



ELECTRA

5-6 DÉCEMBRE 2024

HOTEL VILLA MASSALIA,
MARSEILLE | FRANCE

18^{èmes} journées françaises
pratiques de rythmologie
& de stimulation cardiaque

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TJ Kent Carto 3D

J Taieb J Bouet



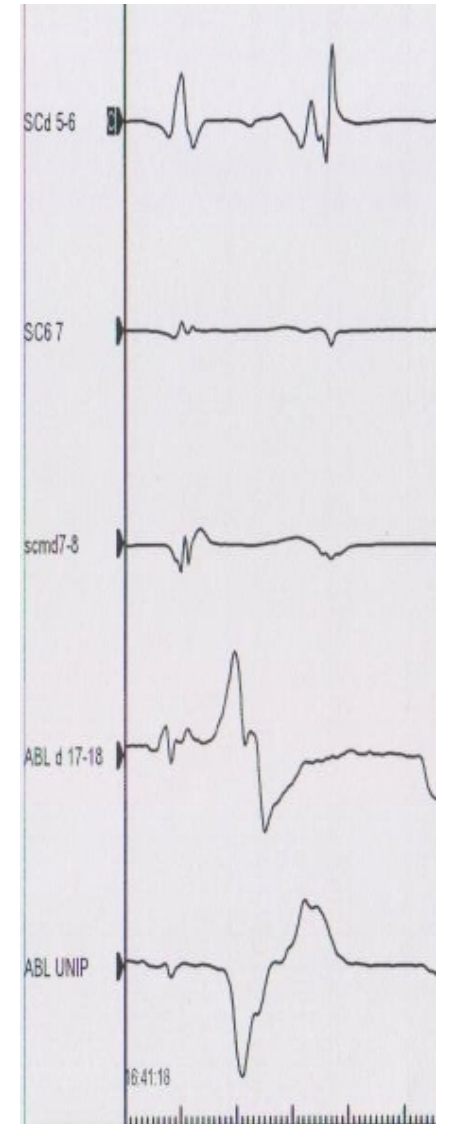
- Patient 36 ans kenyan palpitations invalidantes
- Adressé du KENYA pour reprise car 2 procédures échecs ablation de voie accessoire droite

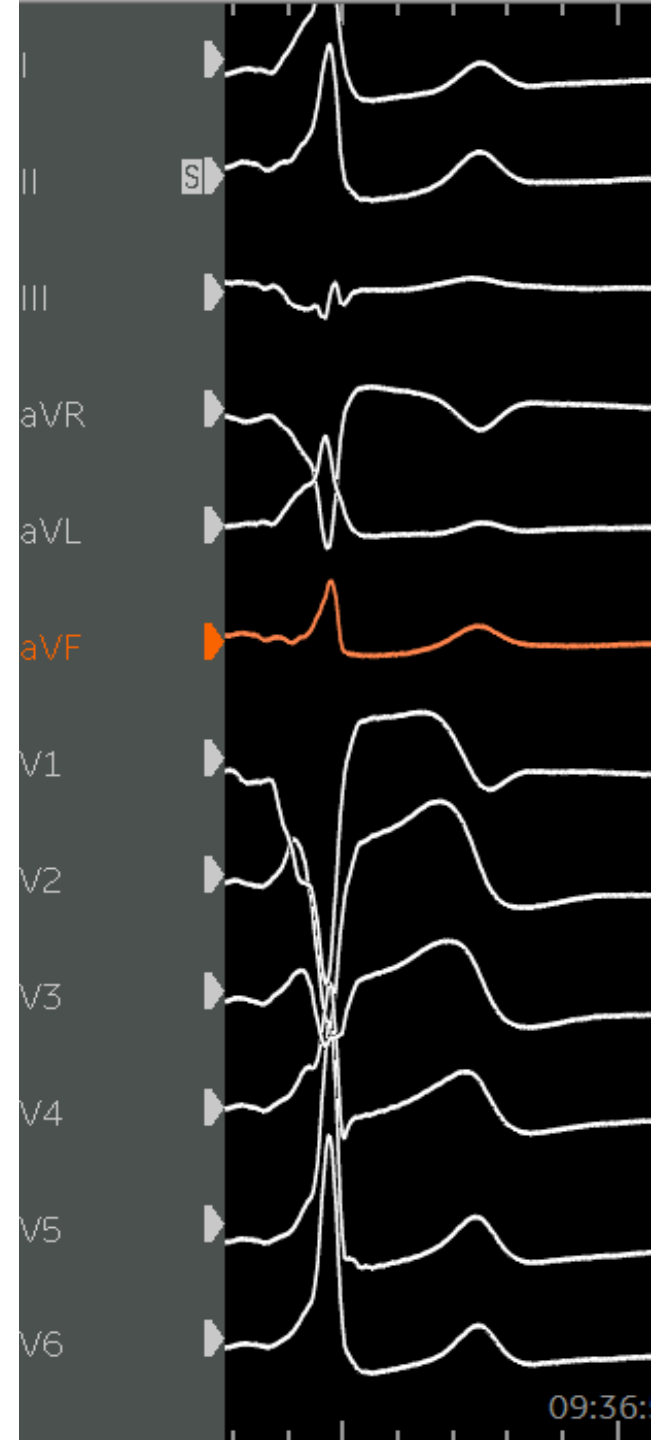
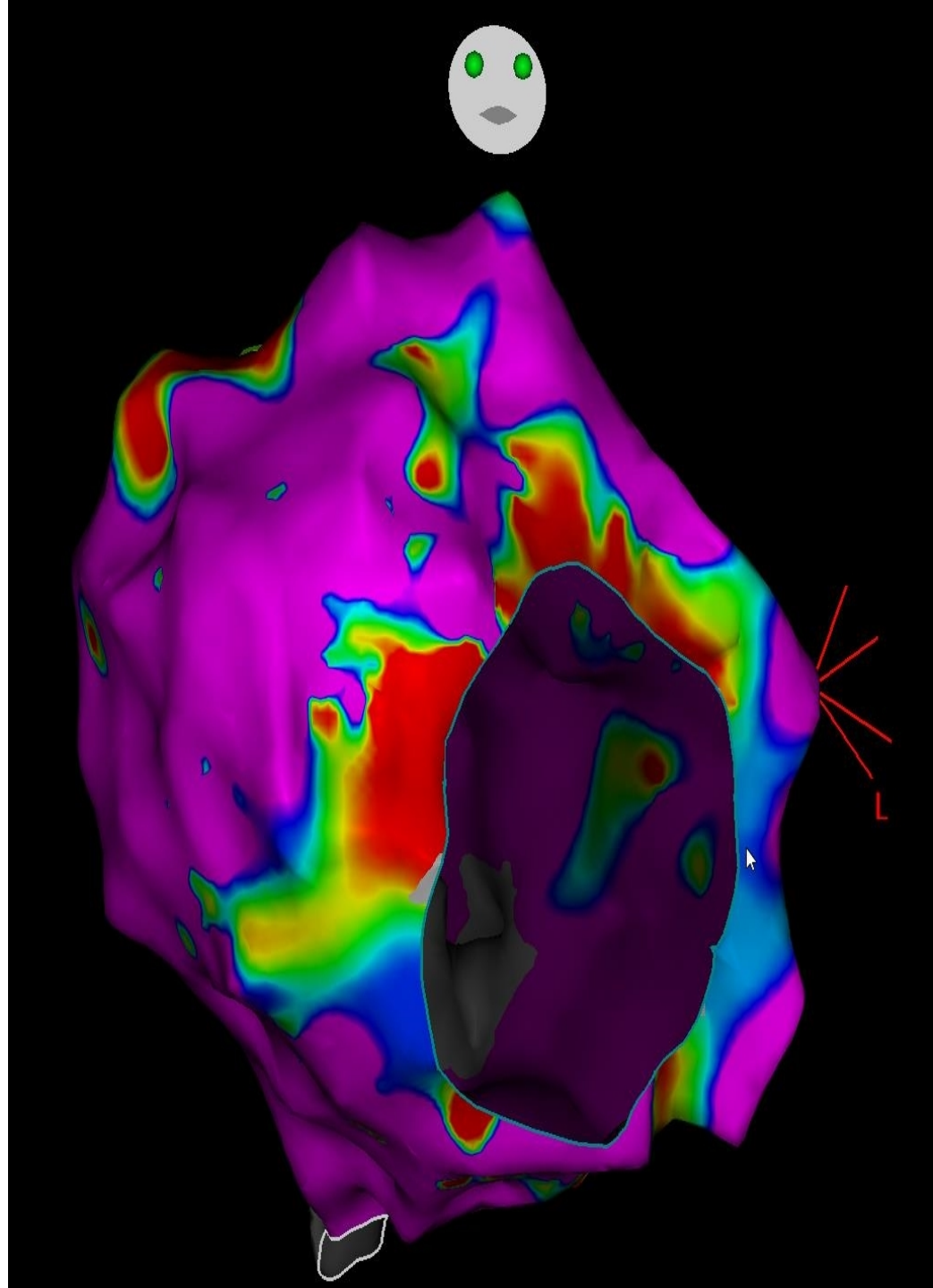


Procédure conventionnelle

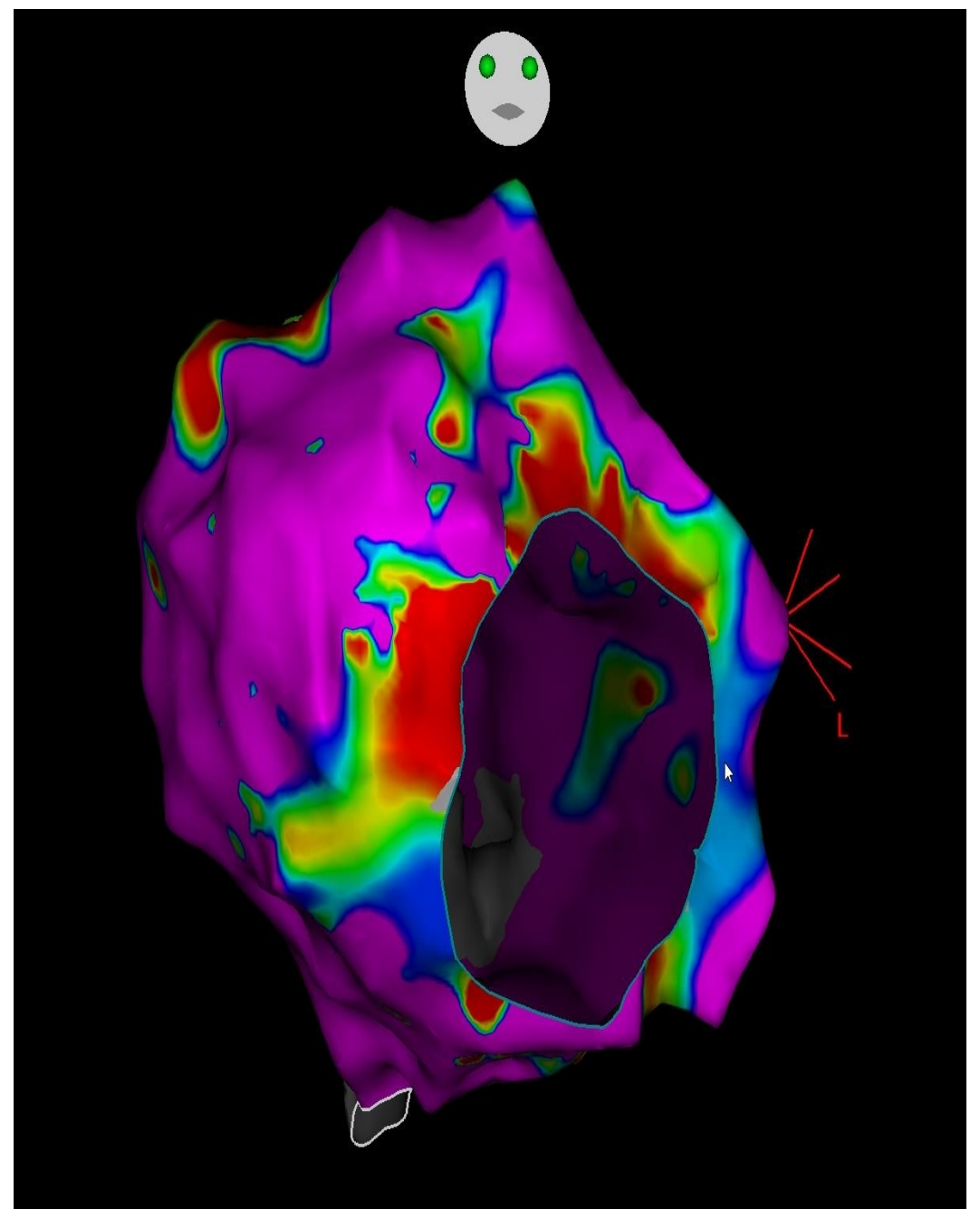
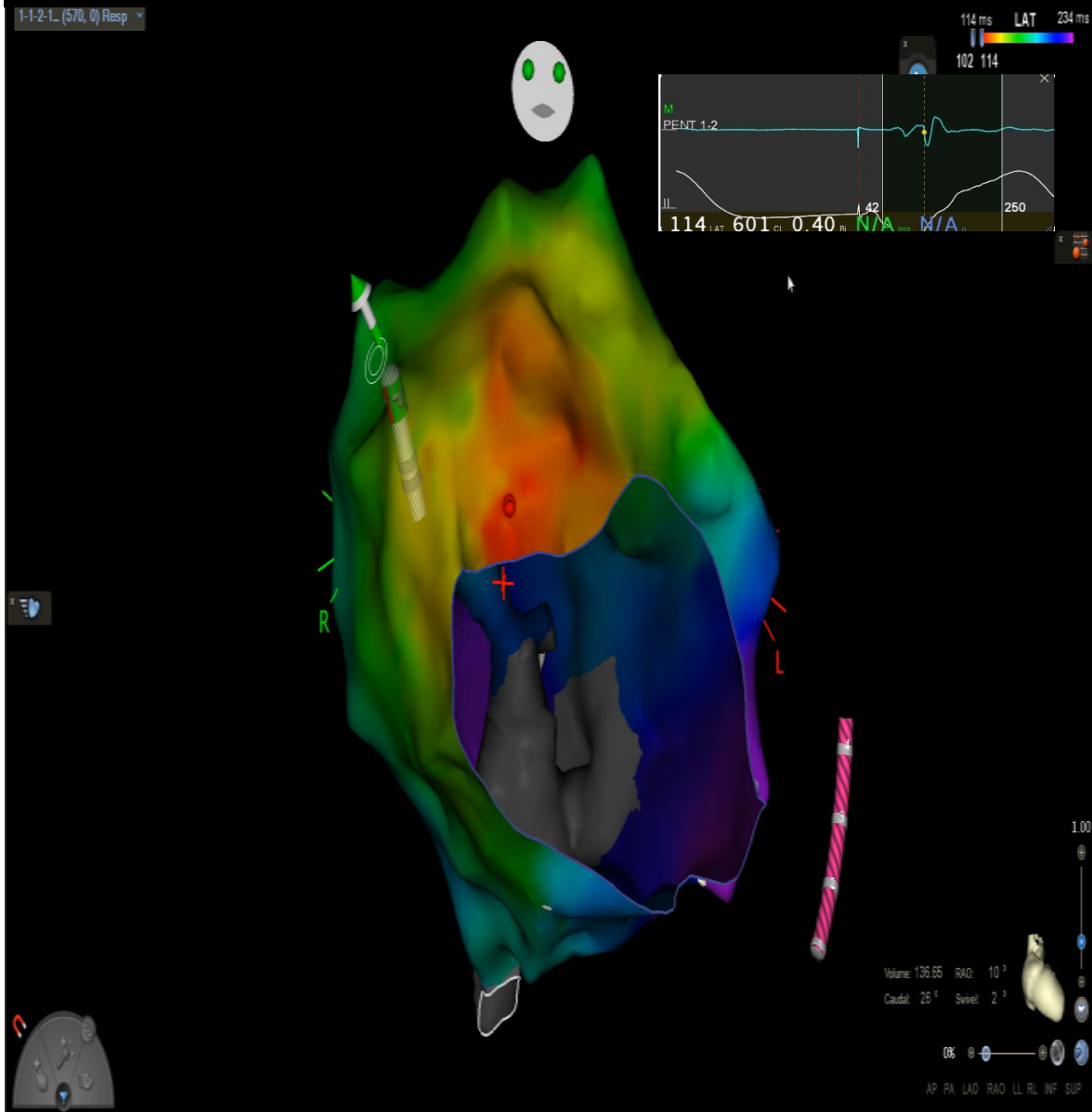
- 3 h de procédures sans succès malgré gaine agyllis et d'excellents critères EP en RS
 - V précoce
 - Fusion AV en bipolaire
 - Négativité unipolaire
 - 6 épisodes de FA réduits par CEE

=> Reprise carto J+1



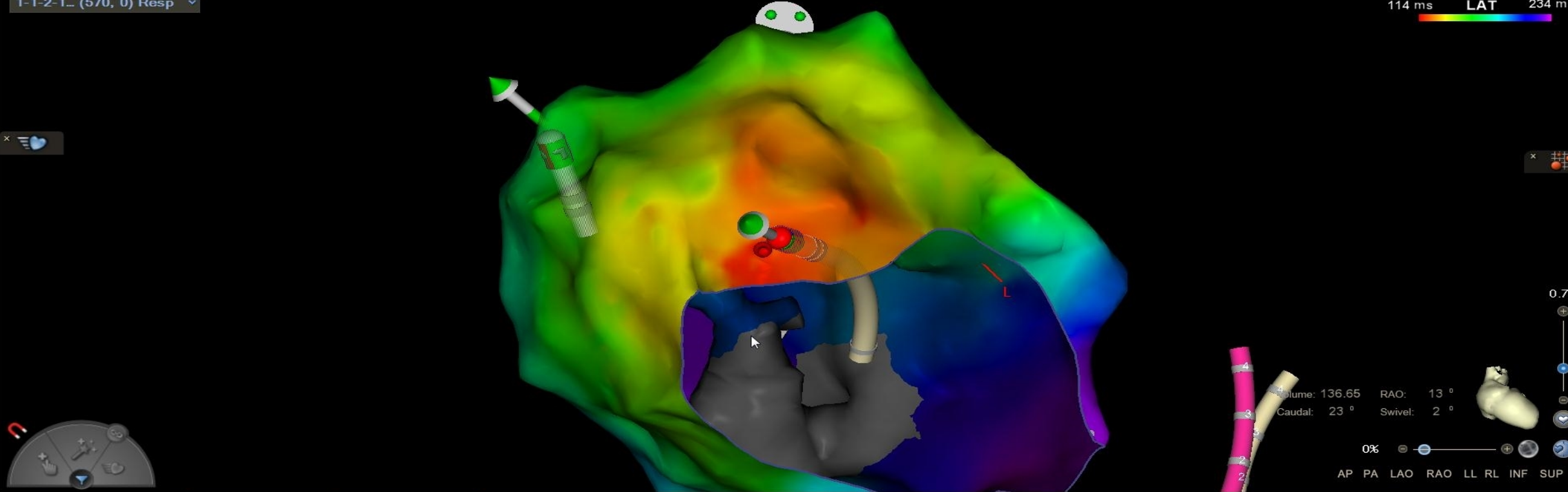


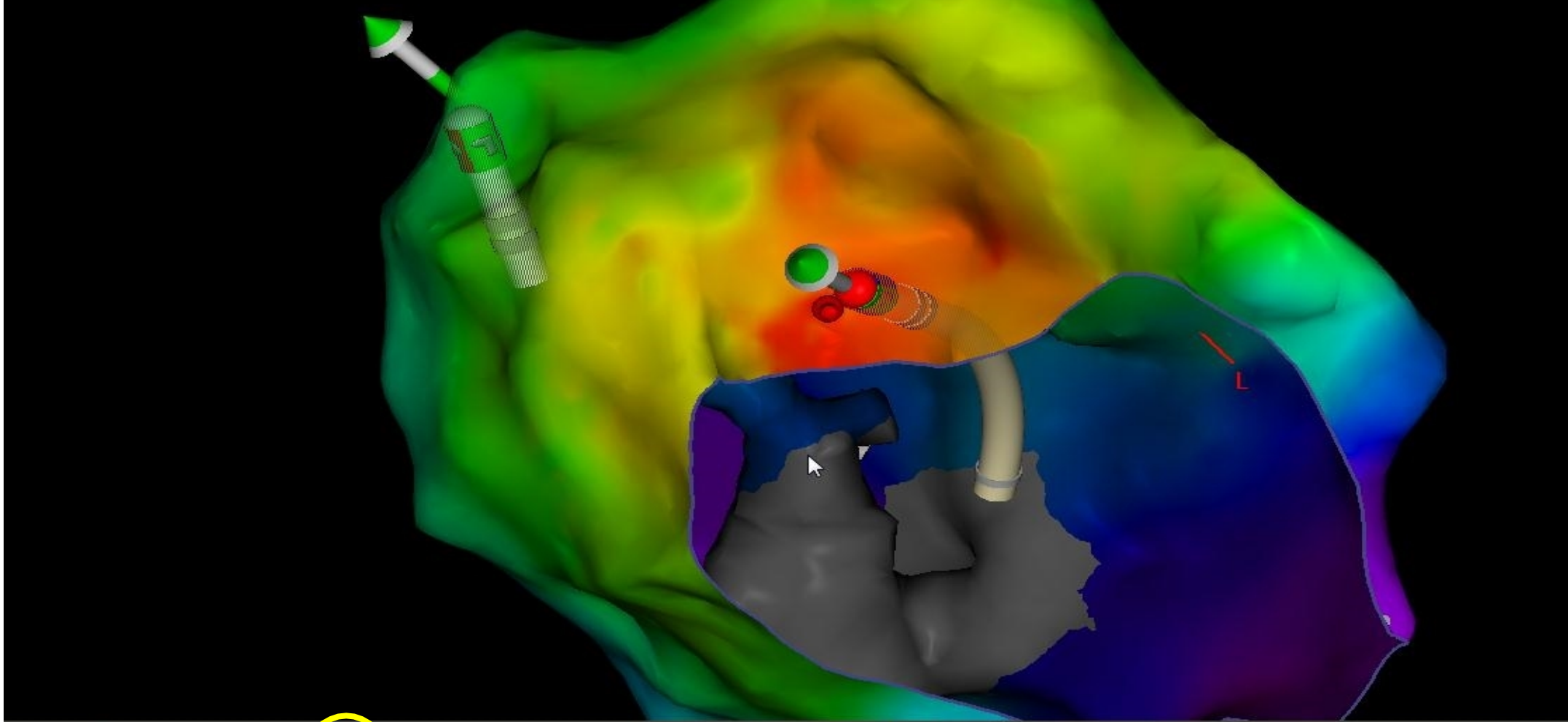
Carte Activation en stimulation VD

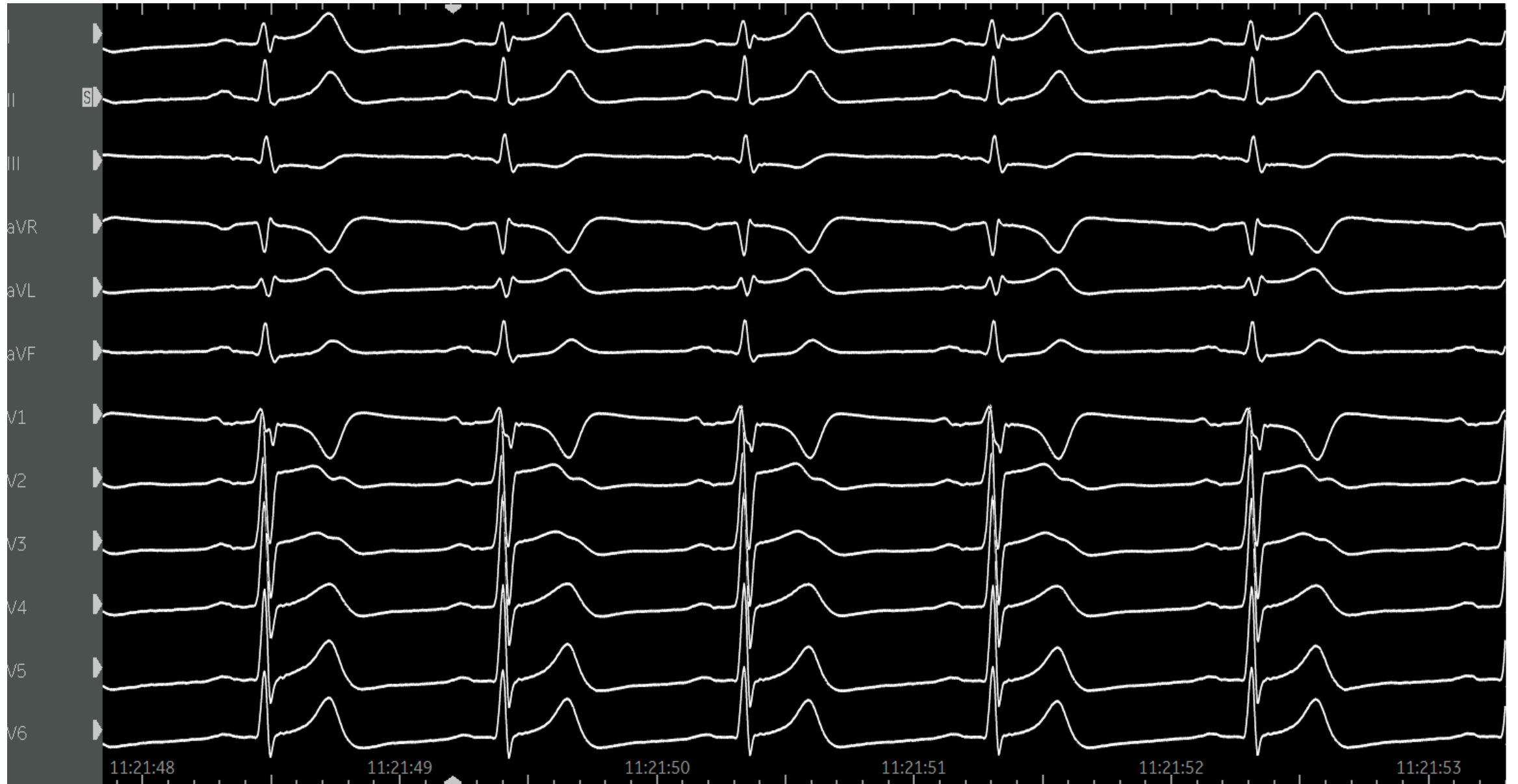


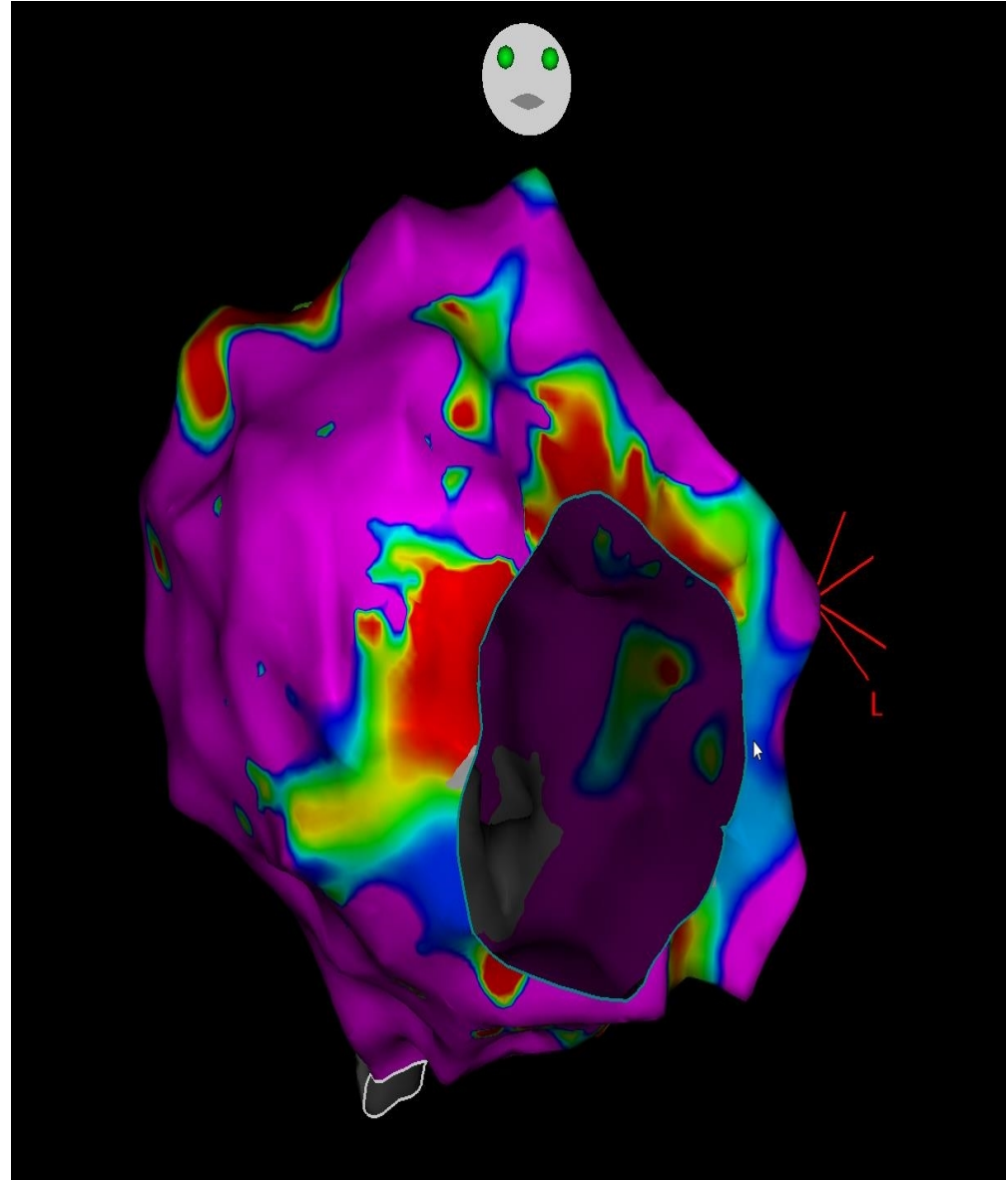
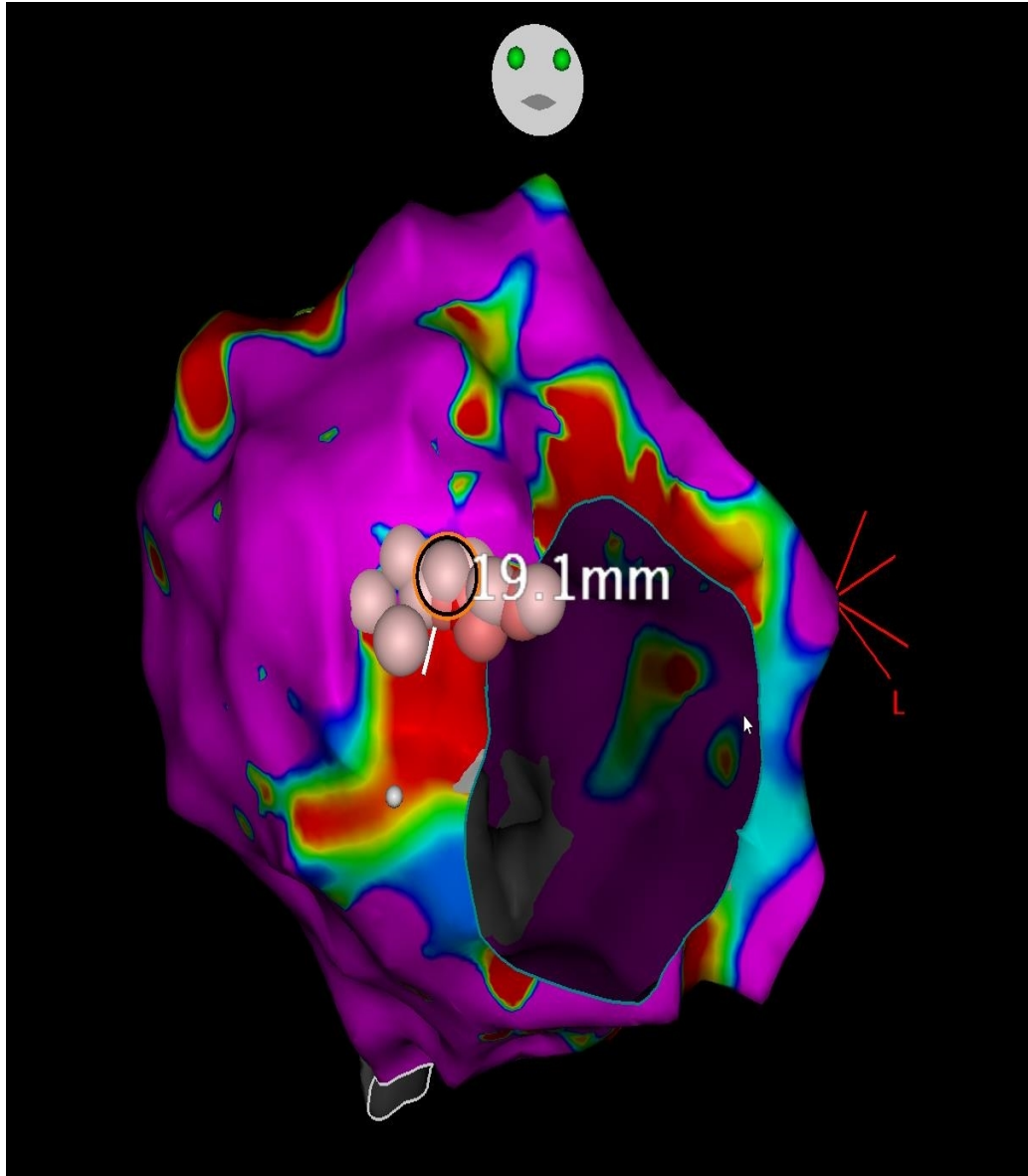
1-1-2-1_ (570, 0) Resp

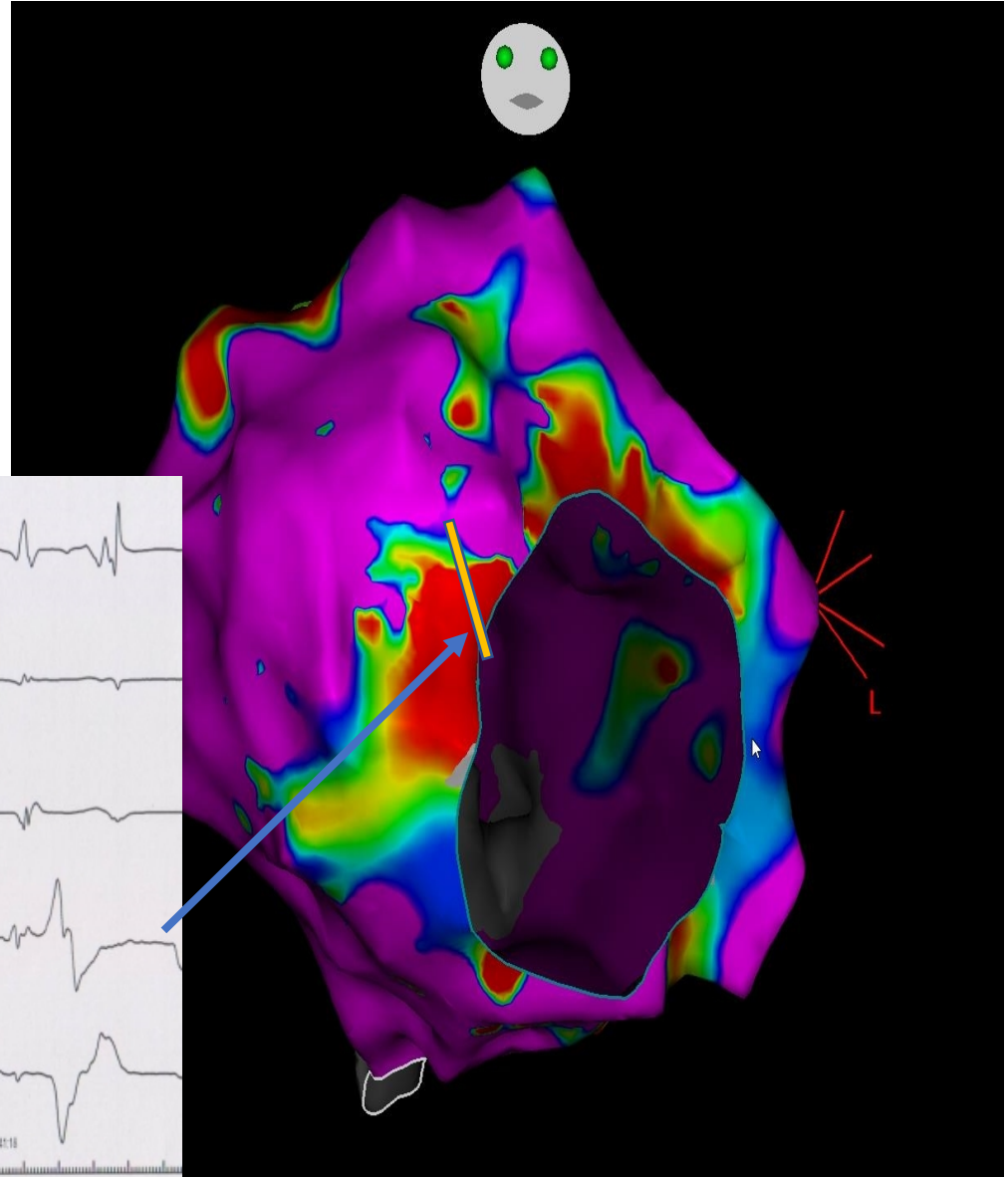
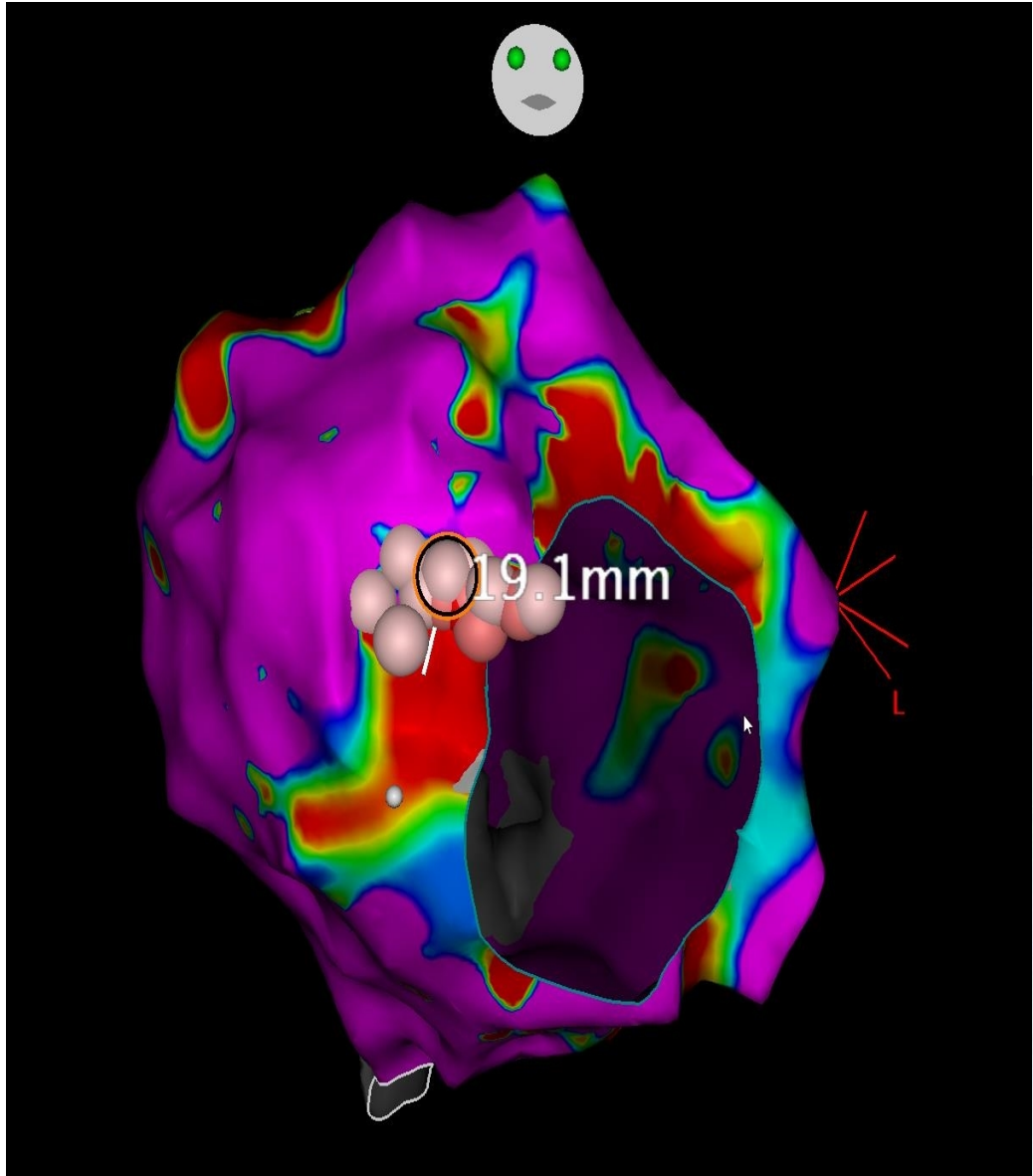
114 ms LAT 234 ms



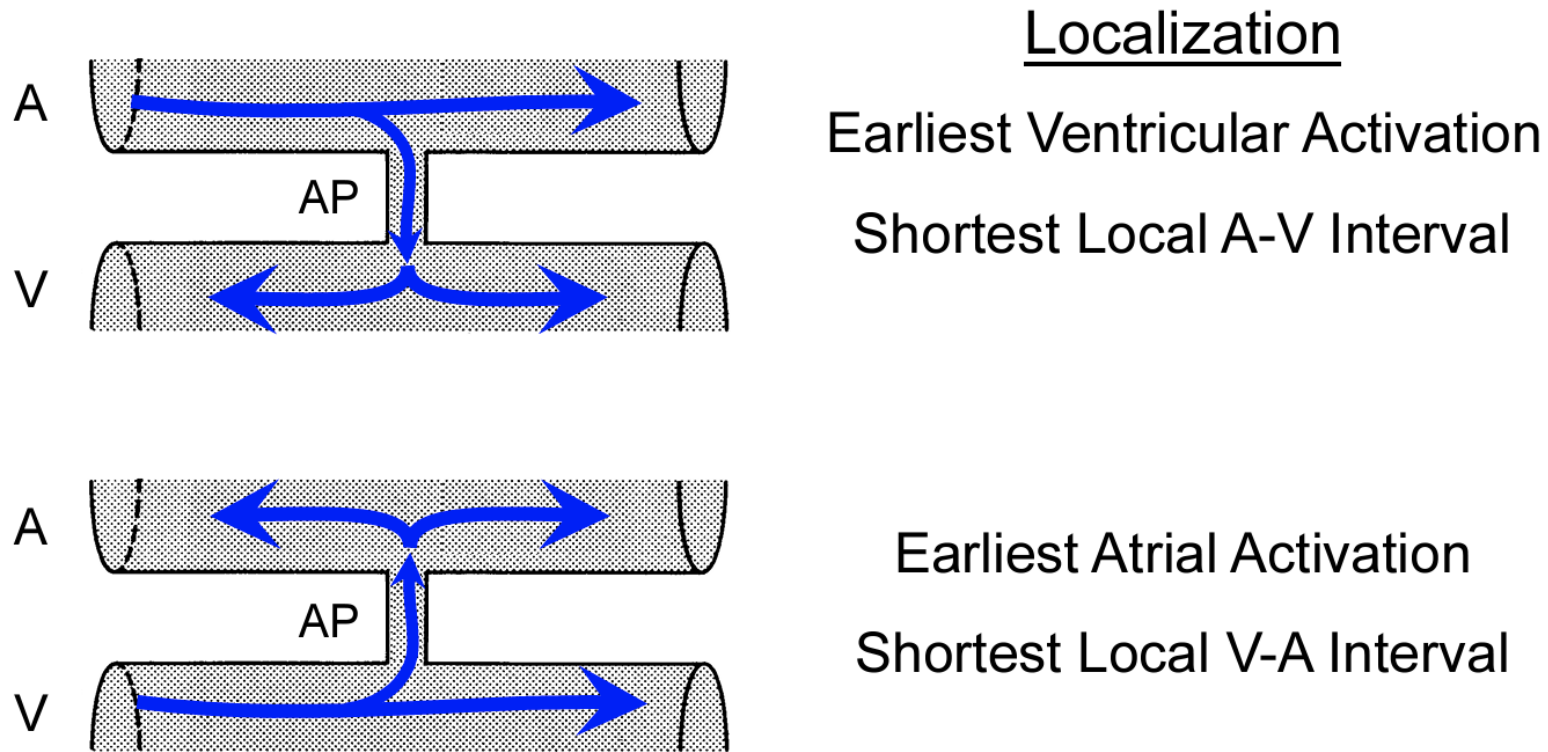






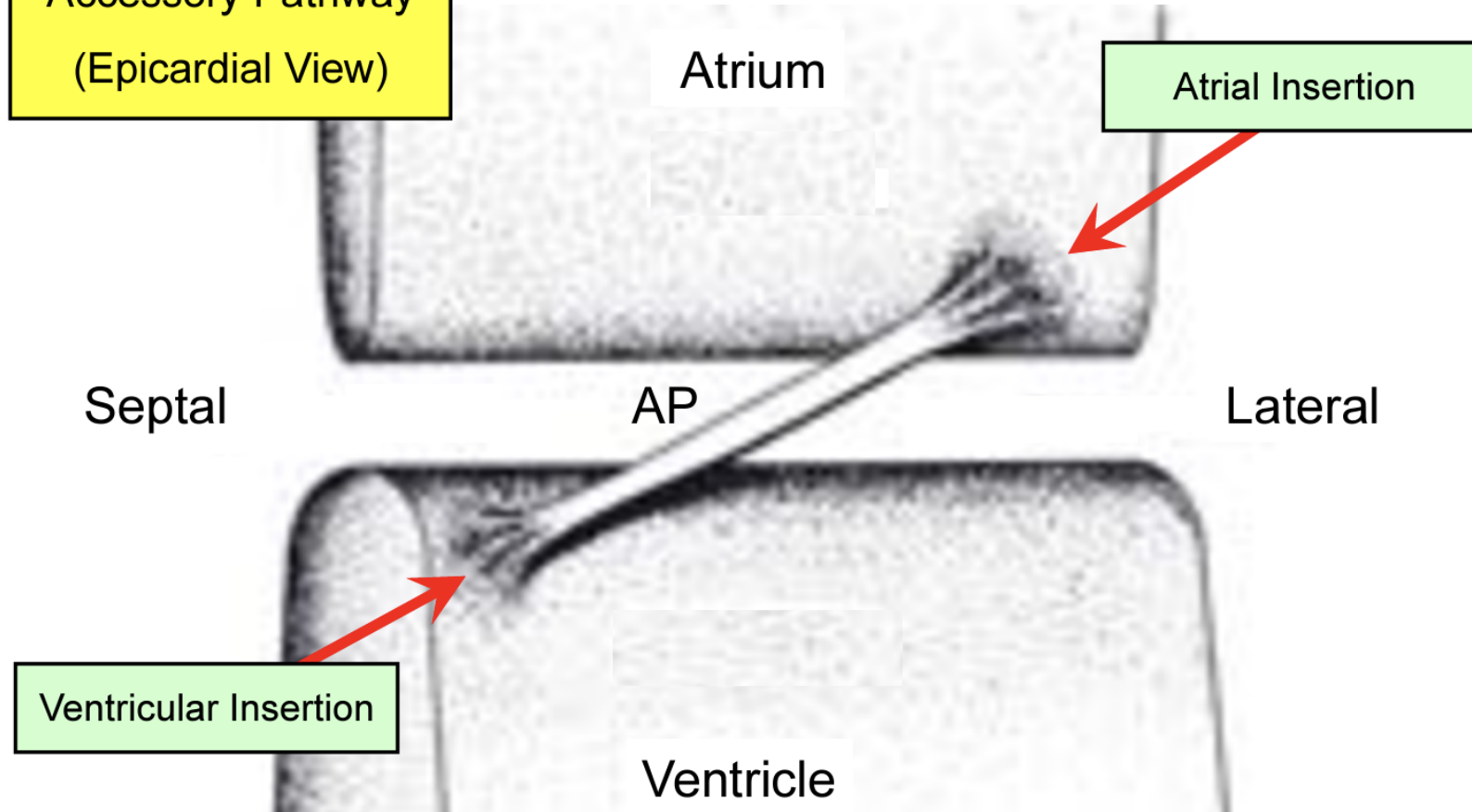


Traditional Ablation Targets for Accessory Pathways

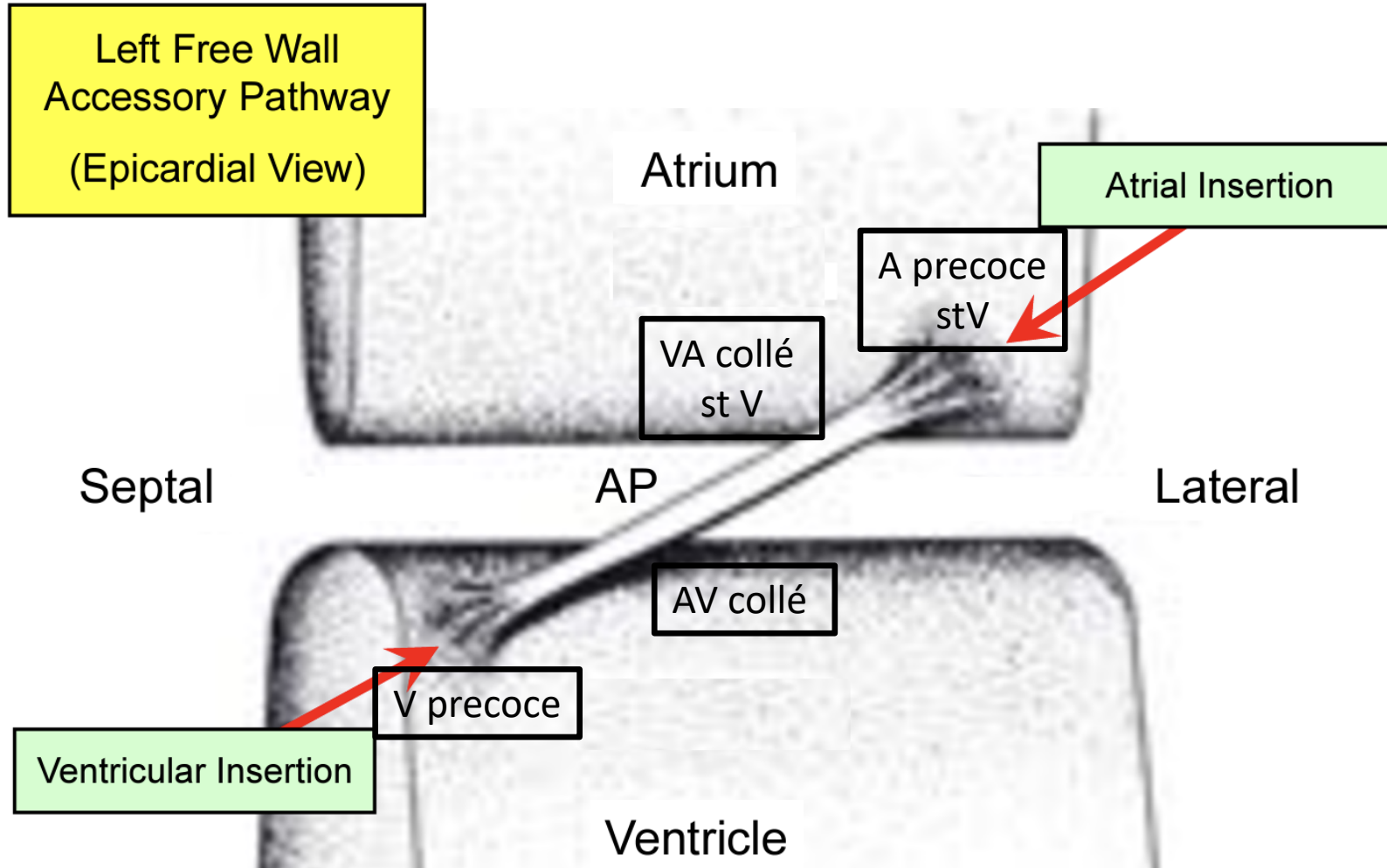


Oblique Course of Accessory Pathways

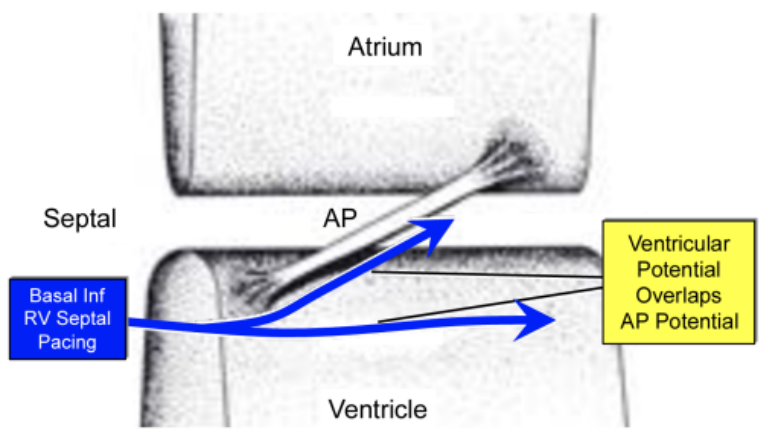
Left Free Wall
Accessory Pathway
(Epicardial View)



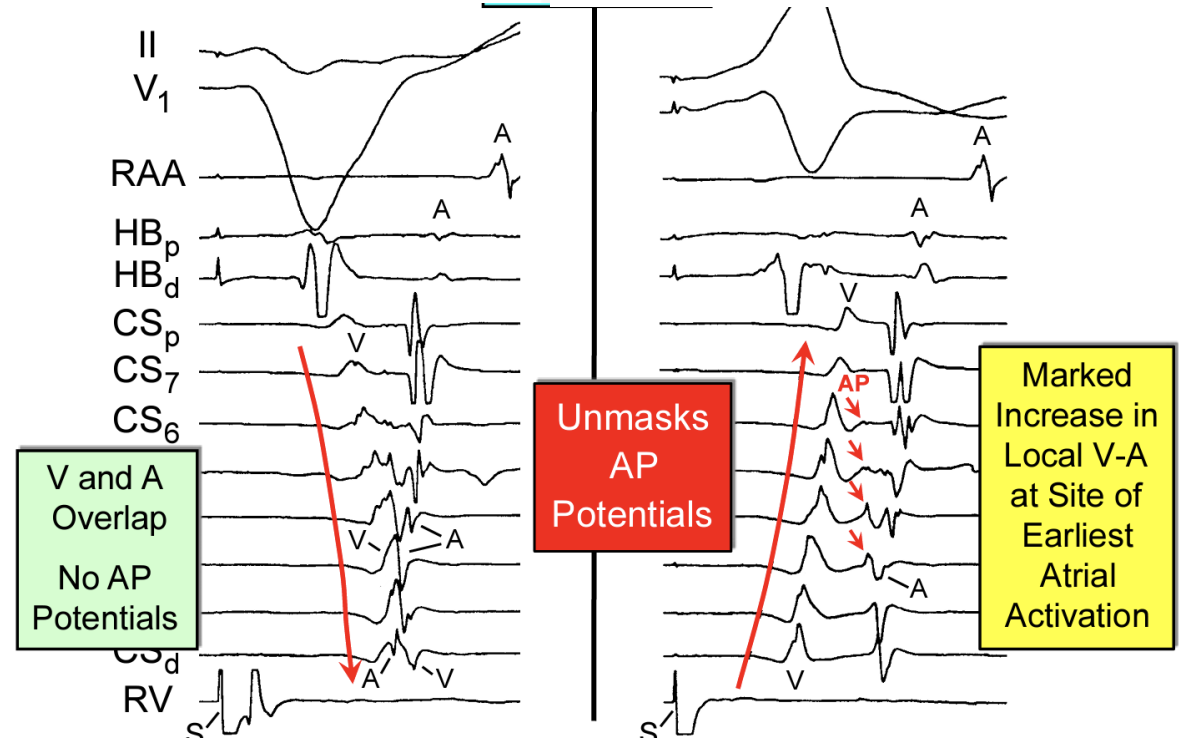
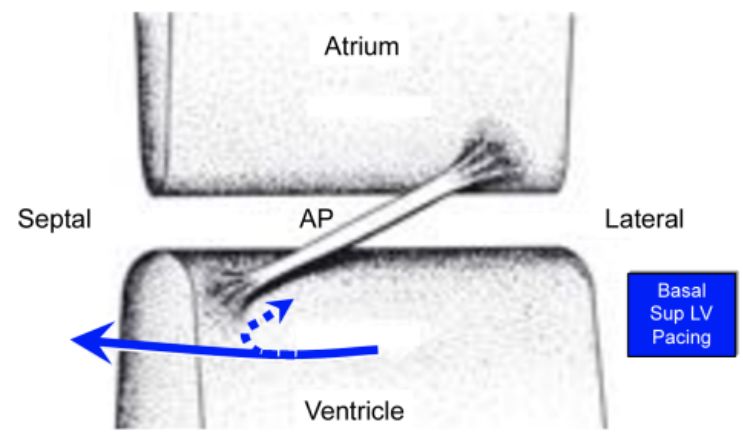
Oblique Course of Accessory Pathways

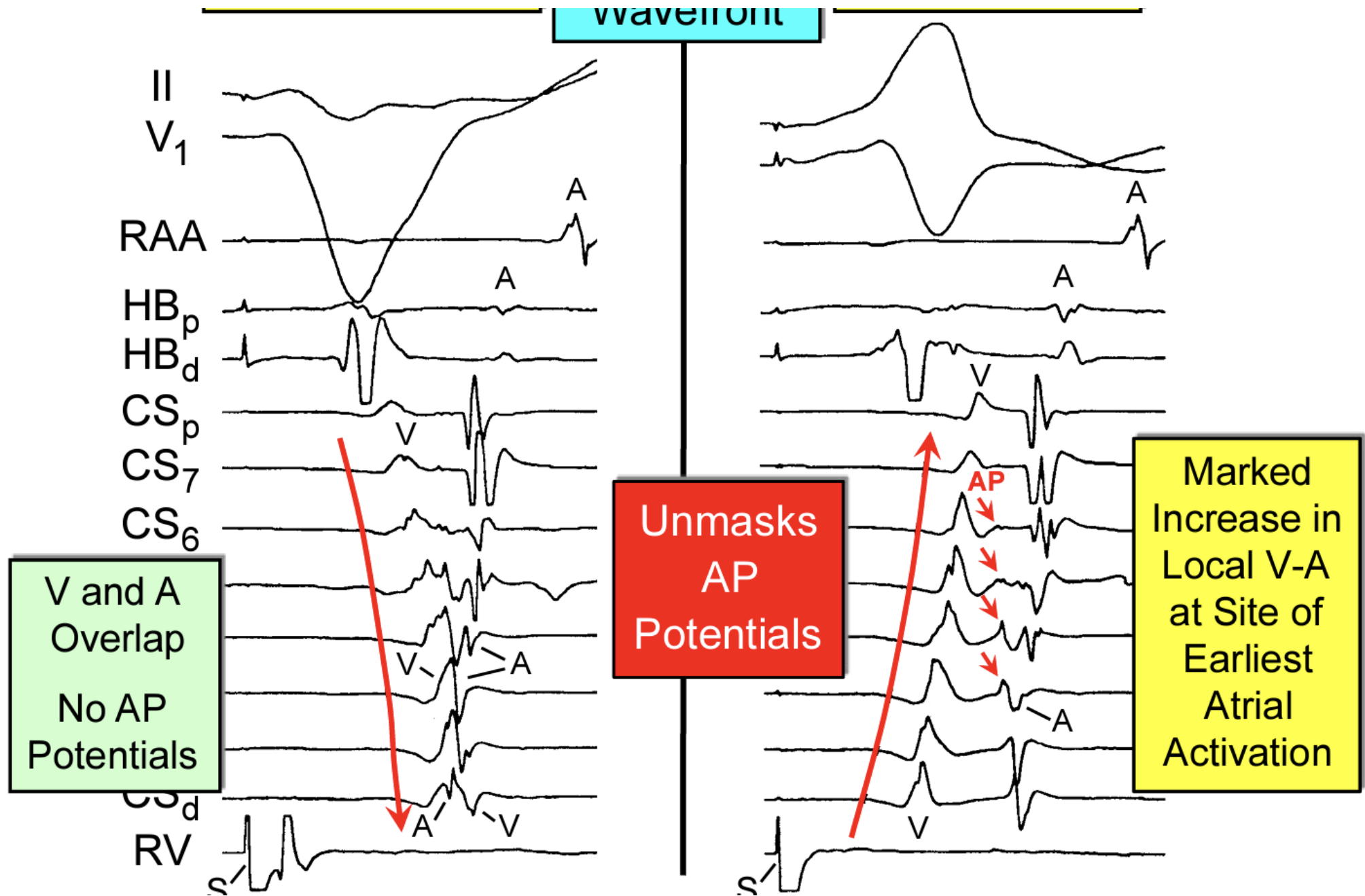


Oblique Course of Accessory Pathways



Oblique Course of Accessory Pathways





V and A
Overlap
No AP
Potentials

Unmasks
AP
Potentials

Marked
Increase in
Local V-A
at Site of
Earliest
Atrial
Activation

- Direction of the oblique course can be identified and (and AP potential recorded) by pacing the atrium or ventricle from opposite sides
- Ideal target for ablation – AP potential (Uni 1 electrogram)
- In absence of an AP potential – target earliest antegrade ventricular activation or earliest retrograde atrial activation



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Conclusions

- 2 échecs dans d'autres centres: se méfier
- Intérêt de cibler l'exit du kent avec la cartographie 3D
 - Gain de temps
 - Efficacité

Merci de votre attention

OAG 30°
CRAN 1°

