

Paris : 3 March



Great Atlas



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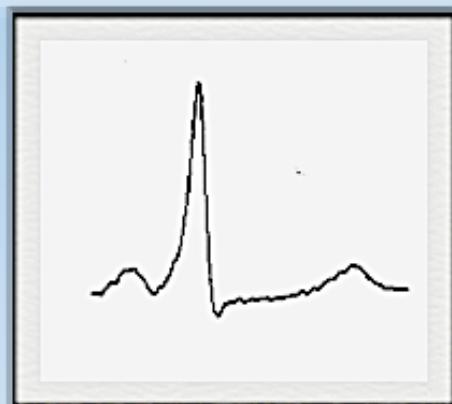


Chellah in Rabat



- Introduction
- Our series
- Forms of presentation
- Ablation Procedure
- Technical Difficulties.

- ❖ 1-3 for a thousand births.
- ❖ Incidence of tachycardia increases with age.
- ❖ Prevalence of "hidden AP" badly appreciated
- ❖ Genetic influence (x 4).
- ❖ WPW: AP (ECG) + tachycardia
- ❖ Accessory pathway
- ❖ Hidden Accessory pathway
- ❖ Decremental accessory pathway



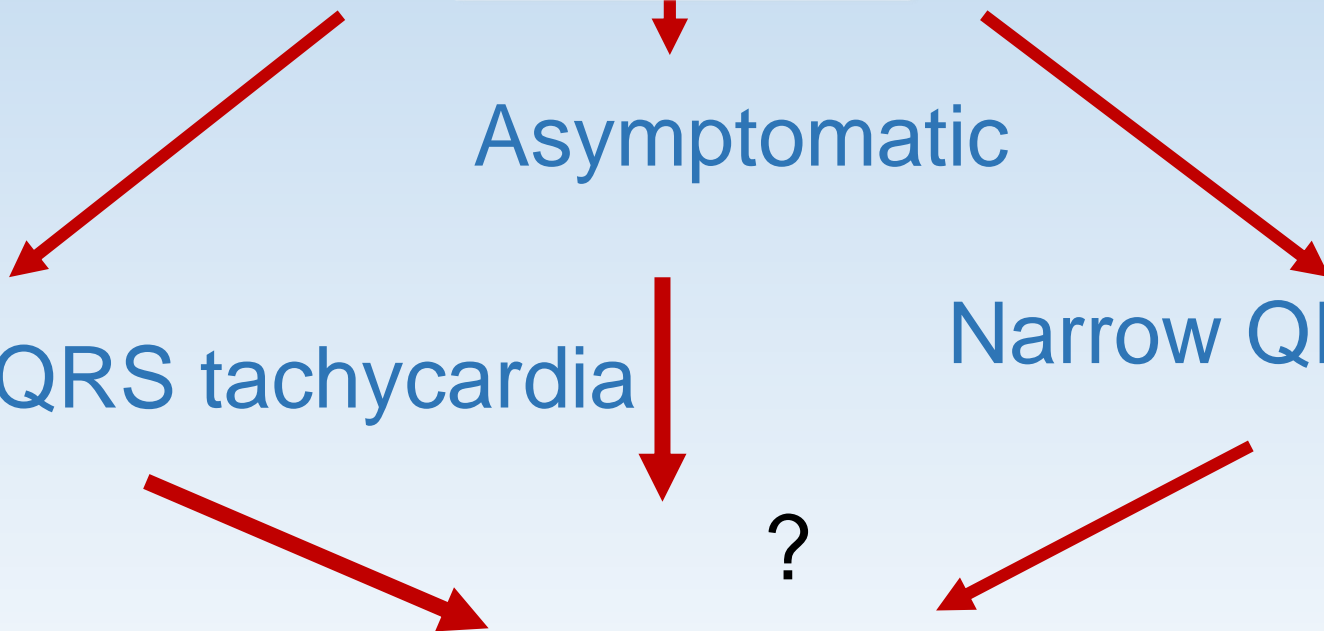
Asymptomatic

Wide QRS tachycardia

Narrow QRS tachycardia

?

sudden death

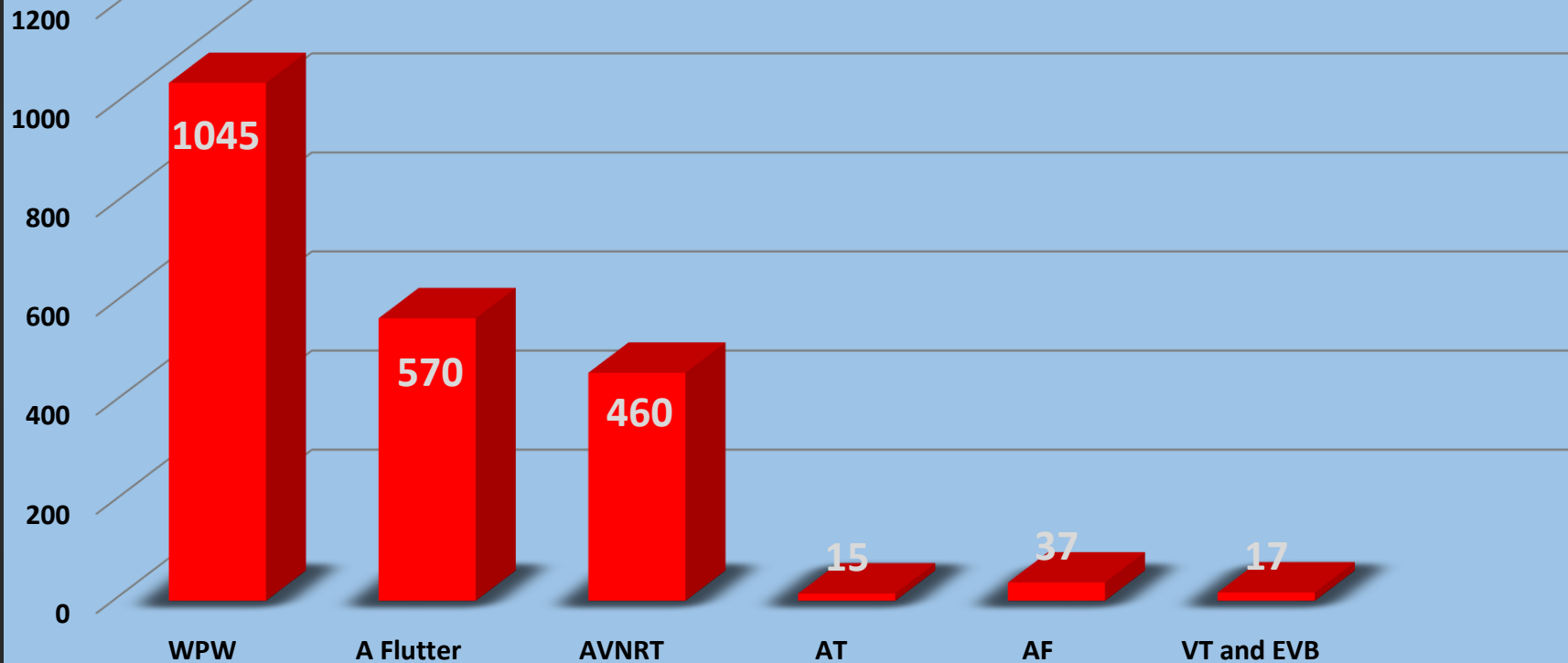


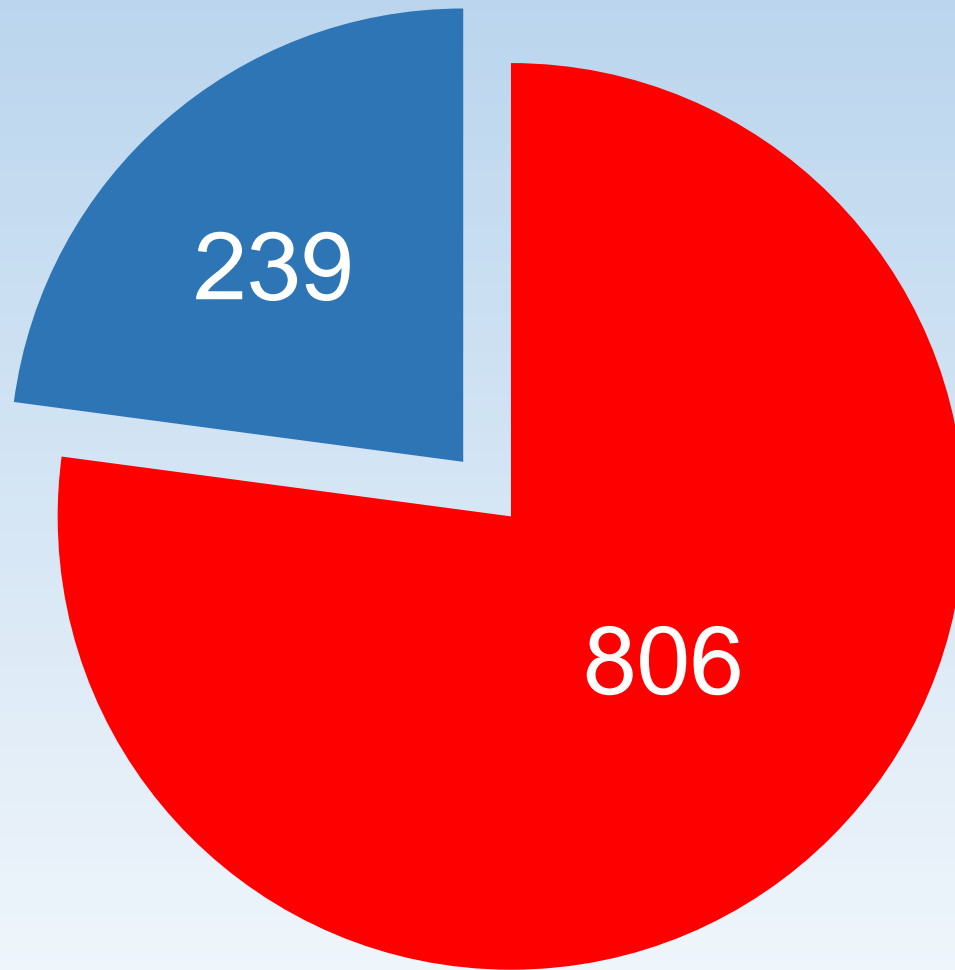


- Introduction
- **Our series**
- Presentation forms
- Ablation Procedure

RF ablation: personal experience

RF Ablation July 2001- December 2016
2144 procedures





■ public ■ private

Methods and patients

Sexe (F/H)	335/710
Age moyen (years)	33 +/- 25
WPW/Hidden AP	994/51
Bad tolerance	15%
Heart disease	10 cases (2 Ebstein, 3 HCM, 5 valvular disease)

Methods and patients

Echocardiography:

100%

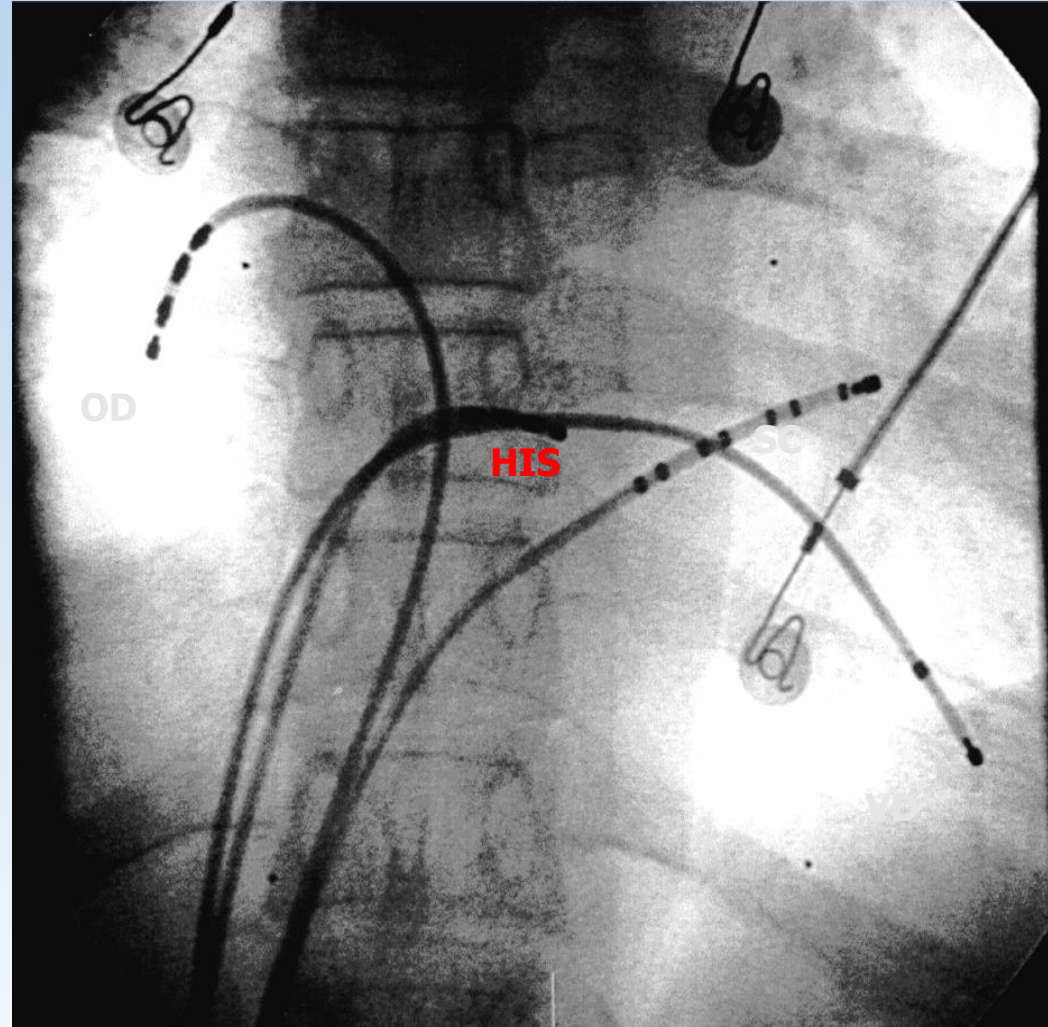
Exercise ECG: 65%

EEE delayed of
ablation: **42%**

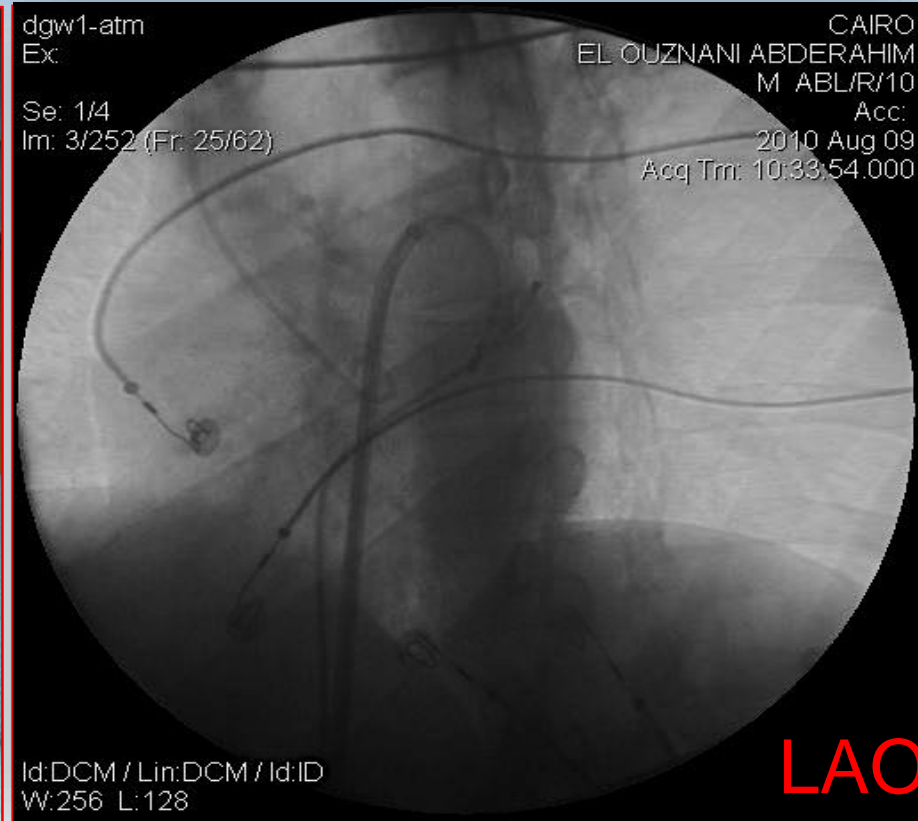
3 or 4 catheters :
2001 à 2004

Since 2005: **2**

catheters



Approach path

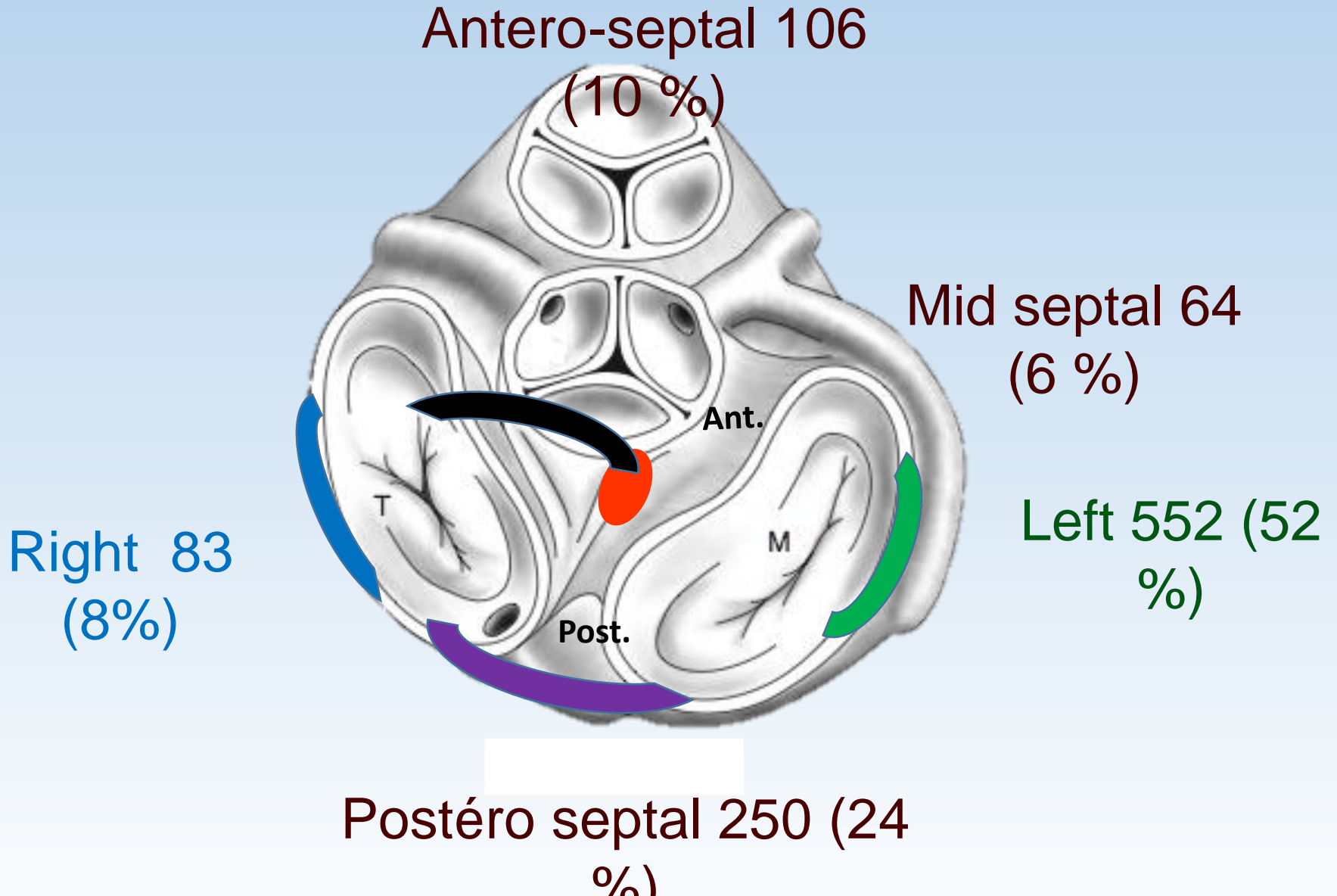


Left substrate: retrograde arterial or transeptal approach

radiofrequency generator



	WPW PH et AS	WPW MS	WPW PS, LG, LD
Power in watts	20	30	30
Temperature	50/55	50/65	65
Duration of	30 à 60	30 à 60	90



Time of procedure (min)	43,8 ± 32,32
Time of scopy (min)	10,80 ± 16,36
Number of shoot (>30 seconds)	2,75 ± 1,79
immediate successes and failures	959/86: 91%
Recurrence at 3 months Two procedures	19 (10 PH, 5 PS, 4 LG) total success : 94 % 35

Multiples AP: 14 patients without hear

AS and LG: 7 patients

PSD et PSG: 3 patients

AS et LD: 4 patients

Mahaim AP: 3 cases

PJRT : 4 cases

ons

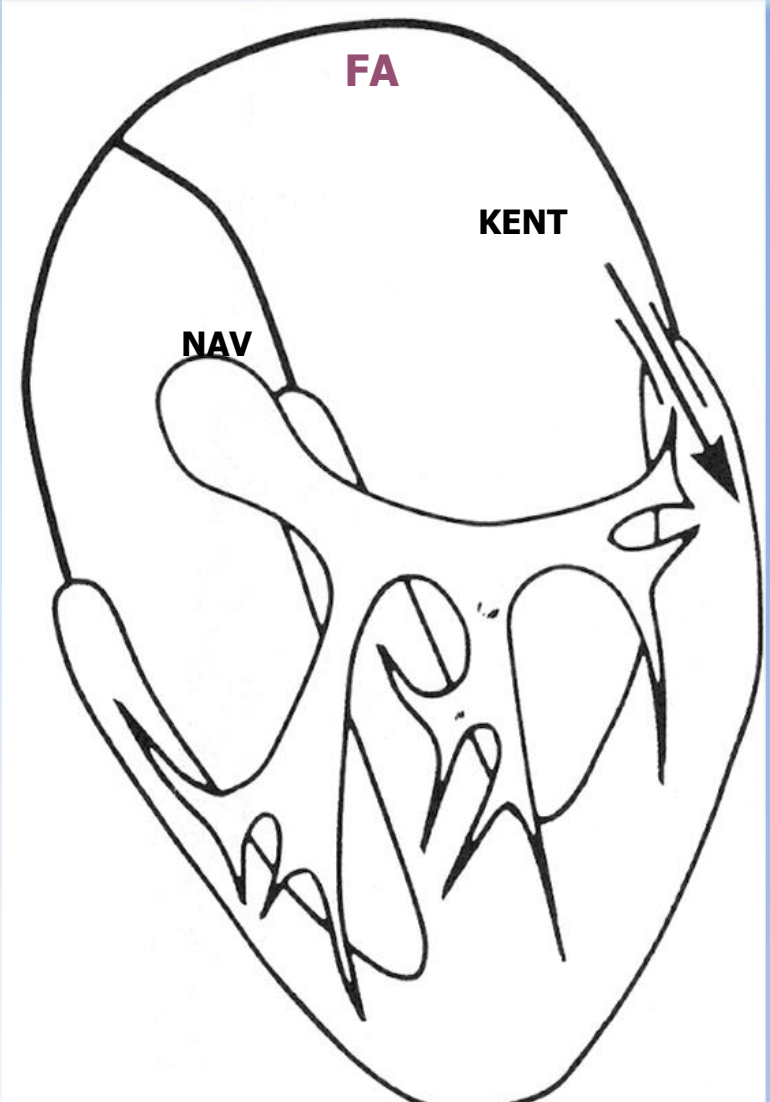
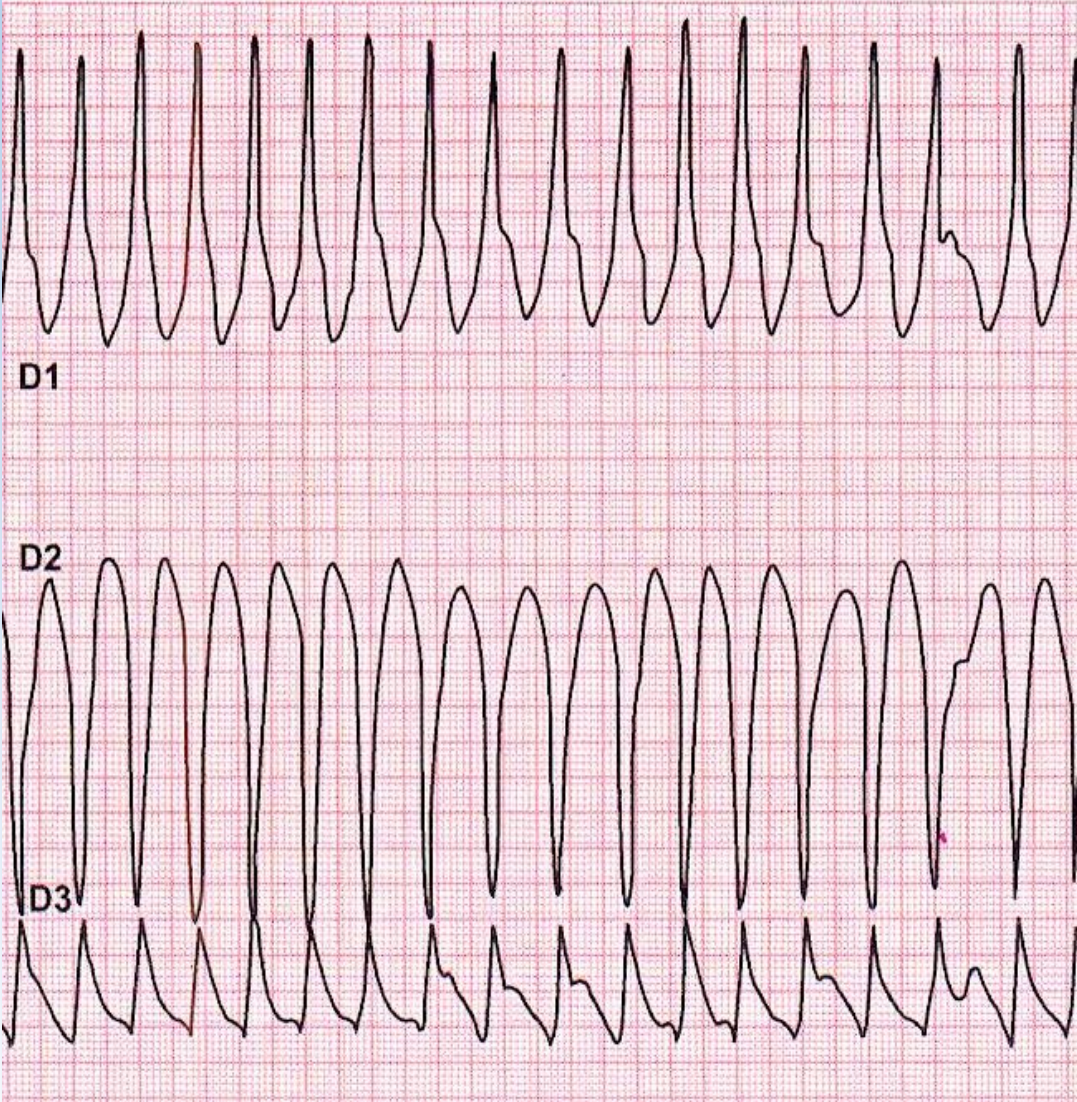
- ❖ 1 AVB permanent third degree (Para Hisien)
- ❖ 1 AVB permanent First degree
- ❖ 5 vasovagal syncope
- ❖ 7 hematomes (Right femoral region)
- ❖ 3 percarditis (left AP)
- ❖ 7 TV au cours des tirs and fast AF (left AP)

Ski station Oukeimden: Great Atlas



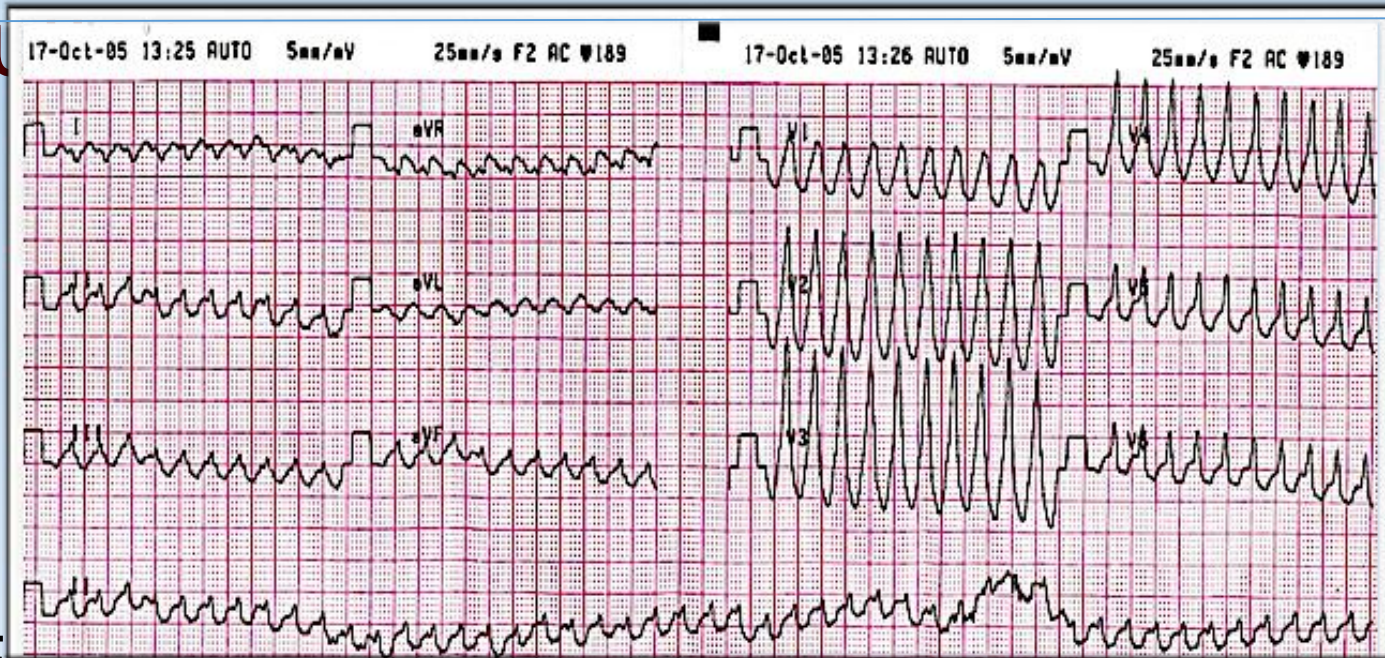
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Wide QRS tachycardia : 5%

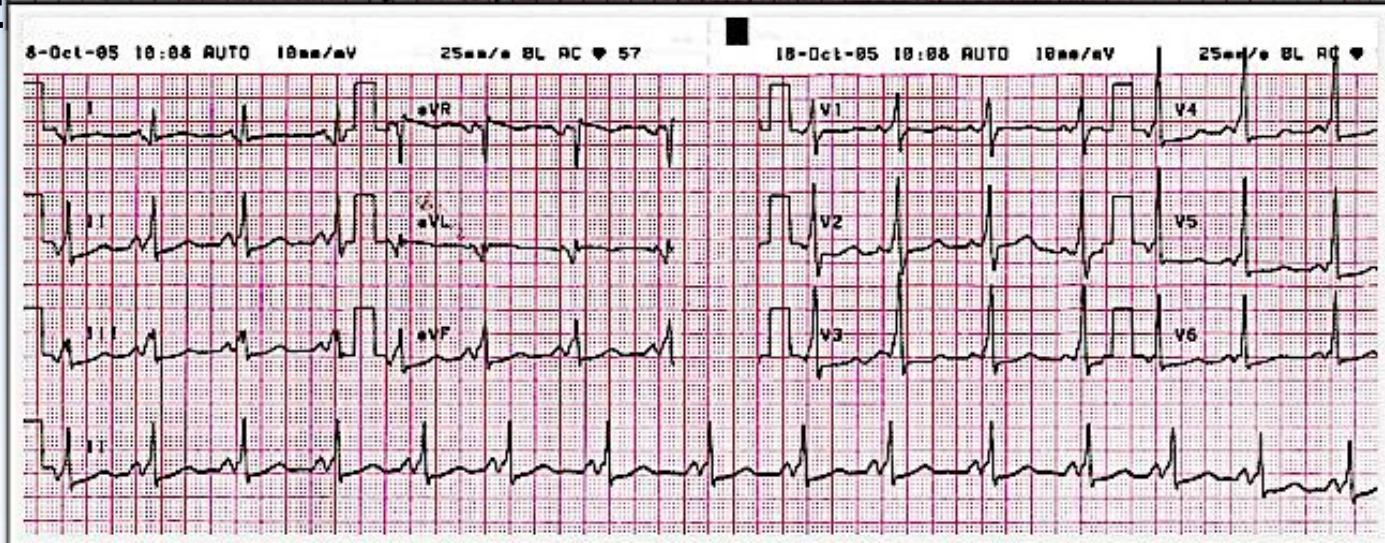


Ventricular

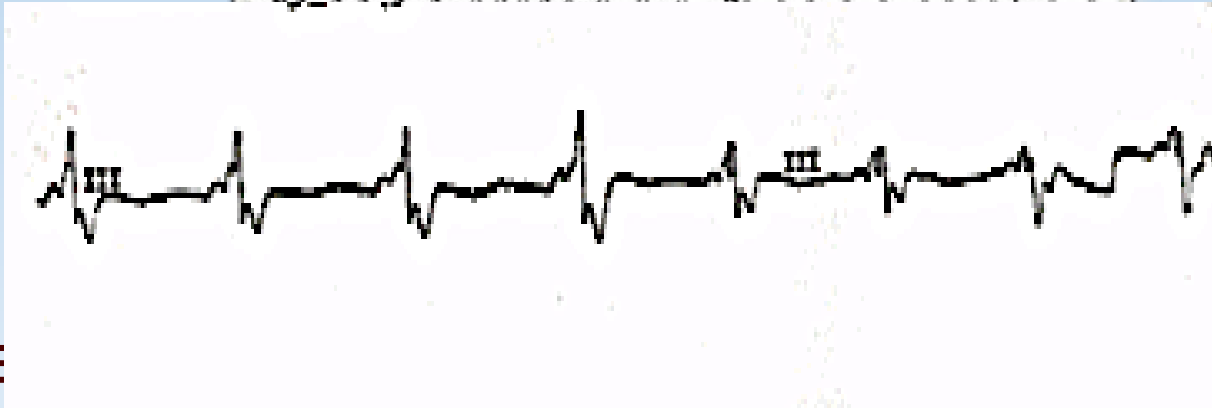
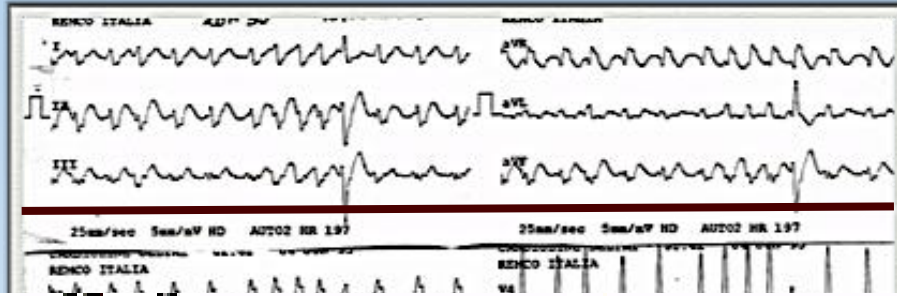
flu



CEE



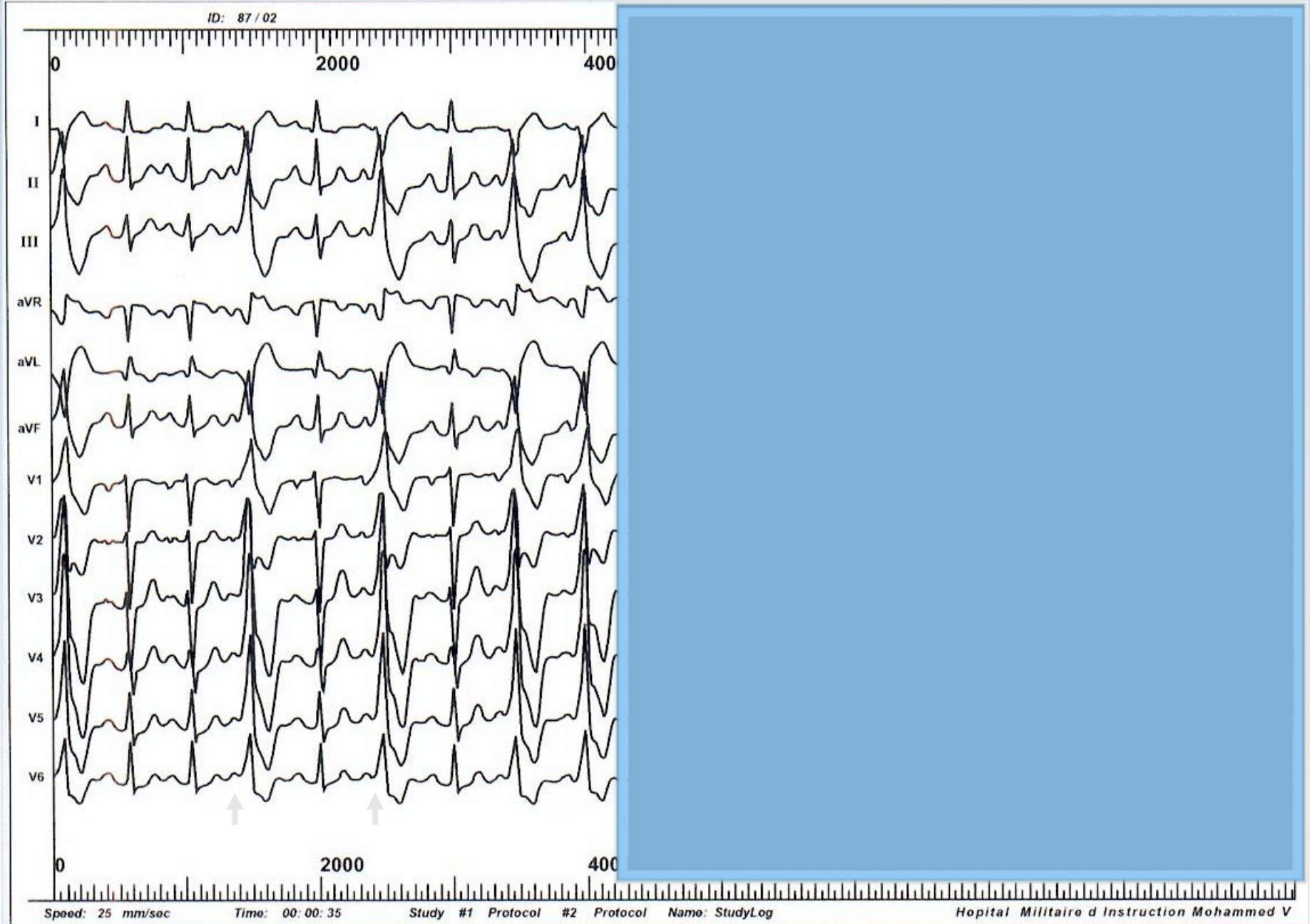
Ventricular fibrillation and WPW



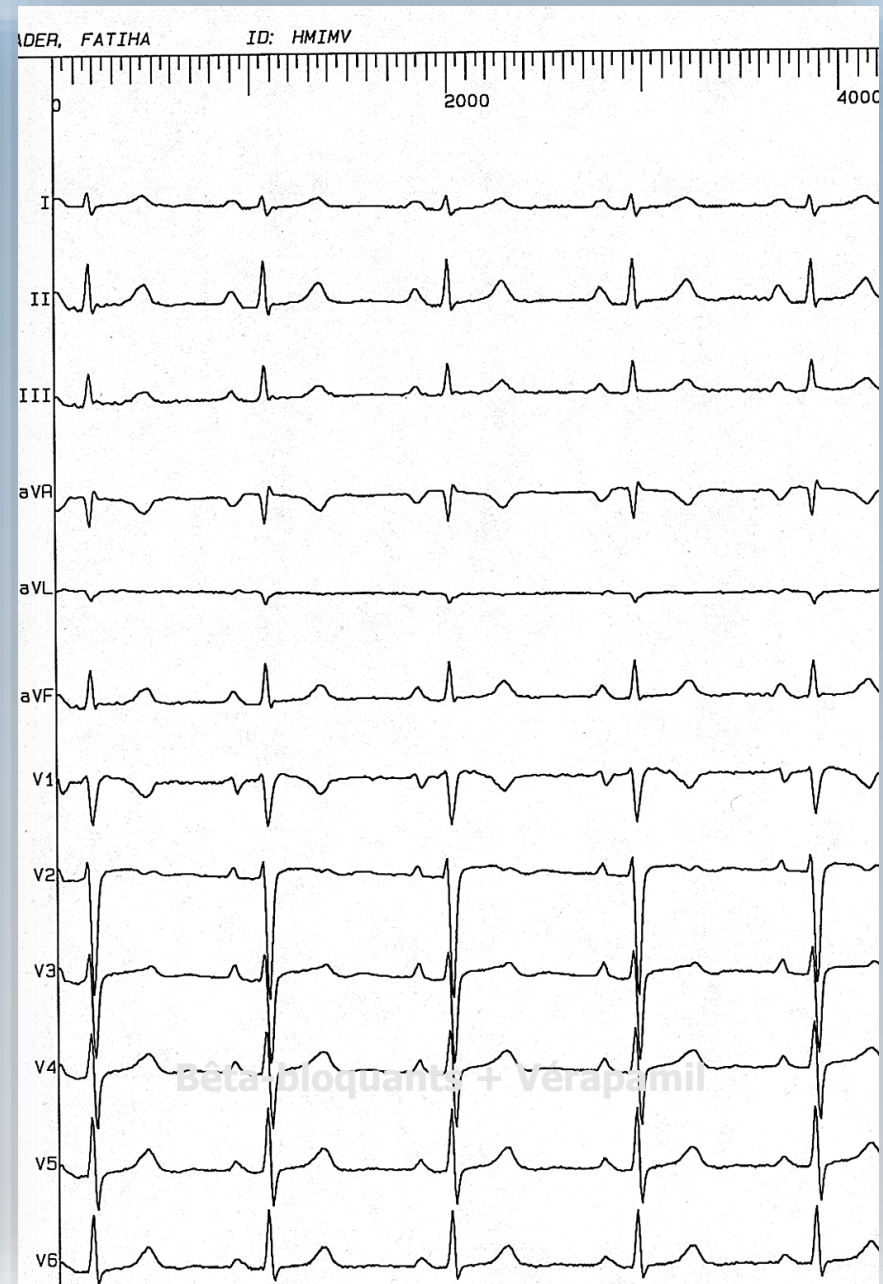
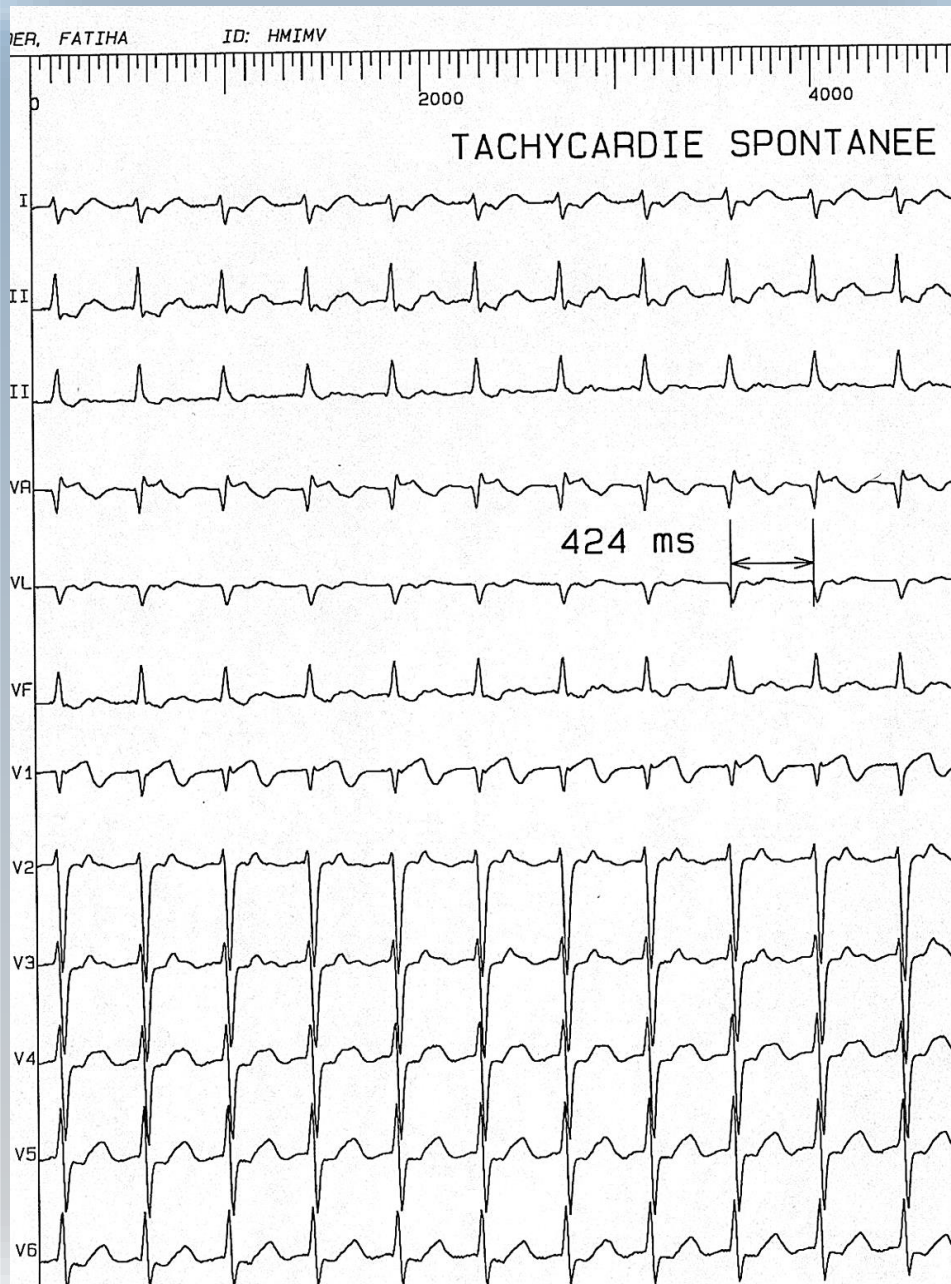
CE



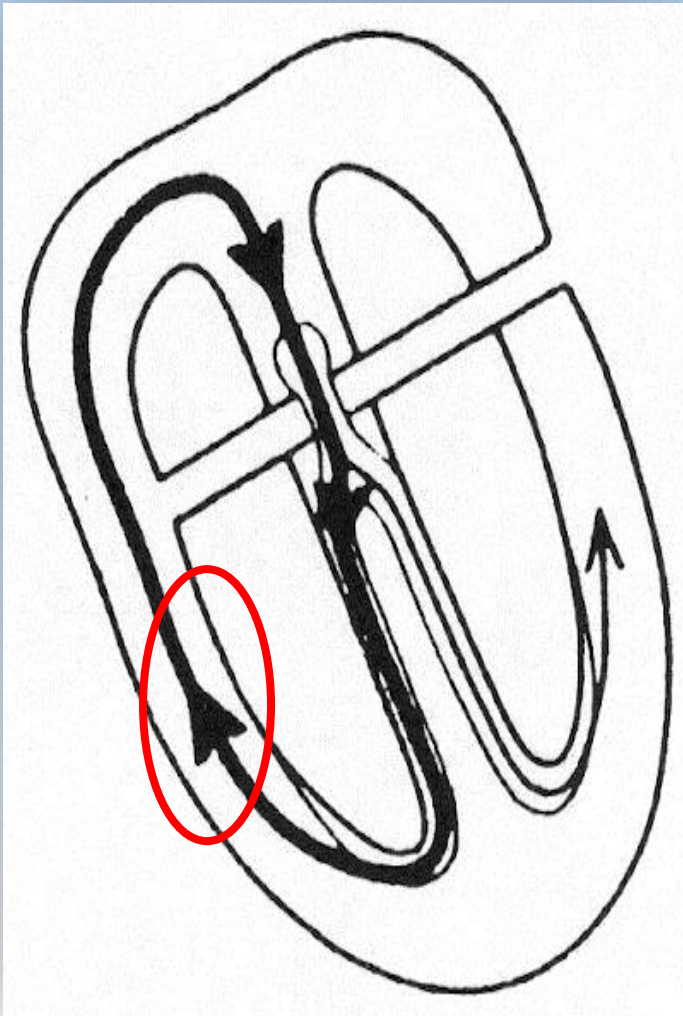
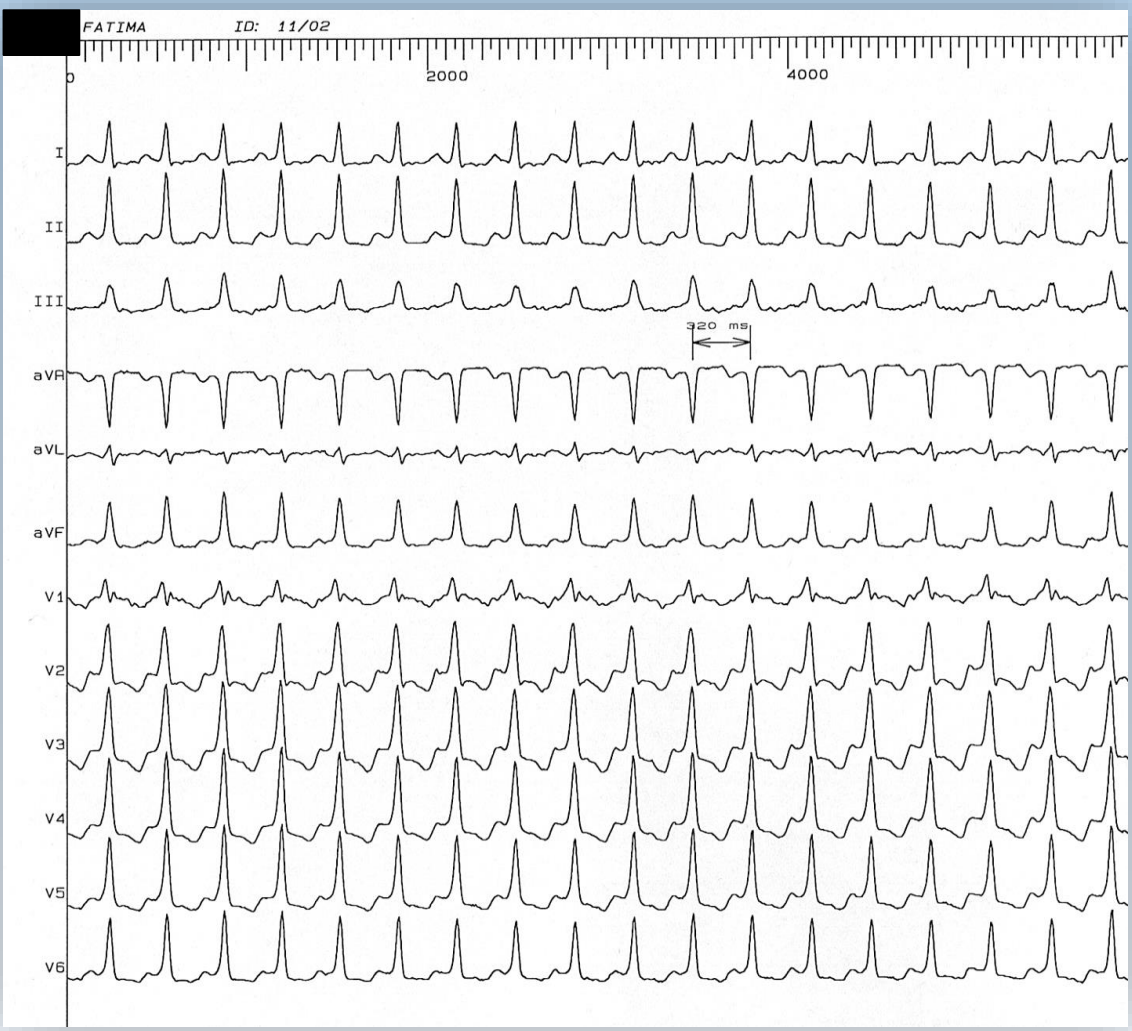
Intermittent conduction



Hidden accessory pathway



Most common presentation: Narrow QRS tachycardia

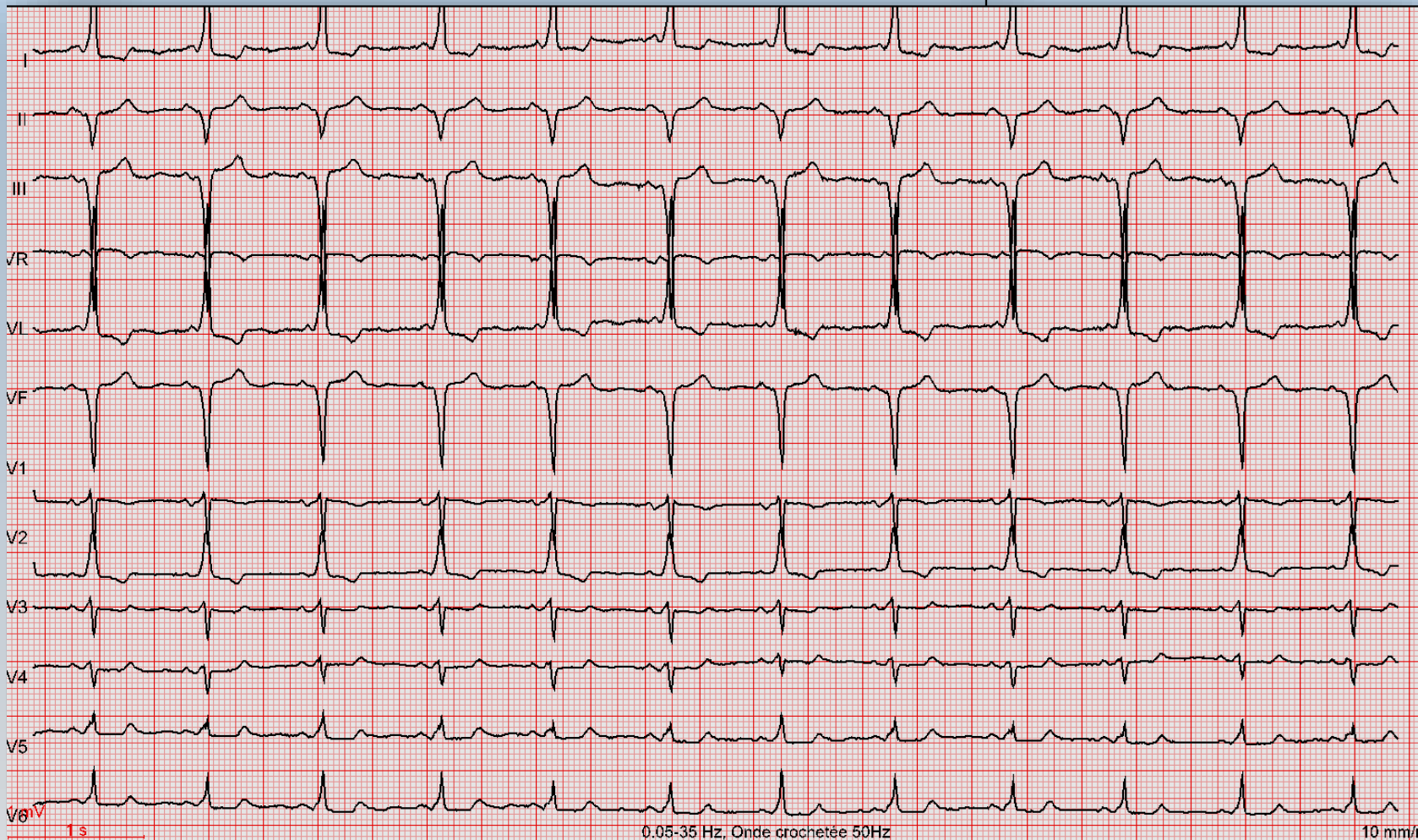


Permanent junctional reciprocating tachycardia



Asymptomatic WPW

Prénom :	Amina	Sexe :	Female	Axe P :	38 °	P :	106 ms
N° patient :	1768	Taille :	-- m	Axe QRS :	-34 °	PQ :	126 ms
Visite :	--	Poids :	-- kg	Axe T :	102 °	QRS :	112 ms
Date :	22.06.2016	PA :	-- / -- mmHg			QT :	410 ms
Heure :	13:30:31	Origine :	Undefined			QTc :	446 ms
N° ordre :	Prov. ord. :						
Rem :							
Moy :							

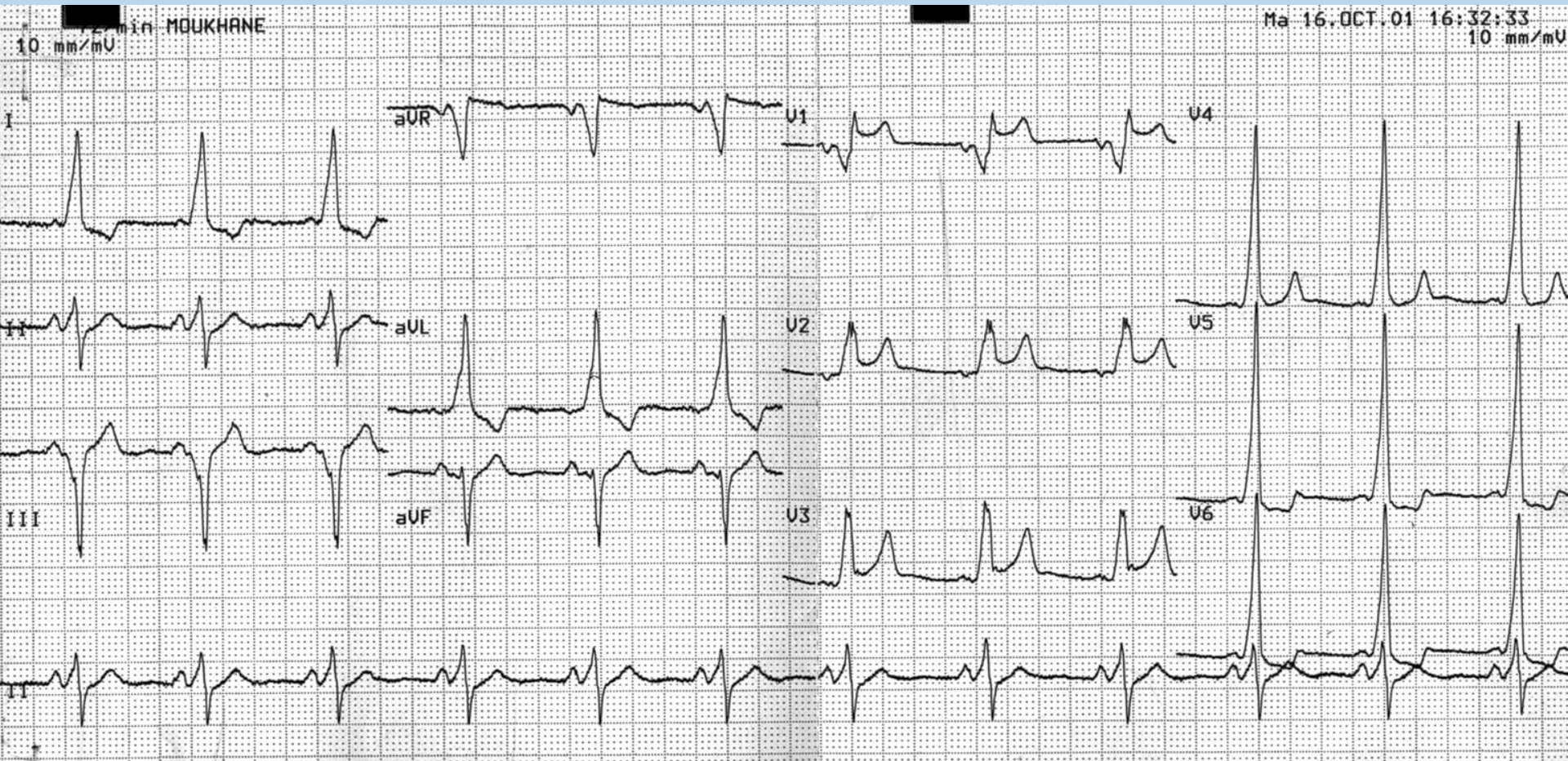


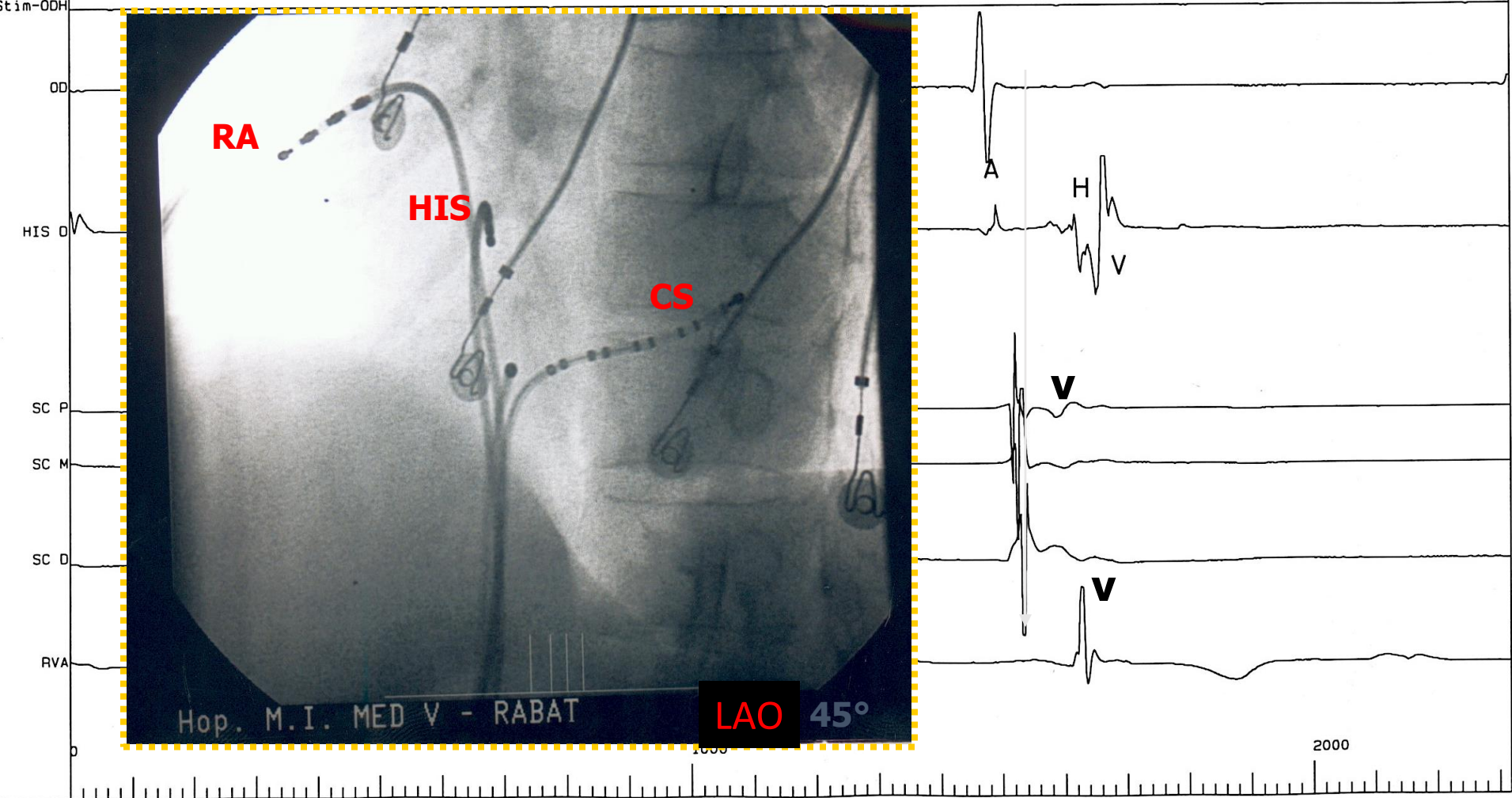
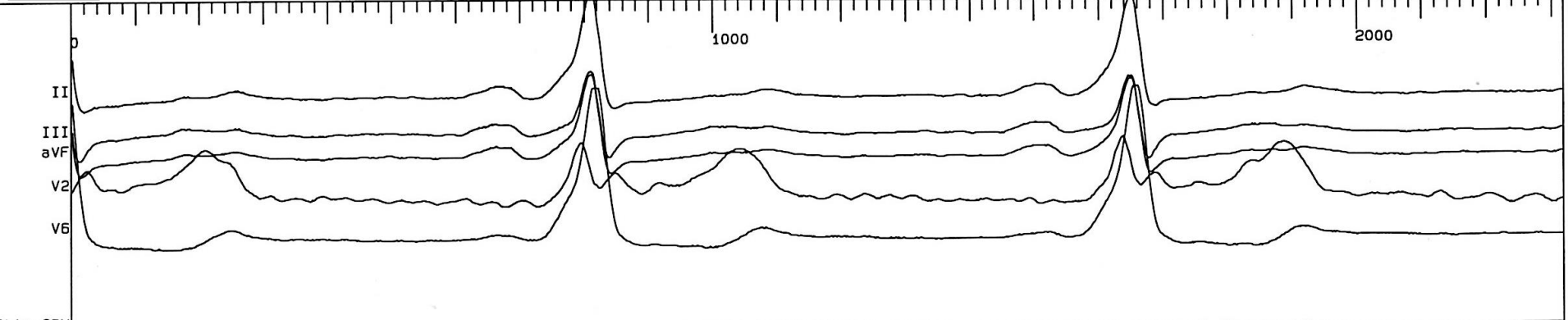
Waterfall d'Ouzoude (Benimellal Town)

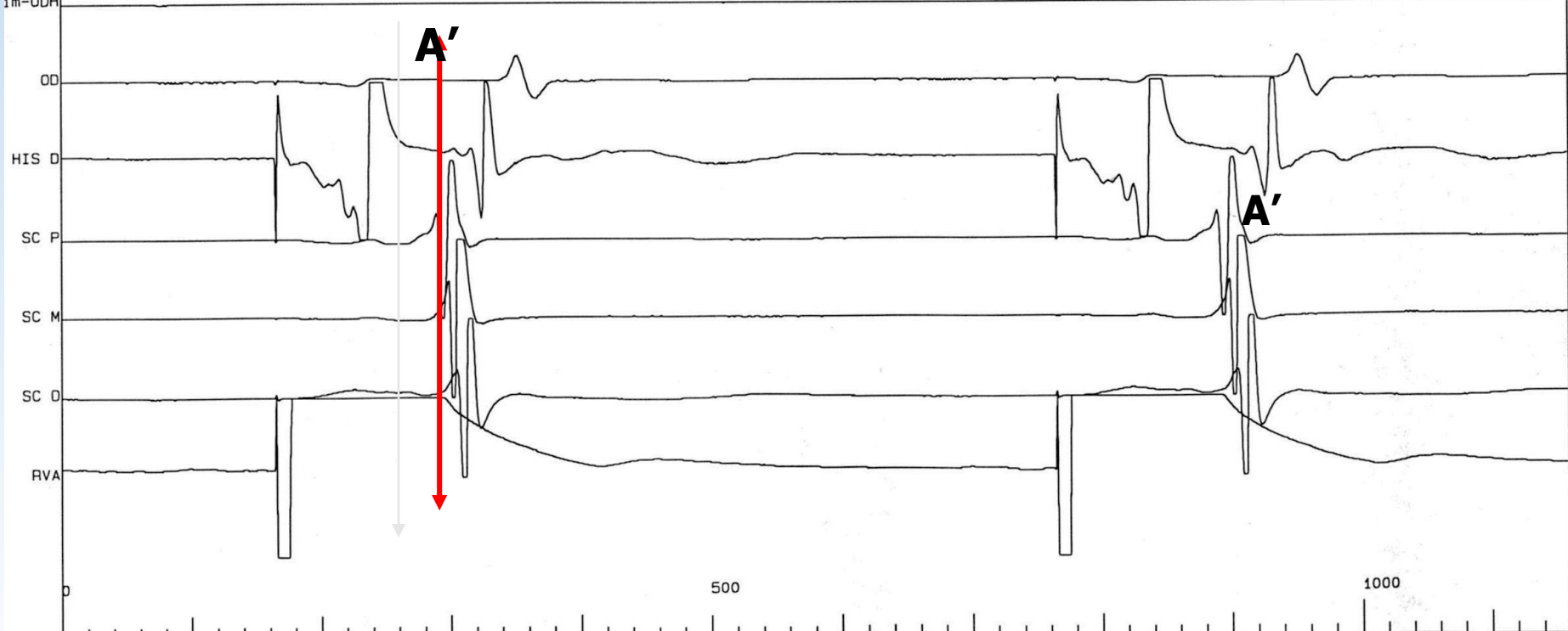
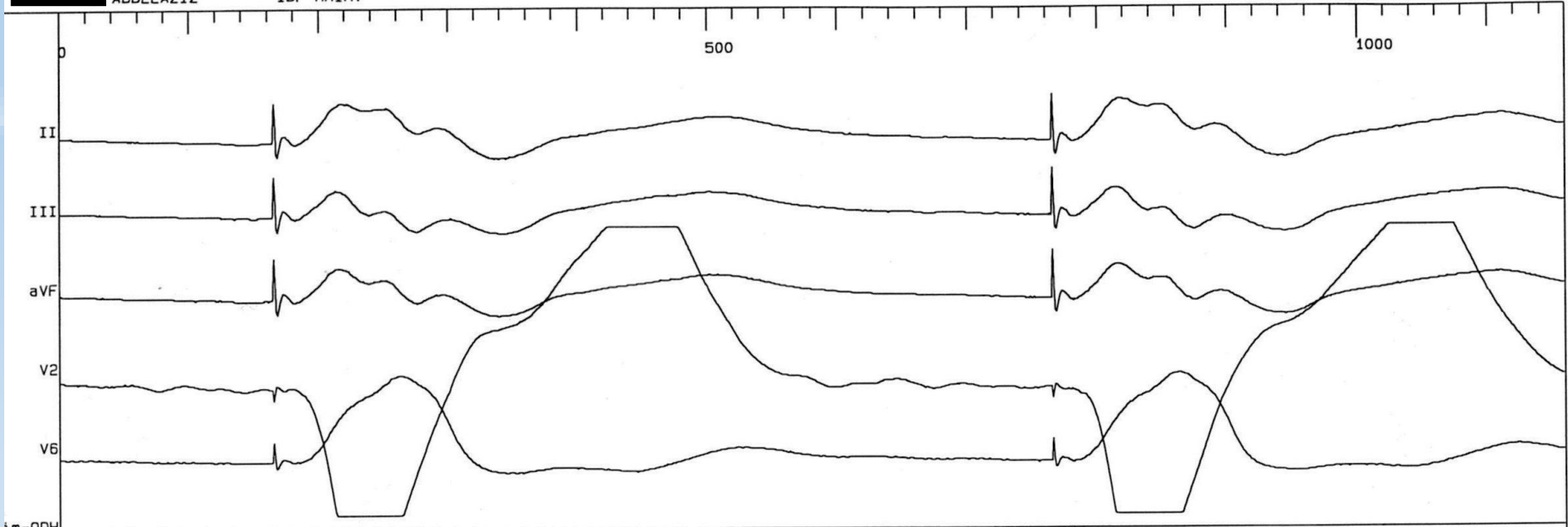


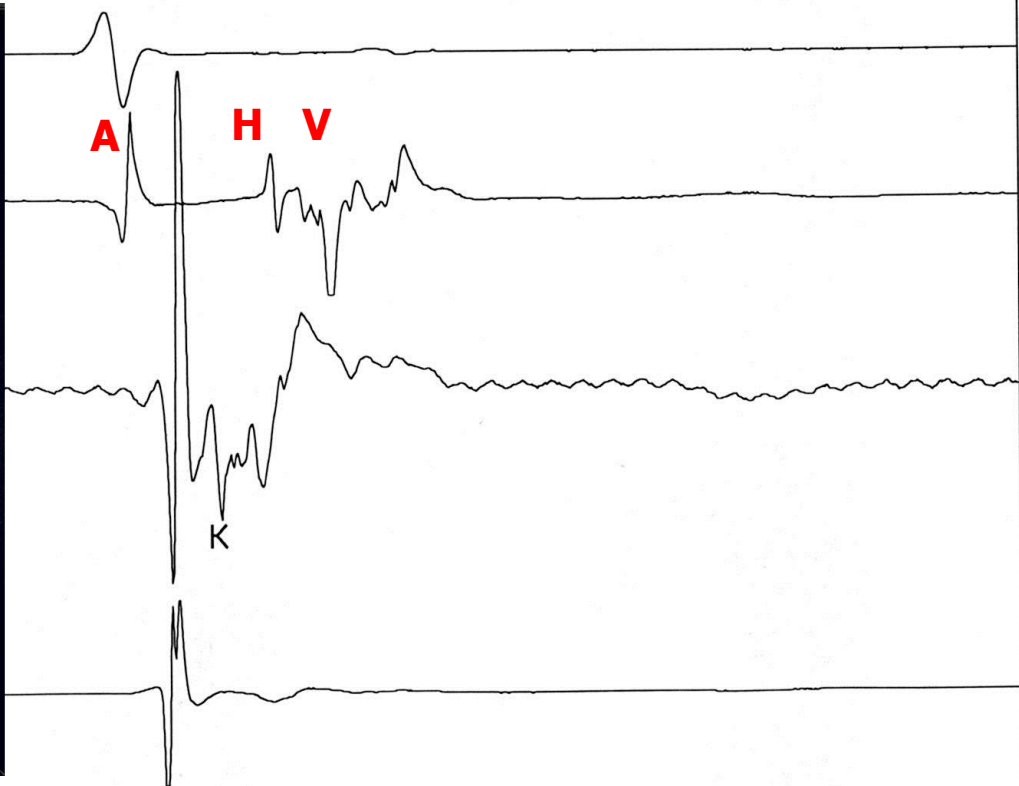
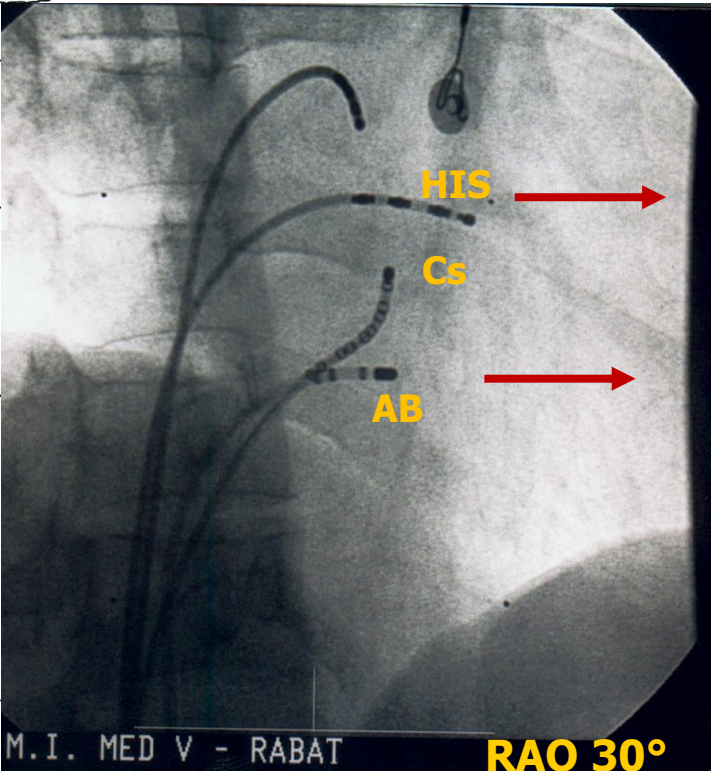
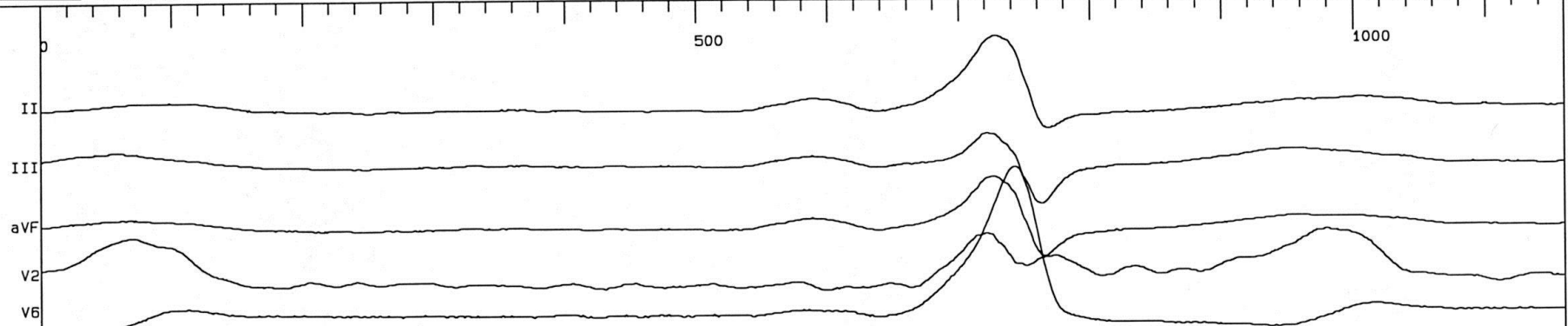
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- Forms of presentation
- **Anterograde ablation Procedure**
- Technical Difficulties.

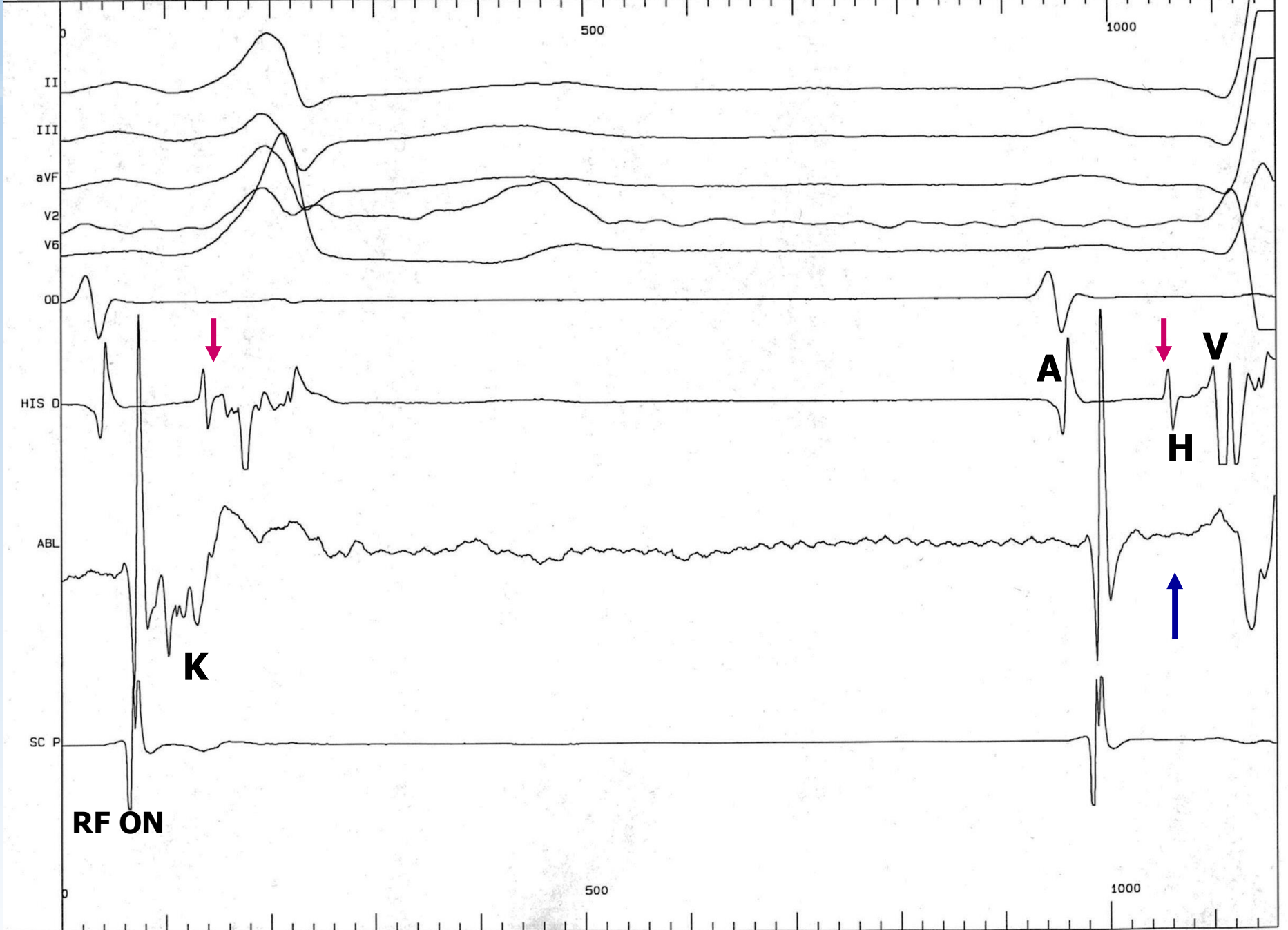
Easy ablation

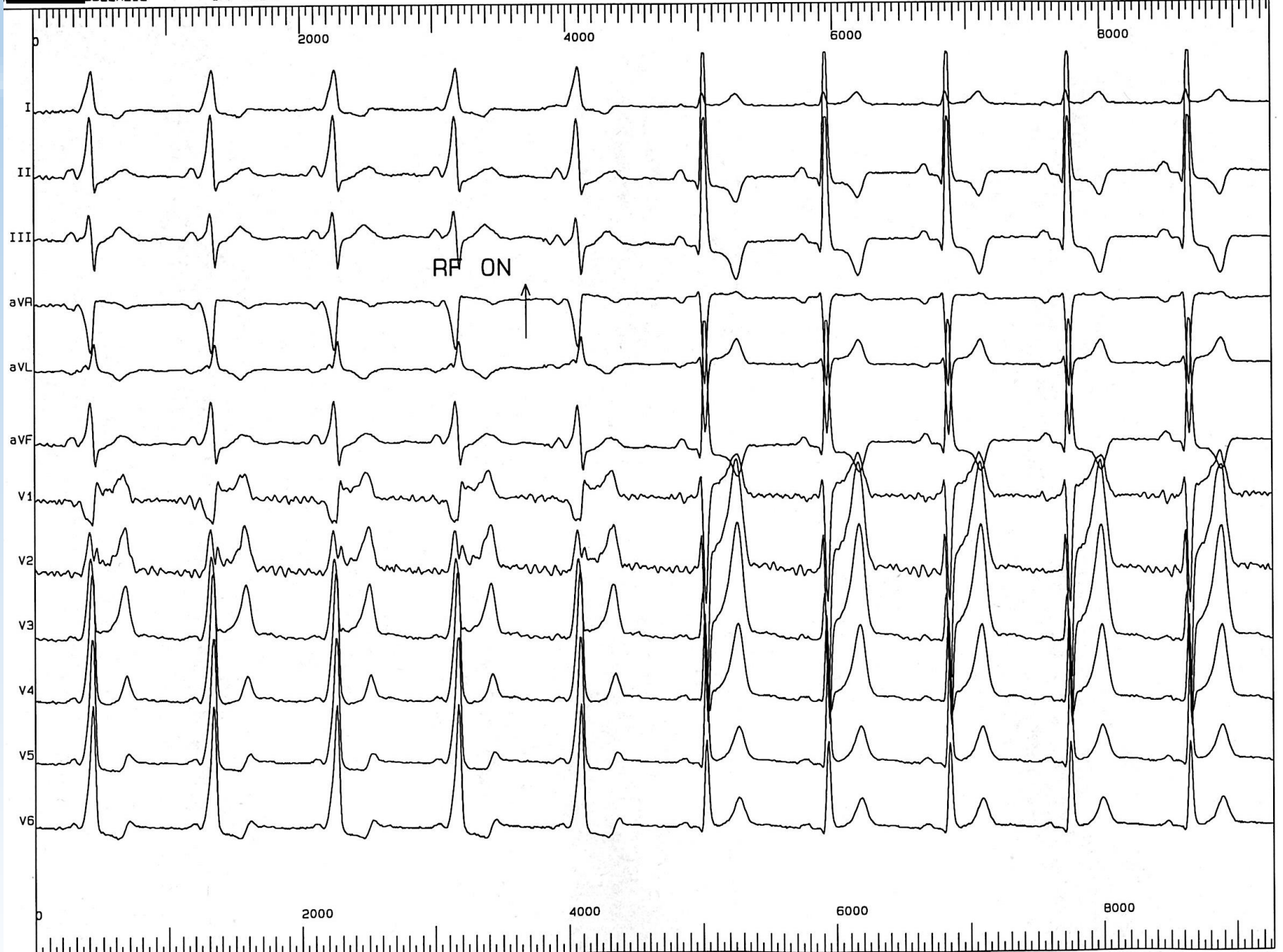








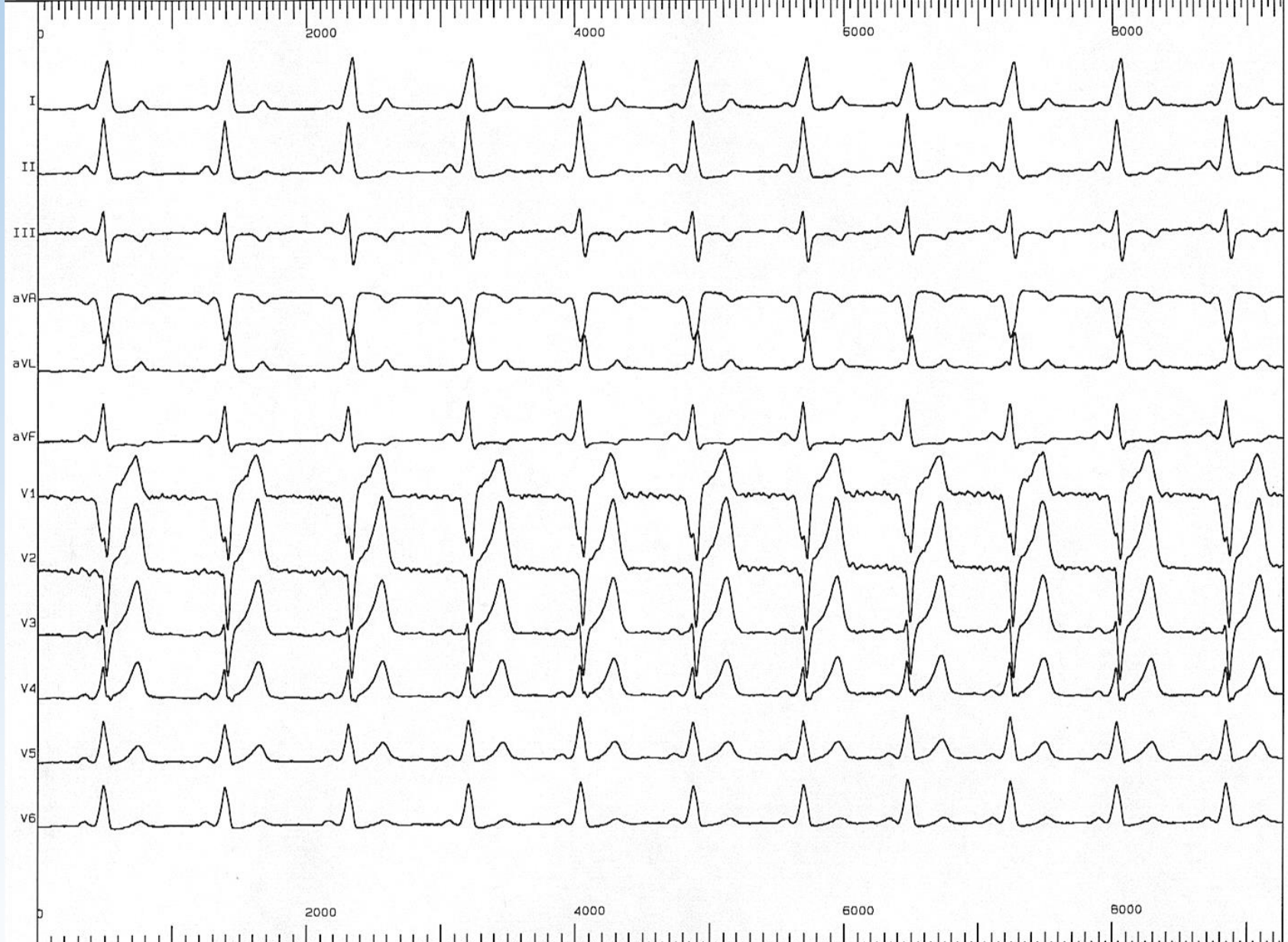


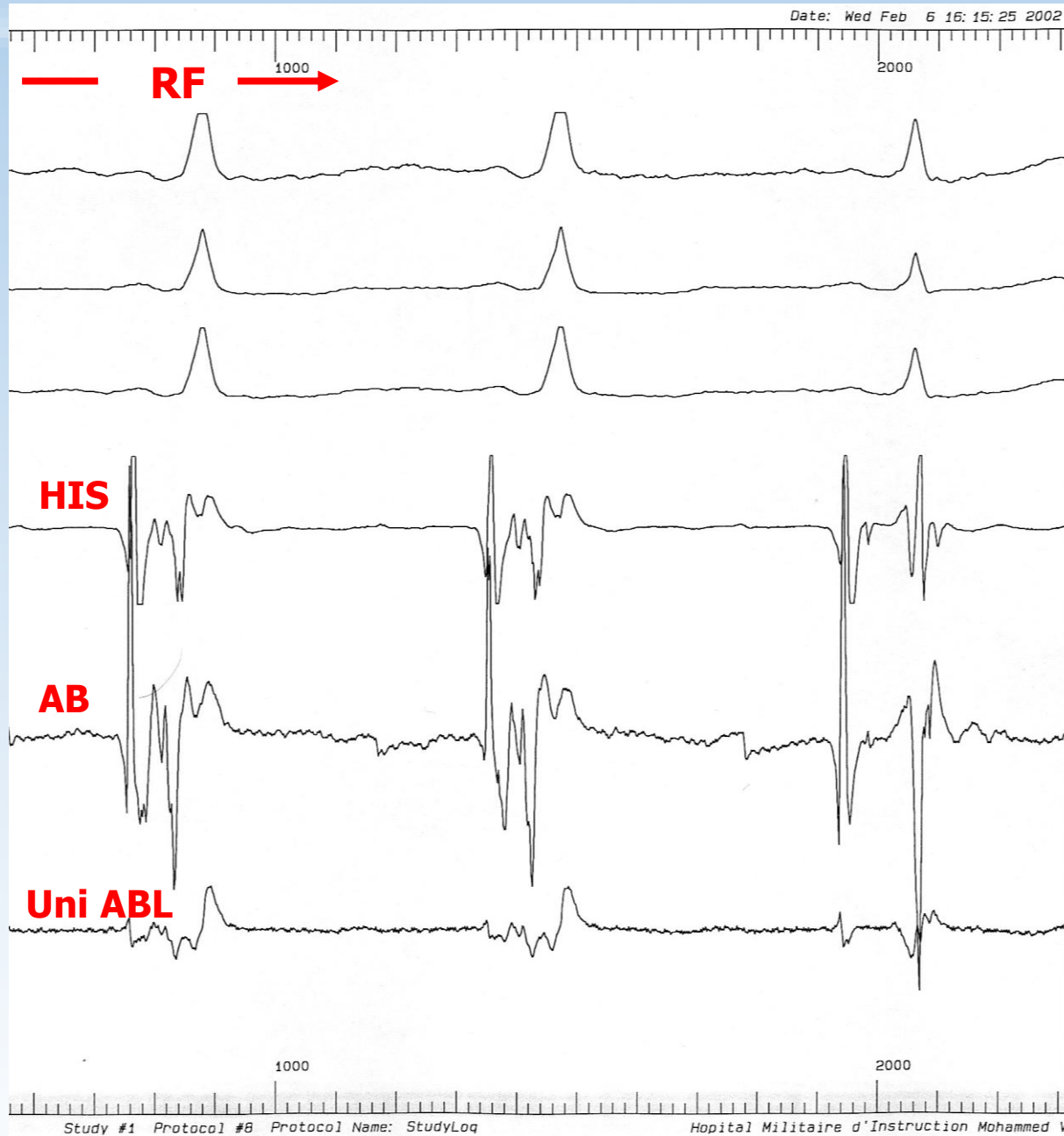


WPW : anterograde ablation

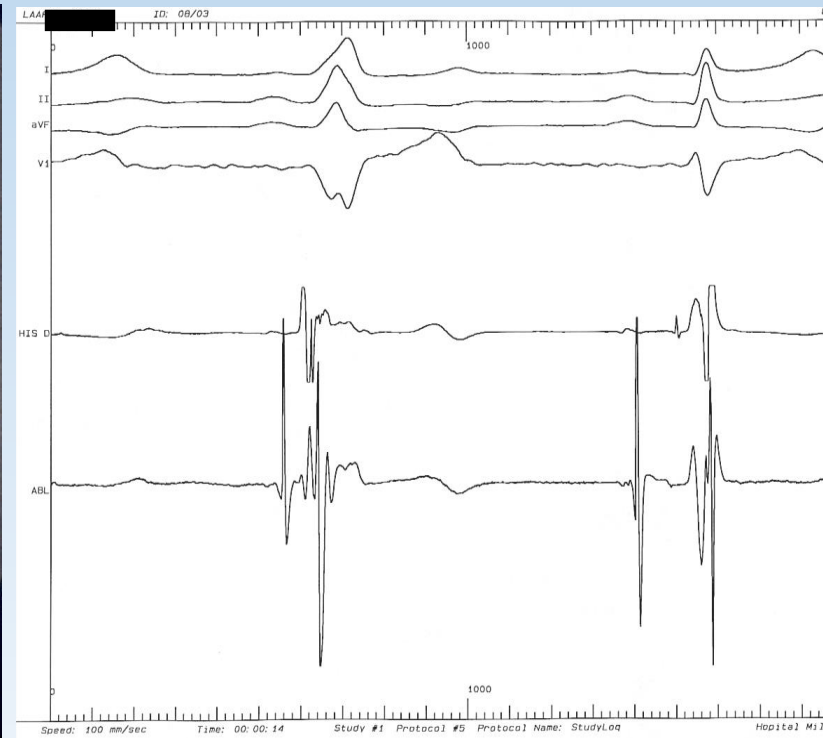
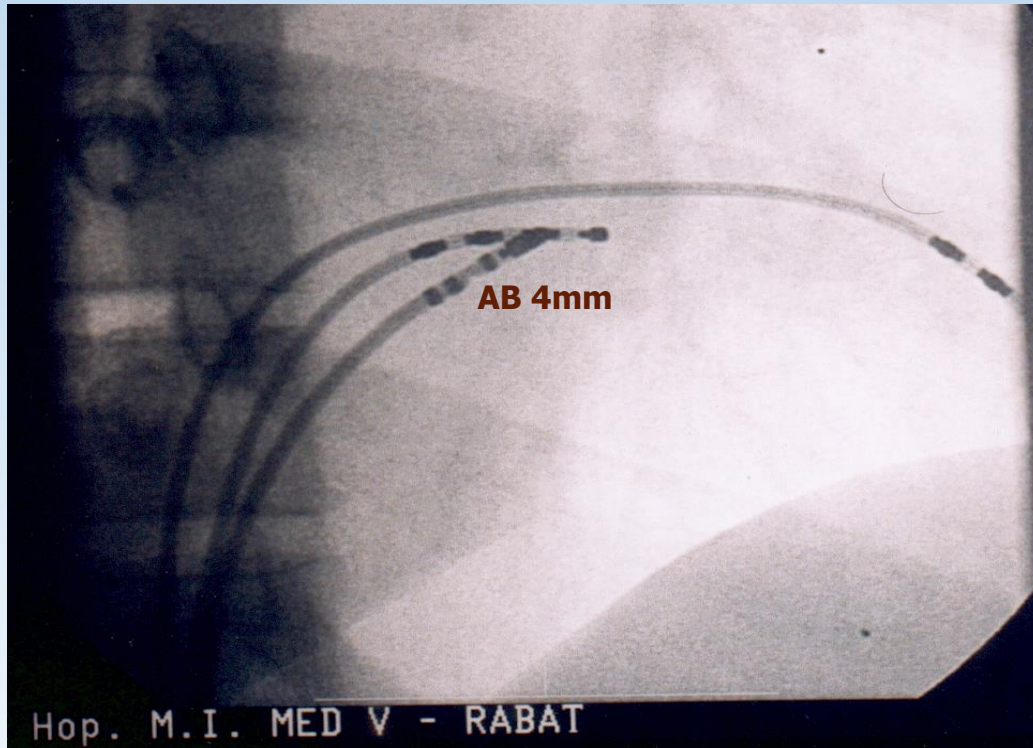


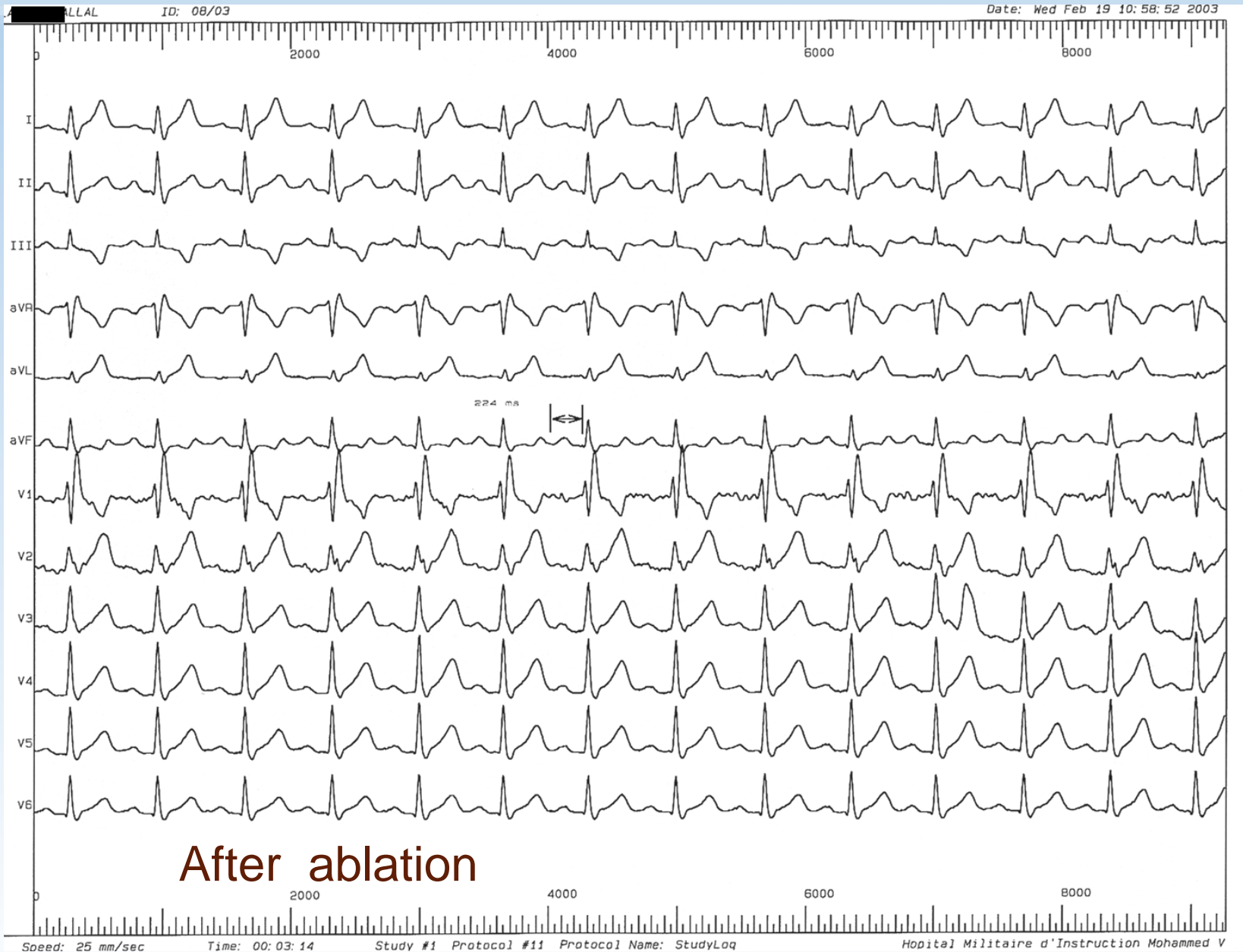
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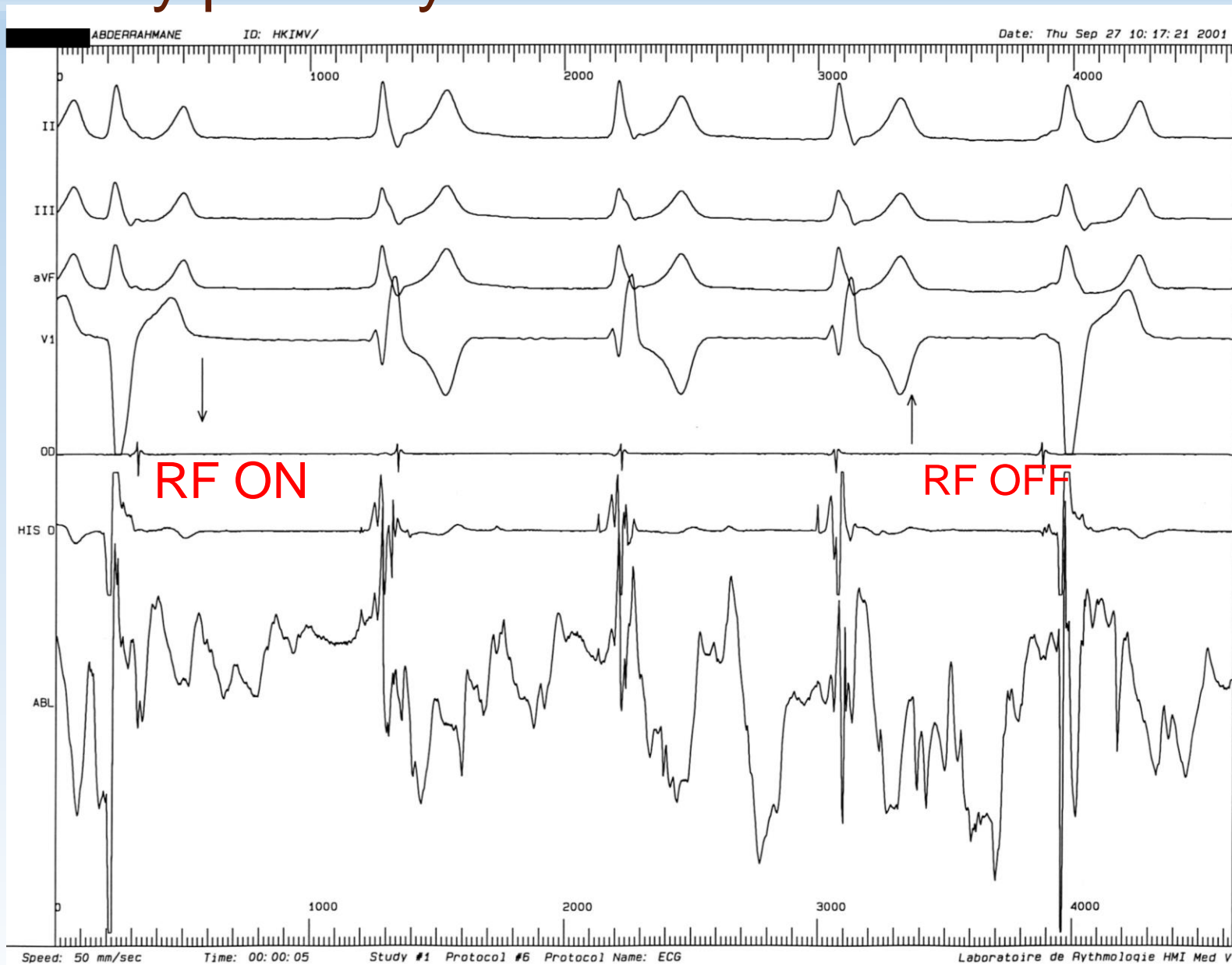


Failure of ablation : AS accessory pathway





Failure of ablation : AS accessory pathway

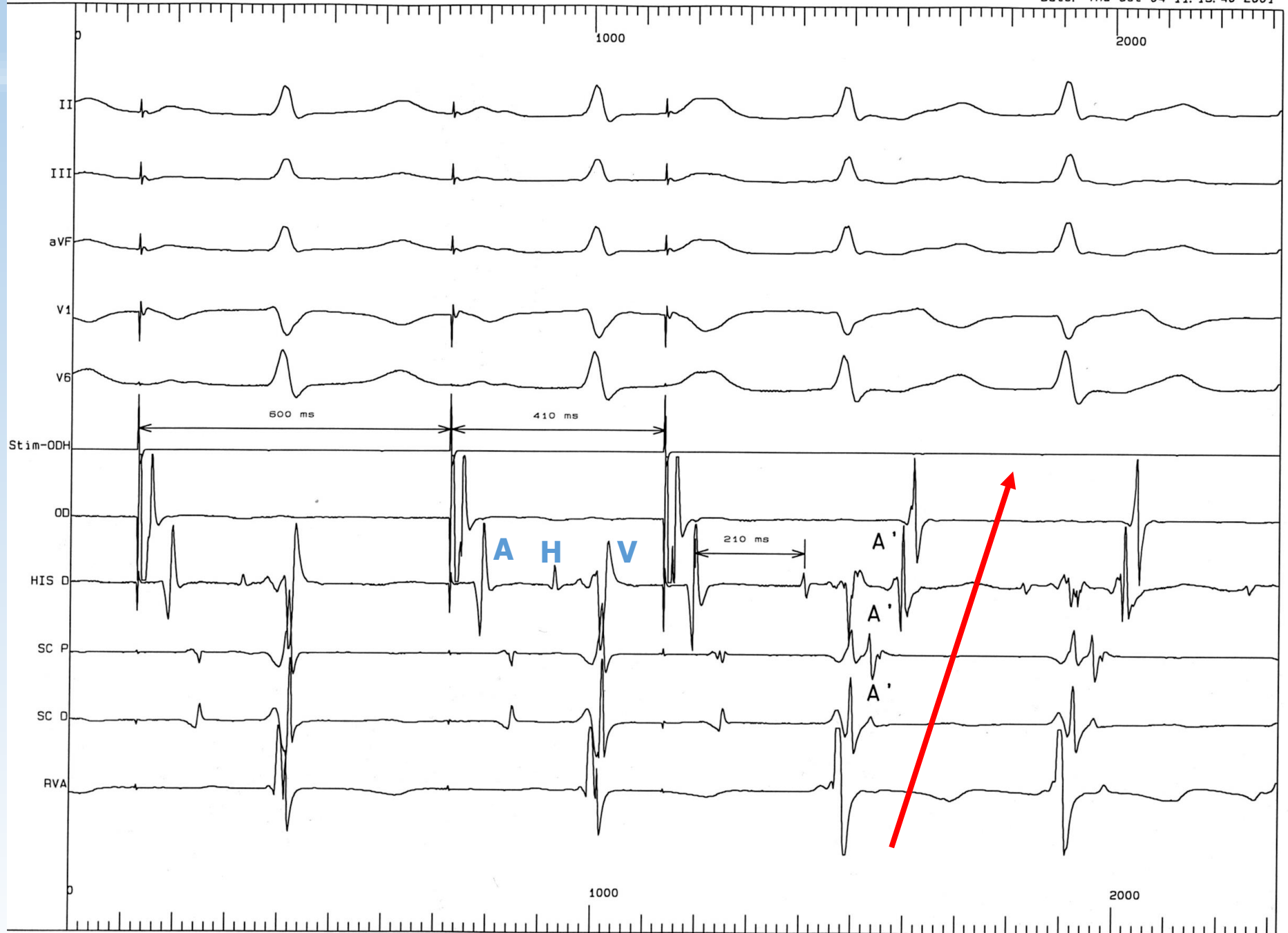


Palme grove: Marrakech

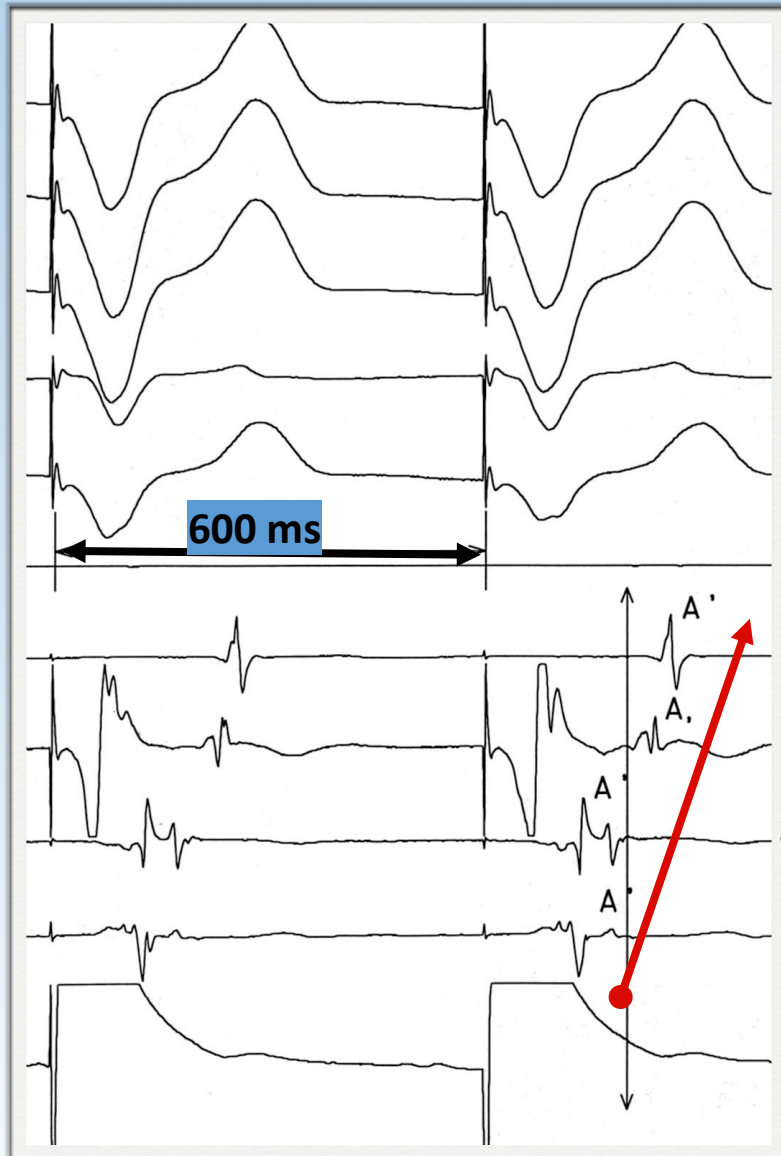


Introduction

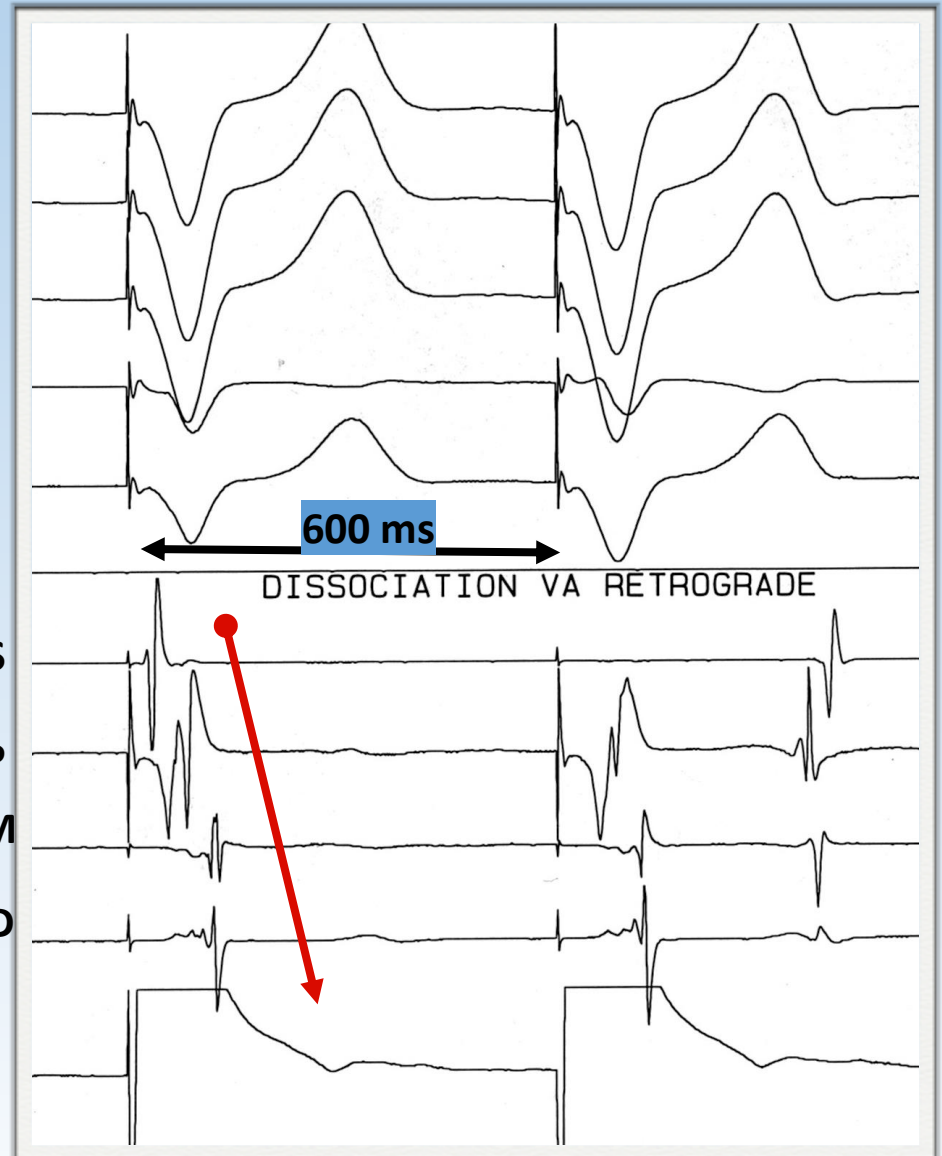
- Our series
- Forms of presentation
- **Retrograde ablation Procedure**
- Technical Difficulties.



Hidden Left AP



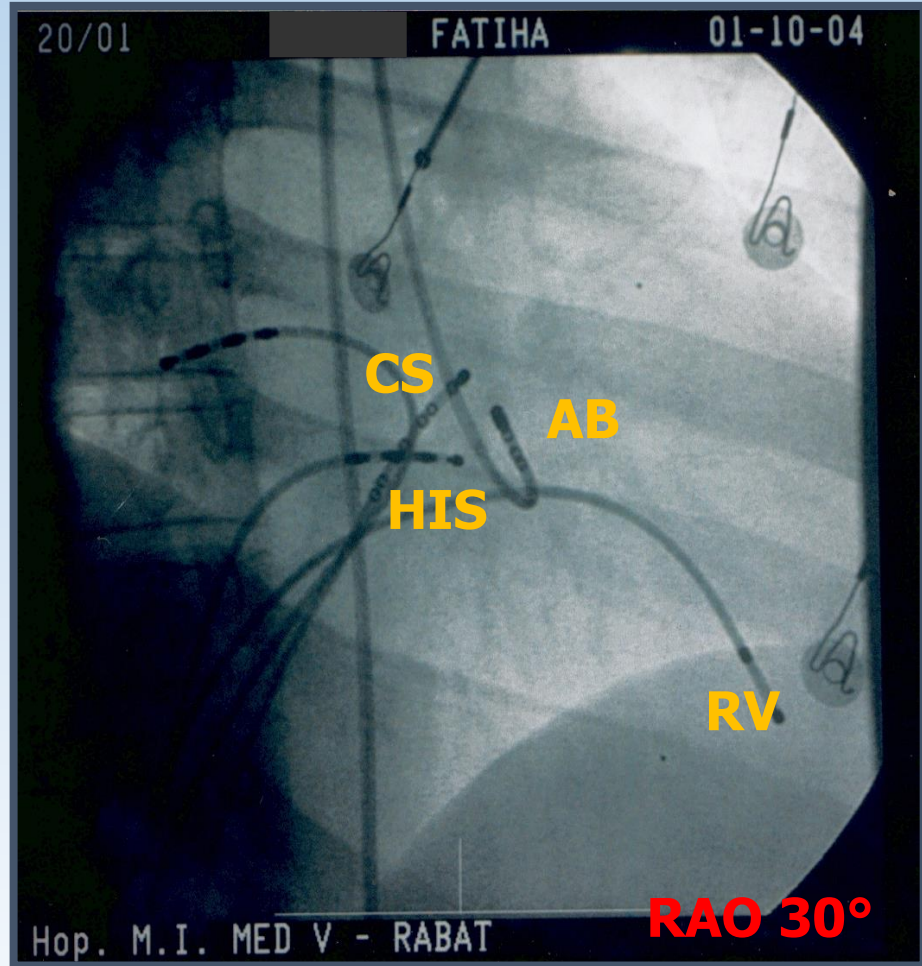
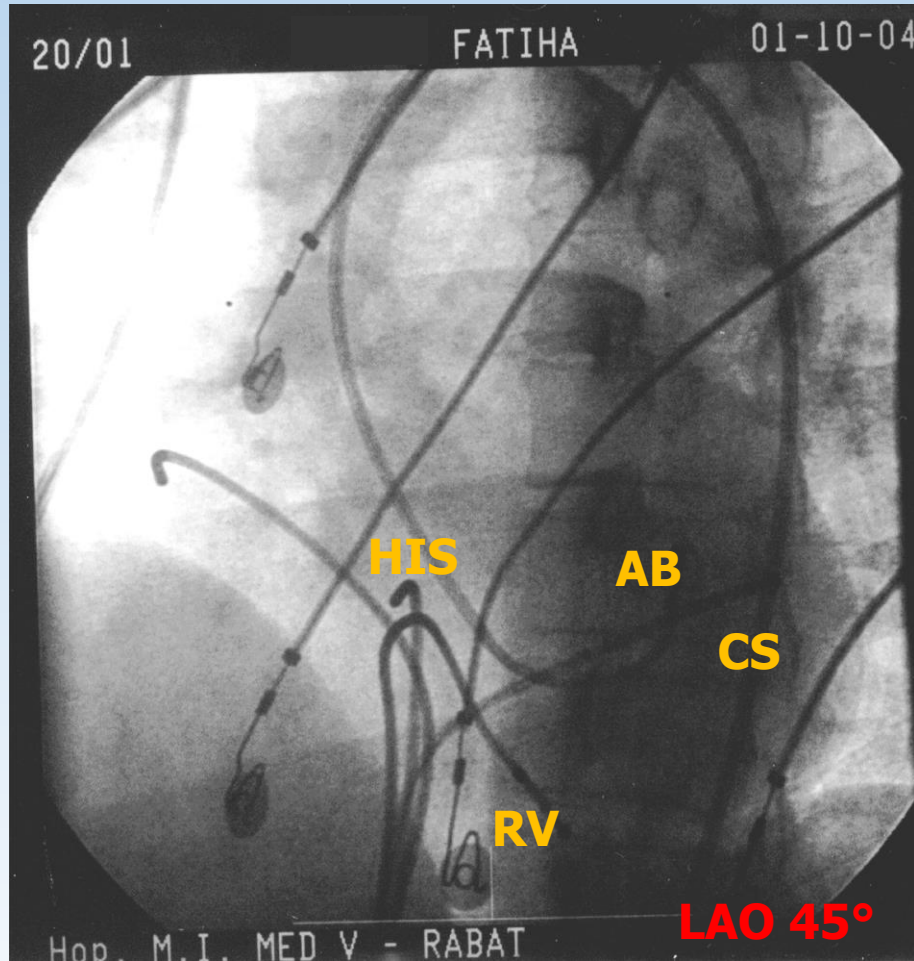
Before ablation



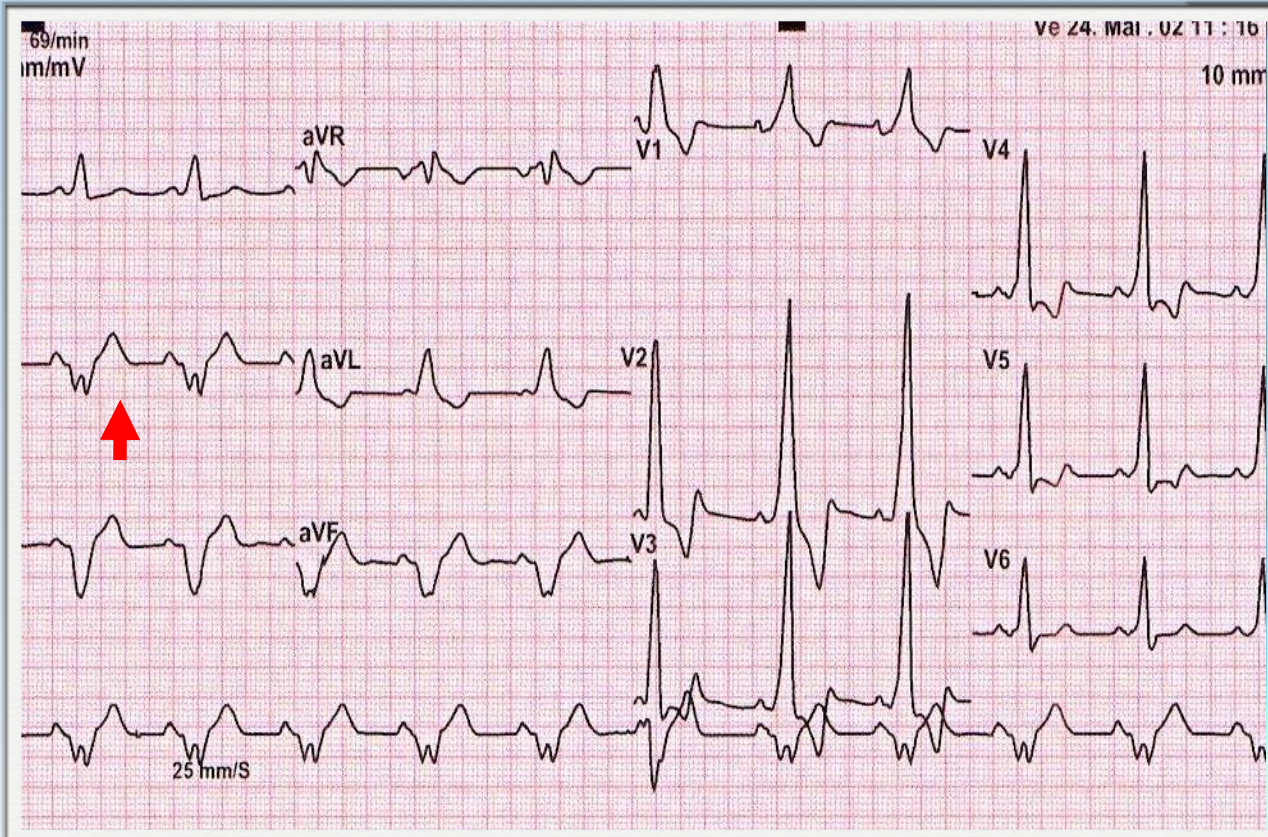
After ablation

Left AP: 95% retrograde ablation

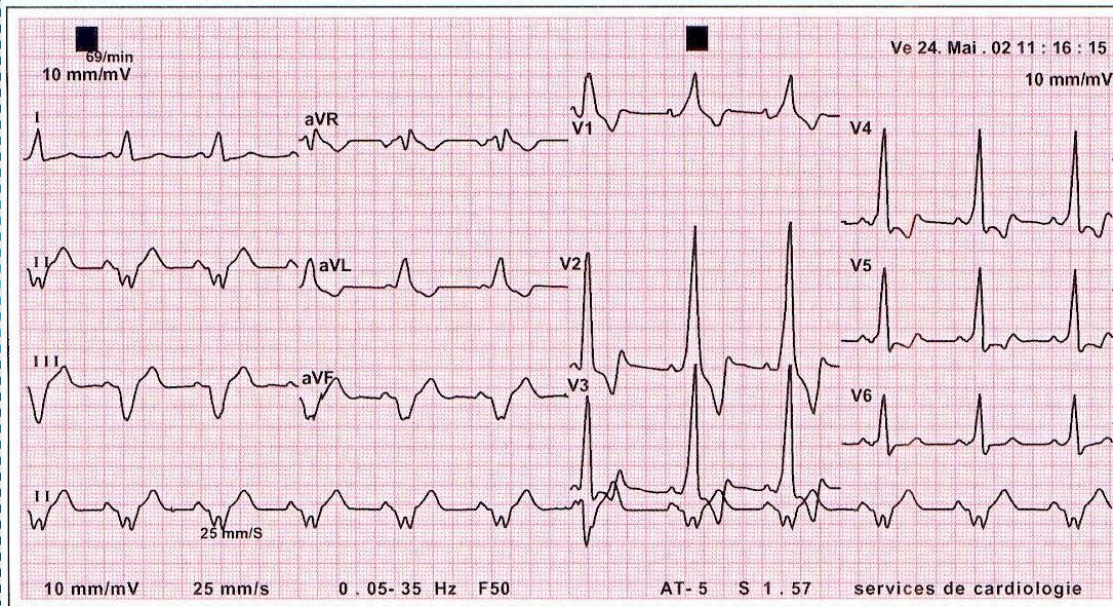
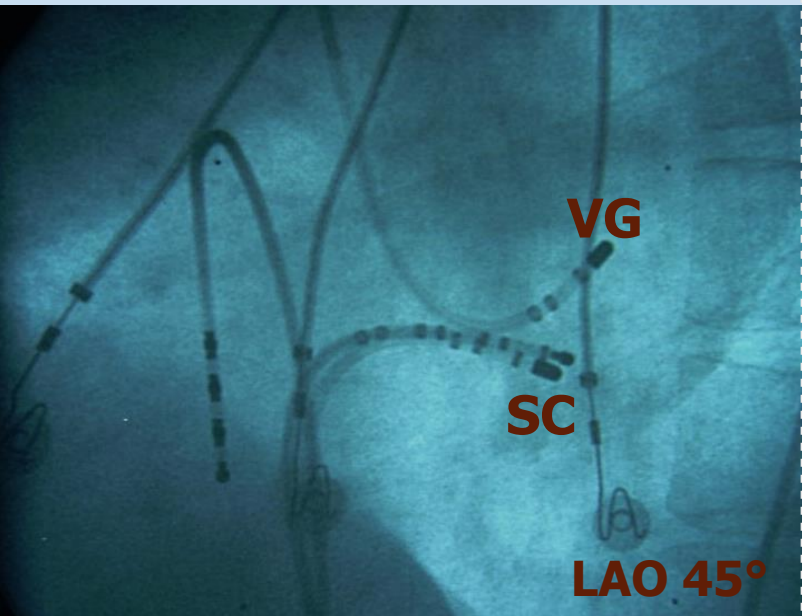
WPW Ablat



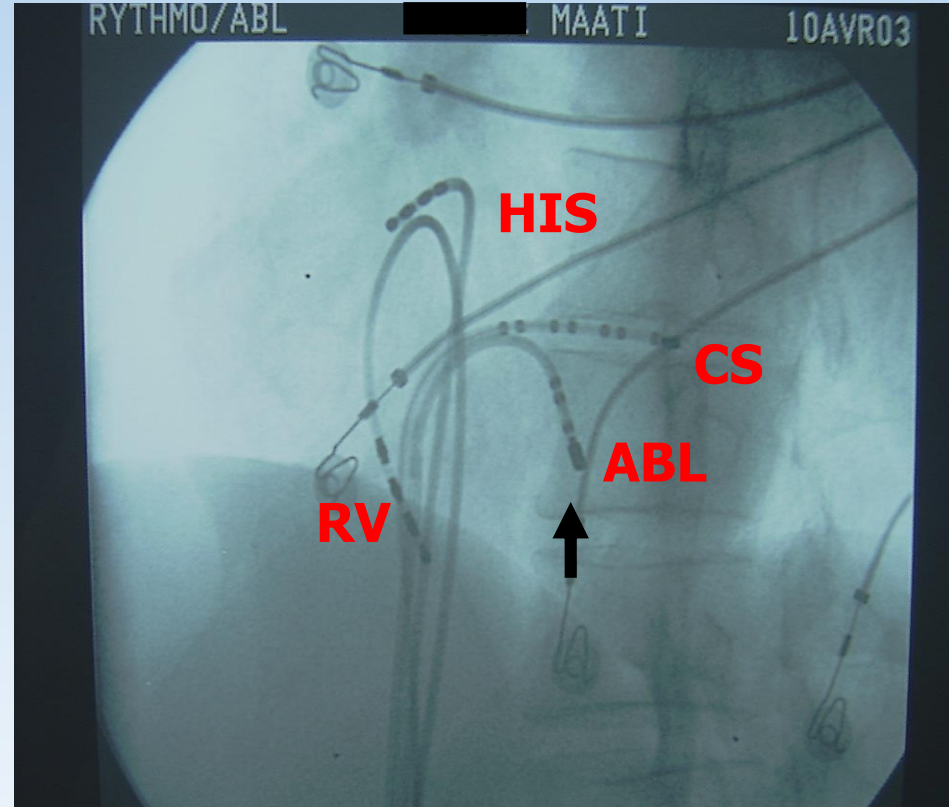
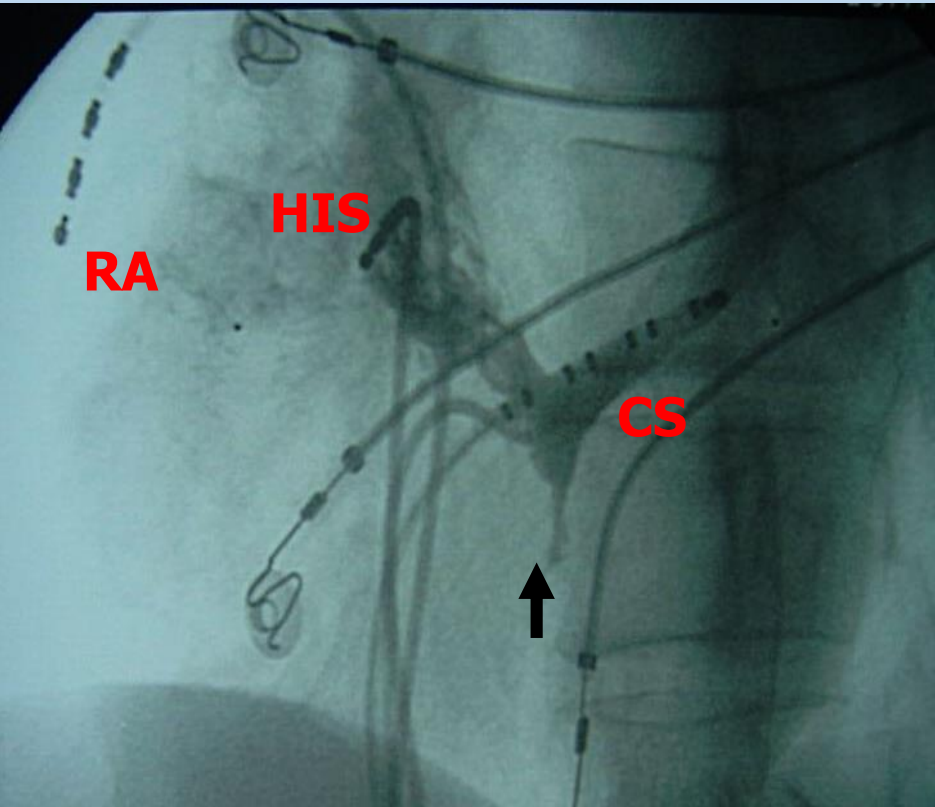
« Hidden » AP



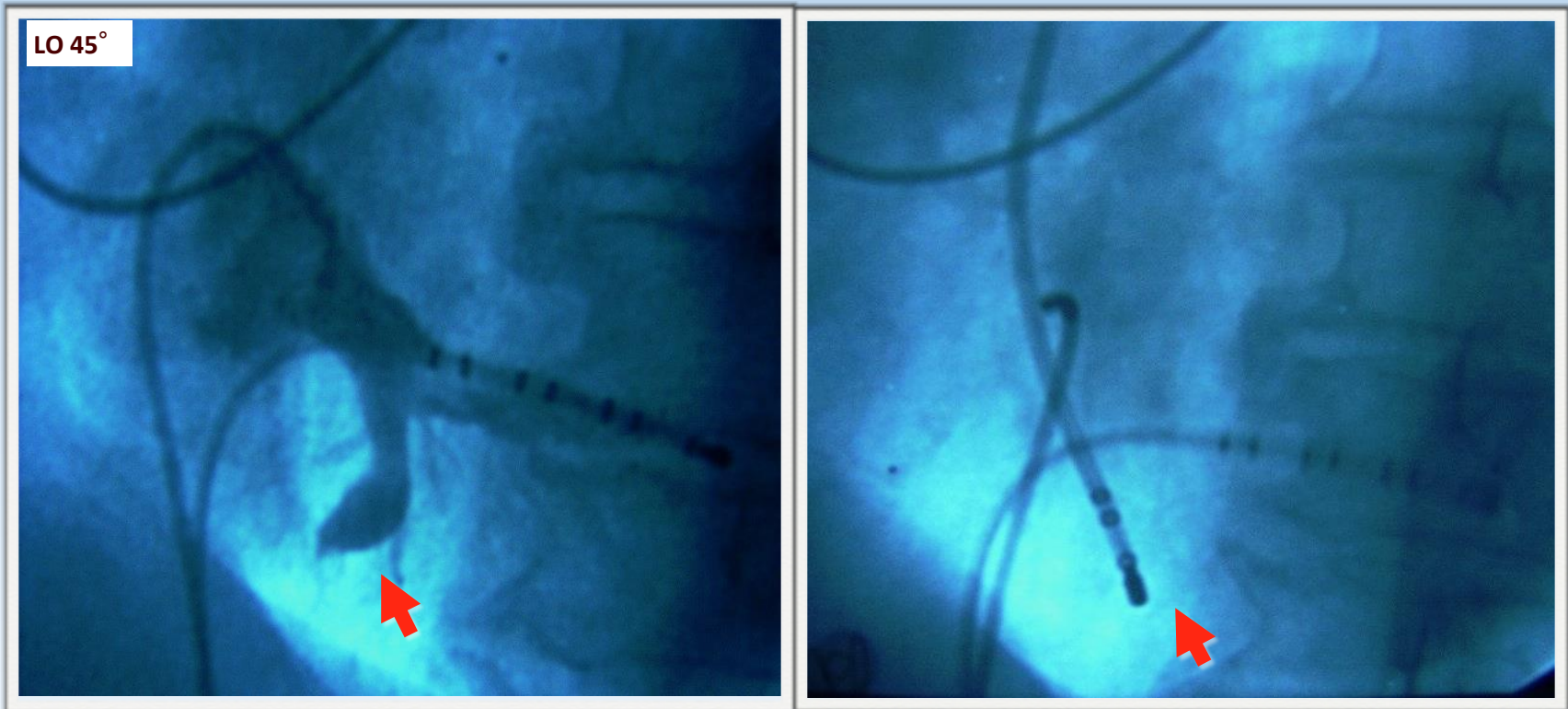
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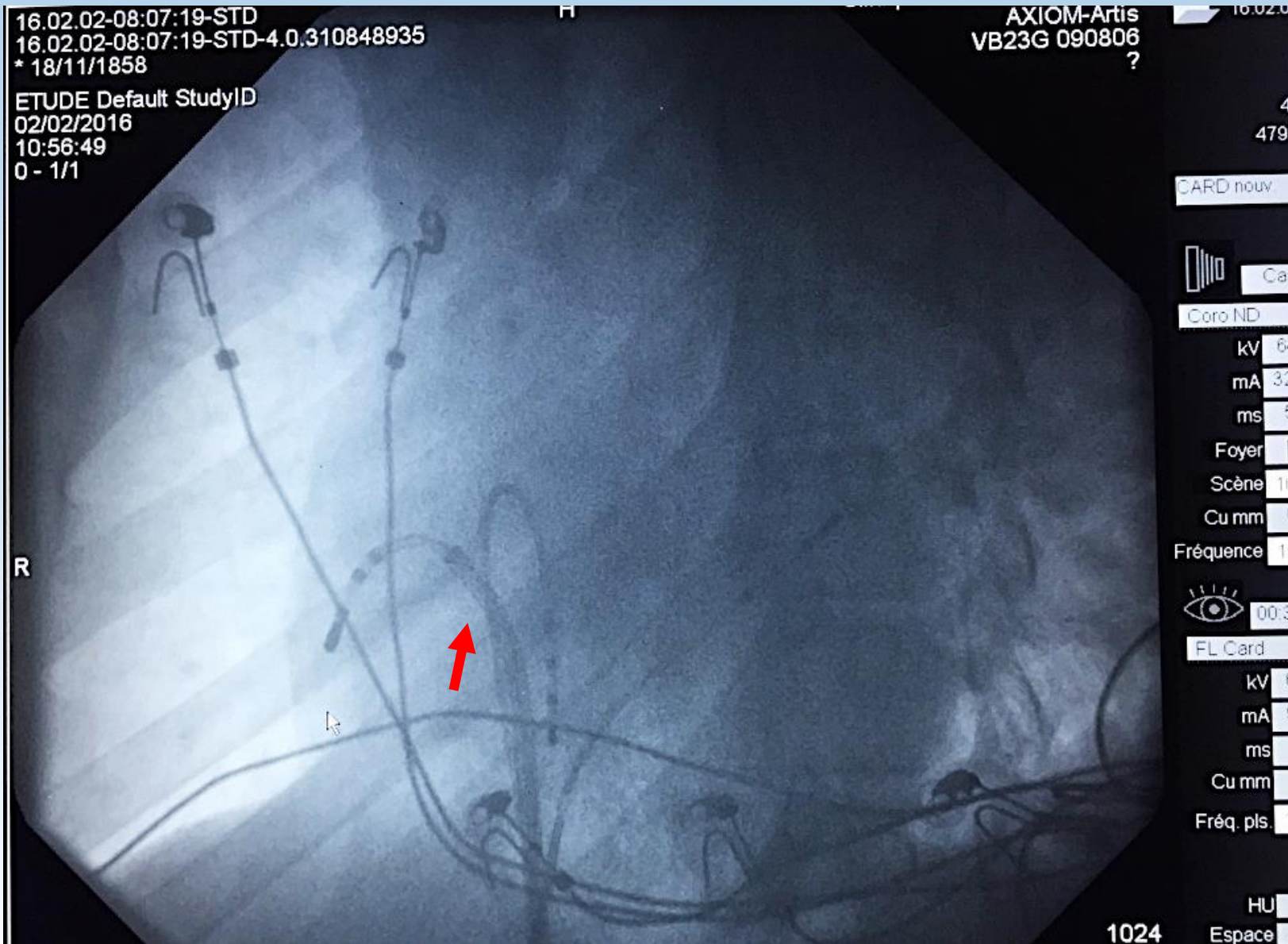
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LAO 45°



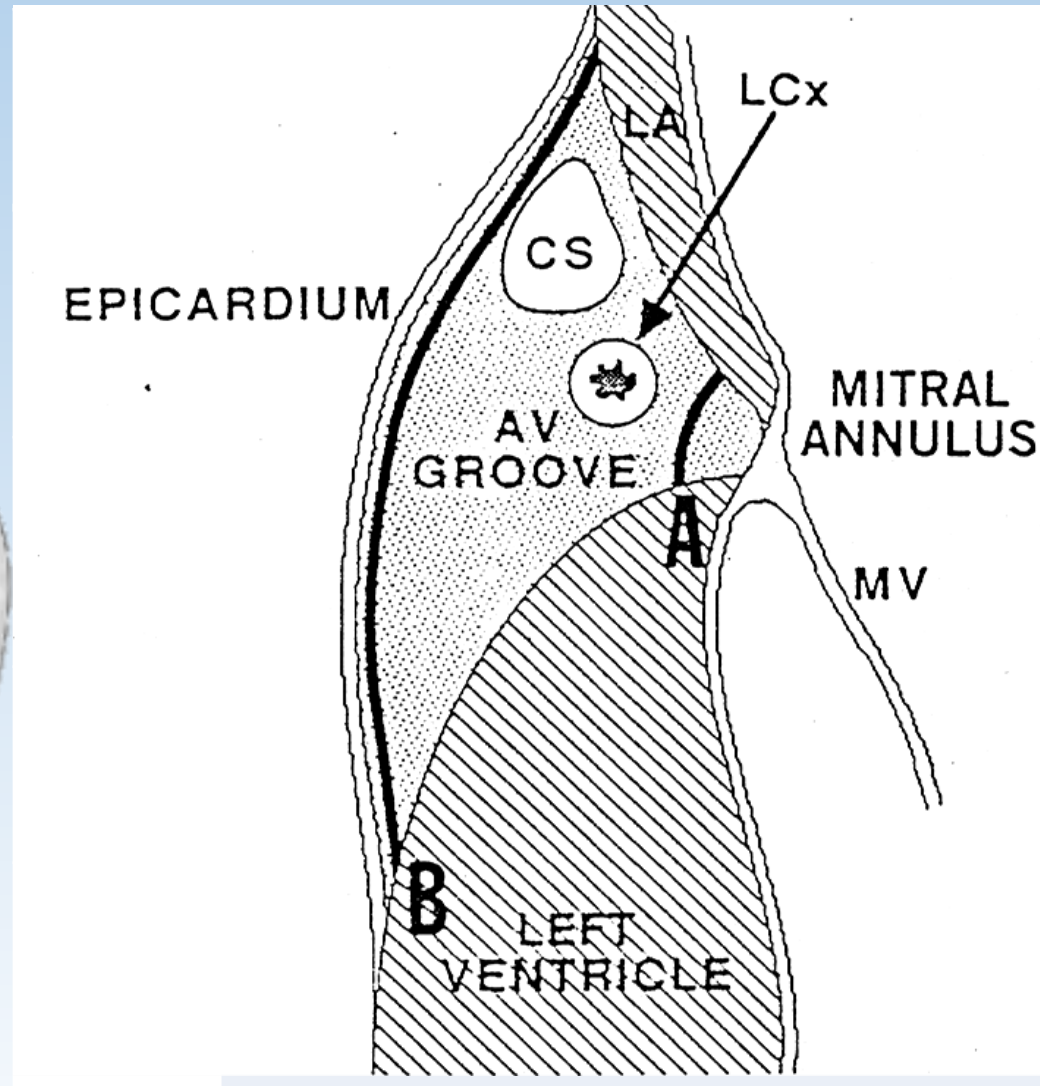
Right AP



Unexplained recidivism



AP RF ablation: Technical difficulty



Fes : the cultural city :

