RHYTHM 2017

Arrhythmias & Heart Failure

New Insights & Technological Advances

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Novotel PARIS Tour Eiffel

Prise en Charge des Tachycardies Ventriculaires: Expérience mono-centrique

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CHU Mustapha Alger

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Disclosure

Speaker name: MS Ait messaoudene

I do not have any potential conflict of interest

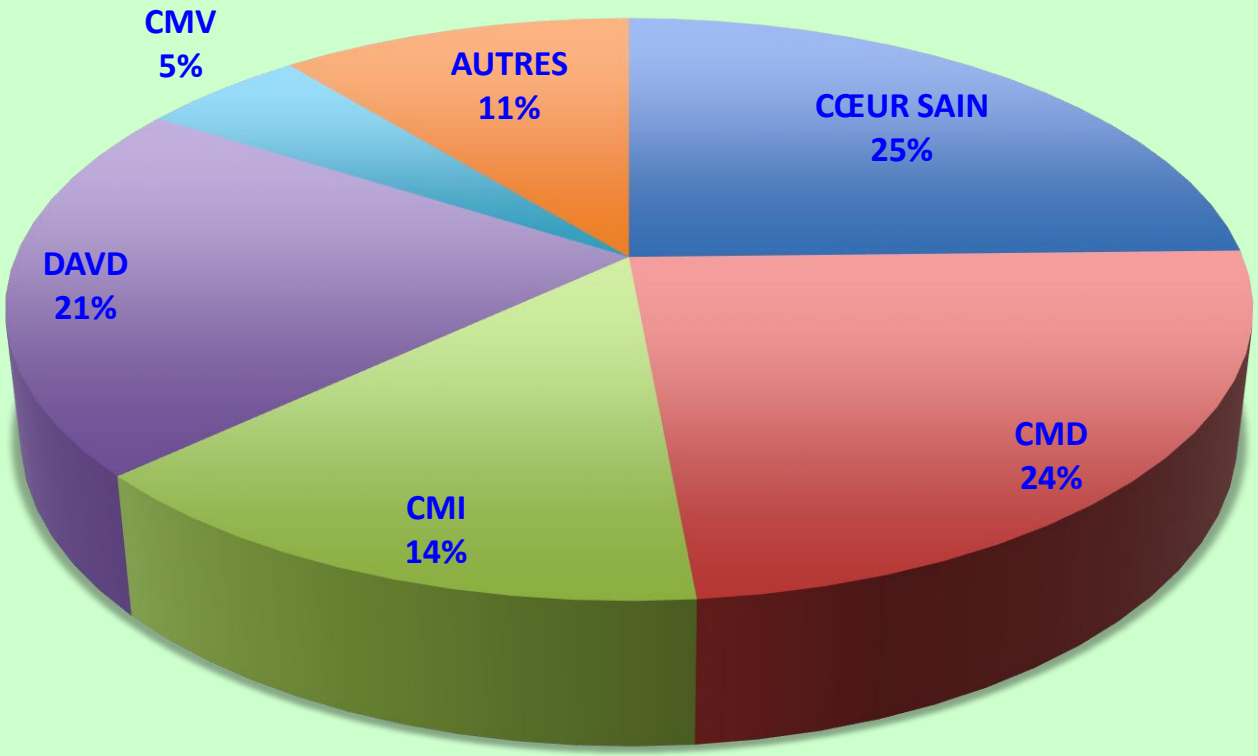
Introduction

- INDICE DE MAUVAIS PRONOSTIC EN CAS DE CARDIOPATHIE SURTOUT SI FE ALTÉRÉE
- STRATIFICATION DU RISQUE DE MORT SUBITE ETAPE IMPORTANTE

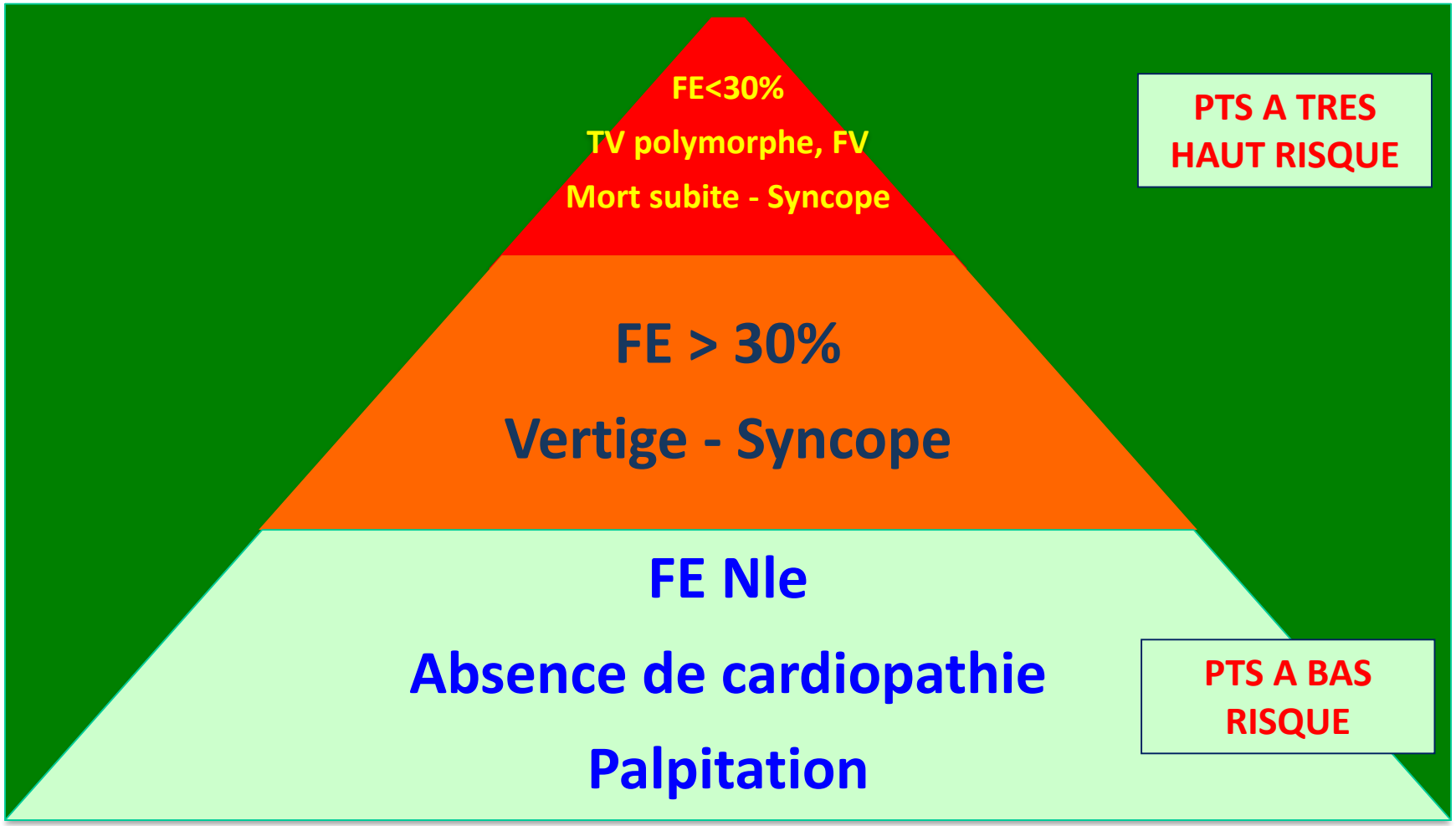
EXPERIENCE DU SERVICE CARDIOLOGIE CHU Mustapha

- DU 03-2008 AU 11-2016 → 138 PTS SUIVIS POUR TV
- 100 H ET 38 F
- AGE MOY : 46±18 ANS
- FE : 48±17 %

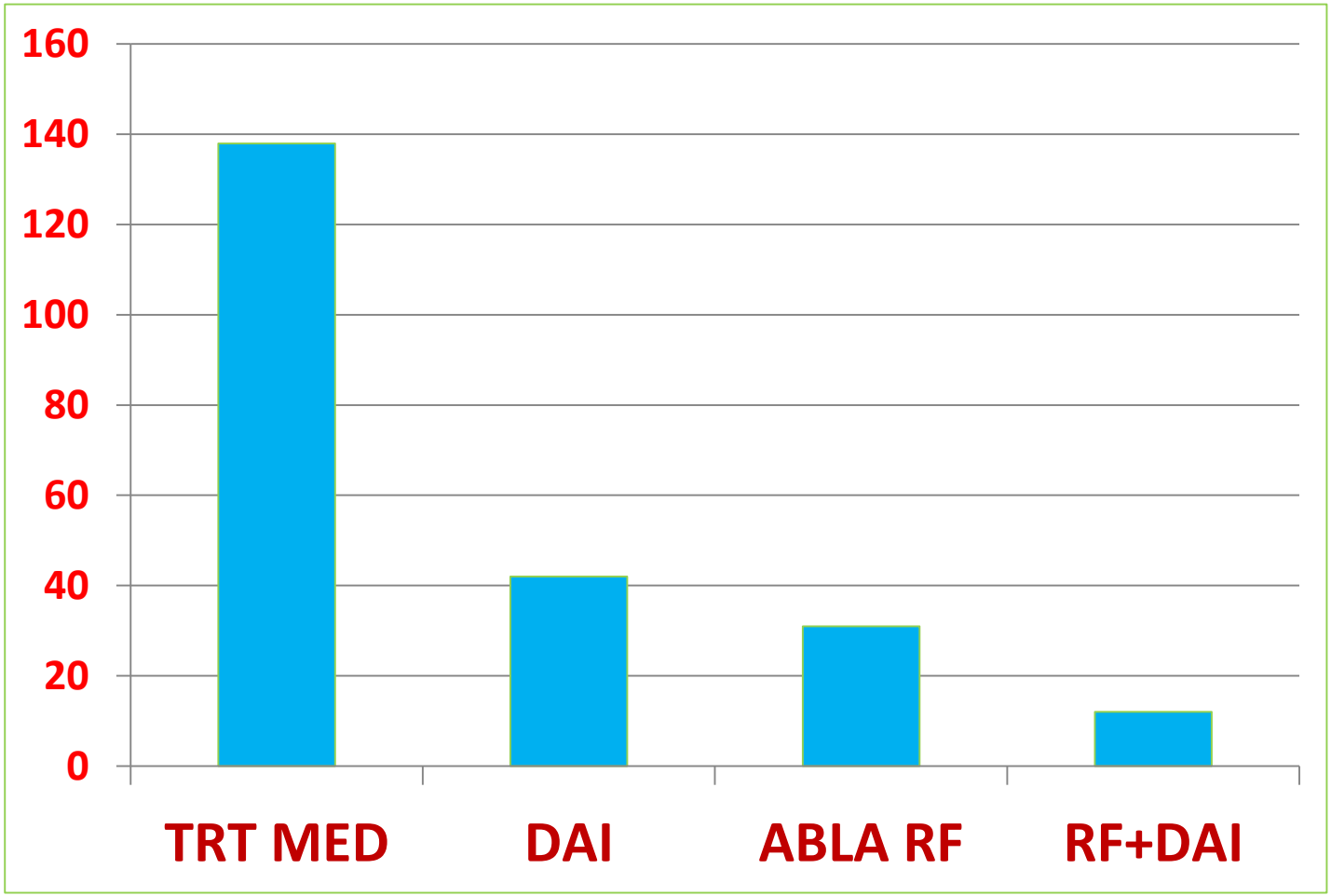
REPARTITION DES CARDIOPATHIES ASSOCIÉES



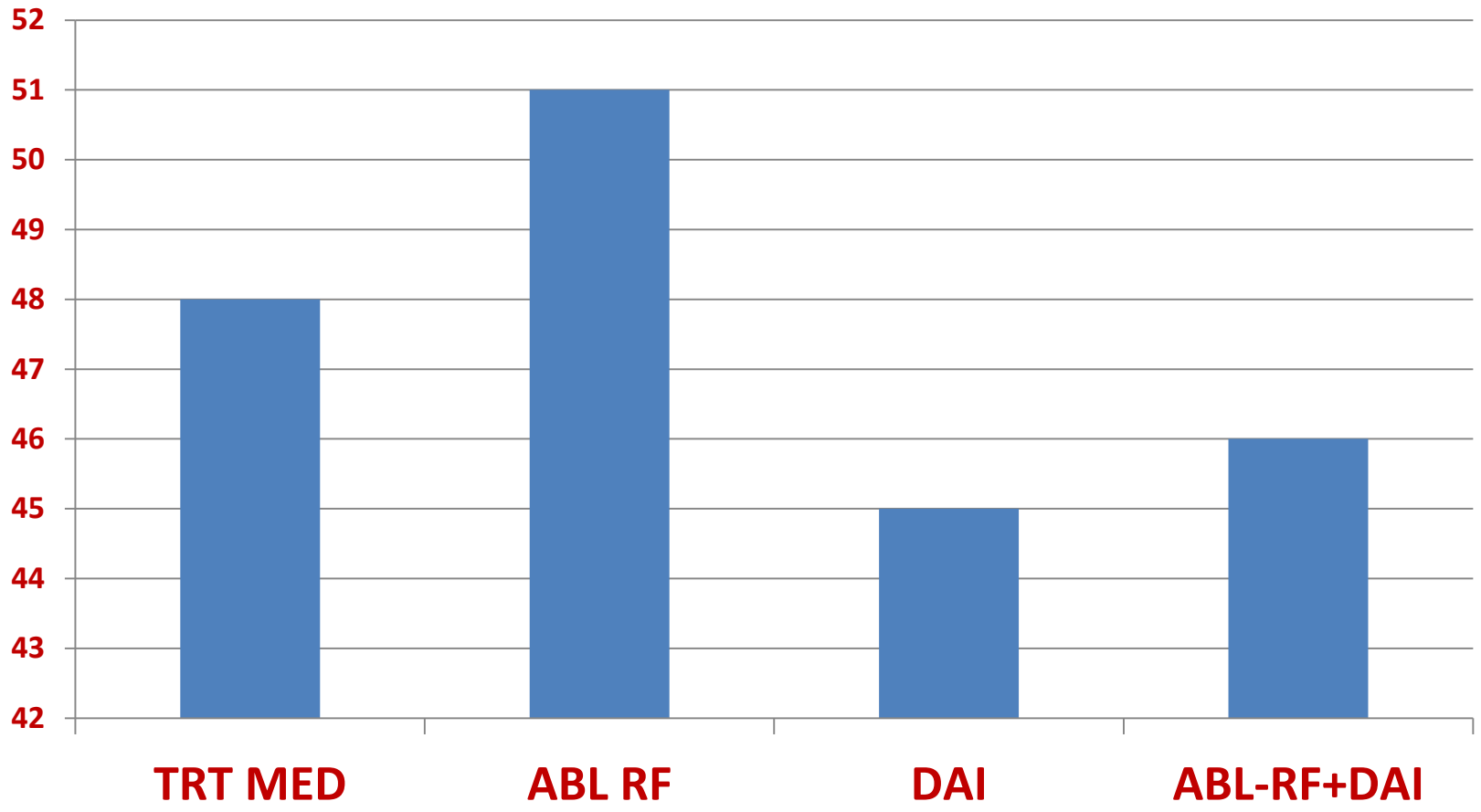
CLASSIFICATION PRONOSTIC



THERAPEUTIQUES INSTITUÉES



THÉRAPEUTIQUE EN FCT DE LA FEVG



Outcome of radiofrequency ablation in patients with fascicular ventricular tachycardia: Single-center experience

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Background:

Radiofrequency (RF) ablation is a recognized treatment of symptomatic fascicular Ventricular Tachycardia (FVT). A classical electrogram based approach or a three-dimensional electro anatomical mapping (3D EAM) system have been routinely used. The aim of this study is to compare the invasive approach between conventional and 3D EAM method.

Methods:

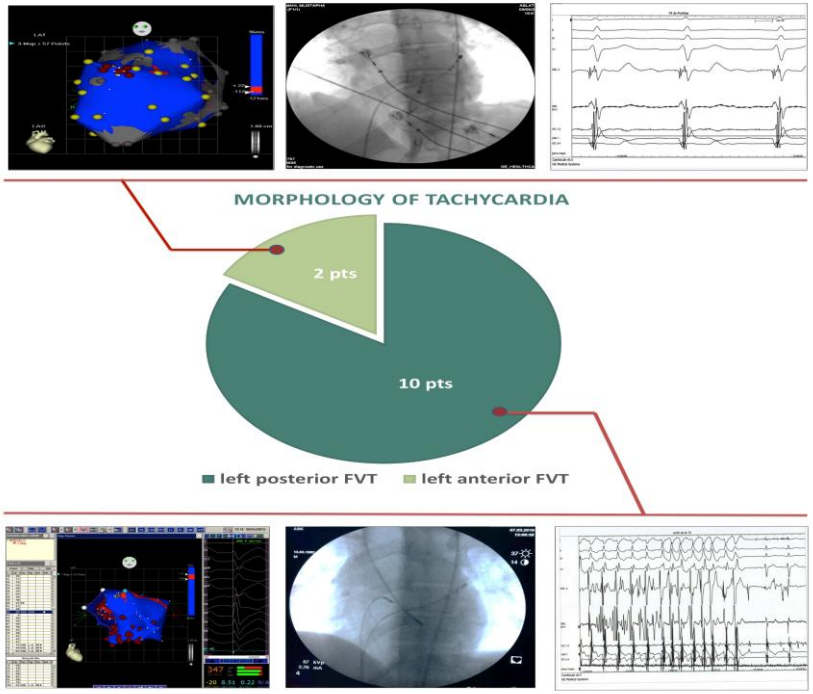
This retrospective study includes patients (pts) admitted consecutively in our center for drug resistant FVT. They were divided in two groups: in group Co patients underwent RF ablation with conventional procedure whereas in group 3D, the RF ablation procedure was performed using the 3D EAM system. Different parameters of procedures process, outcomes and complications in both groups were compared.

Results:

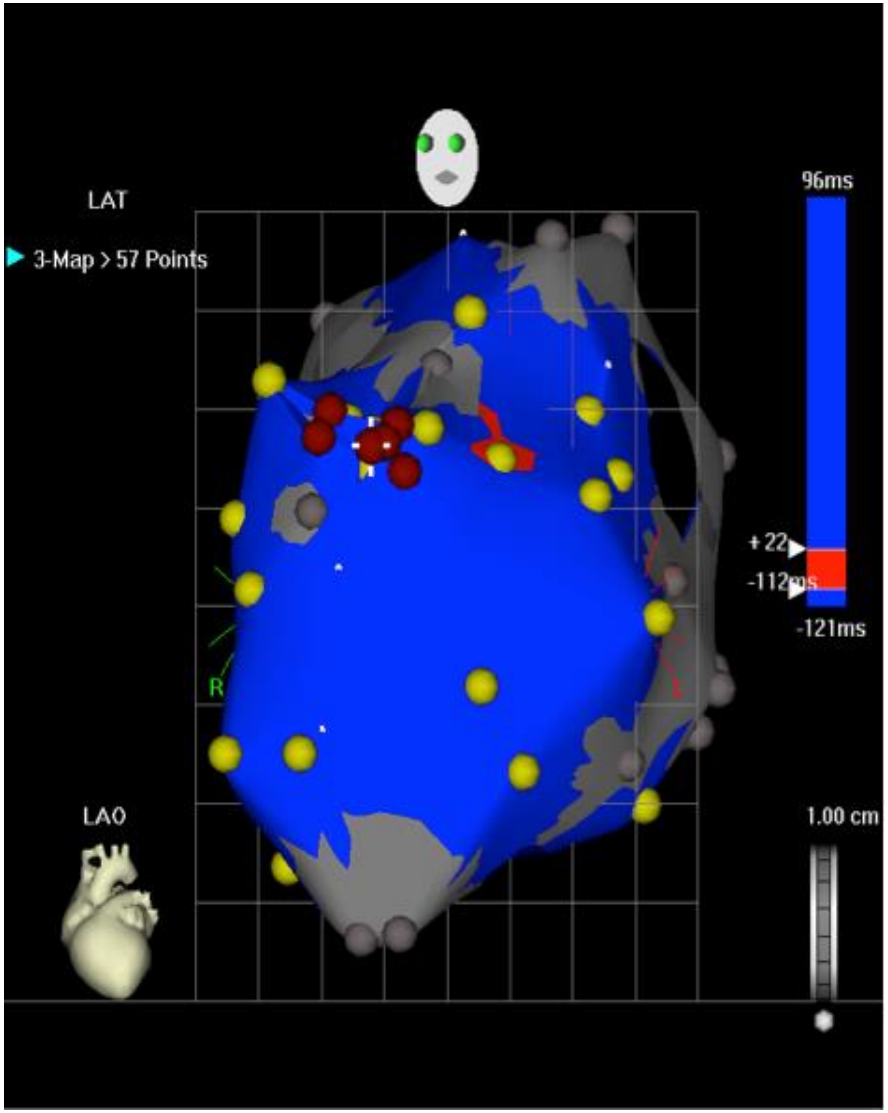
From April 2009 to June 2015, twelve consecutive patients (11 men, mean age: 30±16 years) without structural heart disease, were admitted in our center for palpitations in all and syncope in 3 patients, the morphology of tachycardia was: left posterior fascicular VT in 10 and left anterior fascicular VT in 2 patients. The mean cycle length during FVT was 375±44 msec. 3 patients refused the RF procedures. 5 patients were included in group Co and the 4 remaining in group 3D.The success was higher in group 3D than in group Co (4/4 vs 4/5), The mean procedure time was longer in group Co than in group 3D (153±57 vs 117±53 minutes (mn)). The mean fluoroscopy duration and the average of RF applications were no different (8.8± vs 8.6± mn) and (6±3.4 vs 6±4 applications). Recurrence rate was higher in group Co (2 vs 1 patients); a was performed in 2 patients and a third one was needed in 1 (group Co), with a long term success in all. No major complications occurred in both groups. After a mean fellow up of 36.5± 28 months, all patients were free from VT recurrences without drugs.

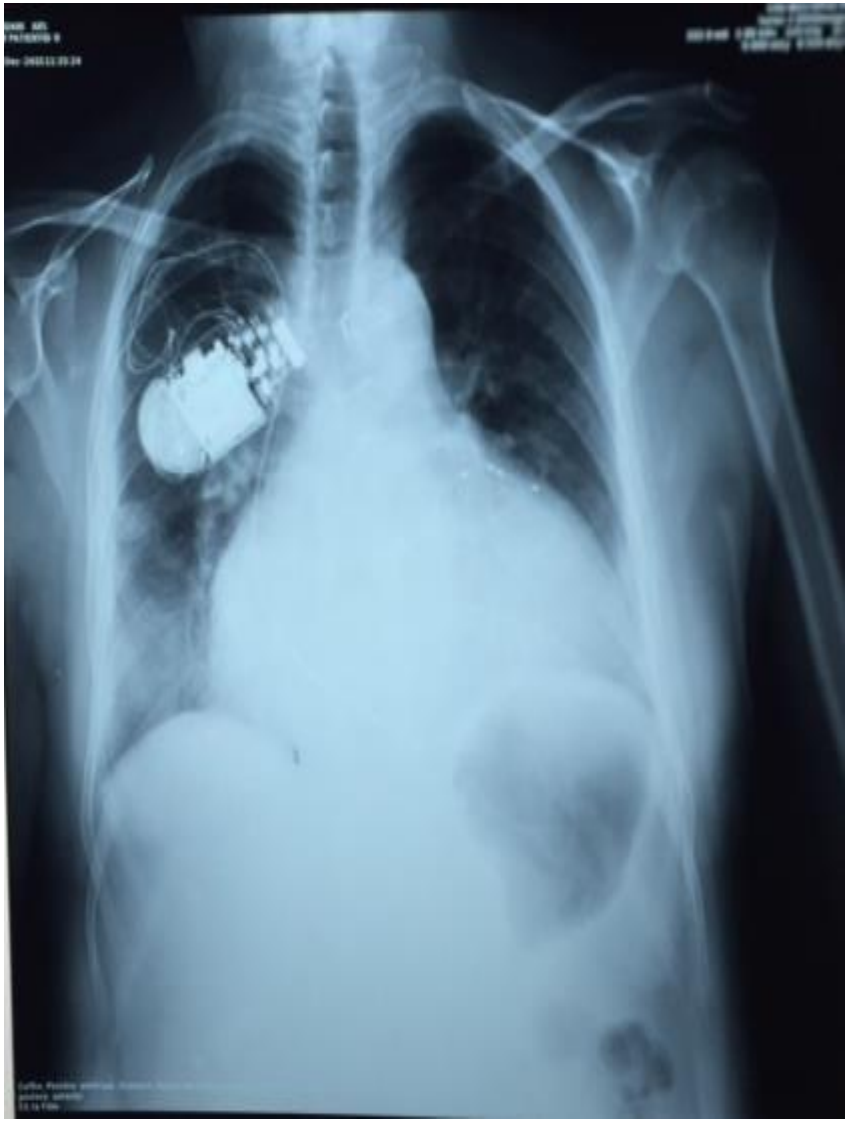
Conclusion:

This study confirms the high of success rate and the safety of RF ablation in patients with symptomatic FVT and the high recurrence rate in patients treated by antiarrhythmic drugs. 3D EAM may improve success rate and reduce procedure duration and recurrences.



ISCAT Paris oct 2016


LAT
3-Map > 57 Points
96ms
+22
-112ms
-121ms
LAO
1.00 cm



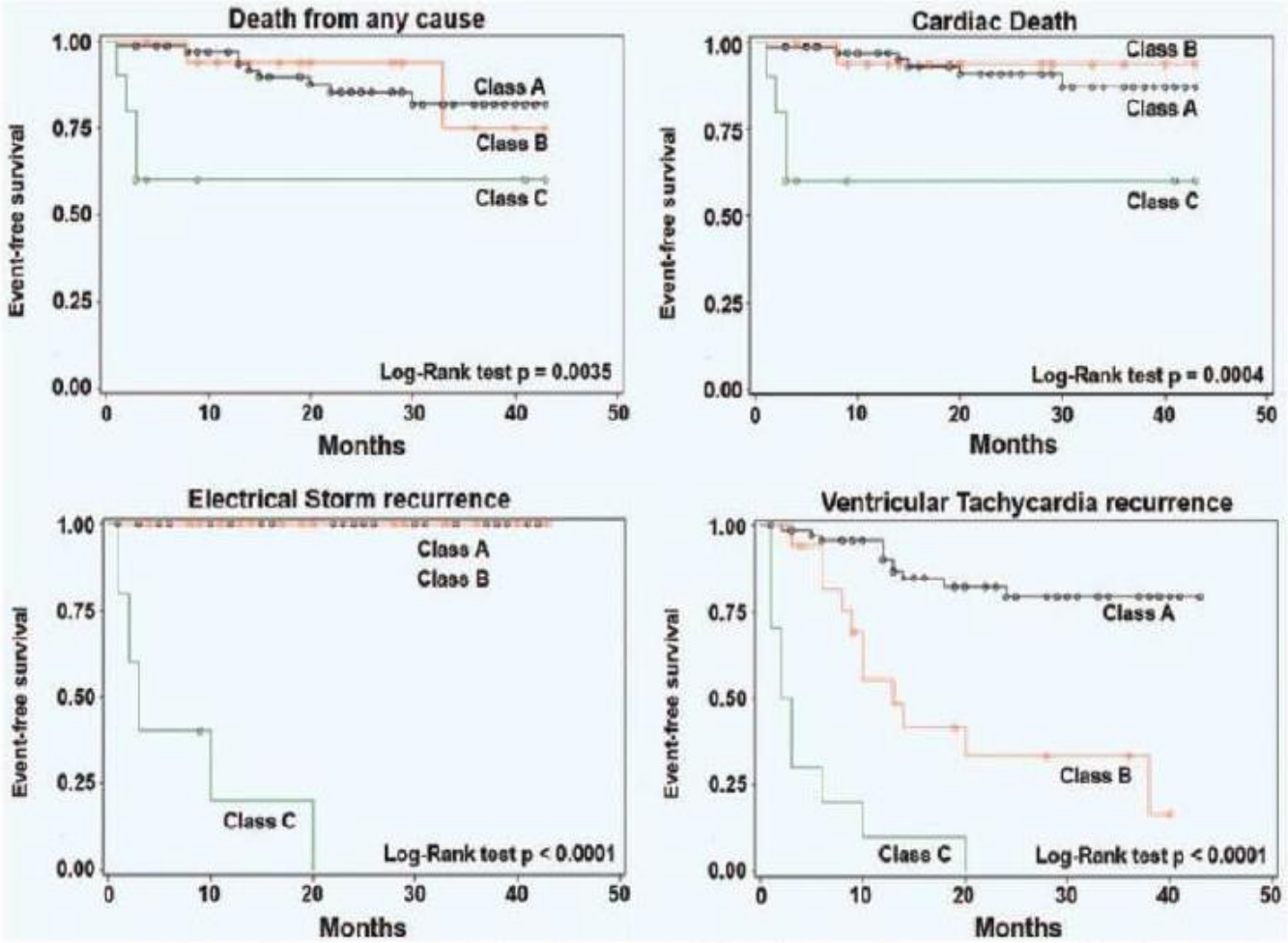


Figure 2. Kaplan-Meier event-free survival estimates according to acute CA results during follow up. Class A indicates CA success; class B, CA partial success; and class C, CA failure.

Carbucicchio Circulation. 2008;117:462-469

European Heart Journal (2015) 36, 2793–2867
doi:10.1093/eurheartj/ehv316

ESC GUIDELINES

2015 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death

The Task Force for the Management of Patients with Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death of the European Society of Cardiology (ESC)

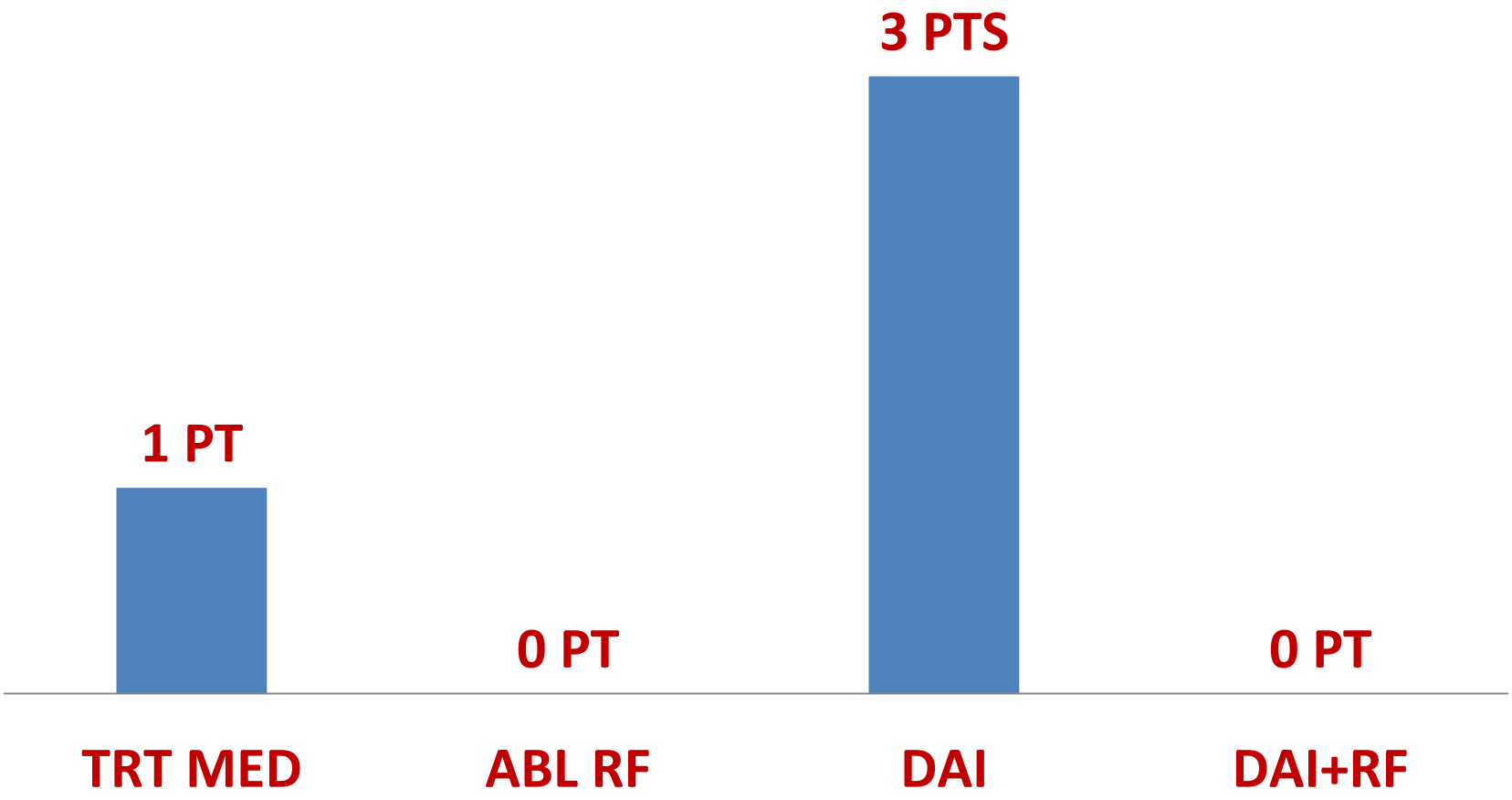
Endorsed by: Association for European Paediatric and Congenital Cardiology (AEPC)

Authors/Task Force Members: Silvia G. Priori*(Chairperson) (Italy) Carina Blomström-Lundqvist*(Co-chairperson) (Sweden) Andrea Mazzanti† (Italy), Nico Blom[a] (The Netherlands), Martin Borggrefe (Germany), John Camm (UK), Perry Mark Elliott (UK), Donna Fitzsimons (UK), Robert Hatala (Slovakia),

Catheter ablation for the treatment of sustained monomorphic ventricular tachycardia

Recommendations	Class[a]	Level[b]	Ref.[c]
Urgent catheter ablation is recommended in patients with scar-related heart disease presenting with incessant VT or electrical storm.	I	B	183
Catheter ablation is recommended in patients with ischaemic heart disease and recurrent ICD shocks due to sustained VT.	I	B	184–186
Catheter ablation should be considered after a first episode of sustained VT in patients with ischaemic heart disease and an ICD.	IIa	B	184–186

MORTALITE SELON LES THERAPEUTIQUES



Conclusion

- Population relativement jeune
- Ablation est une excellente option
- Le traitement Hybride doit être davantage entrepris en présence d'une cardiopathie associée

MERCI