



# « David Against Goliath »

**Mars 2017** 

Stéphane Combes, Département de rythmologie et de stimulation cardiaque

scombes@clinique-pasteur.com





#### **CLINICAL PRESENTATION**

#### Patient aged 70 years old

- 2011: paroxysmal AF Ablation (cryo ablation with 28 mm balloon)
- 2014: Palpitations. ECG Left Atrial Flutter
- A new ablation was performed: PV was disconnected and EP study confirmed a peri mitral flutter.
- At the beginning of 2017, patient presents new symptoms





# **ECG**

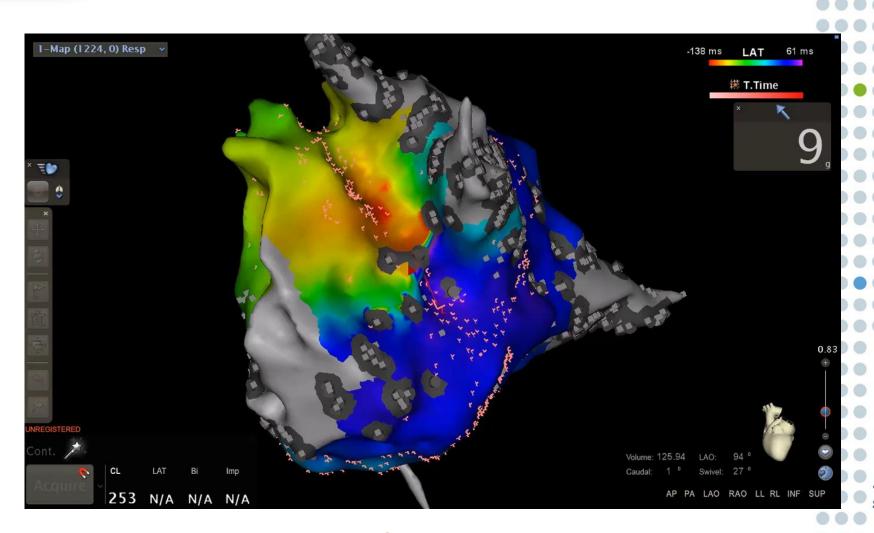
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CL: 240 ms



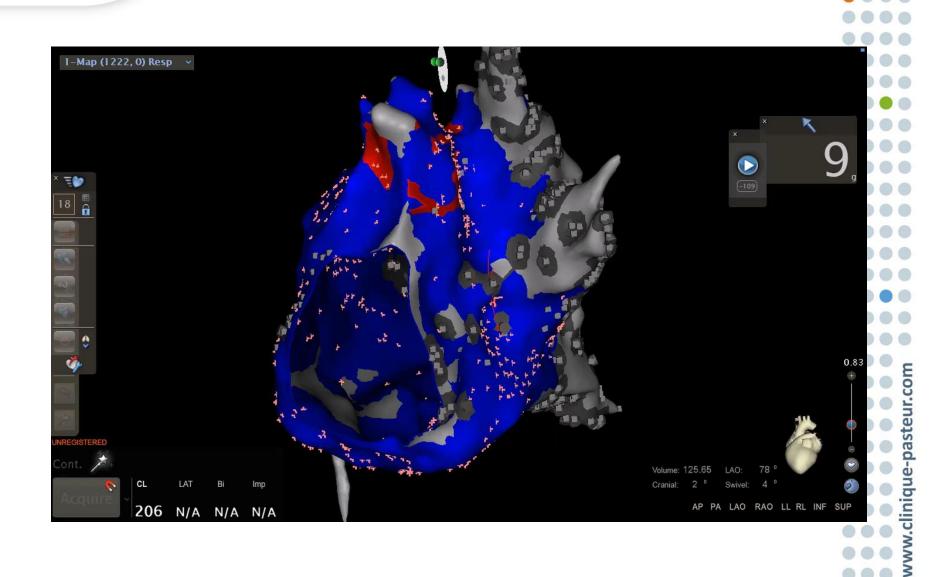
## **Activation map**

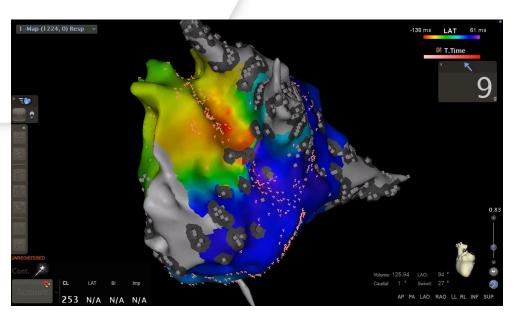


**CLT: 240 ms** 



# propagation map





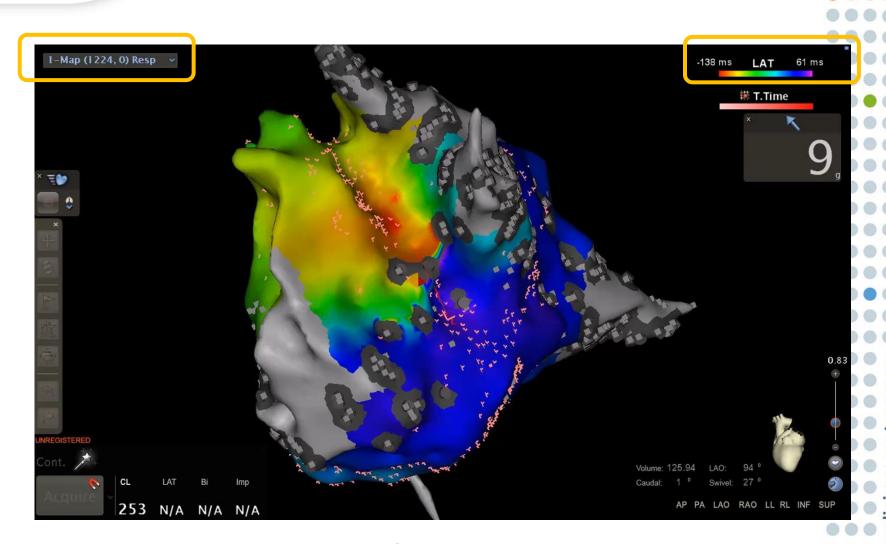
# question

- 1- left focal atrial tachycardia
- 2- peri mitral flutter
- 3- complet block at the mitral isthmus
- 4- right atrial tachycardia





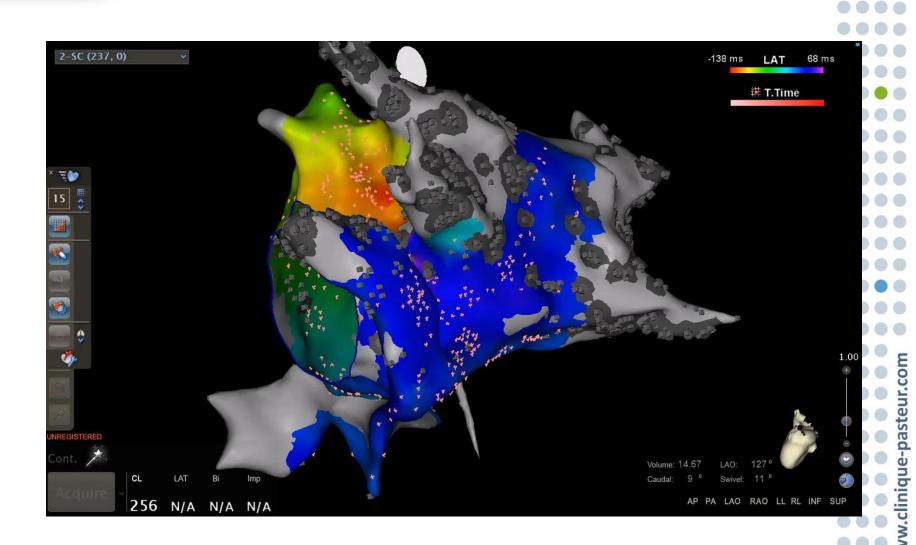
## **Activation map**



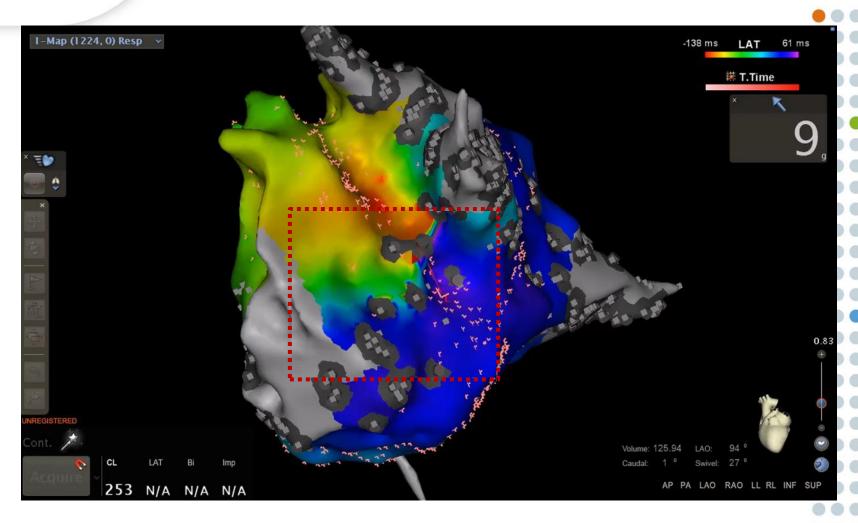
**CLT: 240 ms** 



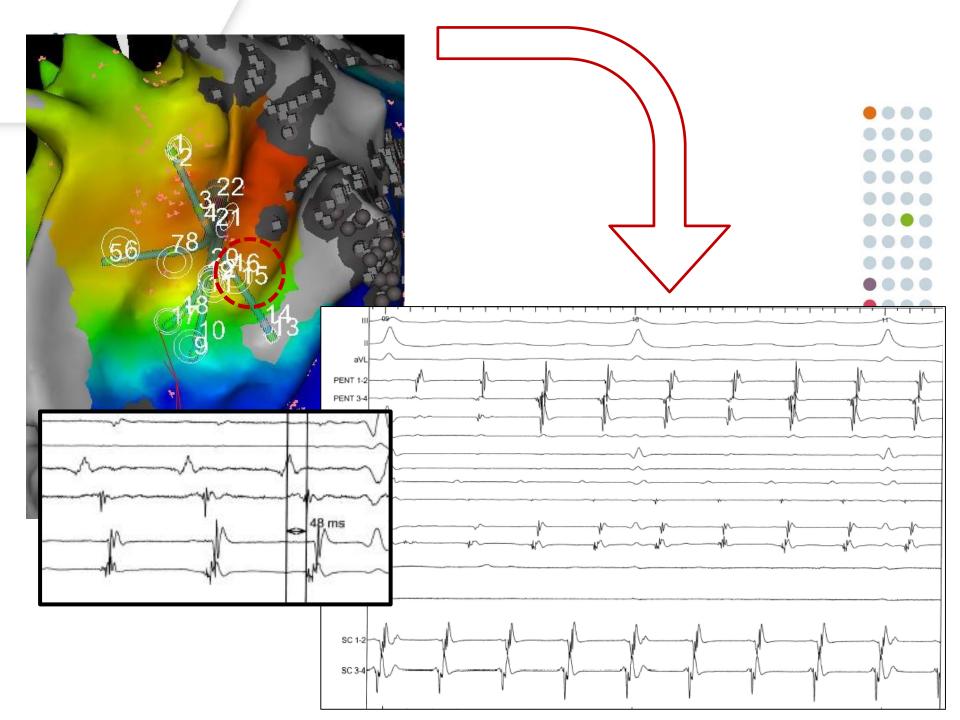
## **Activation map**

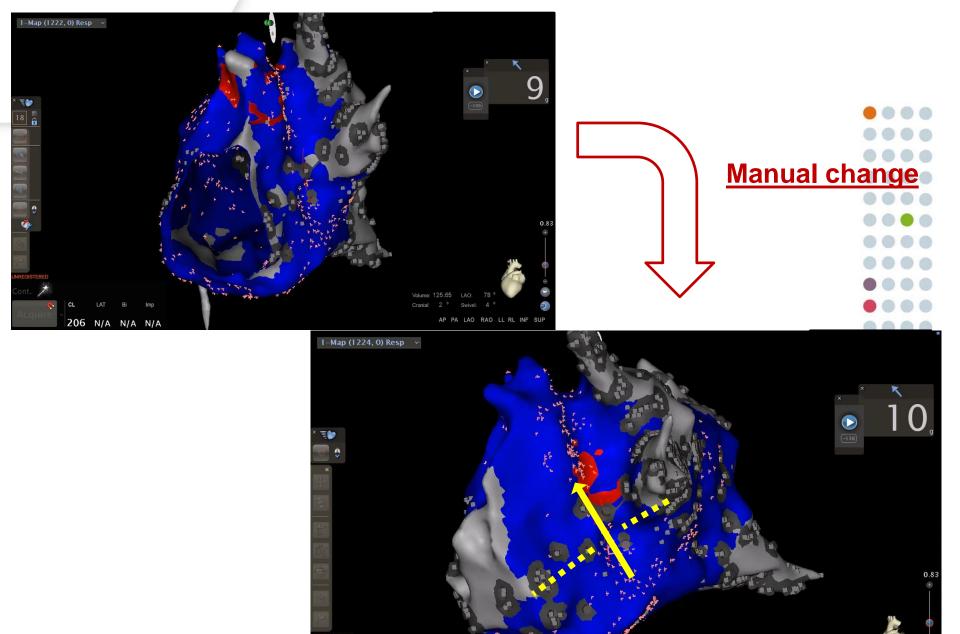






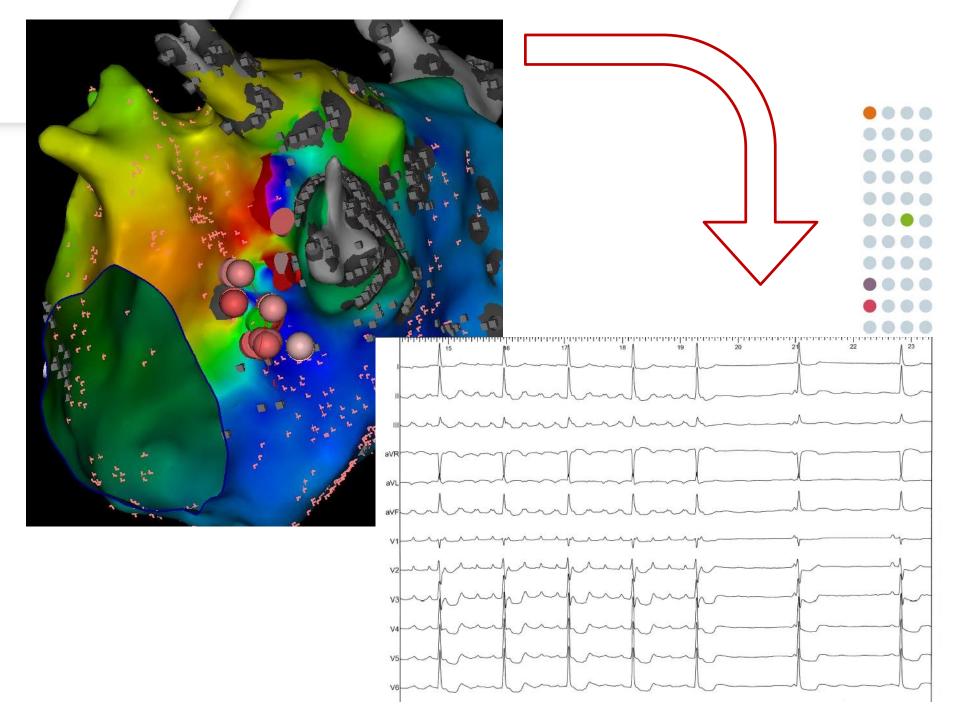
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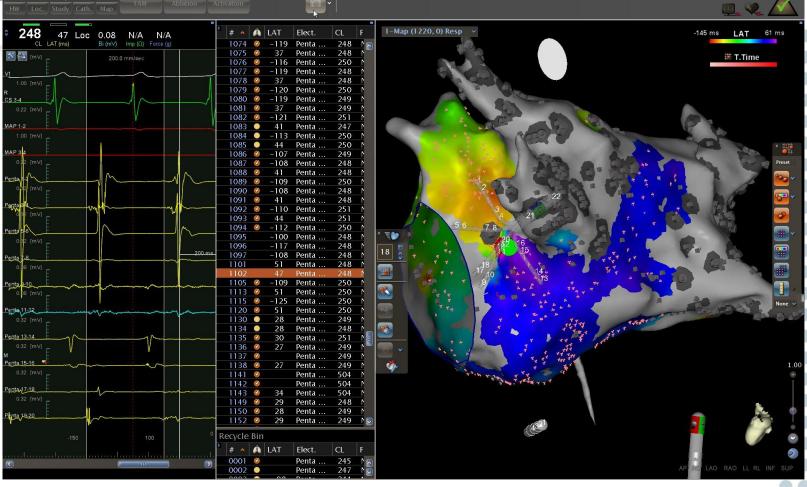


203 N/A N/A N/A

AP PA LAO RAO LL RL INF SUP



Setup



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#### Take home message

I wanted to show you that new systems of cartography "Goliath" and automatic mapping is a breakthrough.

but will <u>never replace the signal</u> with a new catheter and the eye of the electrophysiologist "**David**"





