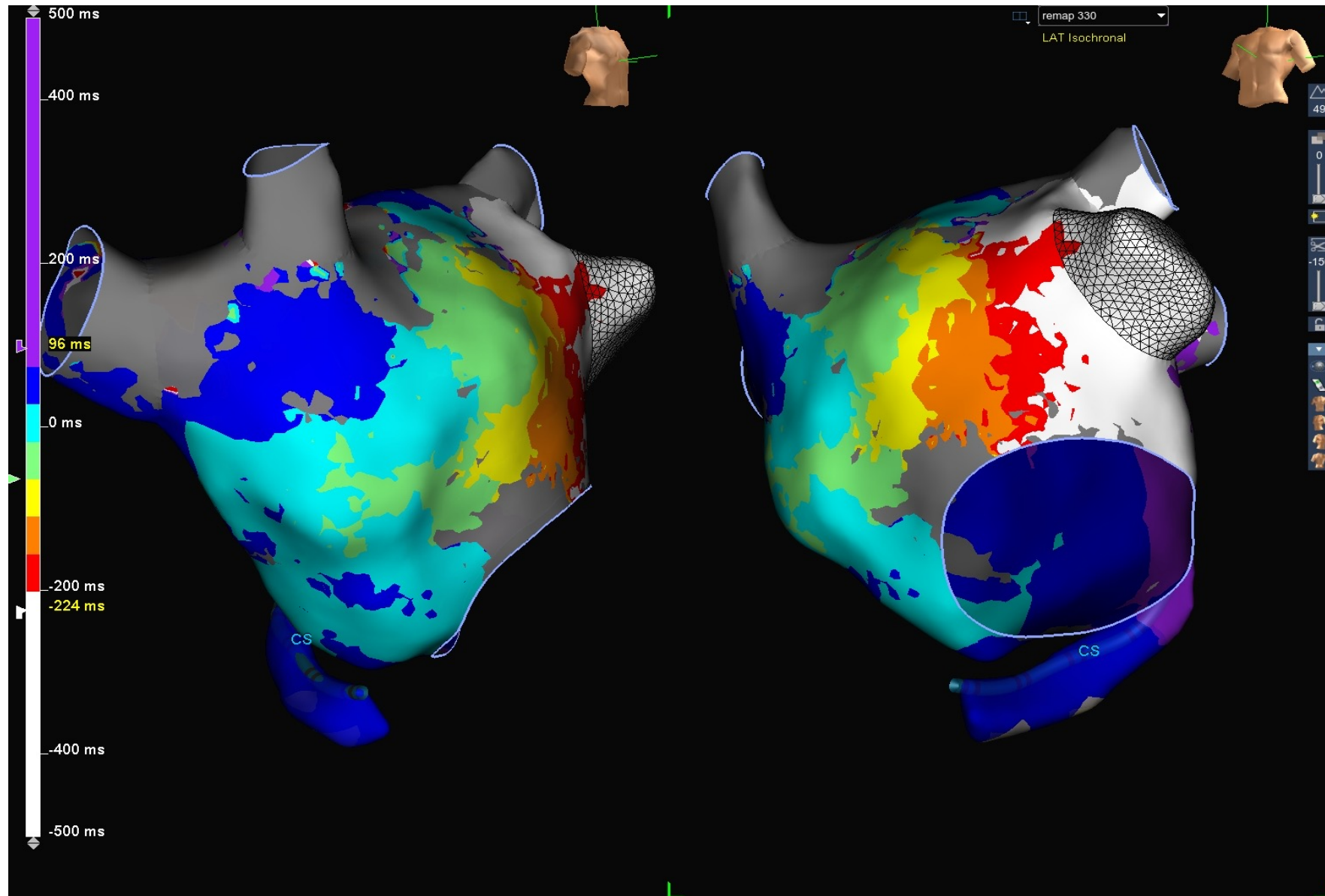
# Başlangıç 290 msn AFL 1



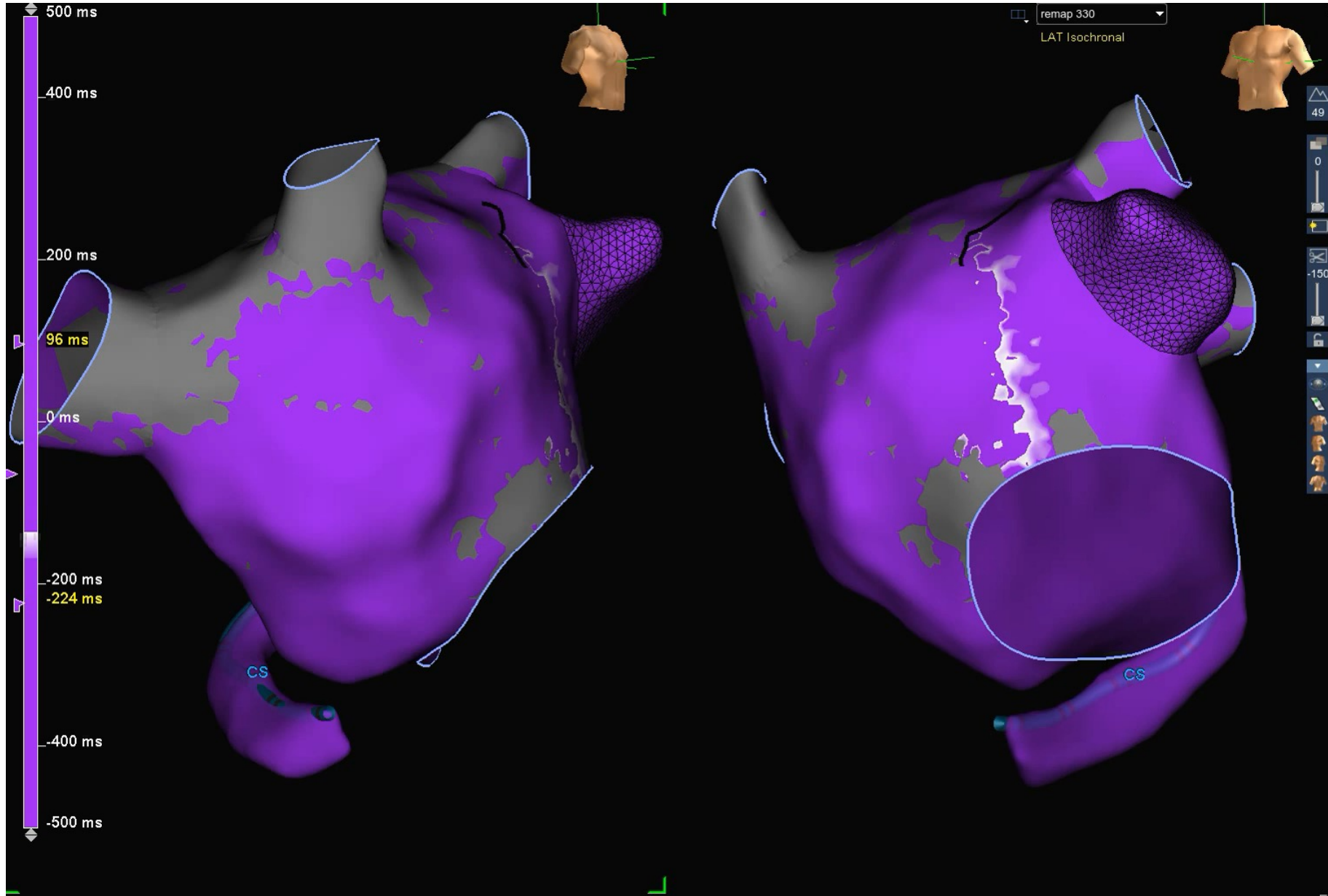
# Başlangıç 290 msn AFL 1 Propagasyon haritası



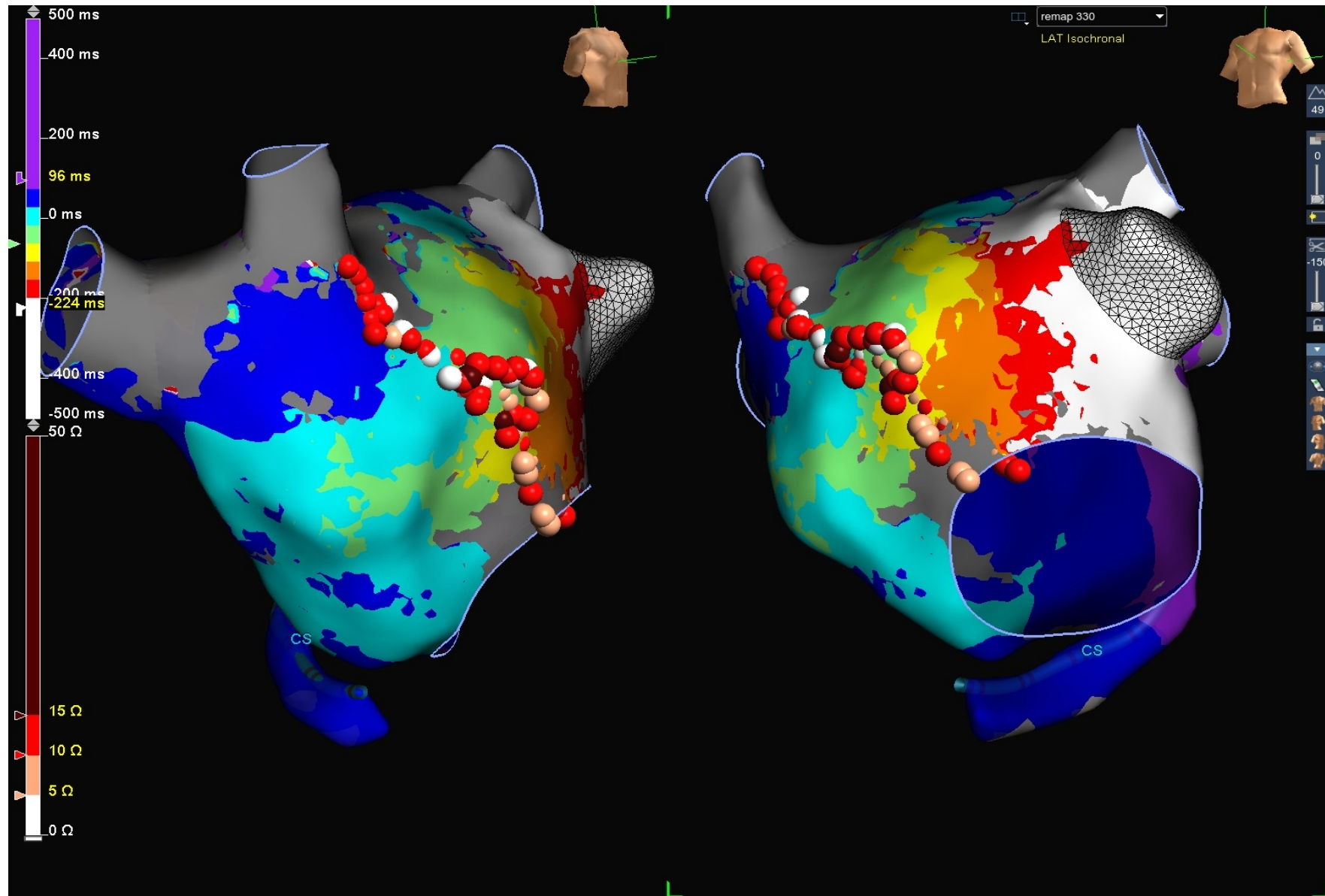
# AFL spontan deęişim 330 msn AFL 2



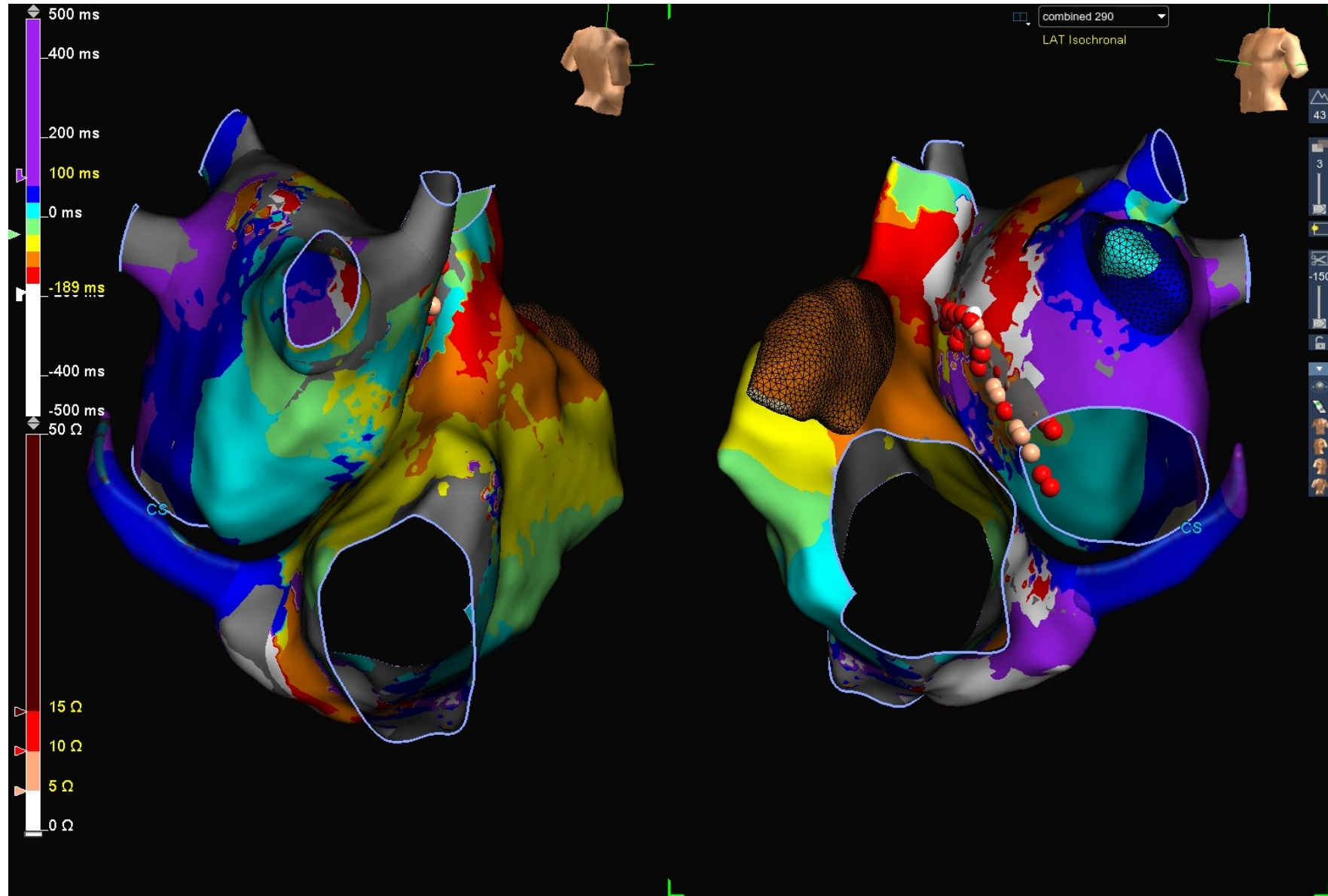
# 330 msn AFL 2 Propagasyon haritası



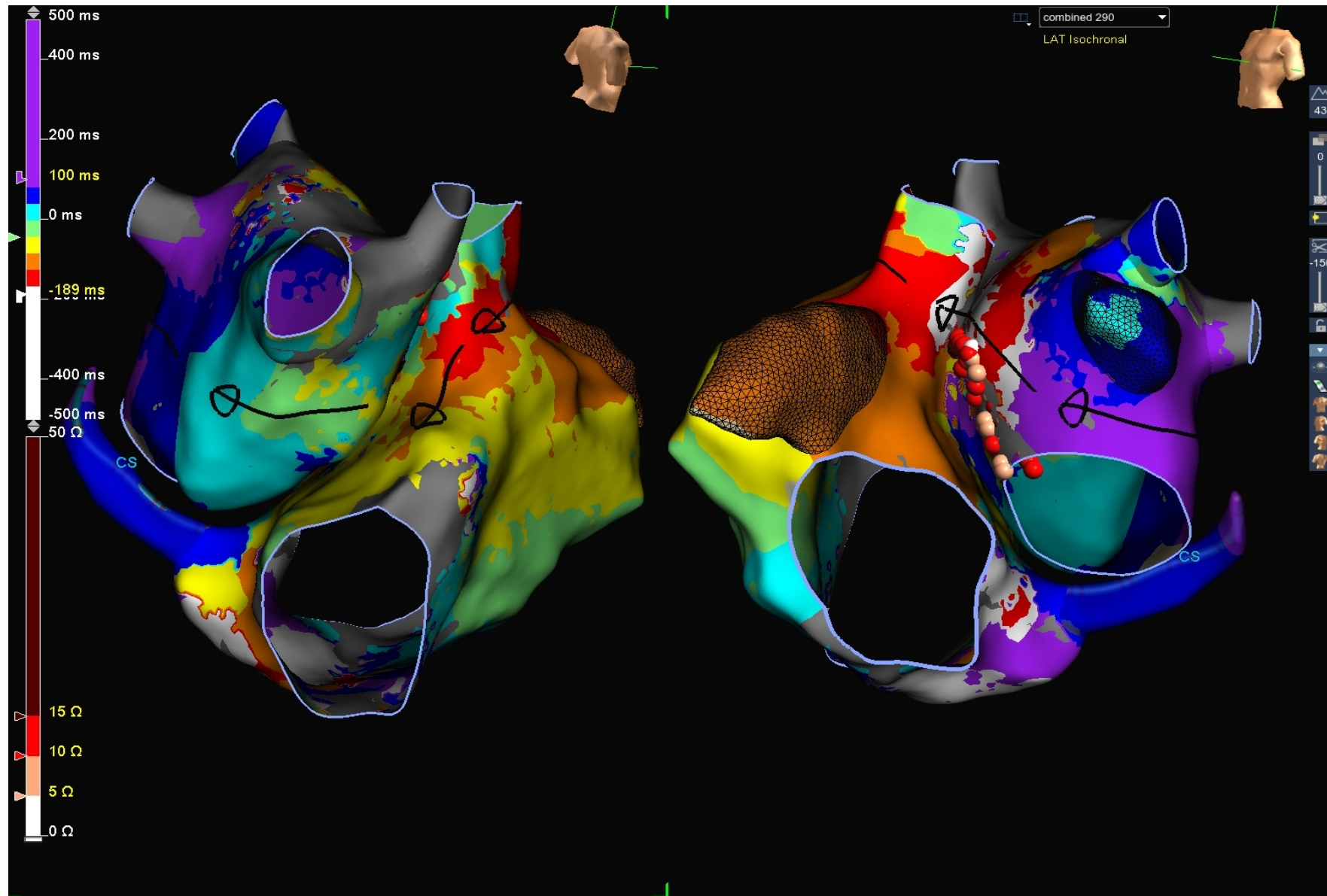
# Lezyon seti-330 msn AFL 2



# Anterior mitral line sonrası 290 msn AFL 3 (Bi-atrial?)



(Bi-atrial?)



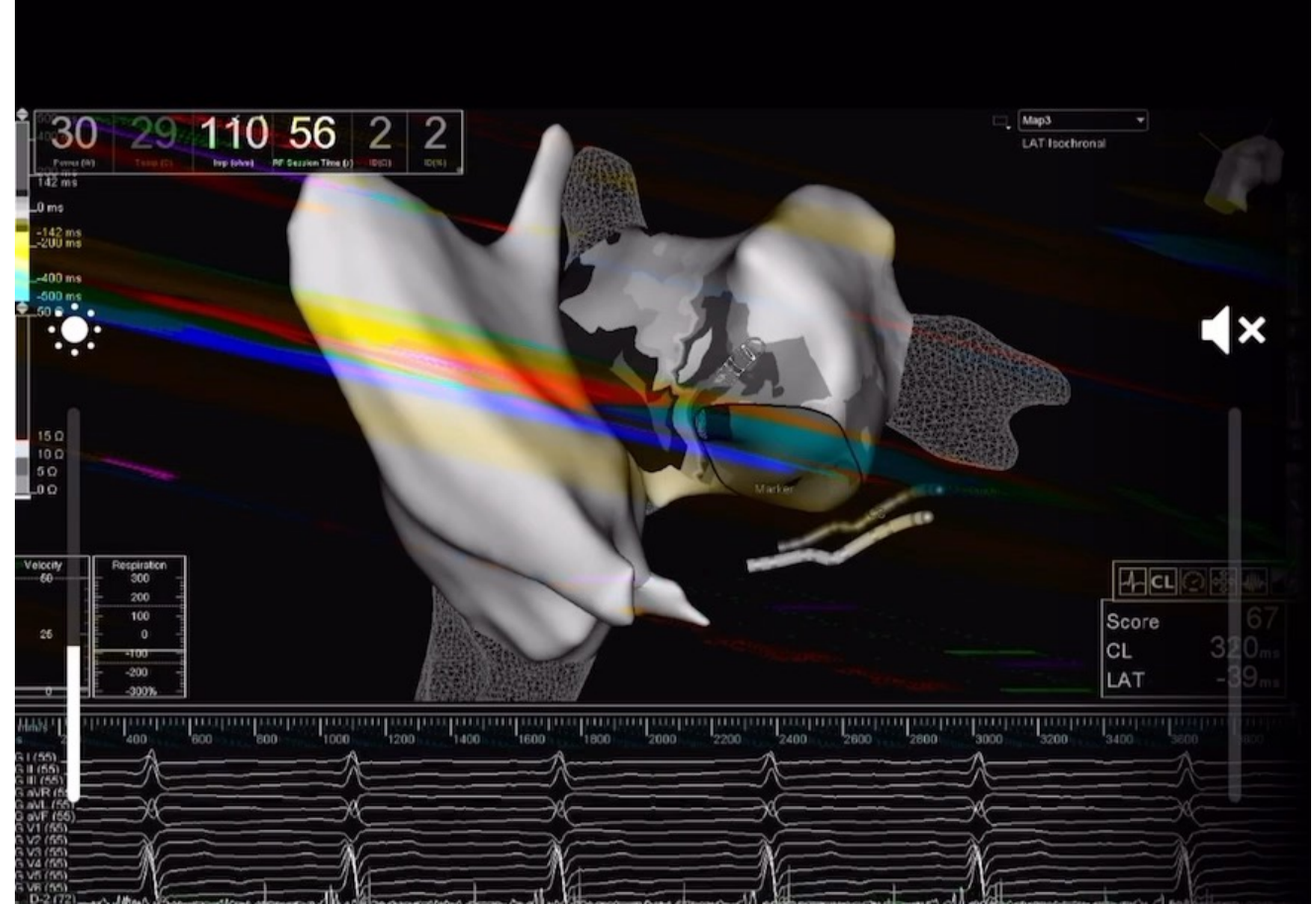
# RF ile 290 msn AFL 3 sonlanması





# Ablasyon Stratejisi

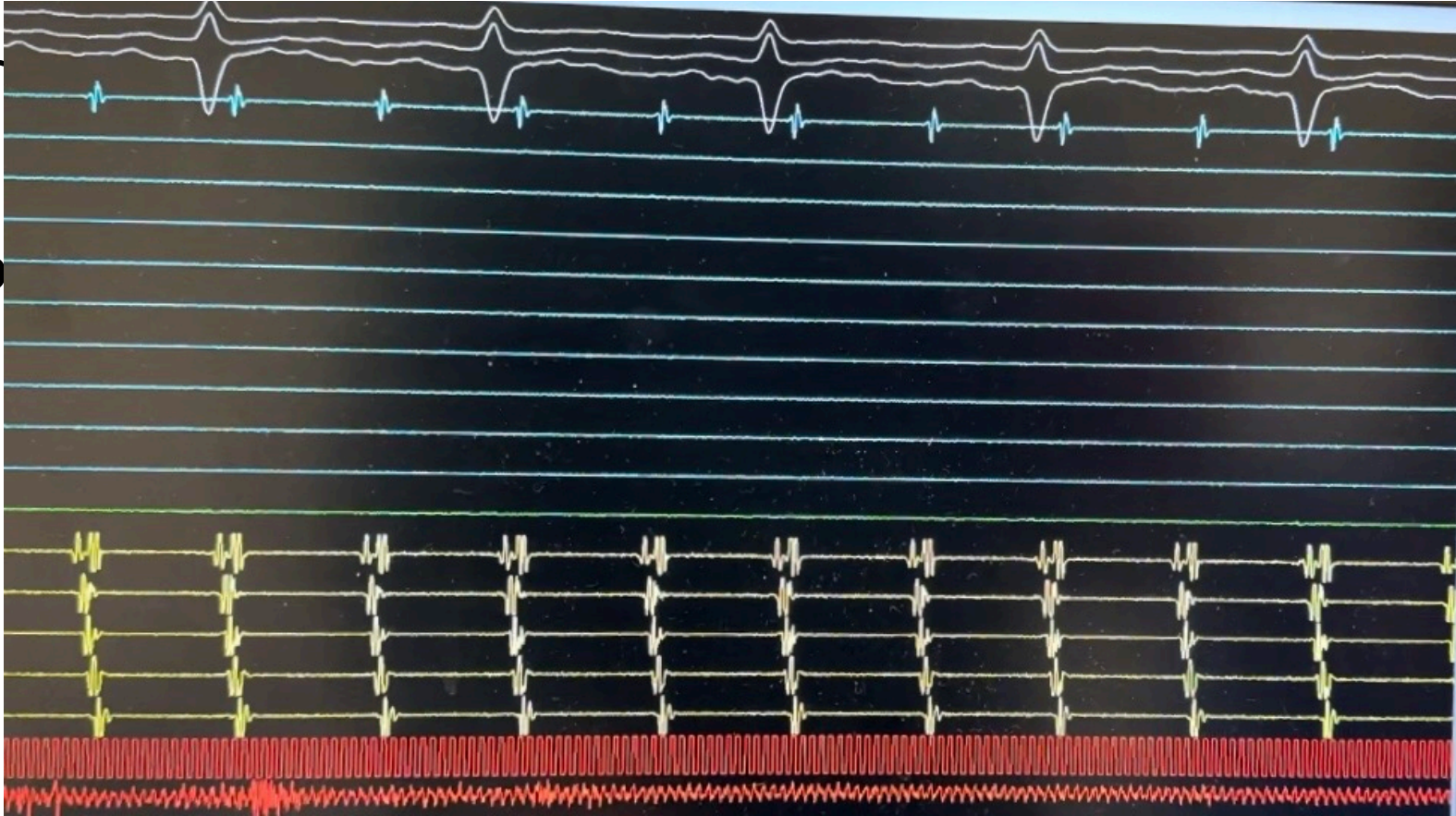
- Kritik istmus ablasyonu
- Detaylı aktivasyon haritalama
- MIL, CTI, Yüksek RA Septum, CS
- VOM alkol ablasyonu ?

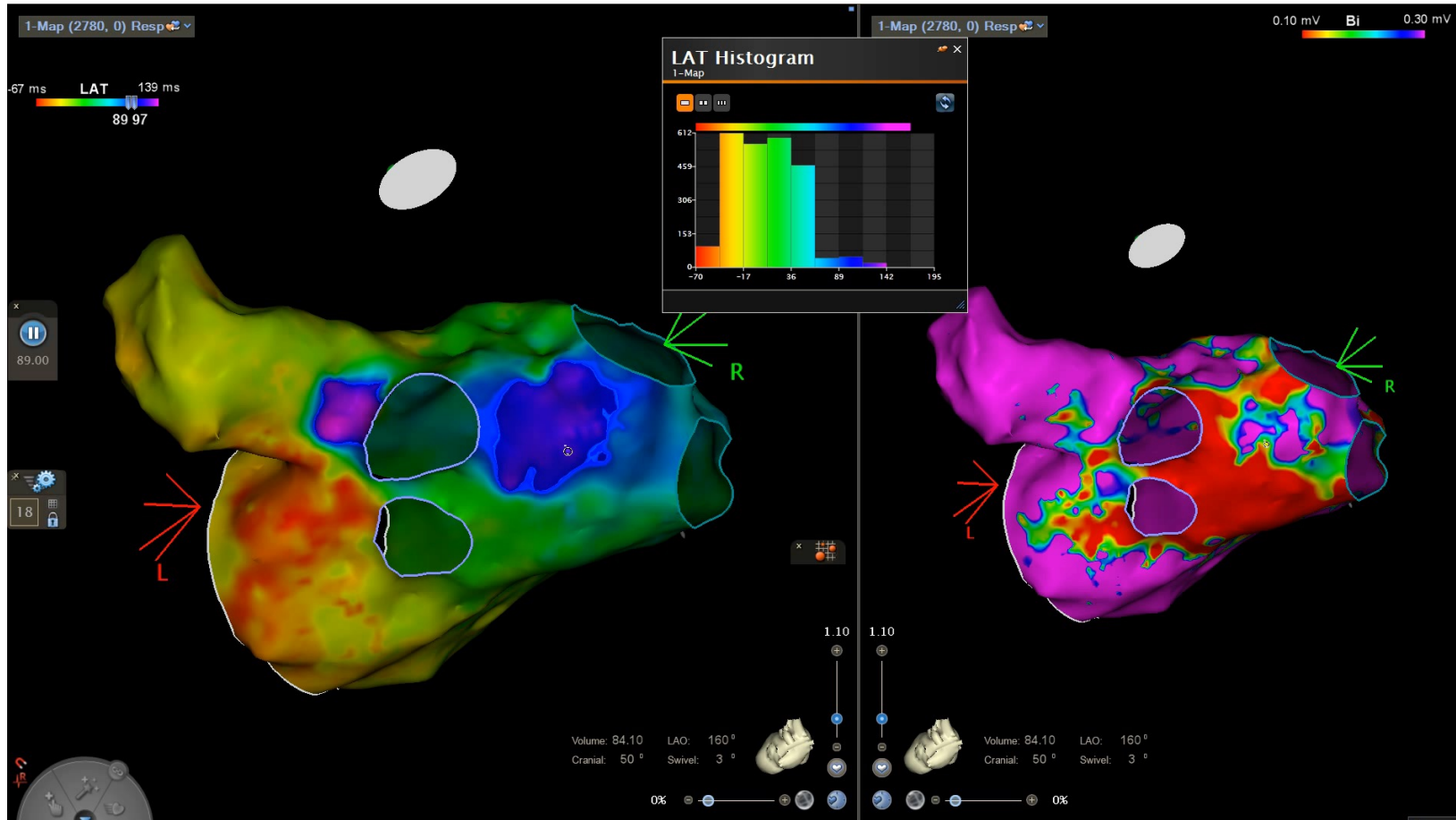


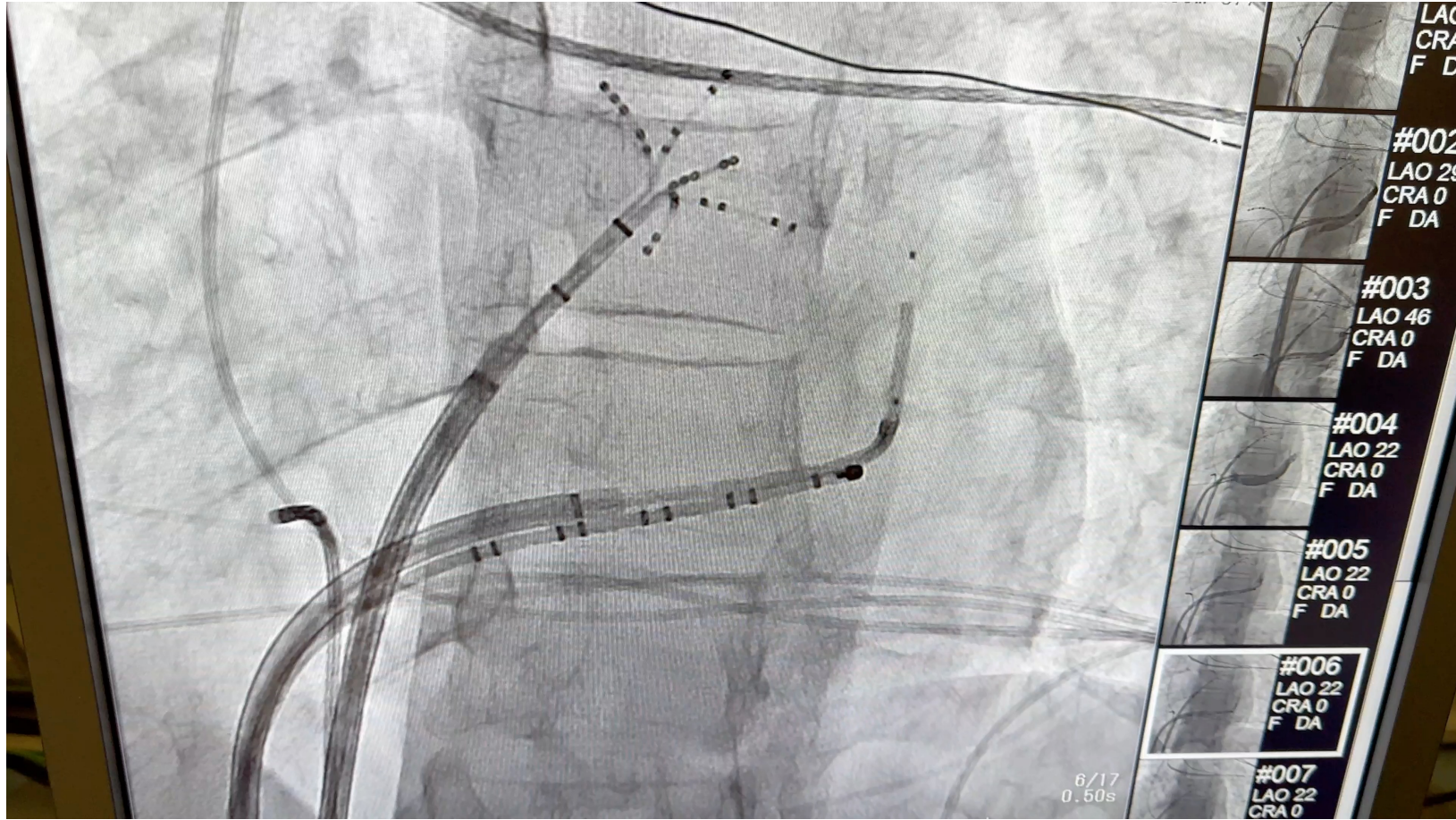
# VAKA

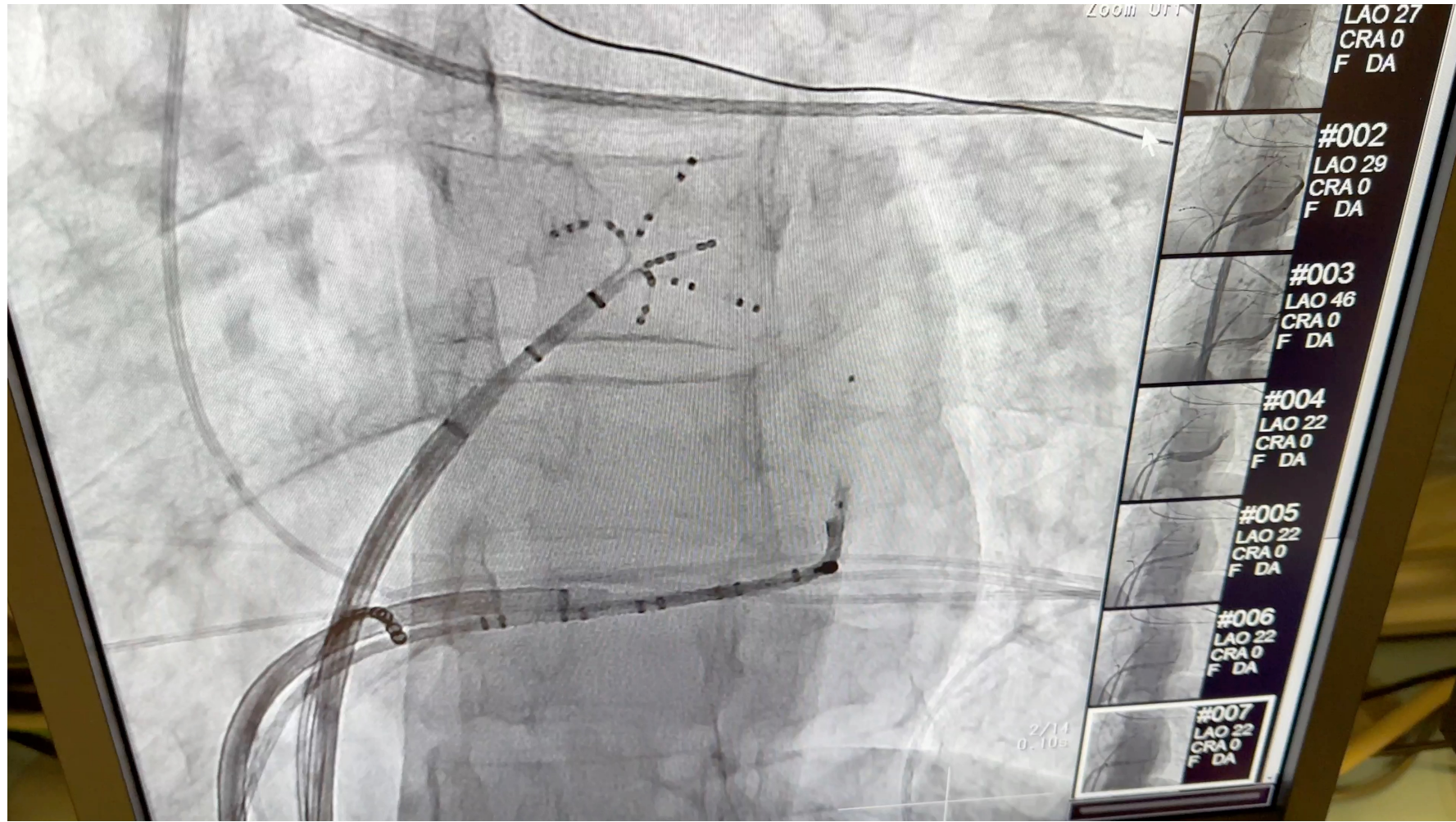
- 55 Y er

- Daha ö

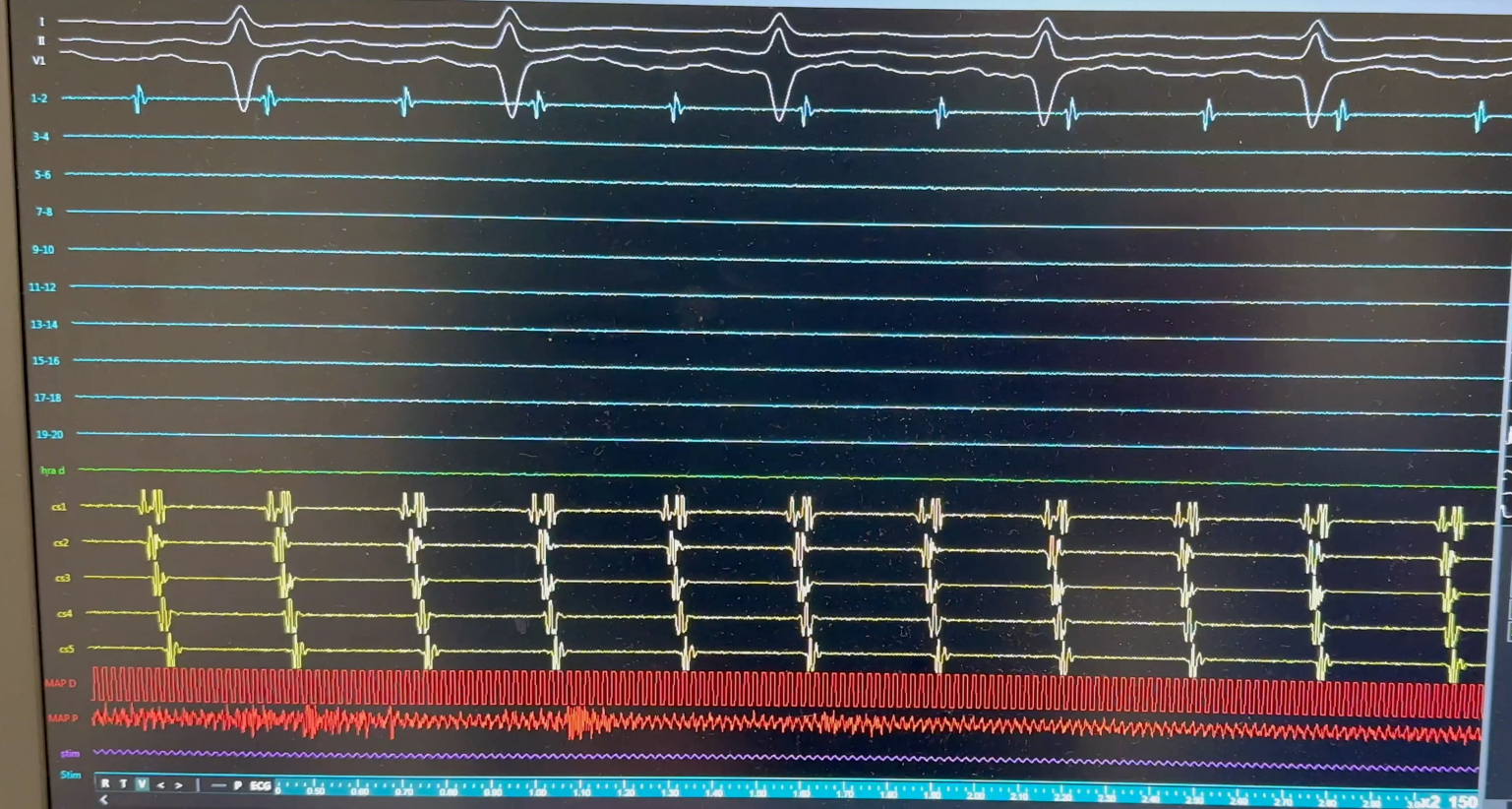








File Display Stimulator Amplifier Printing Storage Measurements Log Ablator Setup Help

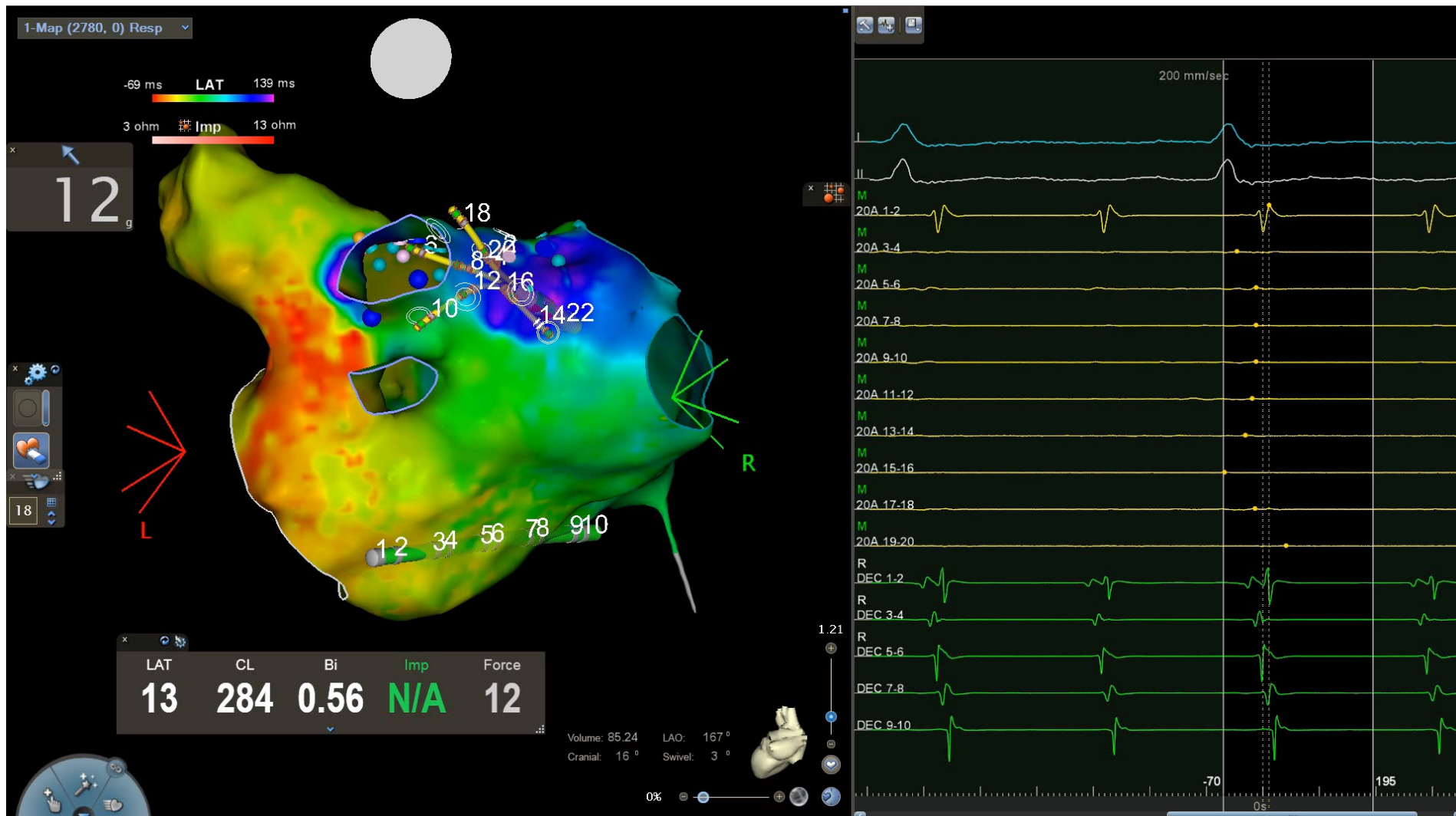


HR 84 RR 707  
Stim Ready

EP #: baturayomer Type:  
Patient: baturay / Male /  
Started: 9/29/2023 2:18:59 PM  
14:29:15 REC ON baturayomer  
15:28:47 REC OFF baturayomer

Patient: omer baturay  
Clock: 15:33  
Procedure duration: 1:13  
ECG Notch: On  
INT Notch: On  
Storage: Off

LOG ABULATOR PRESSURE MOLTRE  
12:48  
tek



# Mitral Line Stratejisi

- Anteromedial mitral line
- Anterolateral mitral line
- Posterolateral mitral line
- LAA izolasyona diqqat ?



# Sonuç Olarak;

- Ayrıntılı haritalama ve entrainment manevraları çok önemli
- İşlem süresi uzun
- Komplikasyon ve nüks oranları fazla
- LAA' ya dikkat

# TEŞEKKÜRLER

