



ASSOCIATION DE RYTHMOLOGIE
INTERVENTIONNELLE & STIMULATION

Flutter gauche : péri - veines pulmonaires droites

Dr Durand et Dr Rosier

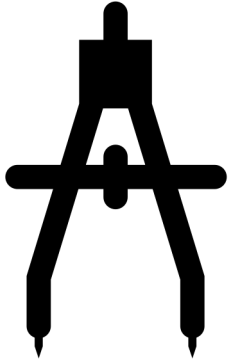
Janvier 2020 – Infirmierie Protestante

HISTORIQUE PATIENT



- Homme né en 1959
- FA persistante symptomatique
- dysfonction ventriculaire gauche modérée
- OG peu dilatée
- Ablation complète de l'OG en 2019 (Volume OG = 200mL)

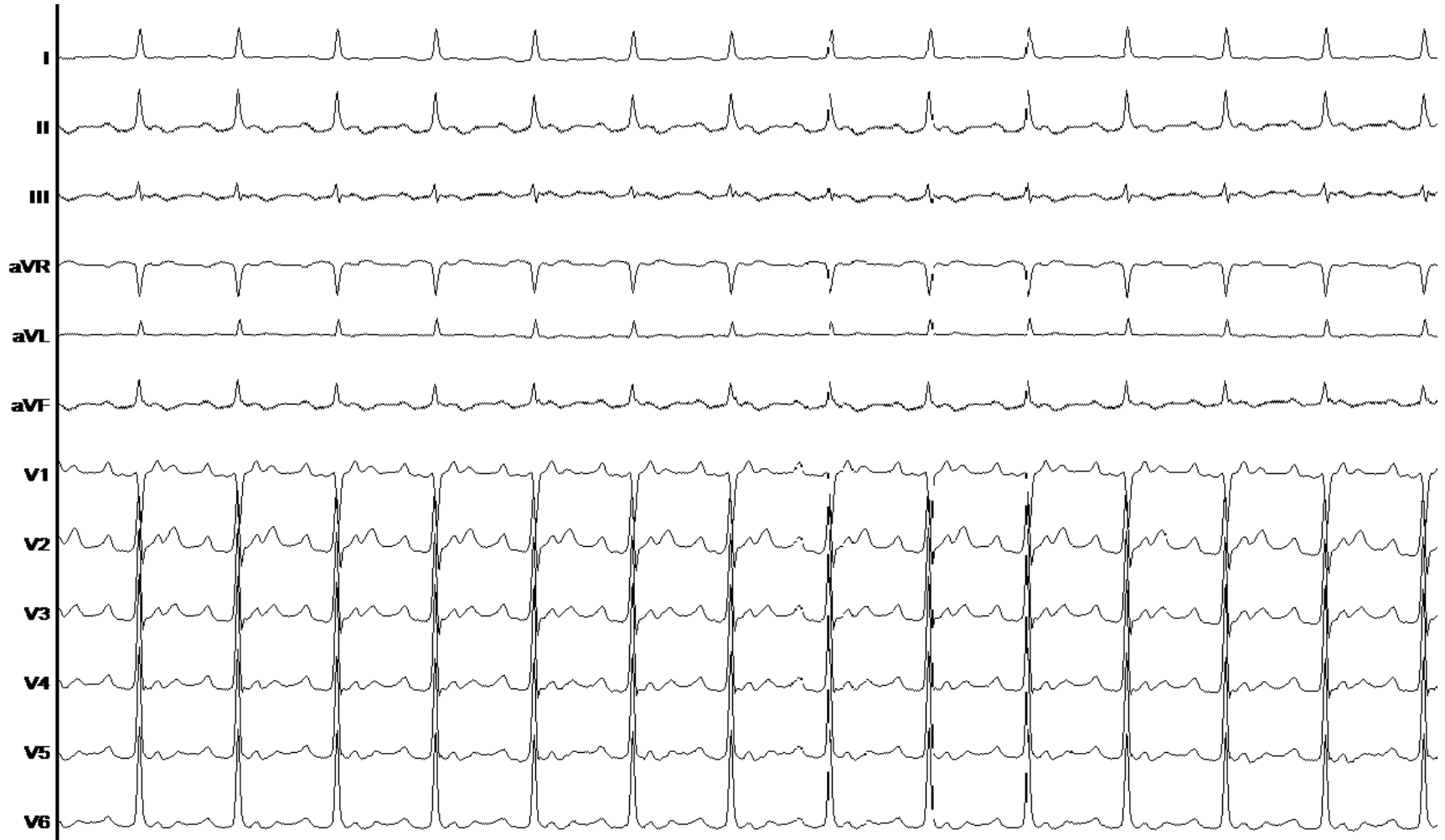
MATERIEL BWI



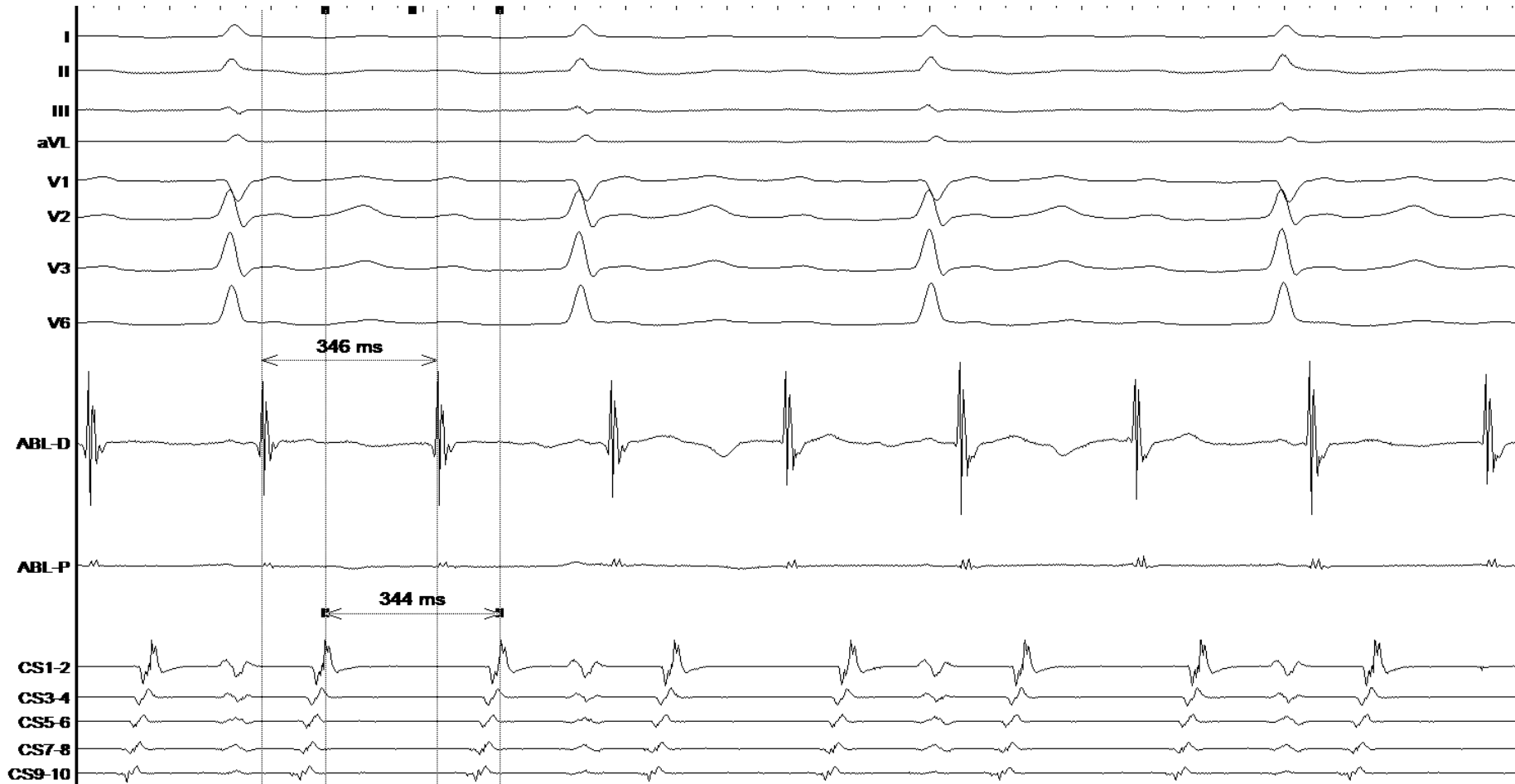
- x3 désilets 8F
- x2 gaines Schwartz SL0 ABBOTT
- Sonde de temperature oesophagienne

- STSF noire D134703
- DECANAV orange R7F282CT
- PENTARAY orange D128208

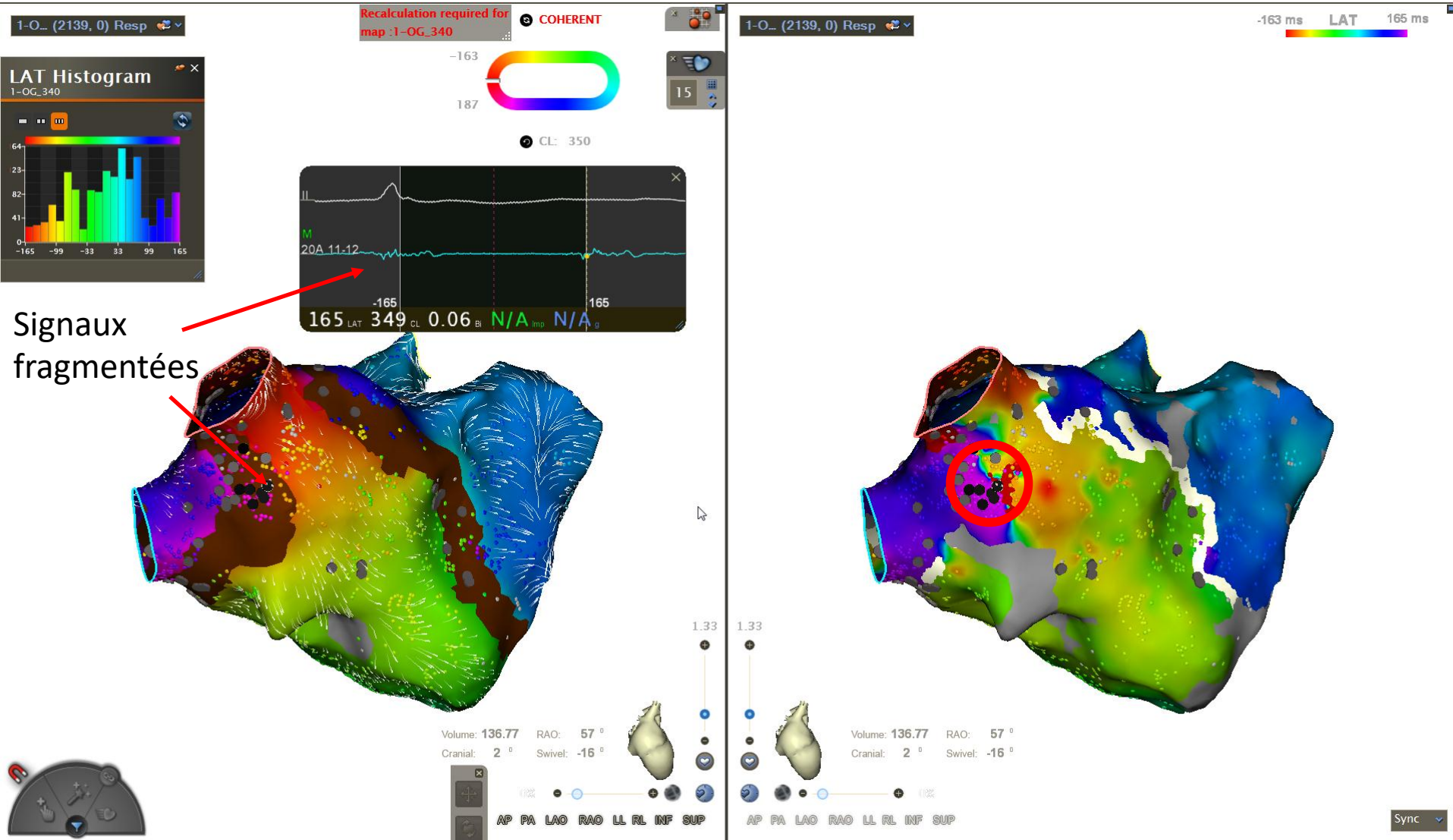
ECG DEBUT



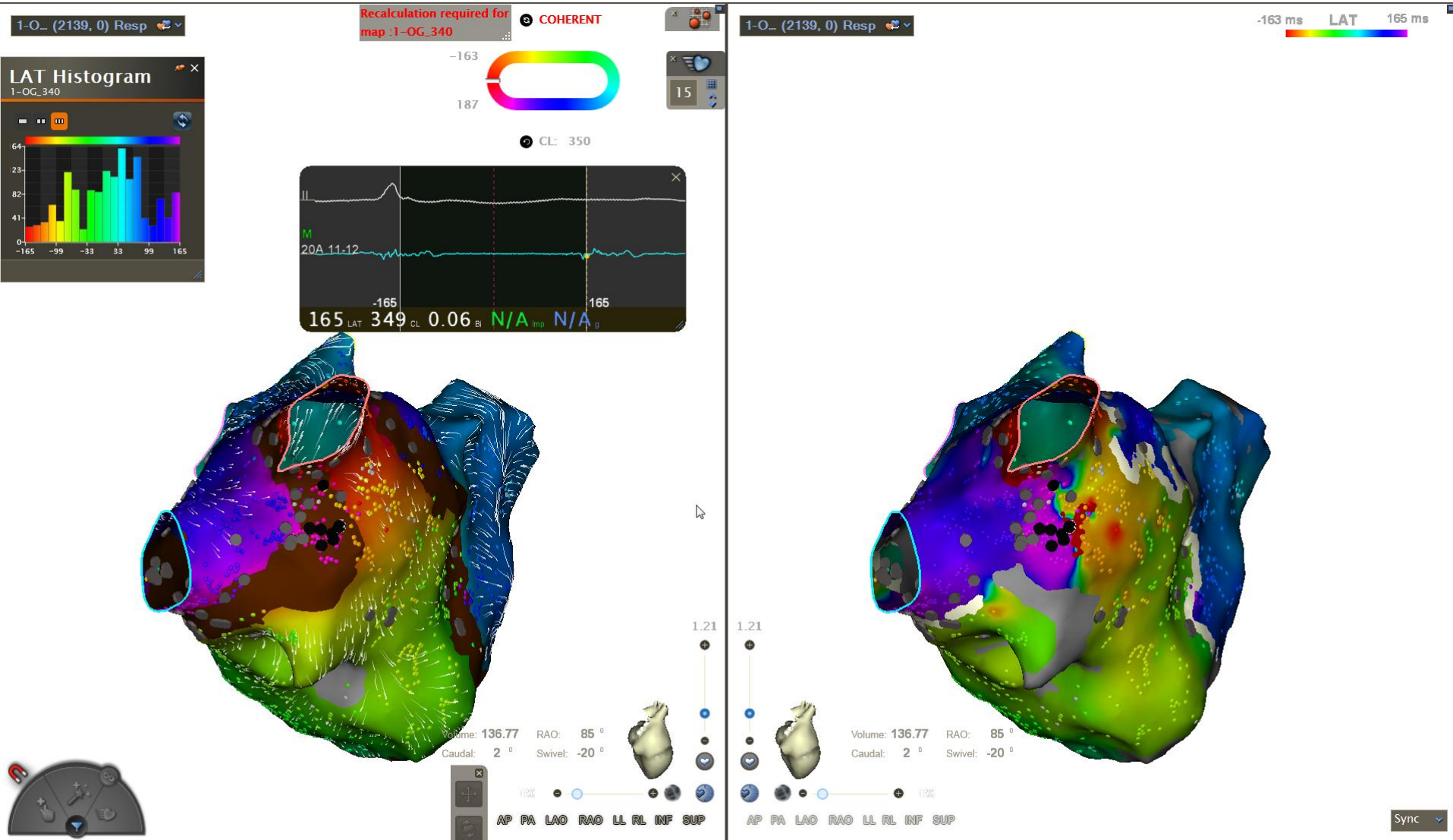
ECG DEBUT



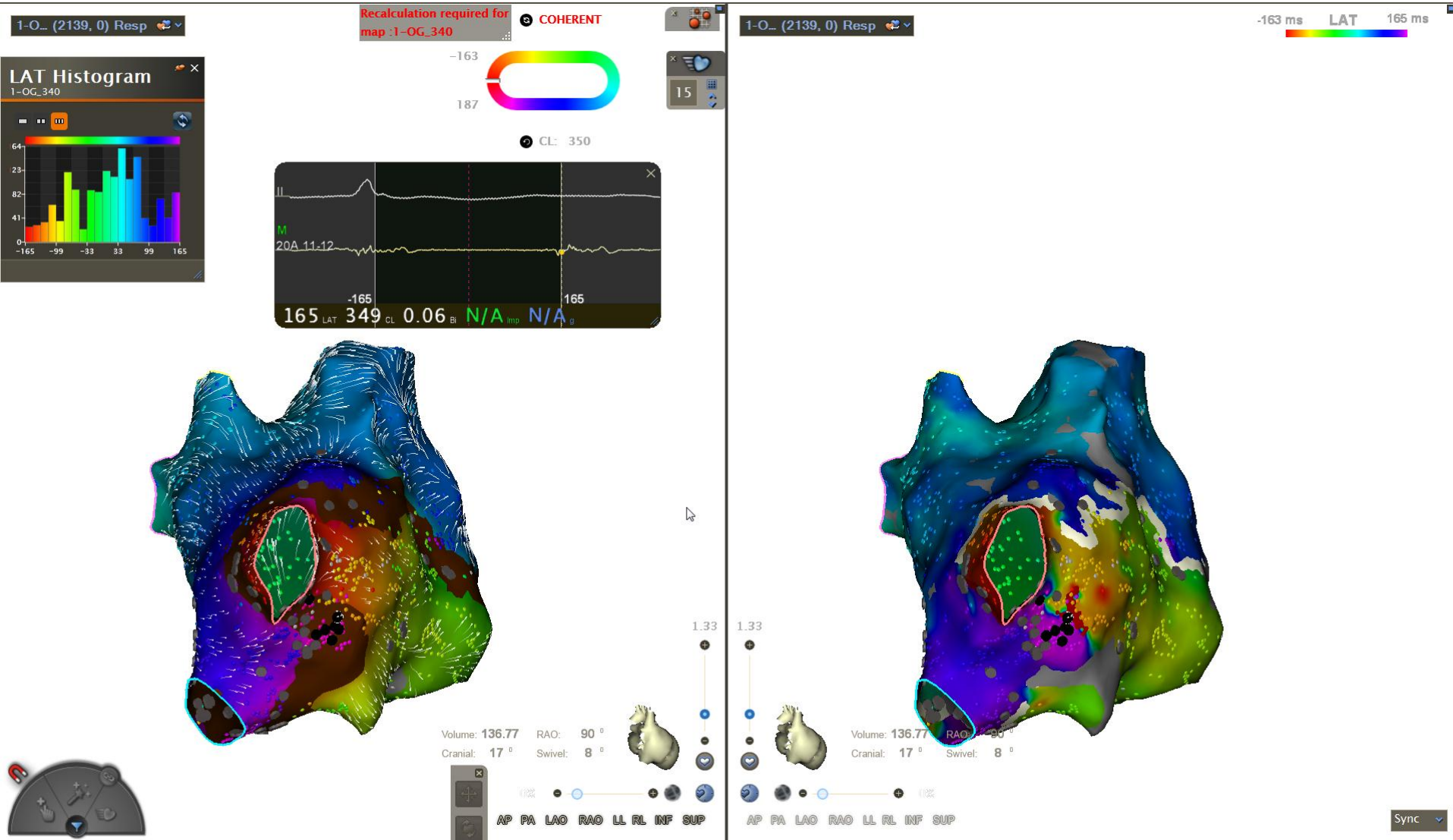
Carte LAT (cycle 340mS)



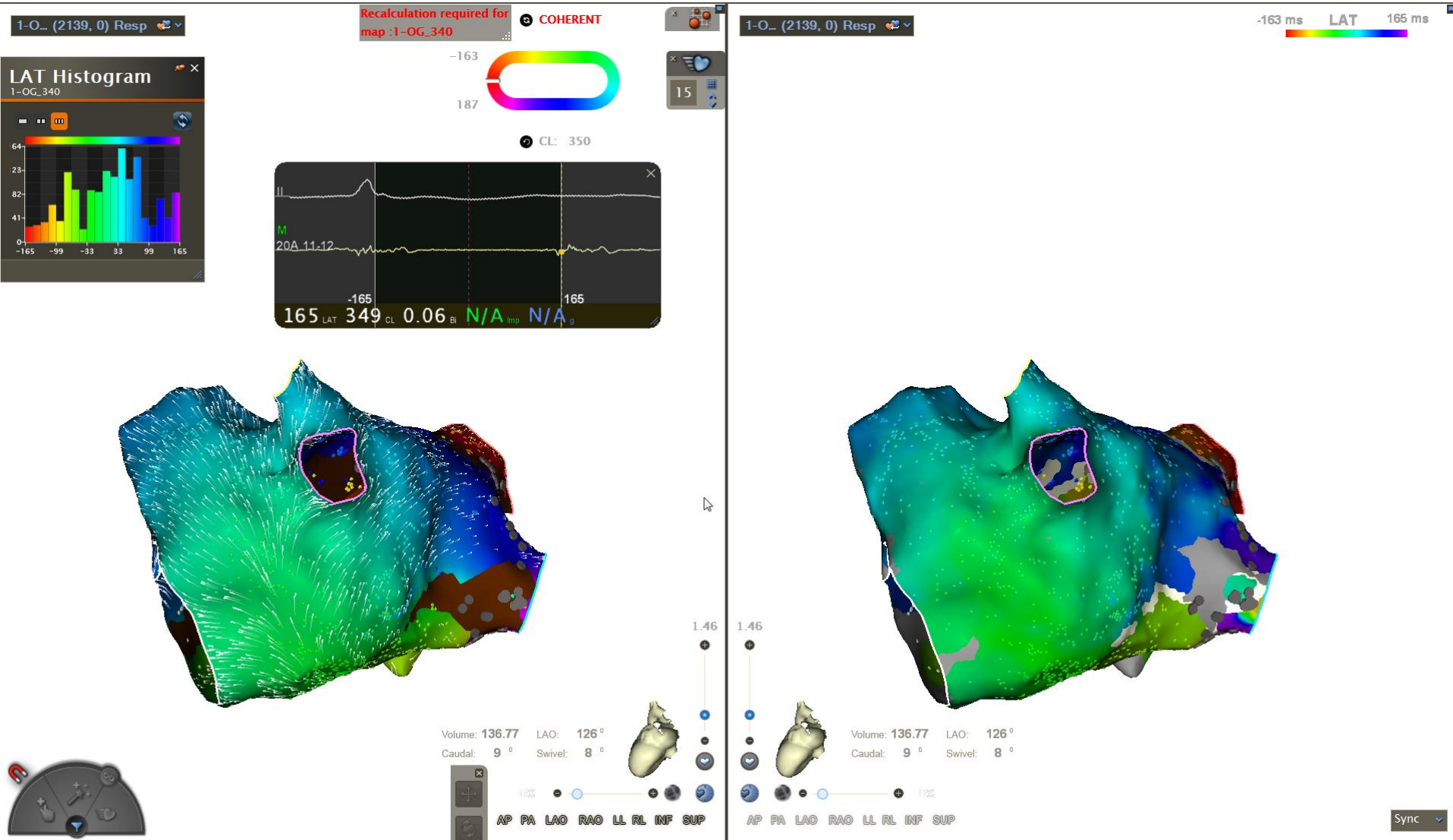
Carte LAT (cycle 340mS)



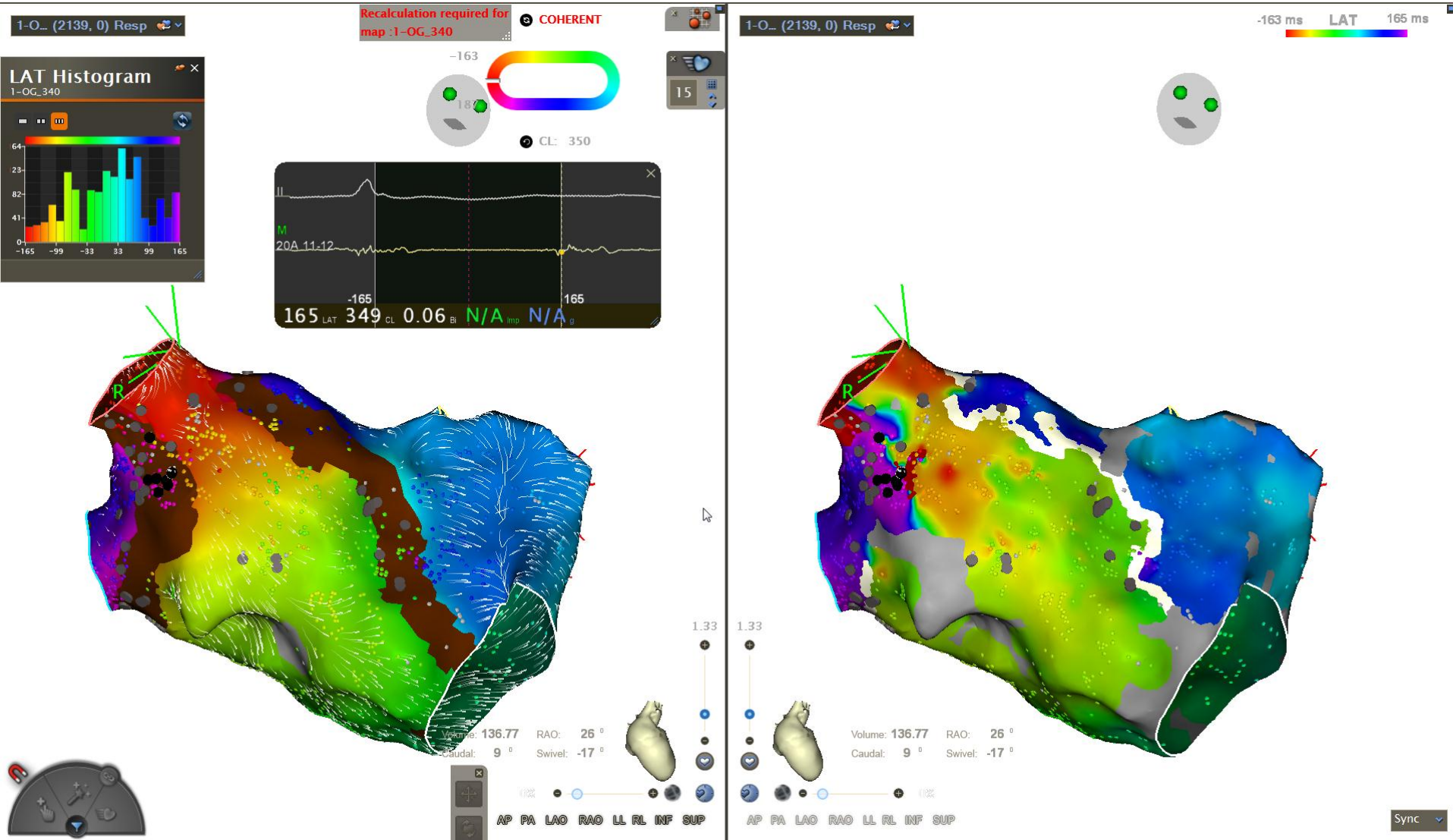
Carte LAT (cycle 340mS)



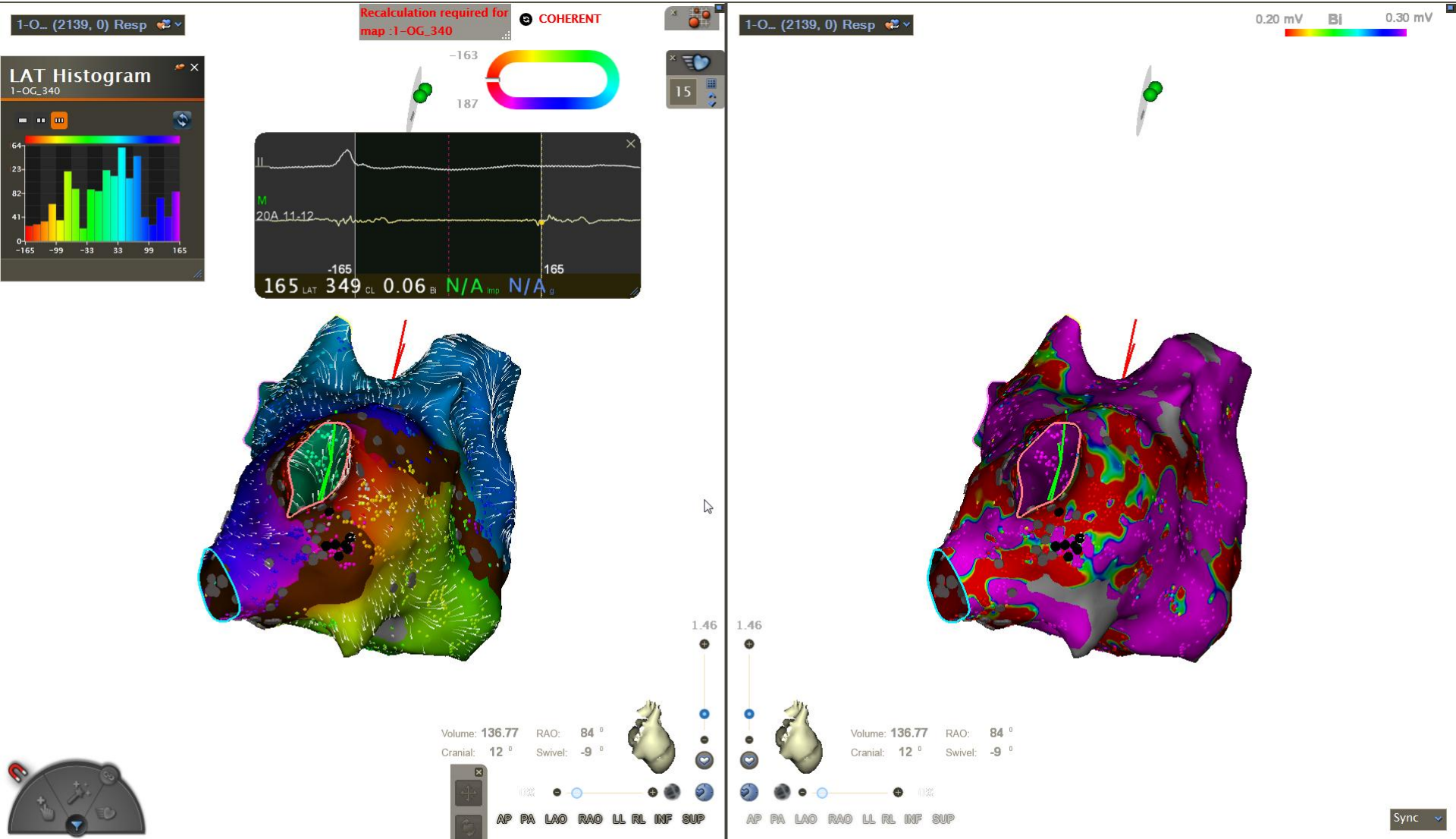
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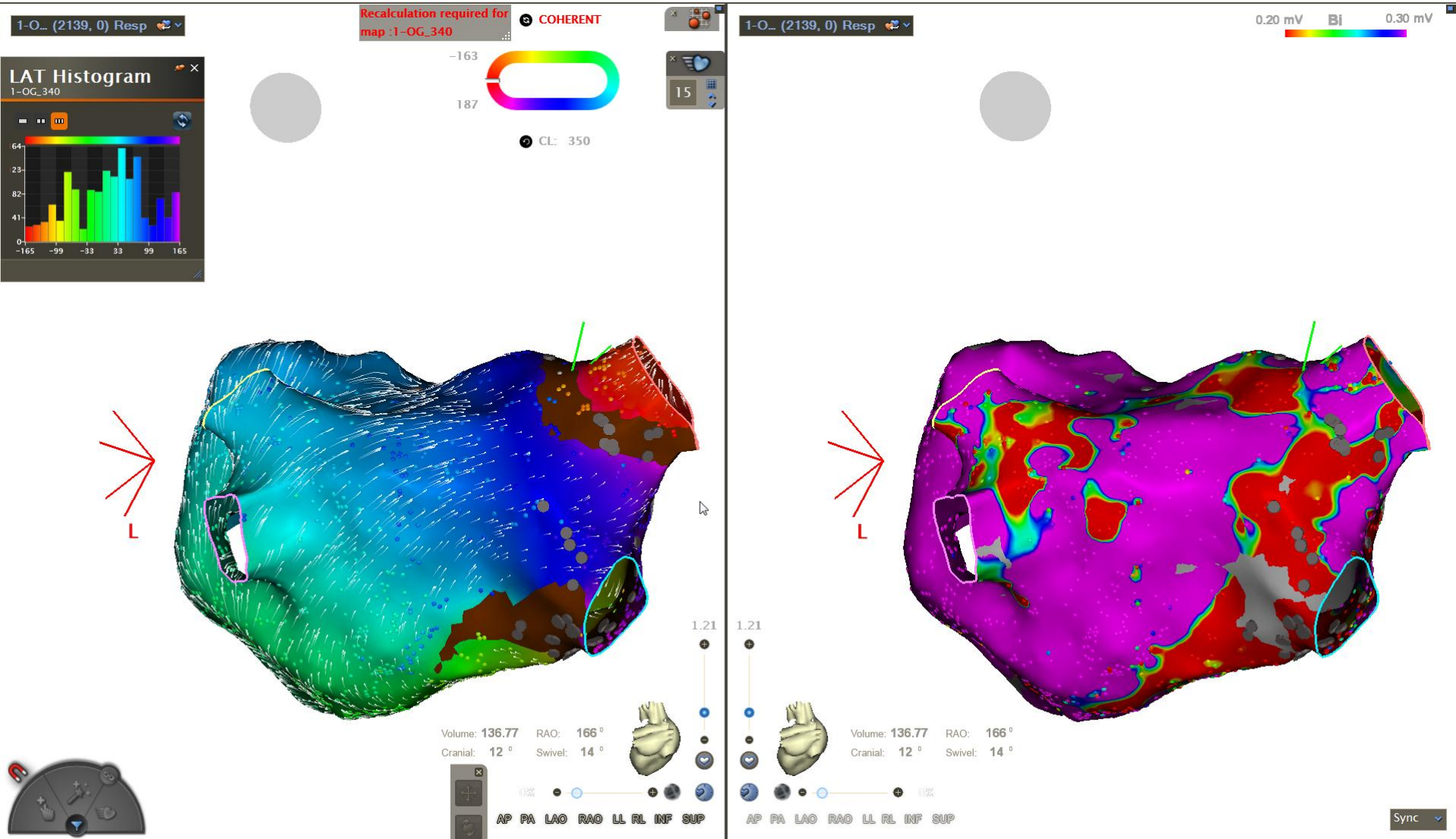
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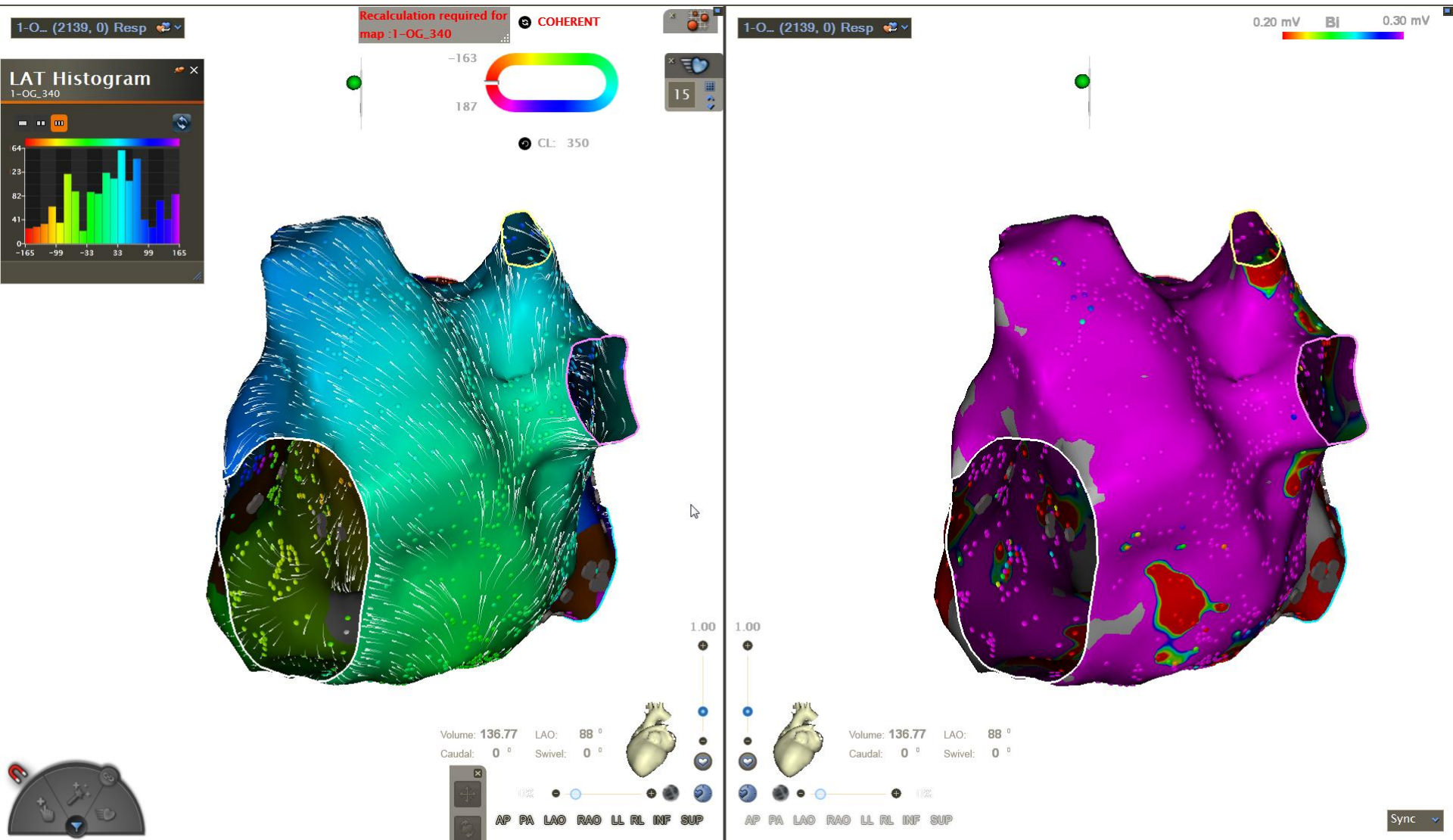
Carte LAT VOLTAGE (cycle 340mS)



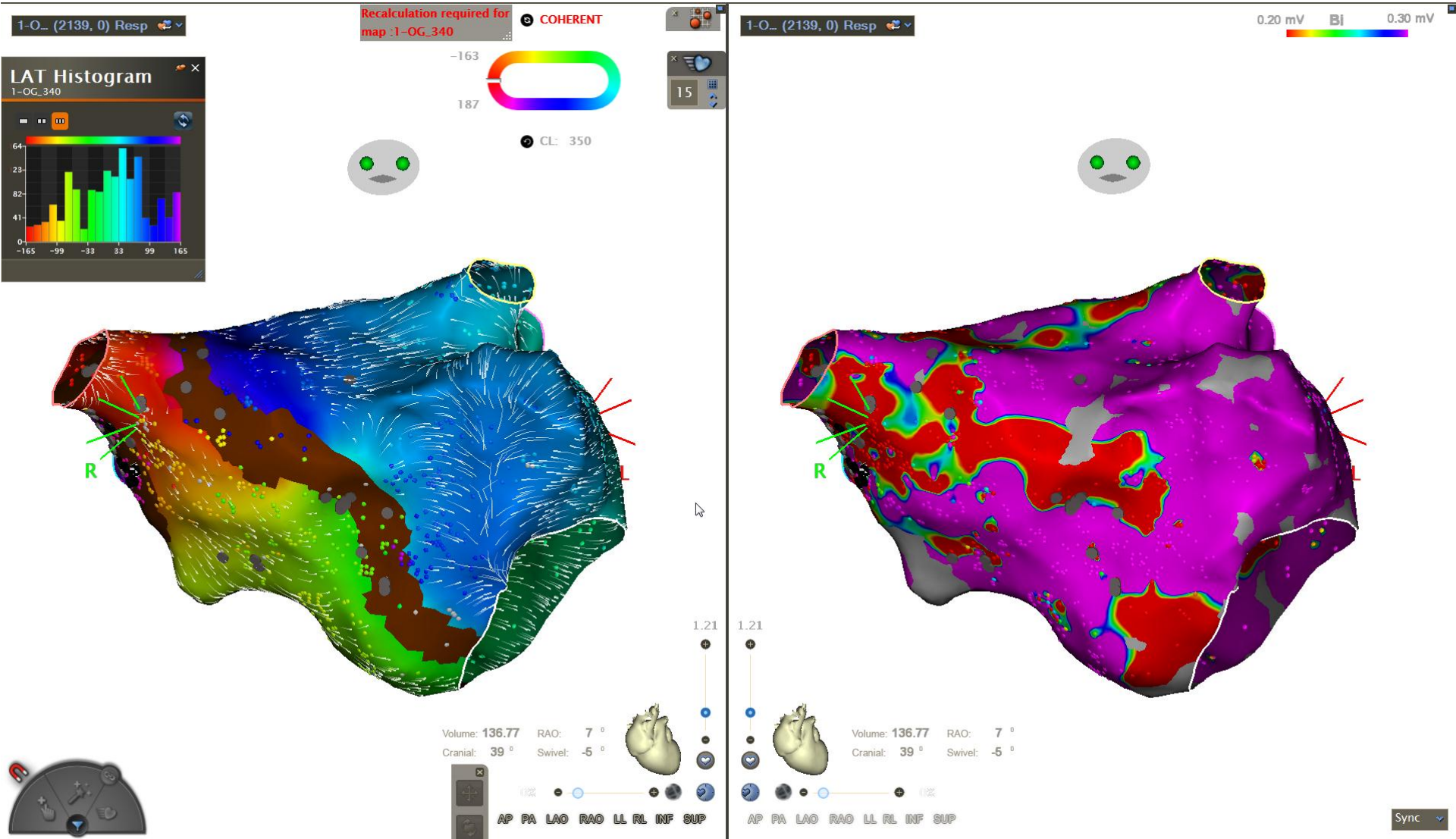
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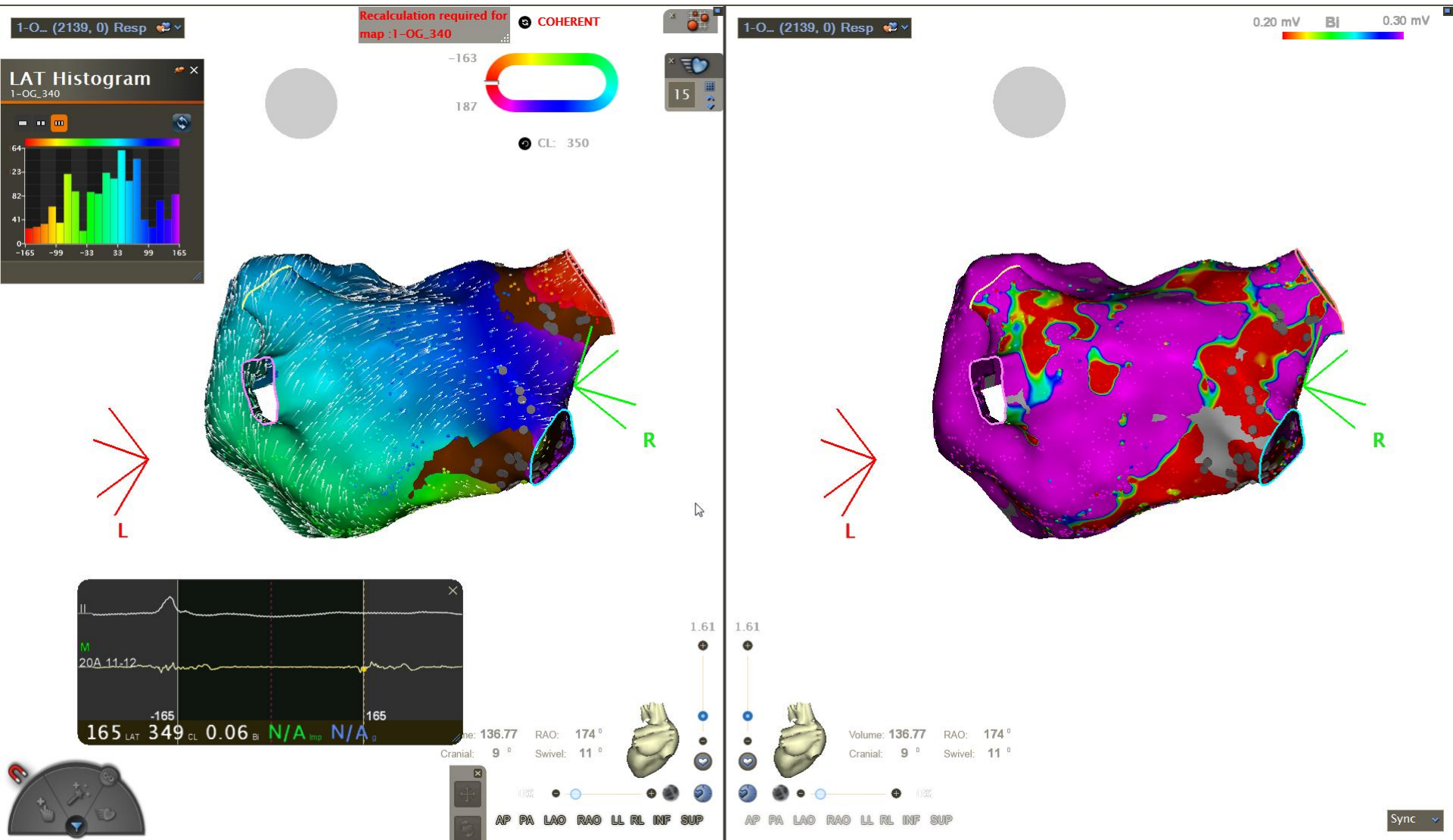
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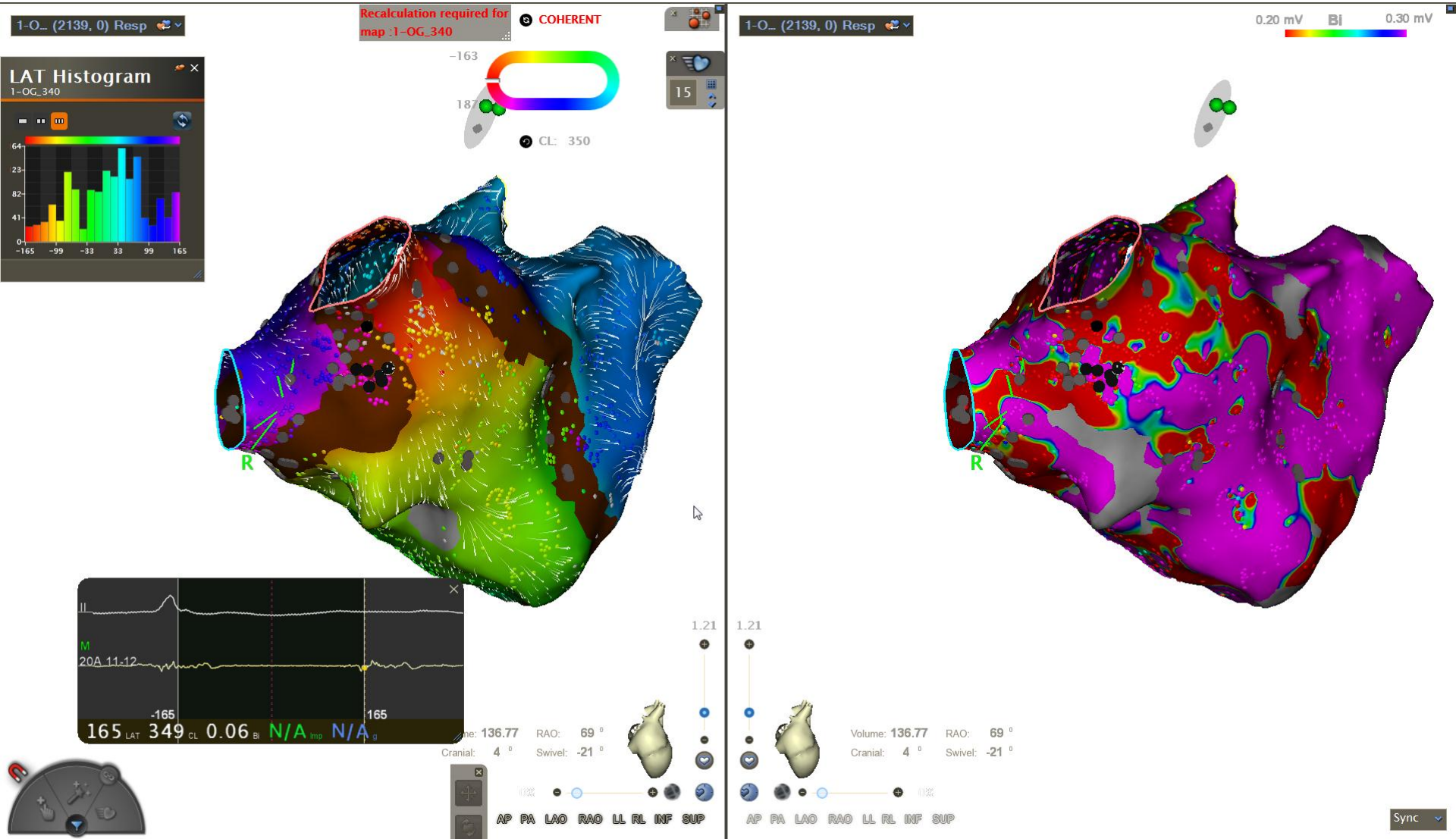
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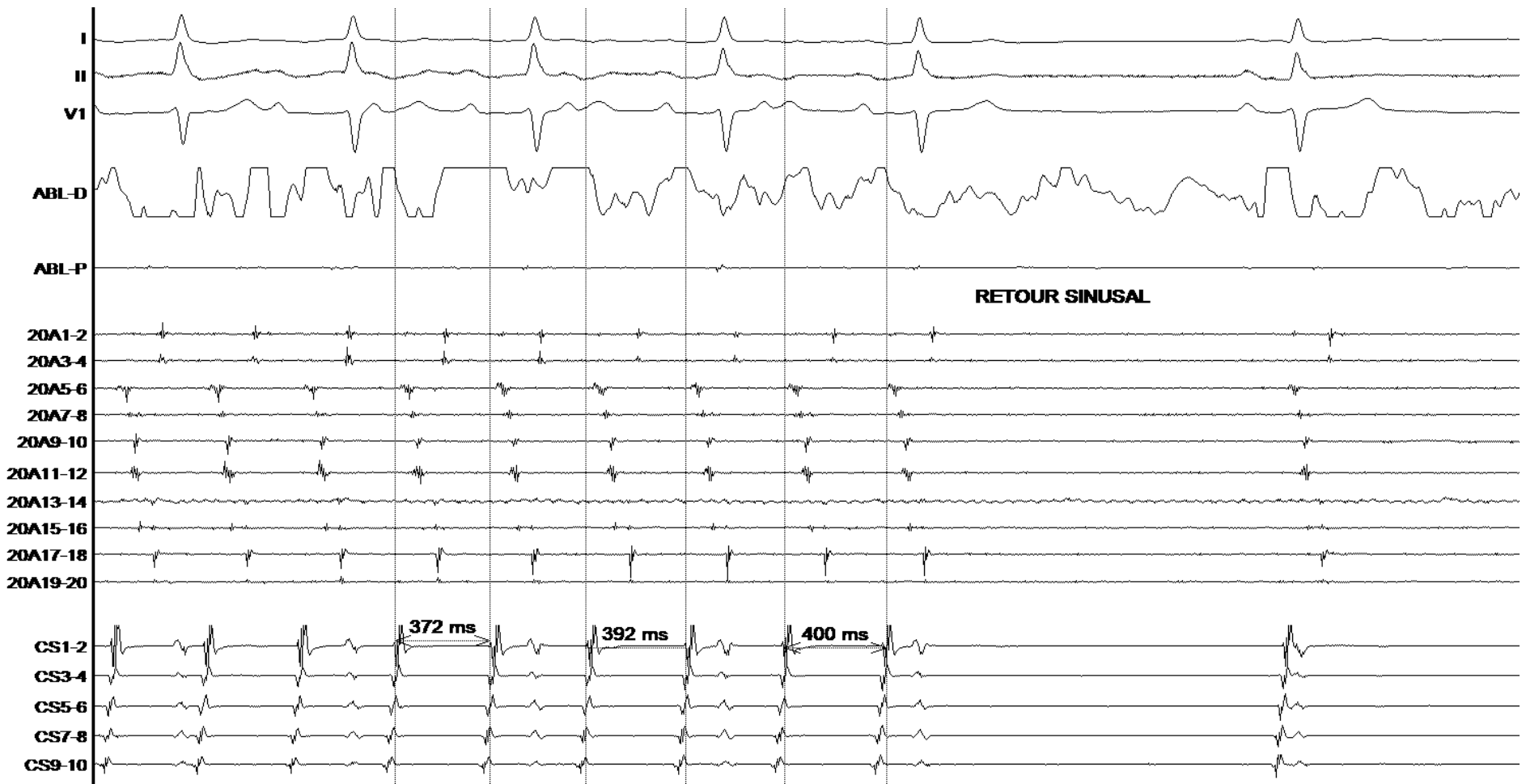
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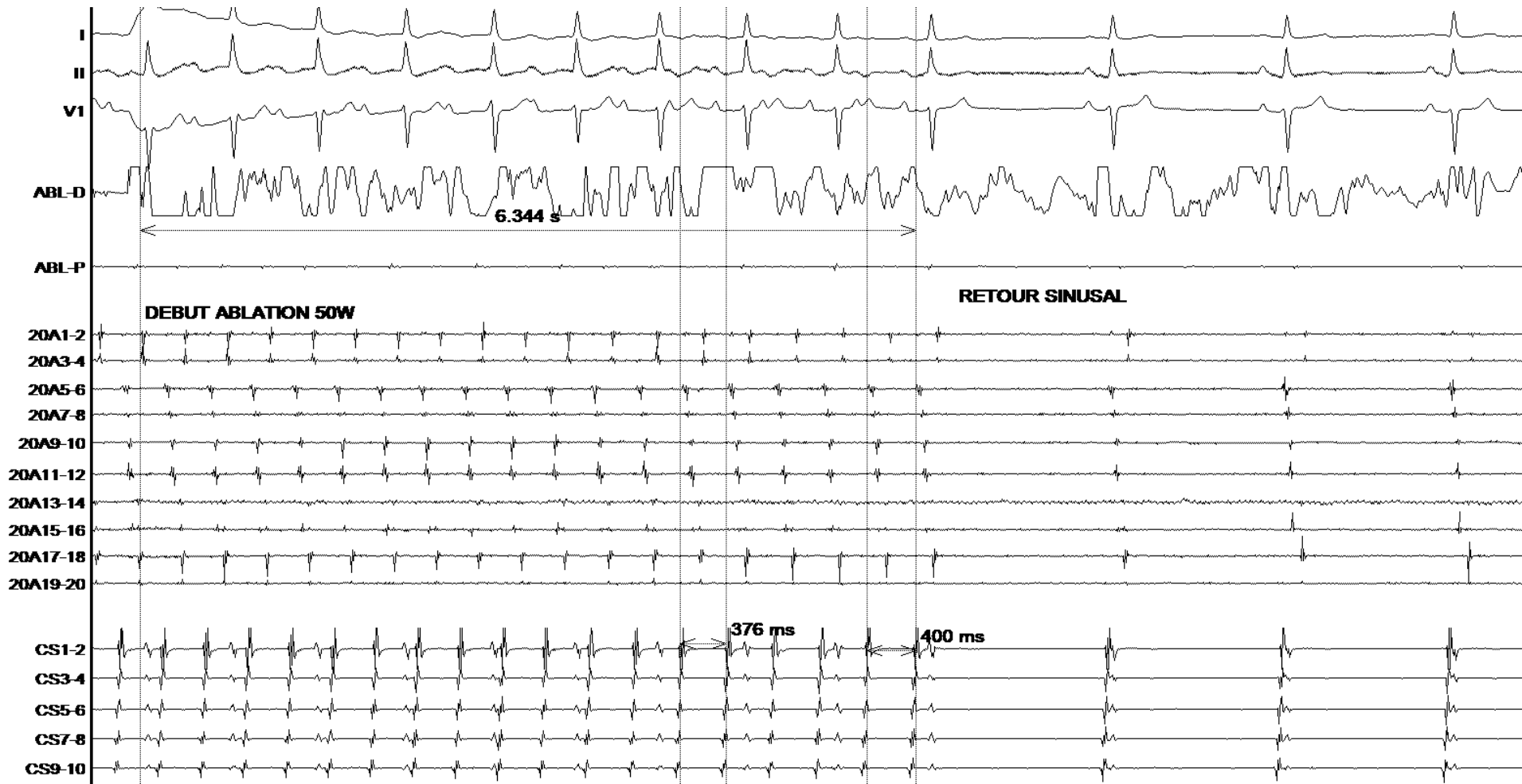
RETOUR SINUSAL 12D



RETOUR SINUSAL signaux IC

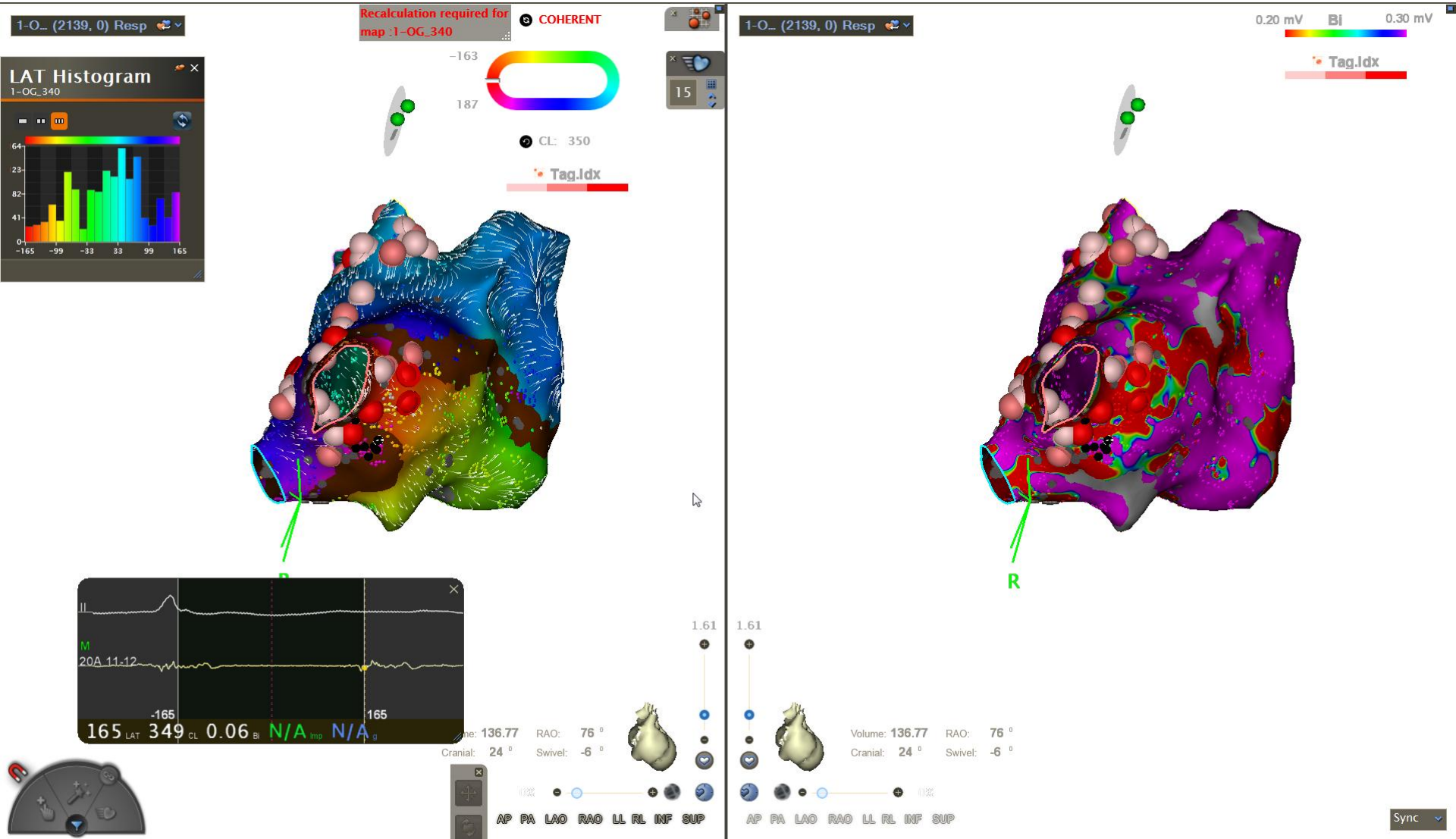


RETOUR SINUSAL signaux IC

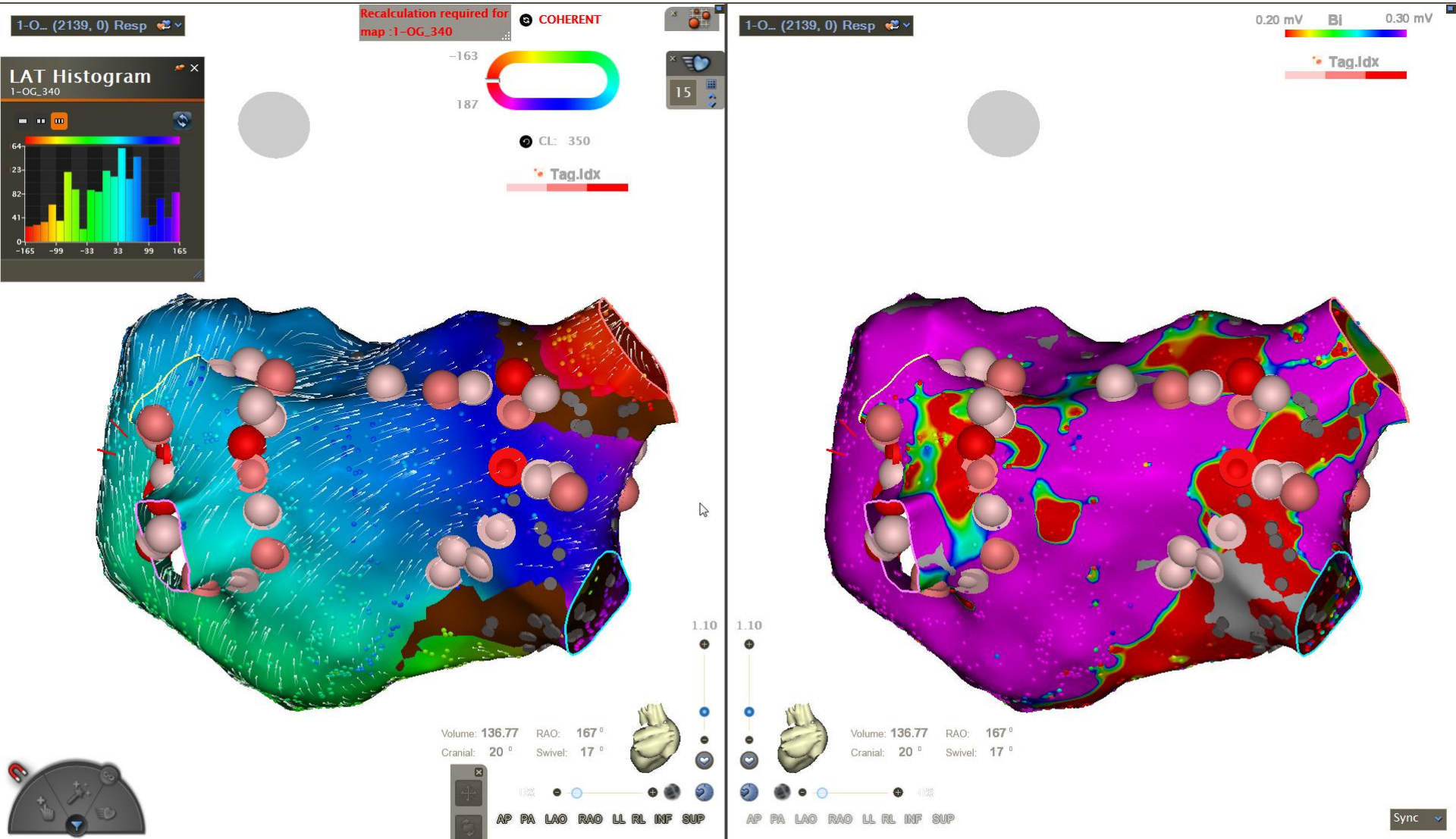


Verification isolation VP + complement lignes

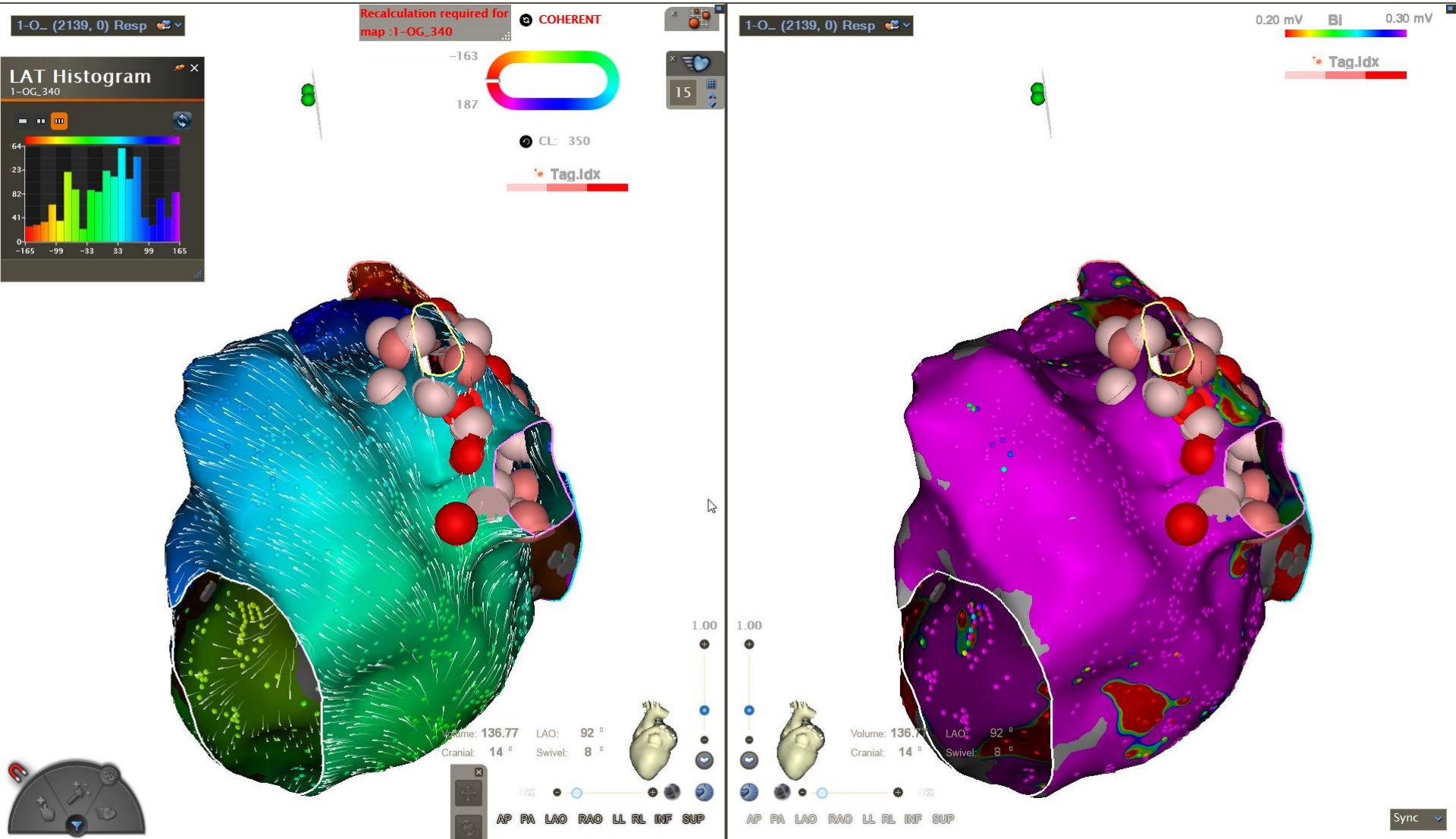
POINTS D'ABLATION OG



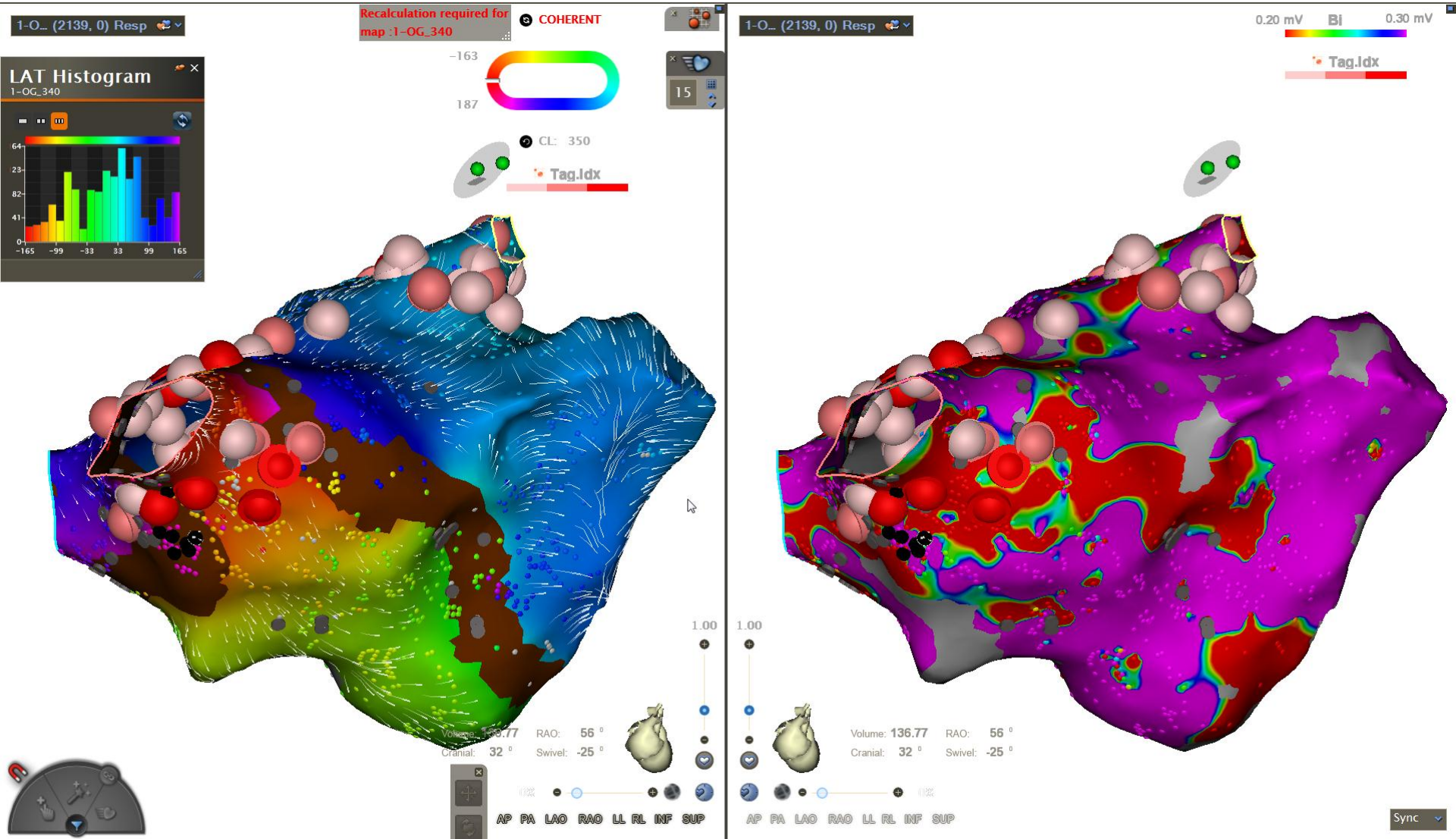
POINTS D'ABLATION OG



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ECG FIN

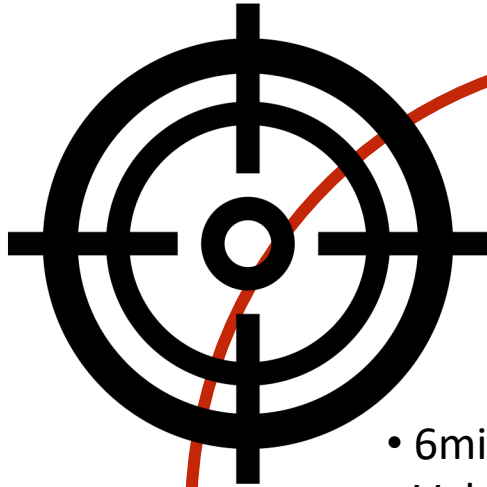


RESUME STRATEGIE ABLATION



1. Rythme initial = flutter 2/1 a 340mS
2. Mapping OG carte d'activation (ARA, LAT histogram, COHERENT)
3. Conversion en carte de voltage
4. VP droites et gauche connectées
5. COHERENT permet la mise en évidence une macro réentrée impliquant le massif de VP droites
6. Retour sinusal en quelques secondes de tirs en avant de la VPSD
7. Compléments d'isolation des VP
8. Ablation ligne de toit en stim LAA
9. Validation en RS de la persistance du bloc des VP et ligne du toit

DONNEES POST- ABLATION



- 6min de scopie ($2377\mu\text{Gym}^2$)
- Volume OG = 140 cm^3
- 9 min de RF
- 24kJ d'énergie RF