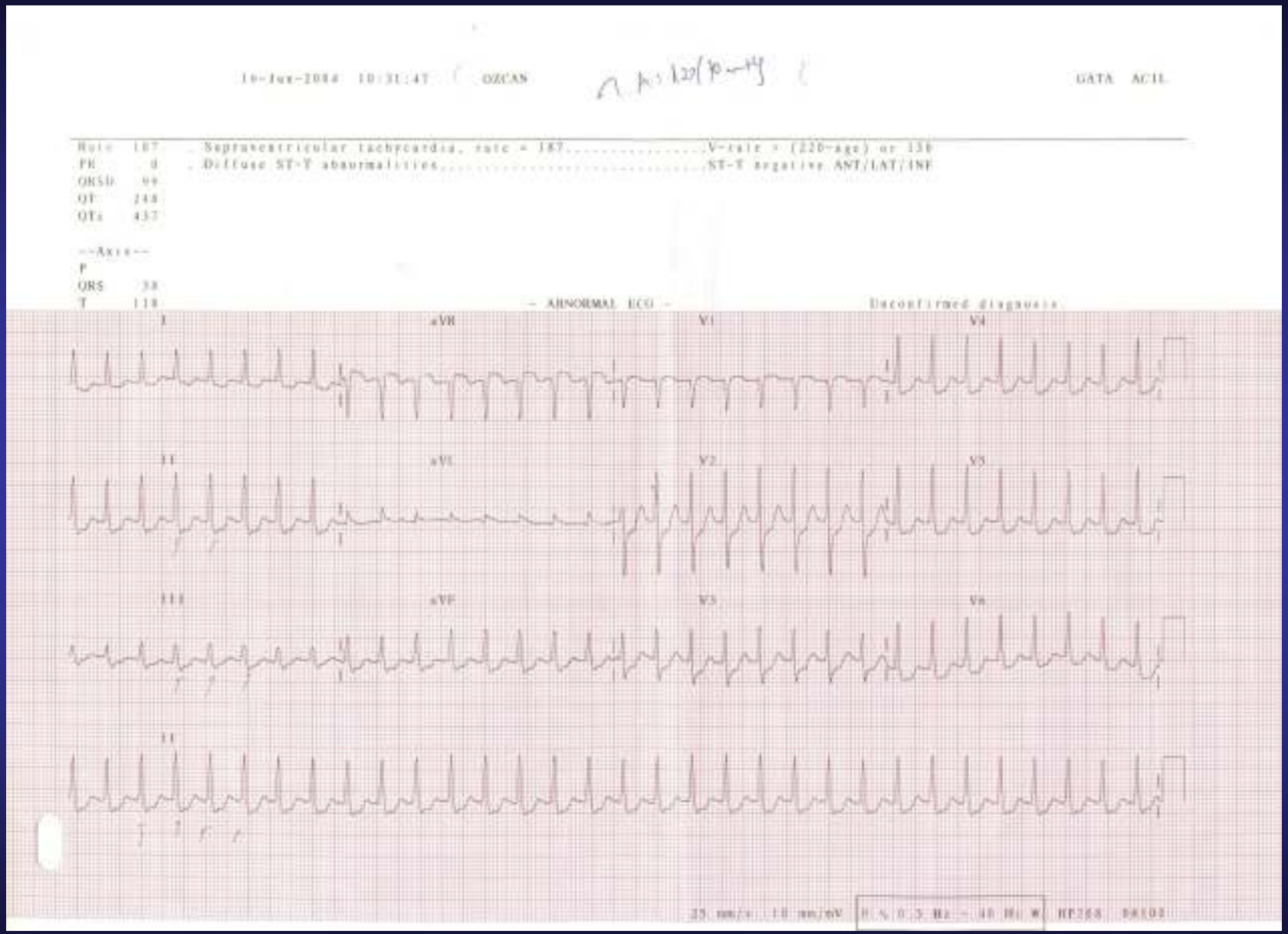
DİSRİTMİDE ZOR OLGULAR

Prof. Dr. Sedat KÖSE

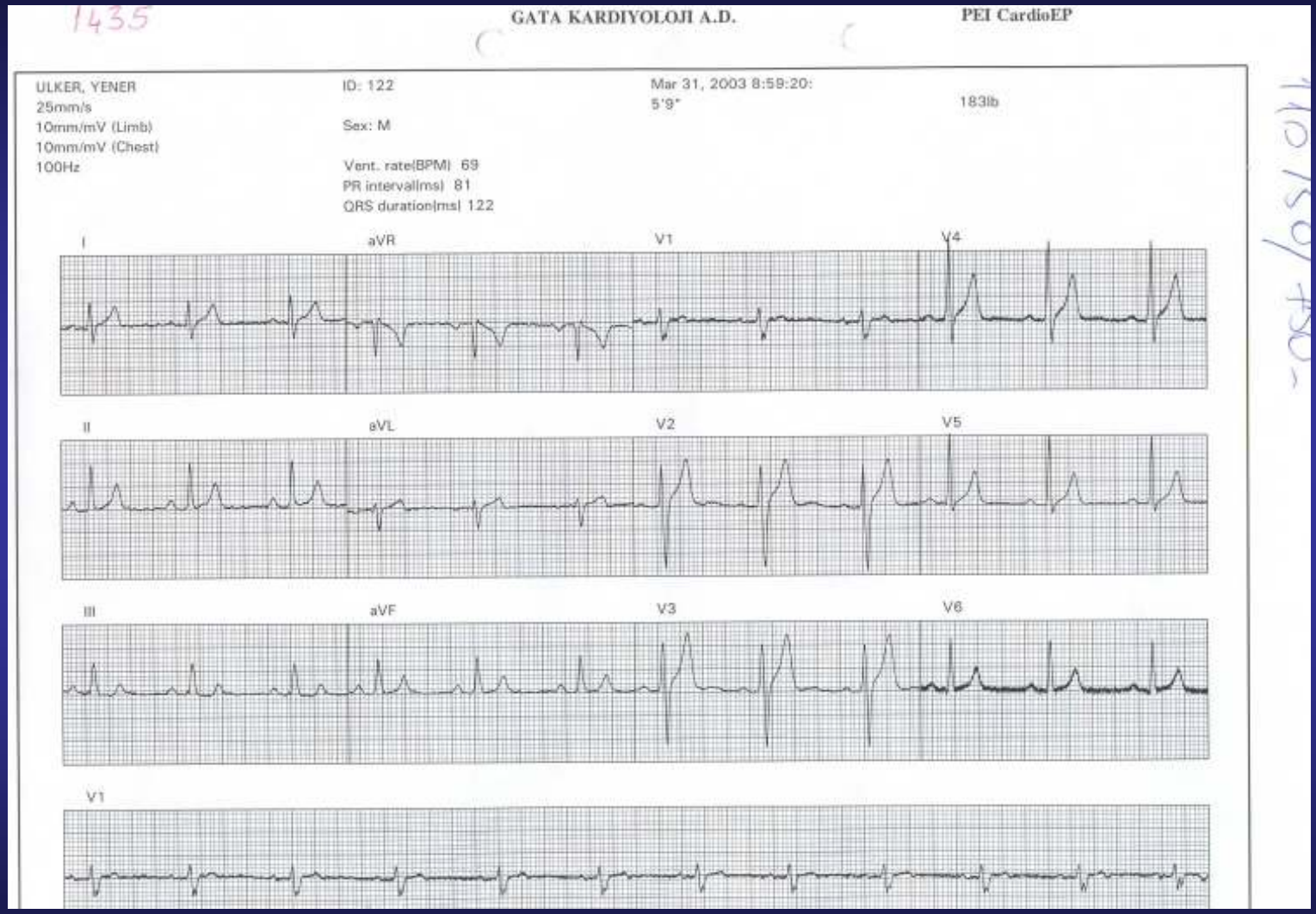
GATA Kardiyoloji
Ankara

OLGU 1



24 yaş, erkek hasta. Sık çarpıntı atakları ile acil başvuruları mevcut

AVNRT


1435
GATA KARDIYOLOJI A.D.
PEI CardioEP
ULKER, YENER
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 122
Sex: M
Vent. rate(BPM) 69
PR interval(ms) 81
QRS duration(ms) 122
Mar 31, 2003 8:59:20:
5'9"
183lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

AVNRT

AV Nodal Reentrant Taşikardi (AVNRT)

- SVT'nin en sık nedenidir.
- Klinik olarak, hastalar ani başlangıçlı 120-200 vuru/dk hızında düzenli taşikardi hissederler.
- 200 vuru/dk'dan hızlı SVT'ler nadir olmakla beraber, görüldüklerinde aksesuar iletiye bağlı aritmileri düşündürür.

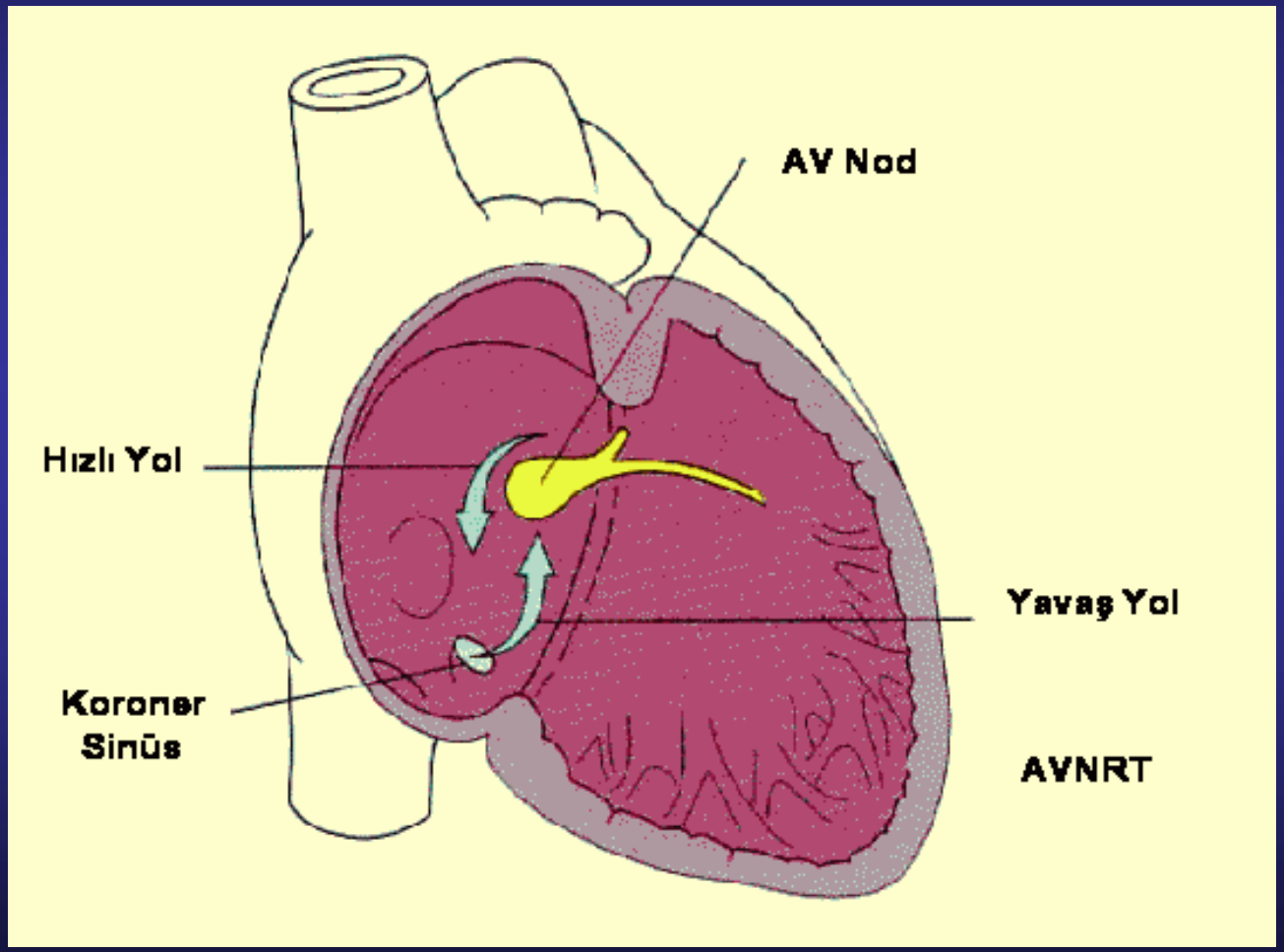
AVNRT

Düzenli

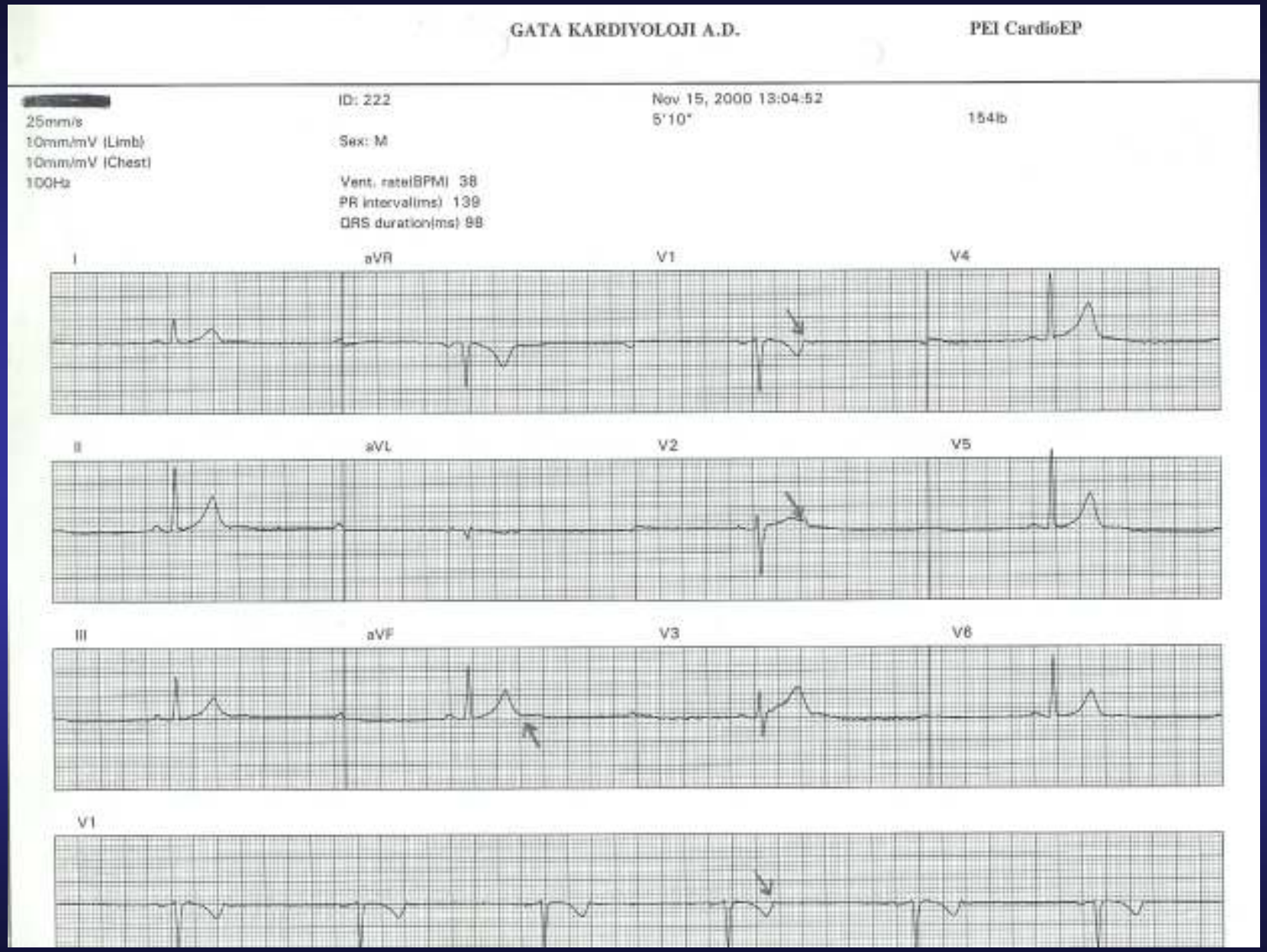
- P dalgaları genel olarak QRS kompleksleri içinde gizlenir.
- V1'de pseudo r veya inferiyor derivasyonlarda pseudo S görülebilir.
  - pseudo r': sens. 58%, spes. 91%
  - pseudo S: sens. 14%, spes. 100%

    - J. Am. Coll. Card 1993;21(1):85-9

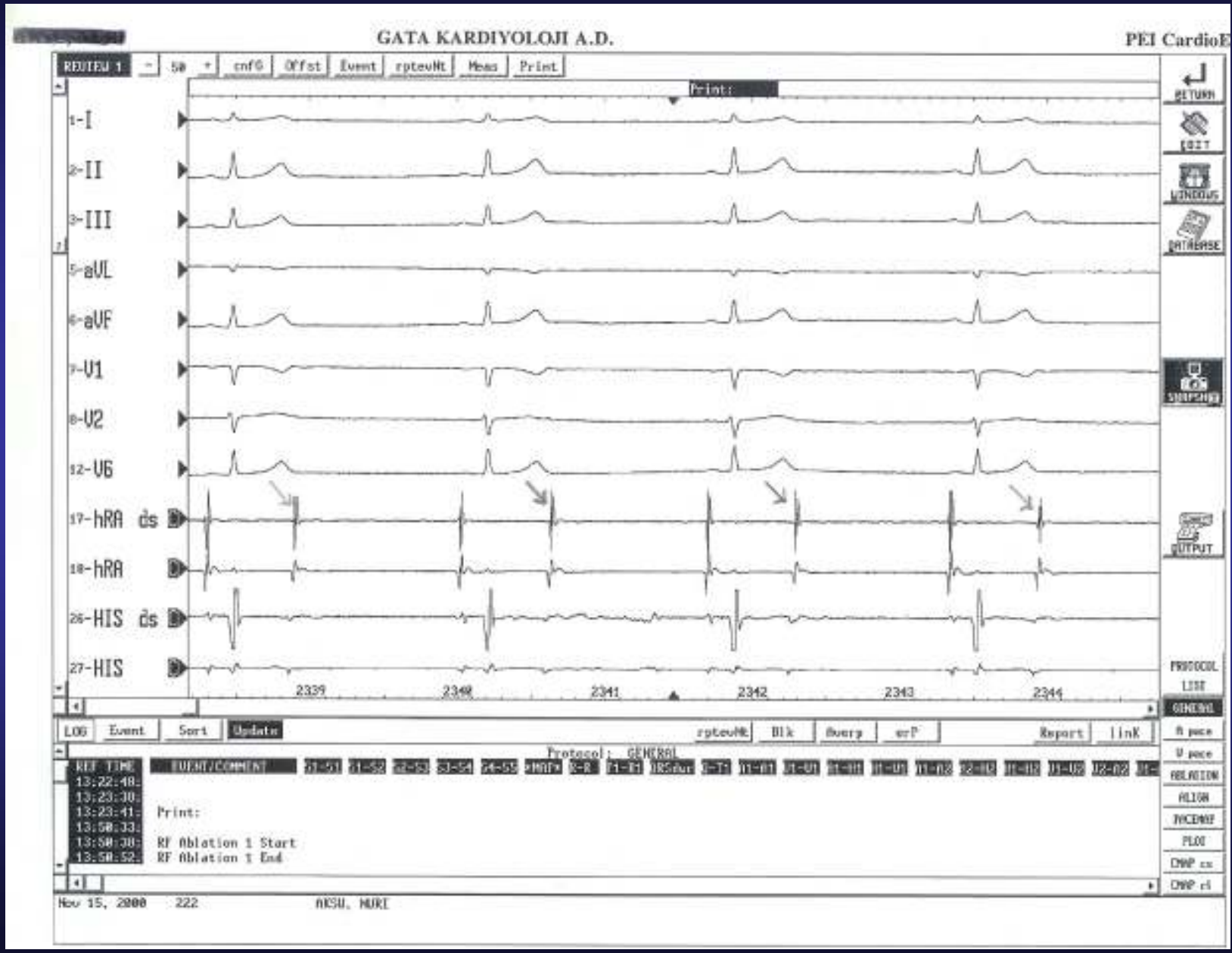
AVNRT

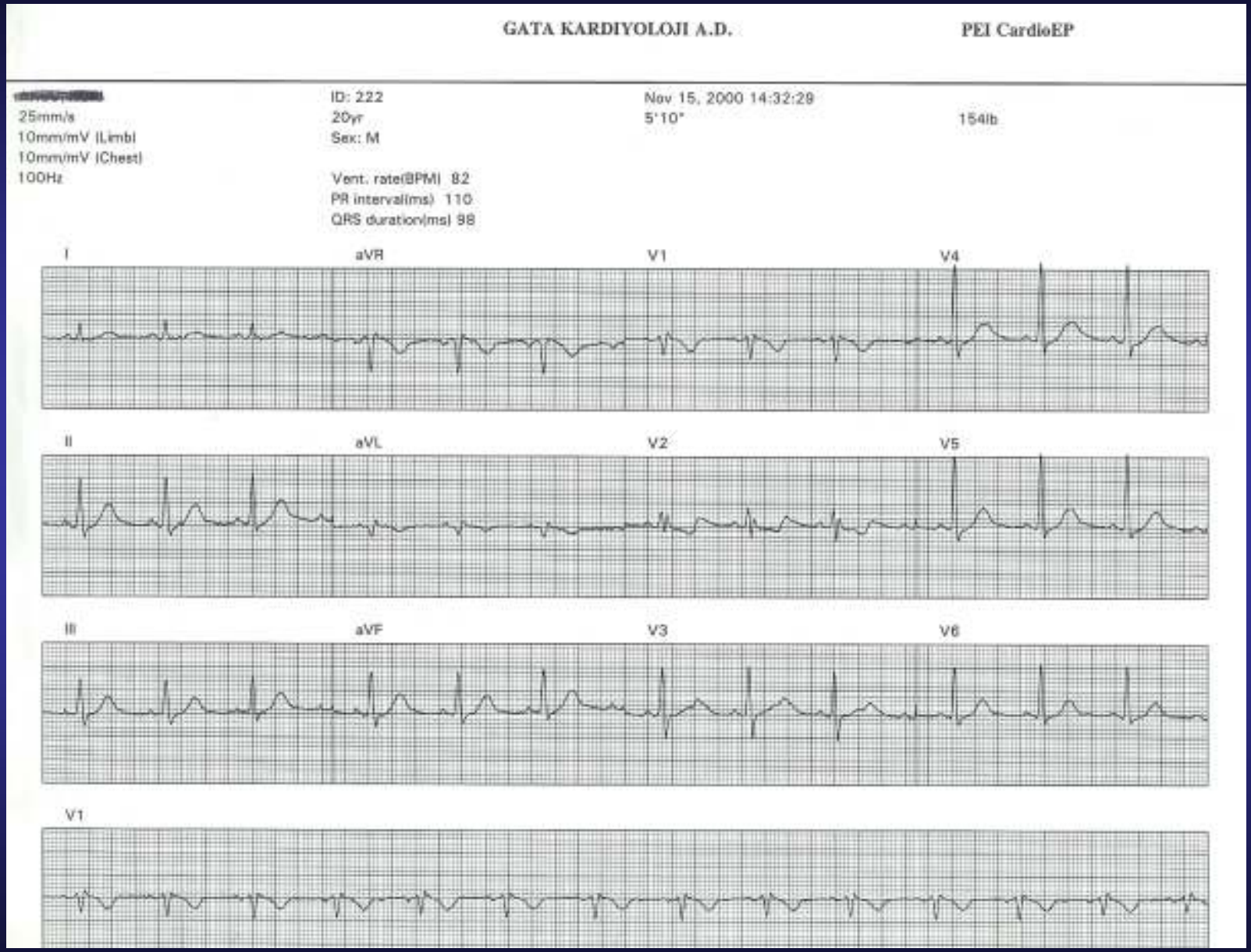


OLGU 2



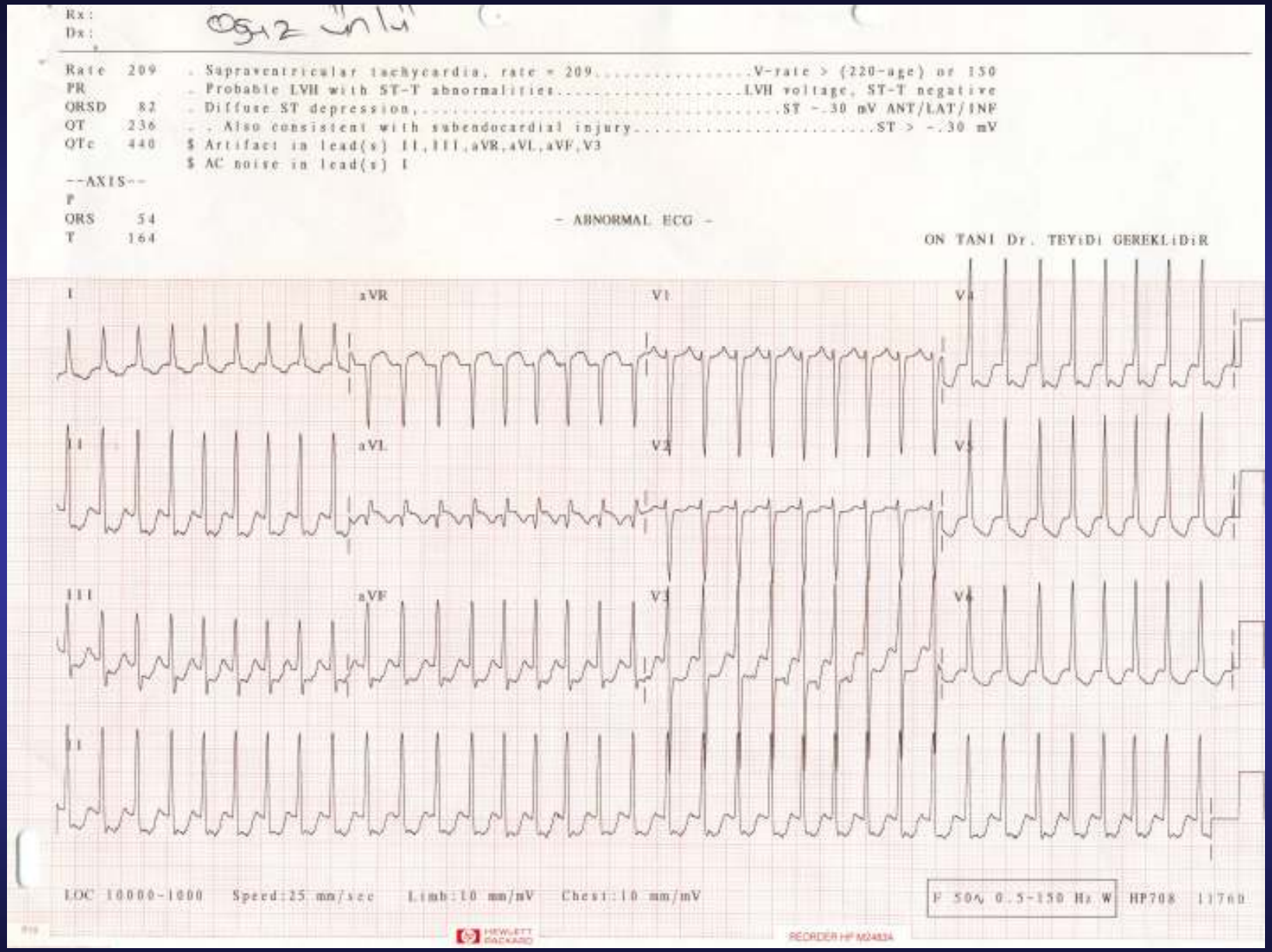
22 yaş, erkek hasta. Baş dönmesi-göz kararması şikayeti ile başvurdu


GATA KARDIYOLOJI A.D.
PEI CardioE
REVIEW 1
cnfG
Offst
Event
rptevNt
Meas
Print
Print:
1-I
2-II
3-III
5-aVL
6-aVF
7-V1
8-V2
12-V6
17-hRA ds
18-hRA
26-HIS ds
27-HIS
2339
2340
2341
2342
2343
2344
RETURN
EDIT
WINDOWS
DATABASE
SNAPSHOT
OUTPUT
PROTOCOL
LIBR
GENERAL
LOG
Event
Sort
Update
rptevNt
Blk
Query
erP
Report
link
Protocol : GENERAL
REF TIME
EVENT/COMMENT
13:22:40:
13:23:30:
13:23:41: Print:
13:50:33:
13:50:38: RF Ablation 1 Start
13:50:52: RF Ablation 1 End
A pace
V pace
ABLATION
ALIGN
PLOT
Nov 15, 2000
222
AKSU, MURI



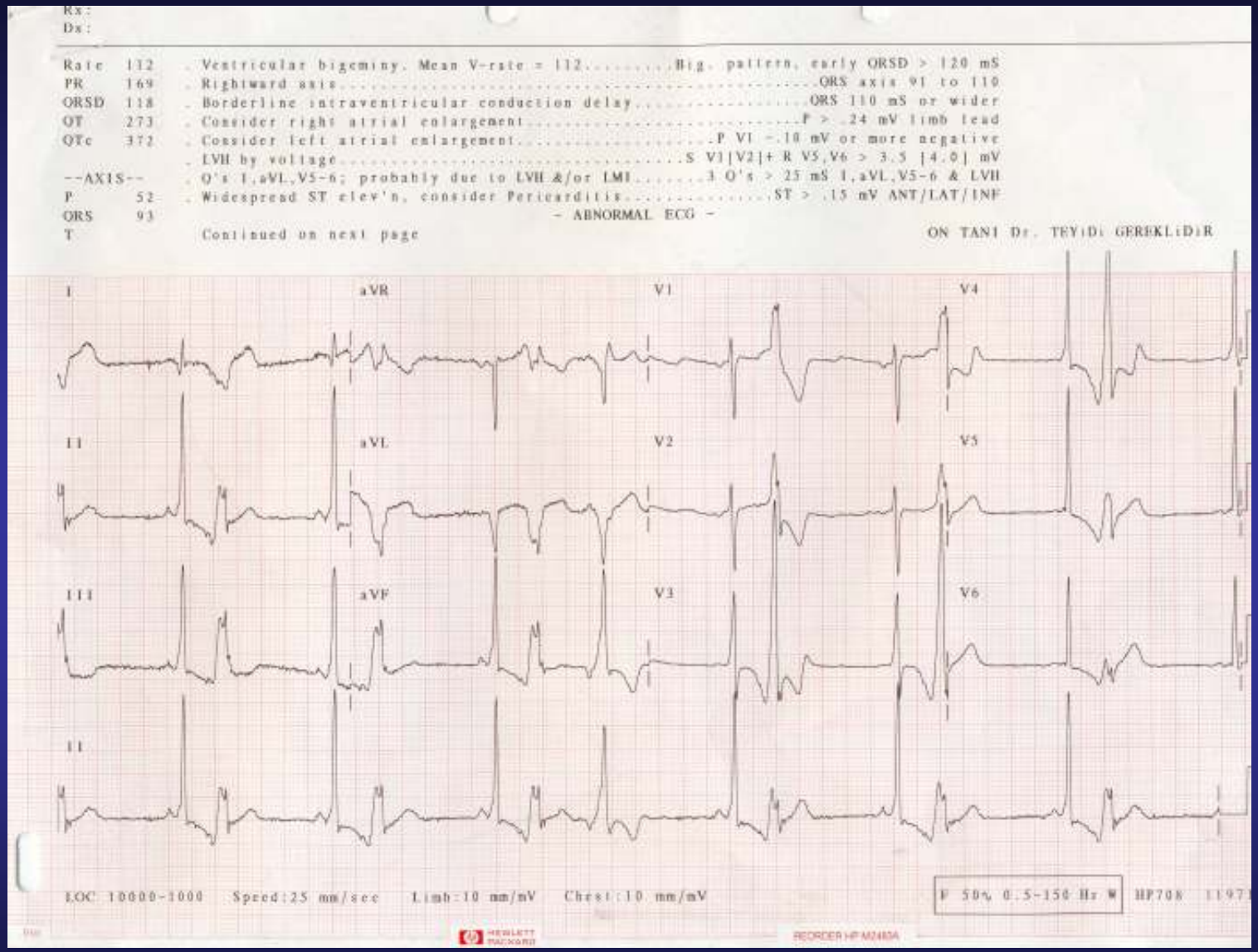
Bloke atrial erken vuru ablasyon sonrası

OLGU 3

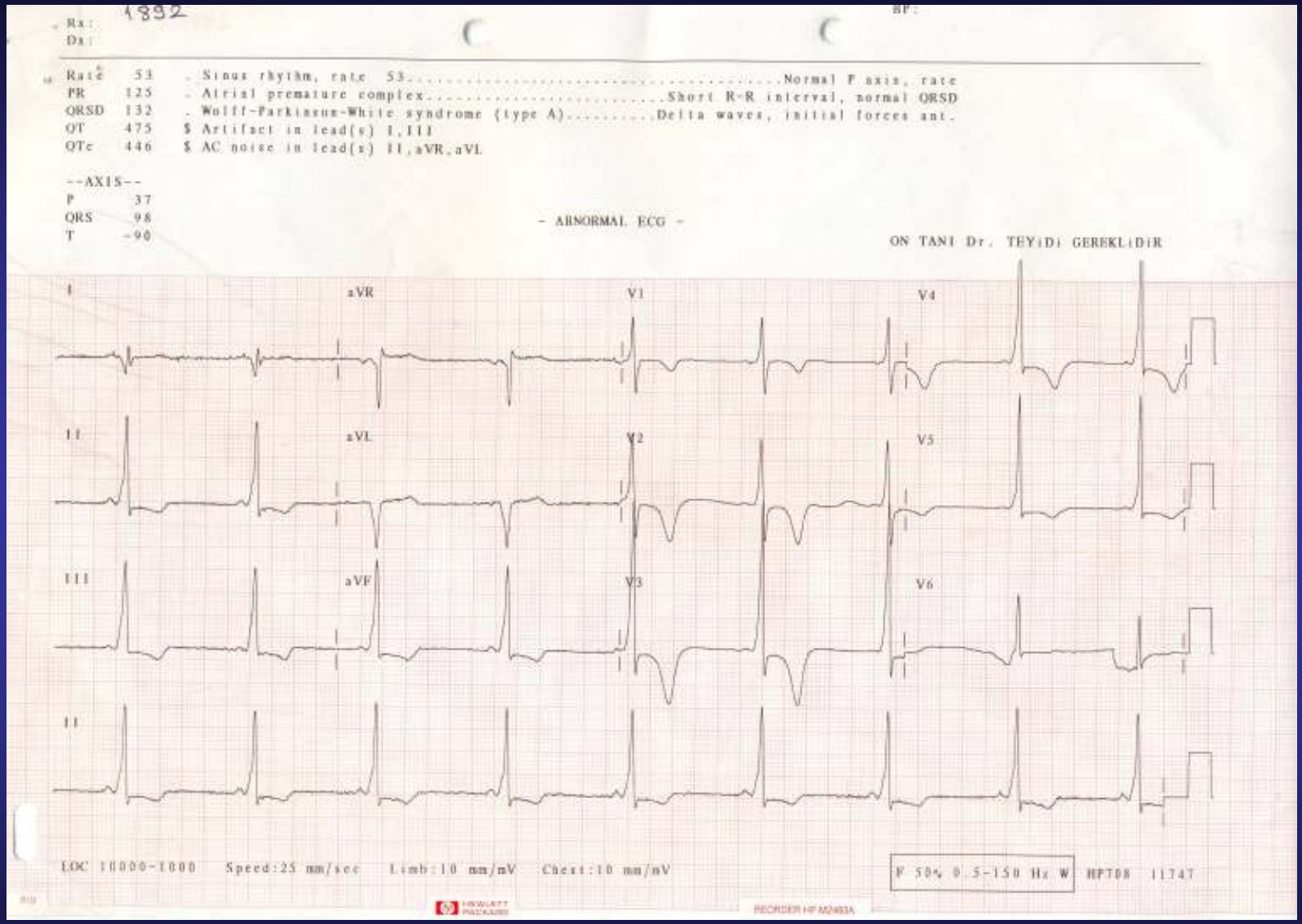


L lat preeks

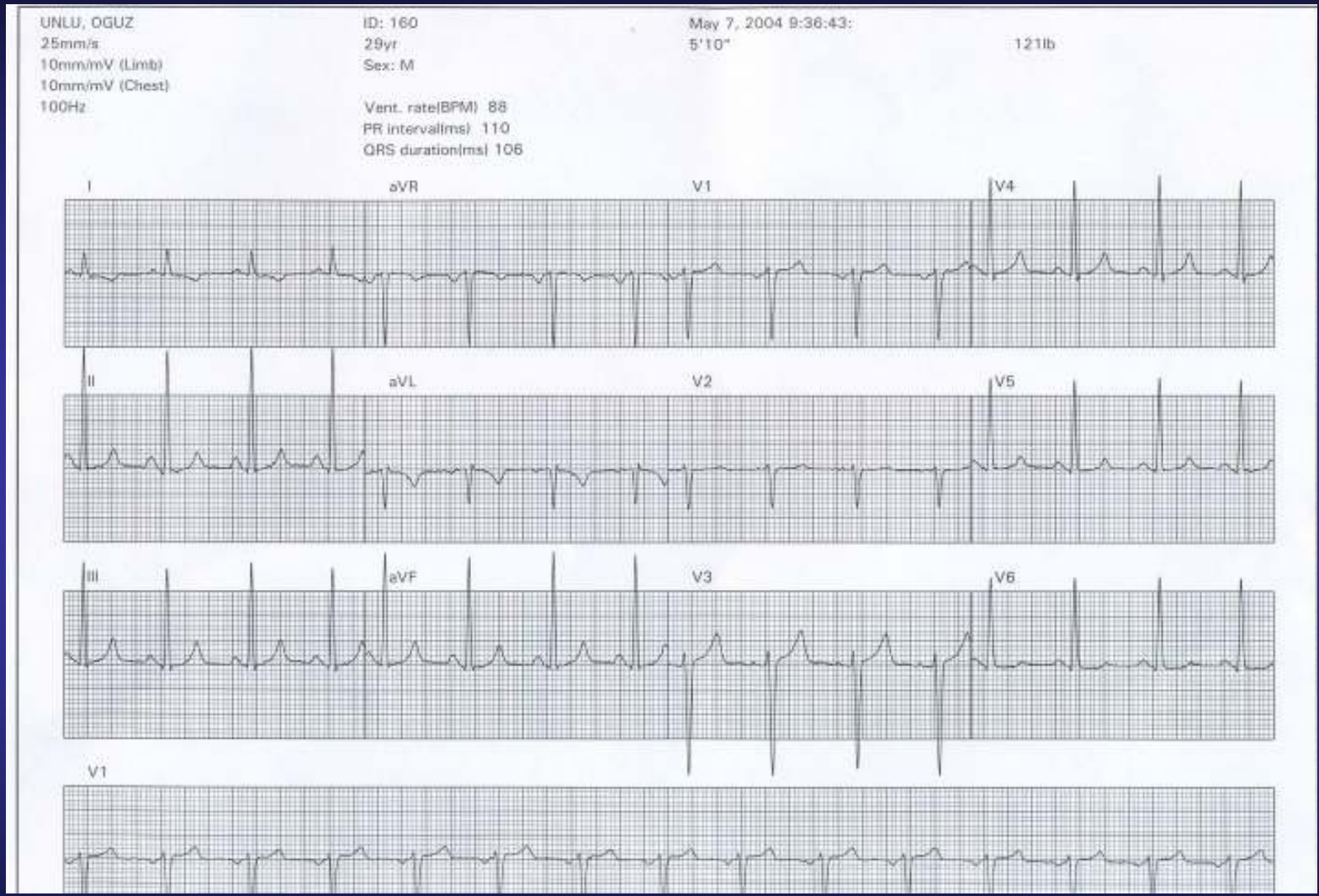
29 yaş, erkek hasta. AVR sonrası postop 1. günde verapamille sonlandırılan 5 SVT atağı


Rx:
Dx:
Rate 112
PR 169
ORSD 118
QT 273
QTc 372
--AXIS--
P 52
ORS 93
T
. Ventricular bigeminy. Mean V-rate = 112.....Big. pattern, early QRSD > 120 mS
. Rightward axis.....QRS axis 91 to 110
. Borderline intraventricular conduction delay.....QRS 110 mS or wider
. Consider right atrial enlargement.....P > .24 mV limb lead
. Consider left atrial enlargement.....P V1 -.10 mV or more negative
. LVH by voltage.....S V1|V2|+ R V5,V6 > 3.5 [4.0] mV
. Q's I,aVL,V5-6; probably due to LVH &/or LMI.....3 Q's > 25 mS I,aVL,V5-6 & LVH
. Widespread ST elev'n, consider Pericarditis.....ST > .15 mV ANT/LAT/INF
- ABNORMAL ECG -
Continued on next page
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 10000-1000 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV
F 50% 0.5-150 Hz M HP708
HEWLETT PACKARD
RECORDER HP M2483A

L lat preeks

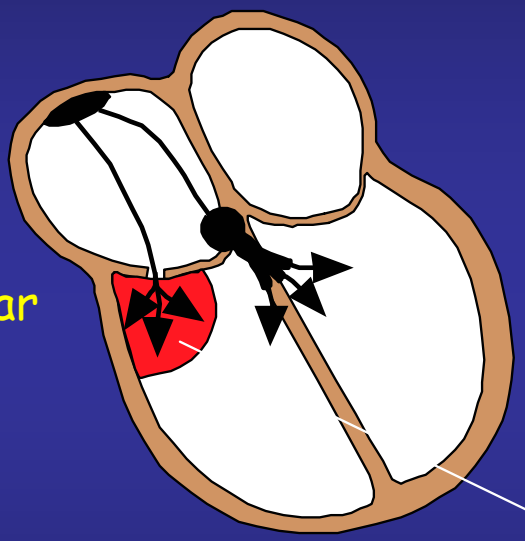

Rx:
Dx:
Rate 53
PR 125
QRSD 132
QT 475
QTc 446
. Sinus rhythm, rate 53.....Normal P axis, rate
. Atrial premature complex.....Short R-R interval, normal QRSD
. Wolff-Parkinson-White syndrome (type A).....Delta waves, initial forces ant.
$ Artifact in lead(s) I,III
$ AC noise in lead(s) II,aVR,aVL
--AXIS--
P 37
QRS 98
T -90
- ABNORMAL ECG -
ON TANI Dr. TEYiDi GEREKLiDiR
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 10000-1000 Speed:25 mm/sec Limb:10 mm/nV Chest:10 mm/nV
F 50% 0.5-150 Hz W HPT08 11747

L lat preeks



L lat preeks:abl son

WPW Sendromu



Aksesuar yol (KENT)

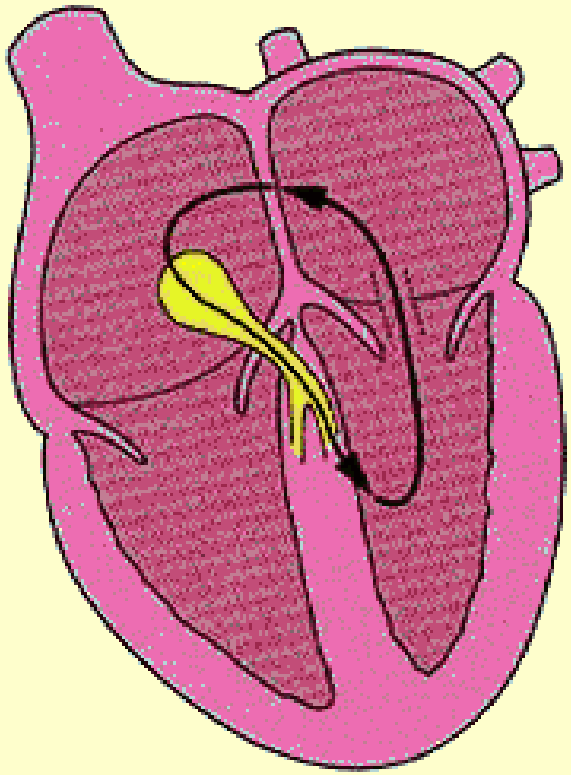
PR
< 120 ms

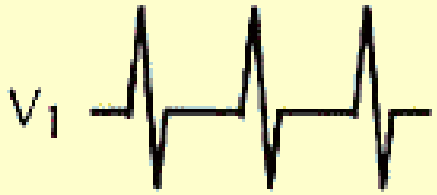
QRS
> 120 ms

Neg. T

DELTA dalgası

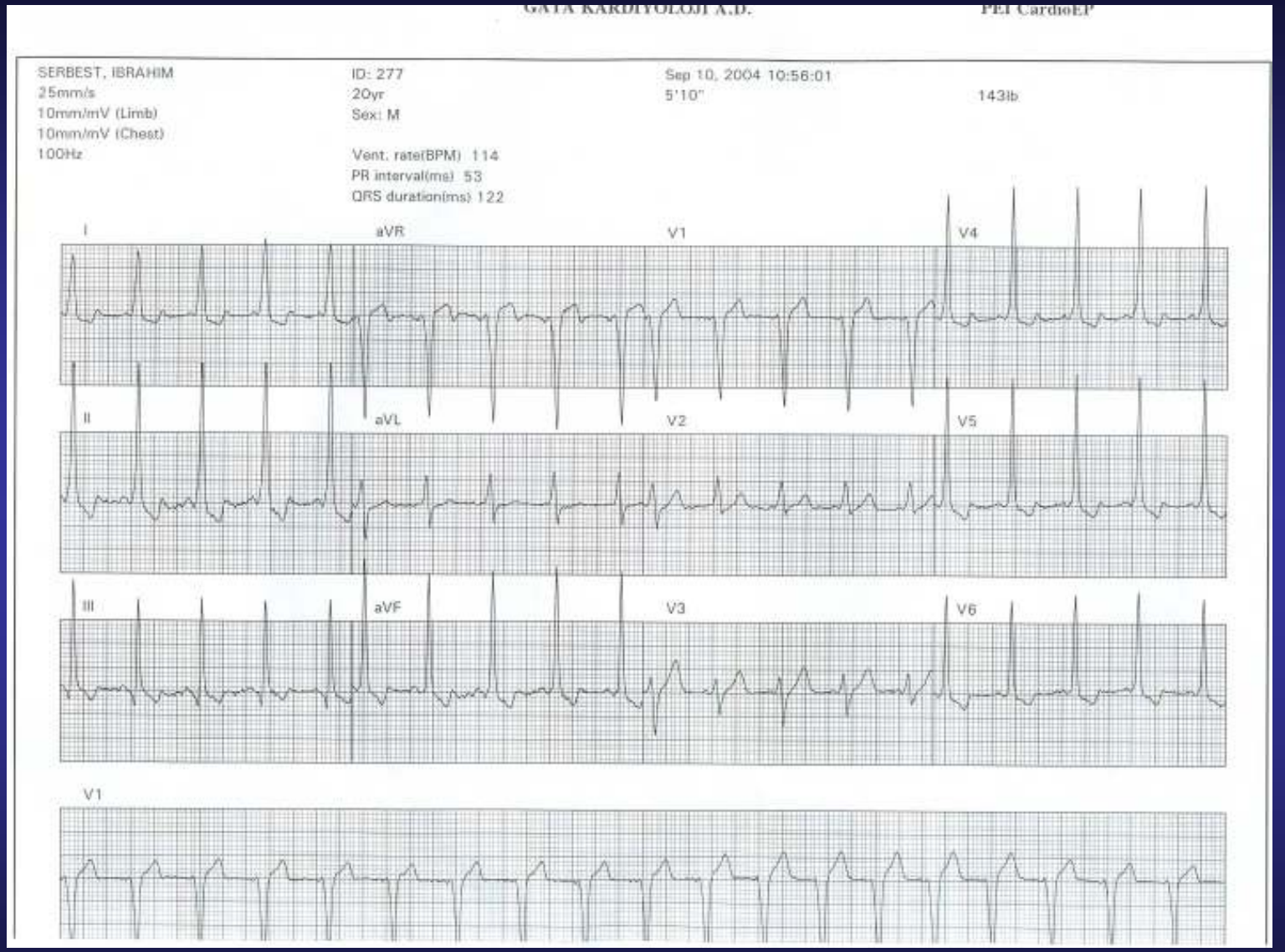
AVRT





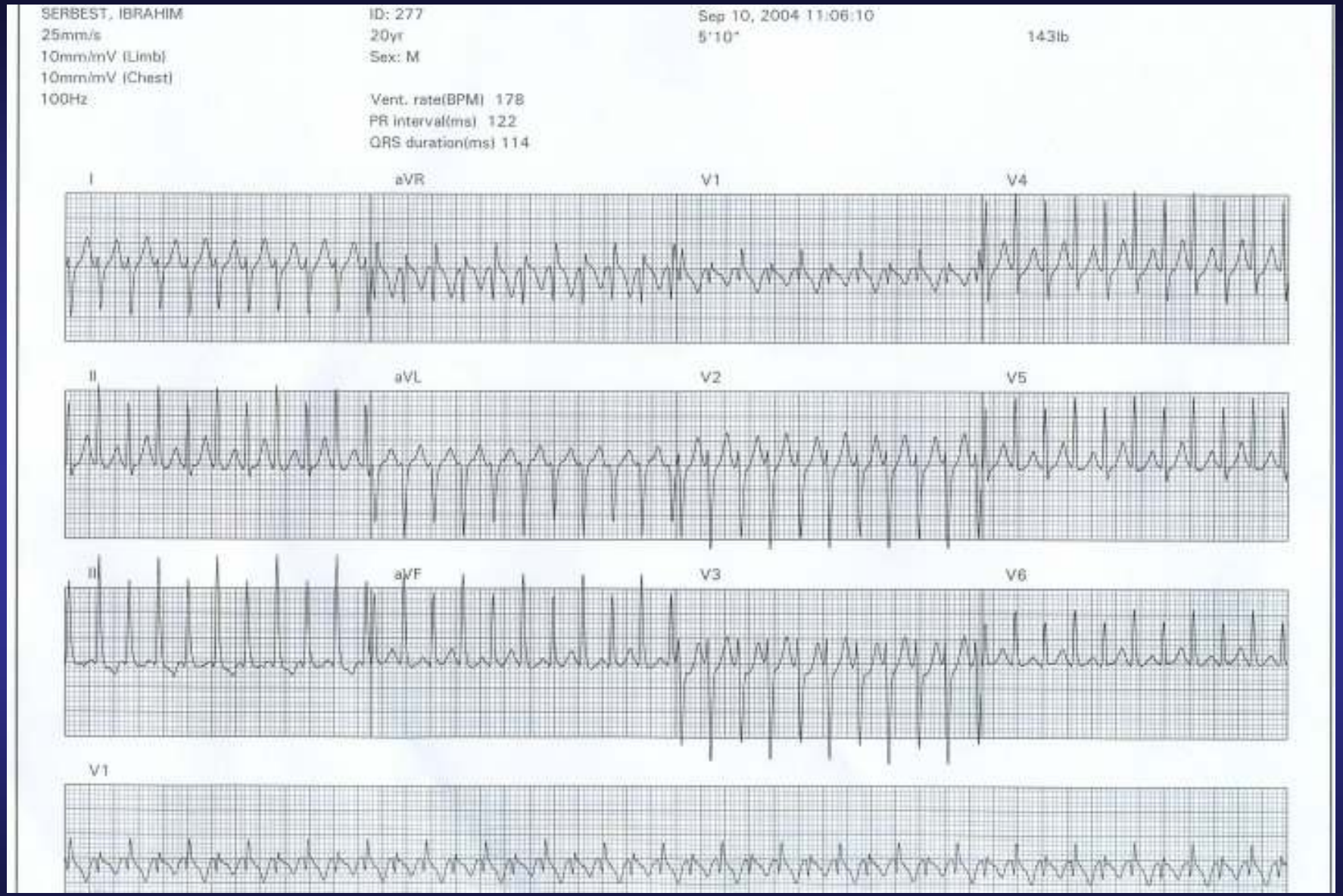
Ortodromik Taşikardi

OLGU 4



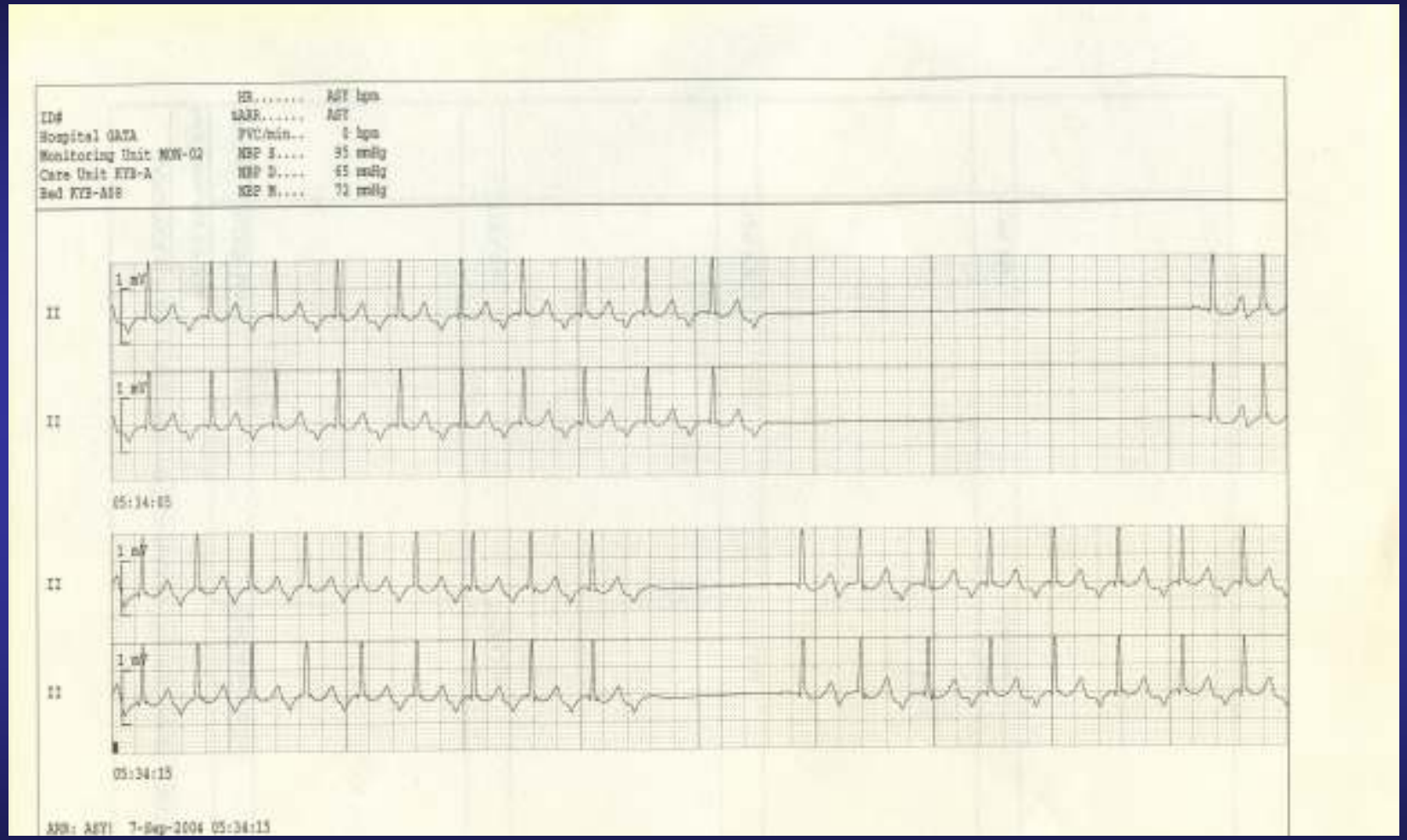
20 yaş, erkek hasta. Sık çarpıntı atakları (+).

preeks

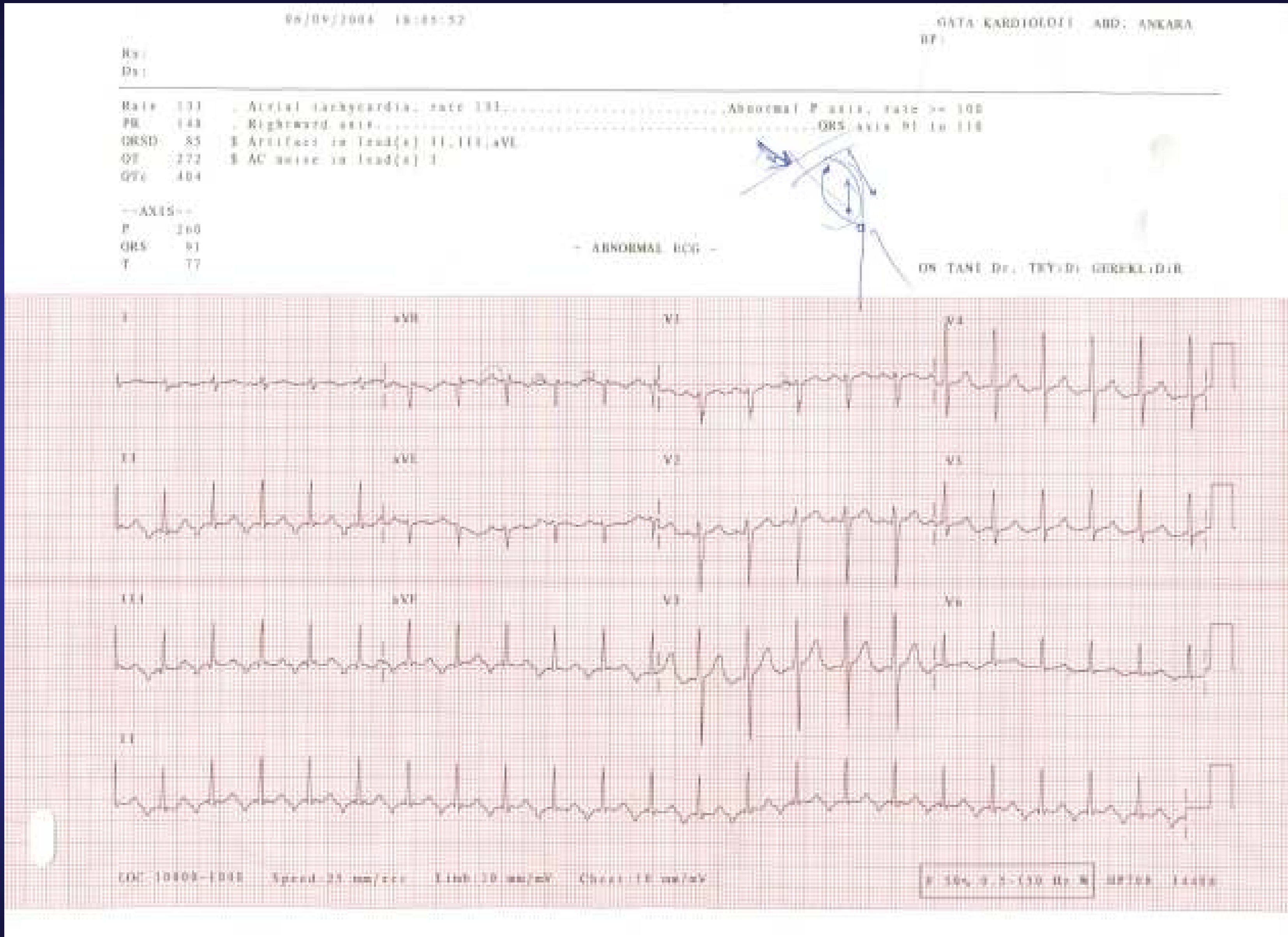

SERBEST, IBRAHIM
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 277
20yr
Sex: M
Vent. rate(BPM) 178
PR interval(ms) 122
QRS duration(ms) 114
Sep 10, 2004 11:06:10
5'10"
143lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

Ort AVRT

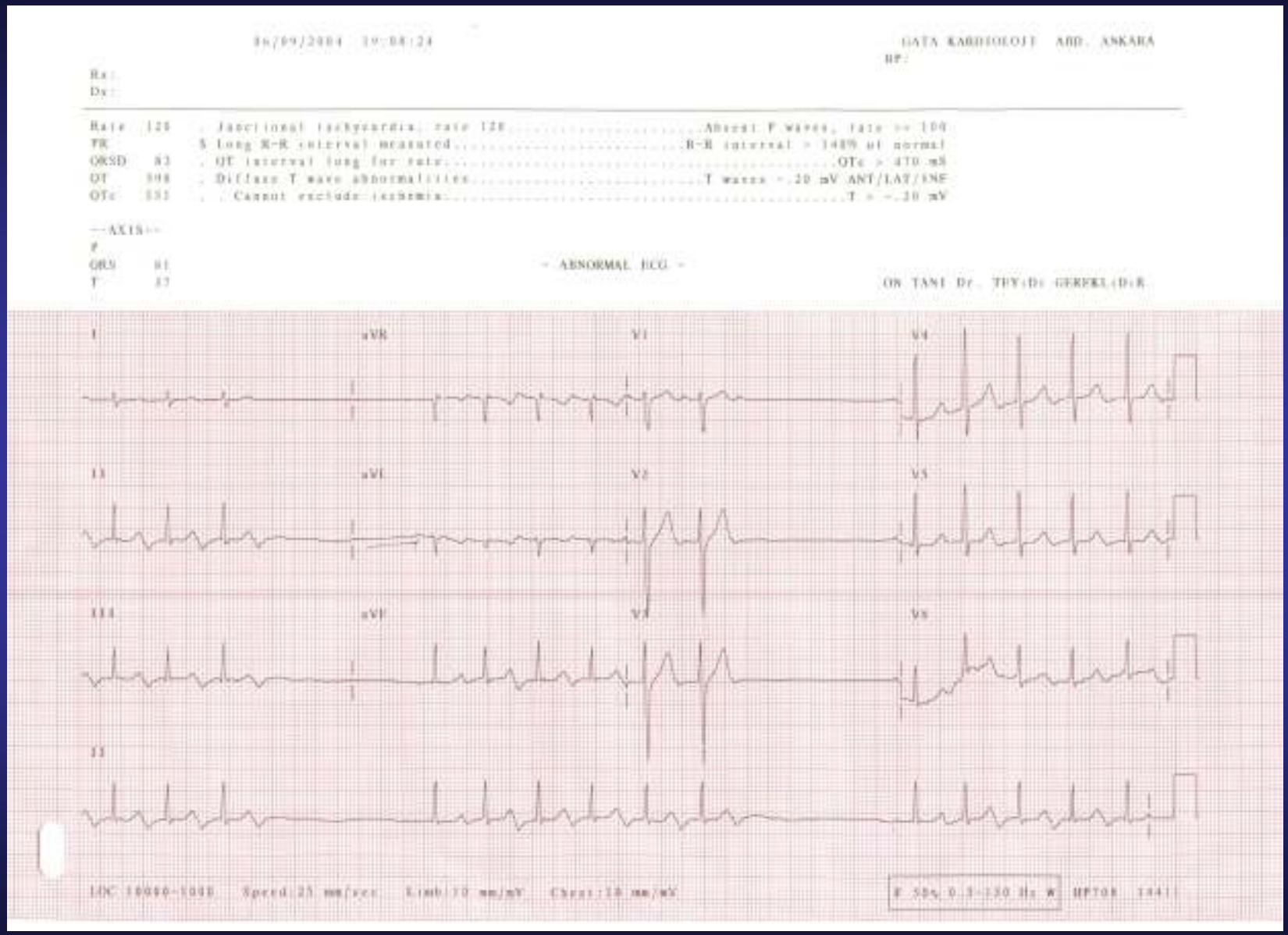
OLGU 5



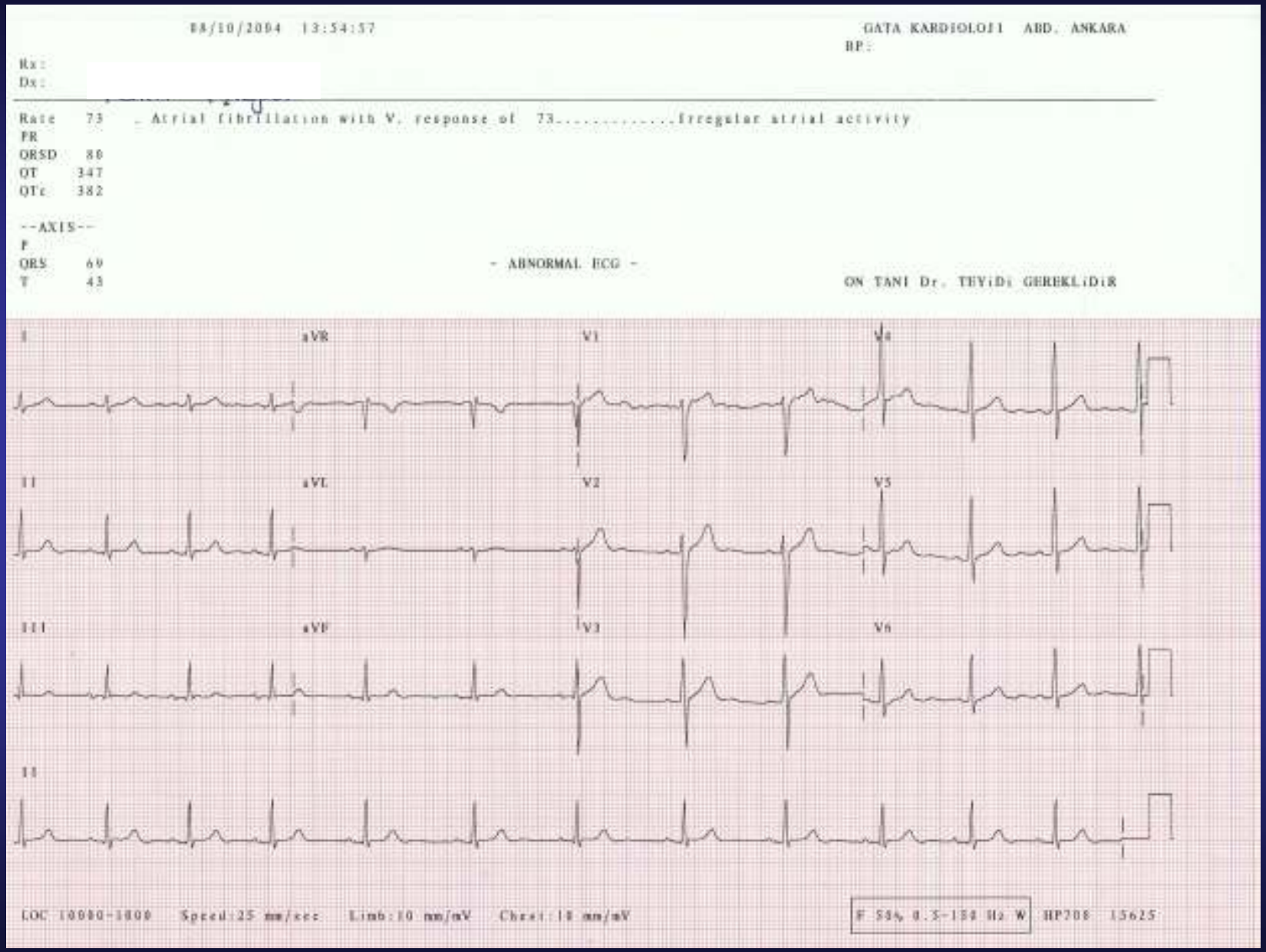
22 yaş, erkek hasta. Sık çarpıntı ve senkop atakları ile pacemaker implantasyonu için sevkli



GATA KARDIOLOJI ABD; ANKARA
Rate 131
PR 148
QRSD 85
QT 272
QTc 404
. Atrial tachycardia, rate 131 ..... Abnormal P axis, rate >= 100
. Rightward axis ..... QRS axis 91 to 110
$ Artifact in lead(s) II,III,aVL
$ AC noise in lead(s) I
--AXIS--
P 260
QRS 91
T 77
- ABNORMAL ECG -
ON TANI Dr. TEYiDi GEREKLiDiR
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II

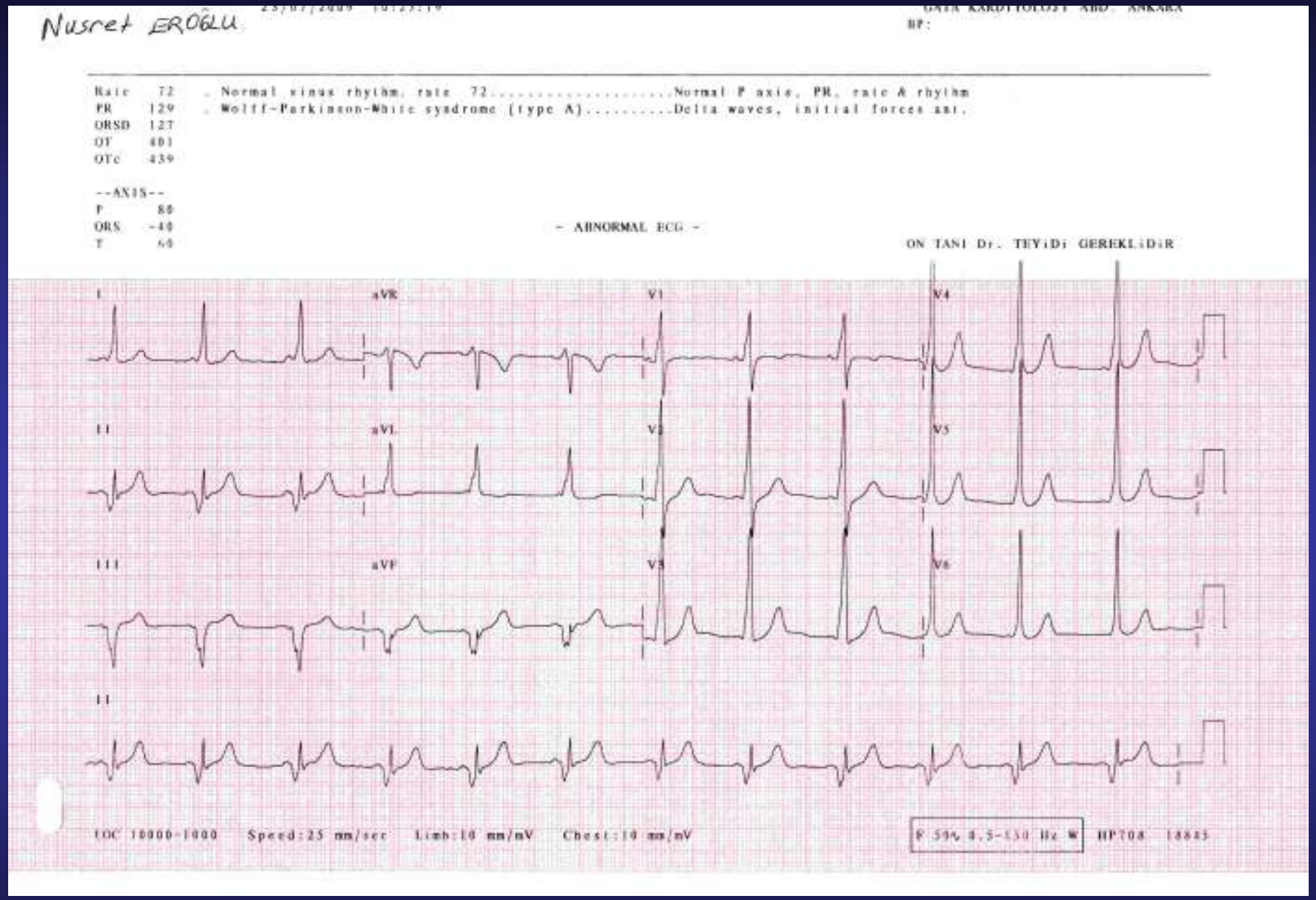

06/09/2004 19:08:24
GATA KARDIOLOJI ABD. ANKARA
RP:
Rx:
Dx:
Rate 125 . Junctional tachycardia, rate 125 .Abnrml P waves, rate >= 100
PR 5 Long R-R interval measured .R-R interval > 1400% of normal
QRSD 83 . QT interval long for rate .QTc > 470 mS
QT 308 . Diffuse T wave abnormalities .T waves < .20 mV ANT/LAT/INF
QTc 533 . . Cannot exclude ischemia .T > = .20 mV
--AXIS--
P
QRS 81
T 37
- ABNORMAL ECG -
ON TANI Dr. TPY:Dr GERFKL(D:R
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 10000-1000 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV
F 50% 0.5-150 Hz M HP705 1441

PJRT


08/10/2004 13:54:57
GATA KARDIOLOJI ABD. ANKARA
BP:
Rx:
Dx:
Rate 73
PR
QRSD 80
QT 347
QTc 382
--AXIS--
P
QRS 69
T 43
- Atrial fibrillation with V. response of 73.....Irregular atrial activity
- ABNORMAL ECG -
ON TANI Dr. TEVIDI GEREKLIDIR
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 10000-1000 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV
F 50% 0.5-150 Hz W HP708 15625

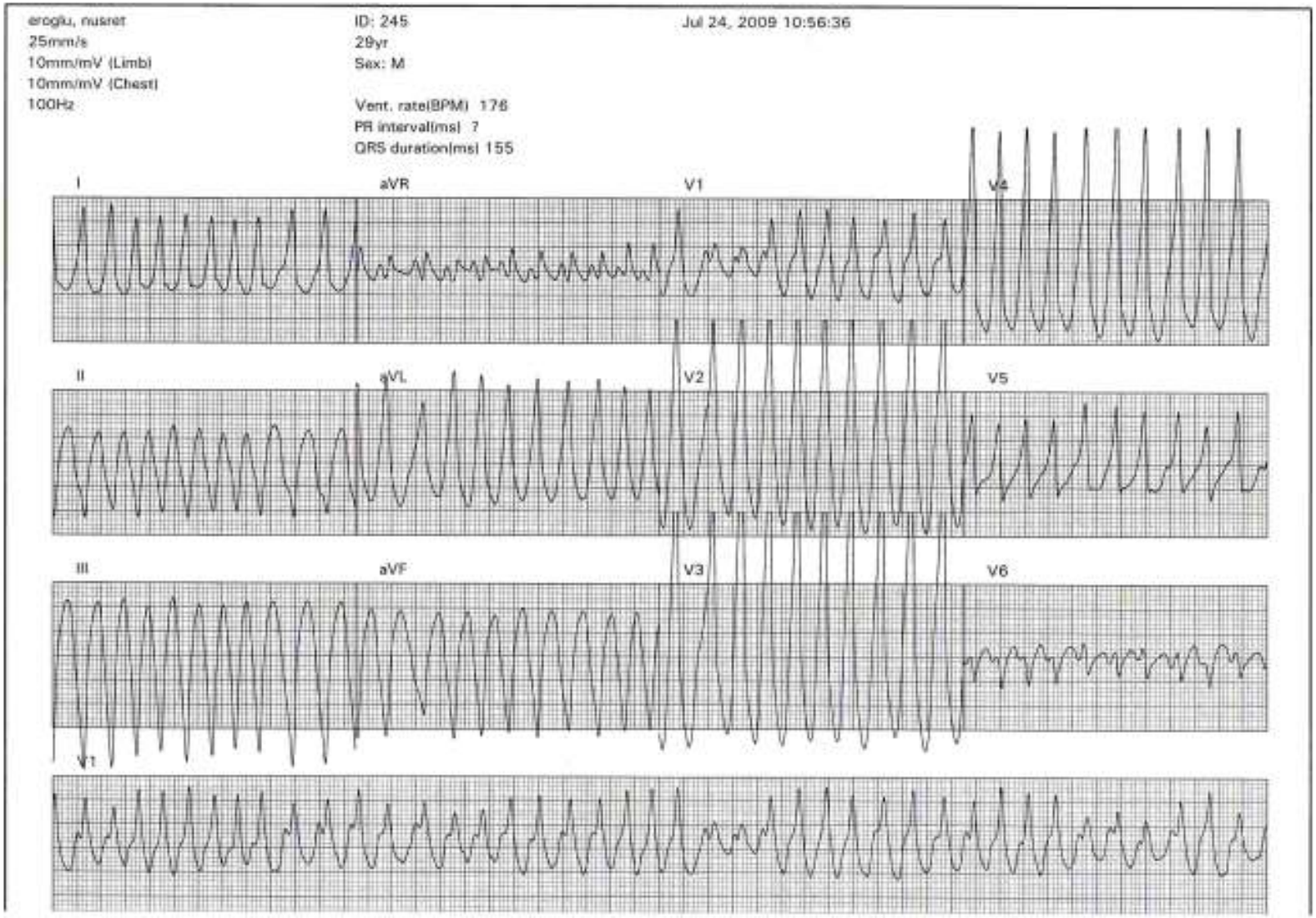
PJRT

OLGU 6



- 30 yaş, WPW sendromlu erkek hasta.
- Başarısız 2 RF ablasyon denemesi öyküsü var.
- Senkop atakları nedeniyle merkezimize başvurdu.

GATA KARDIYOLOJI A.D. PEI CardioEP



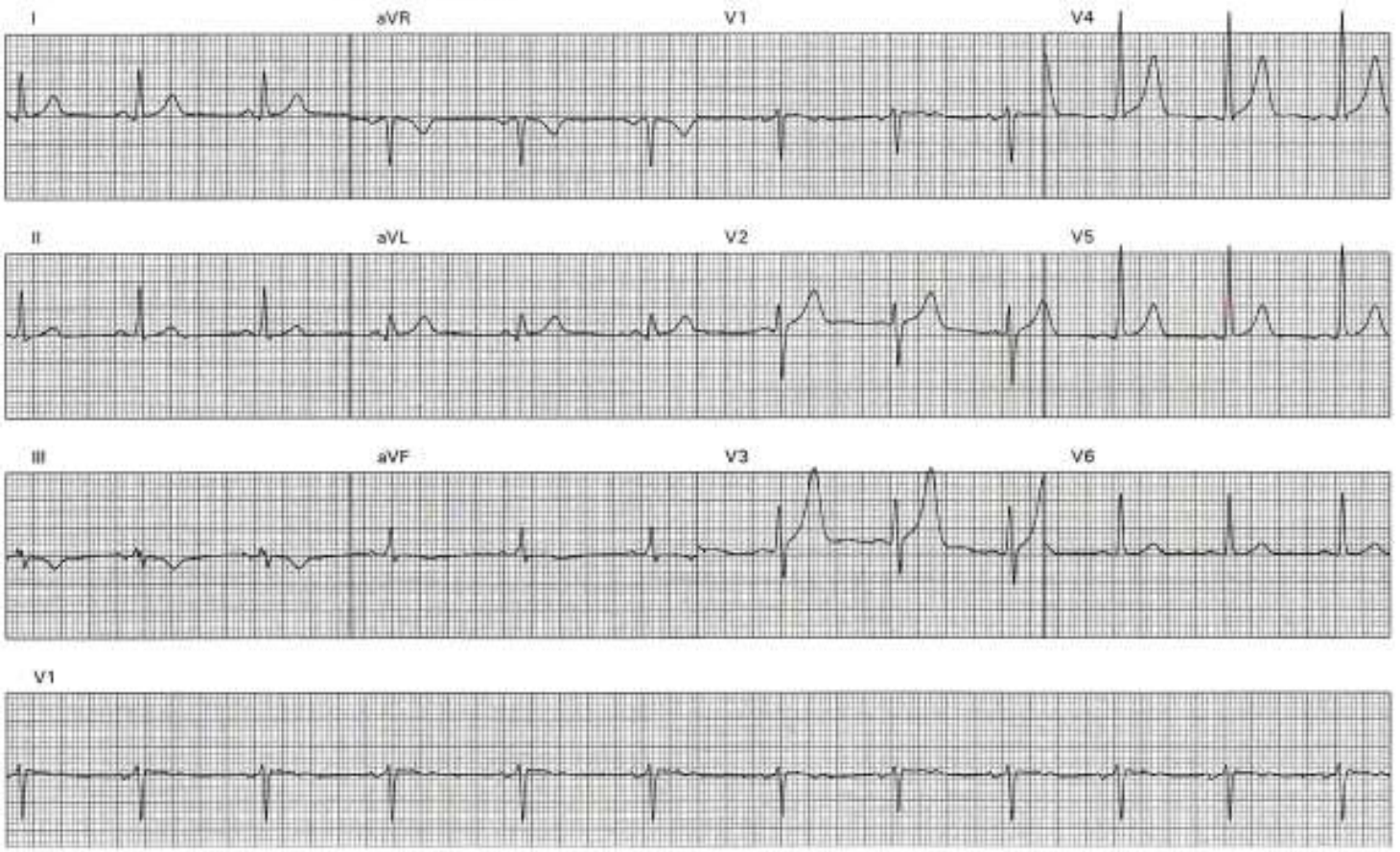
GATA KARDIYOLOJI A.D. **PEI CardioEP**

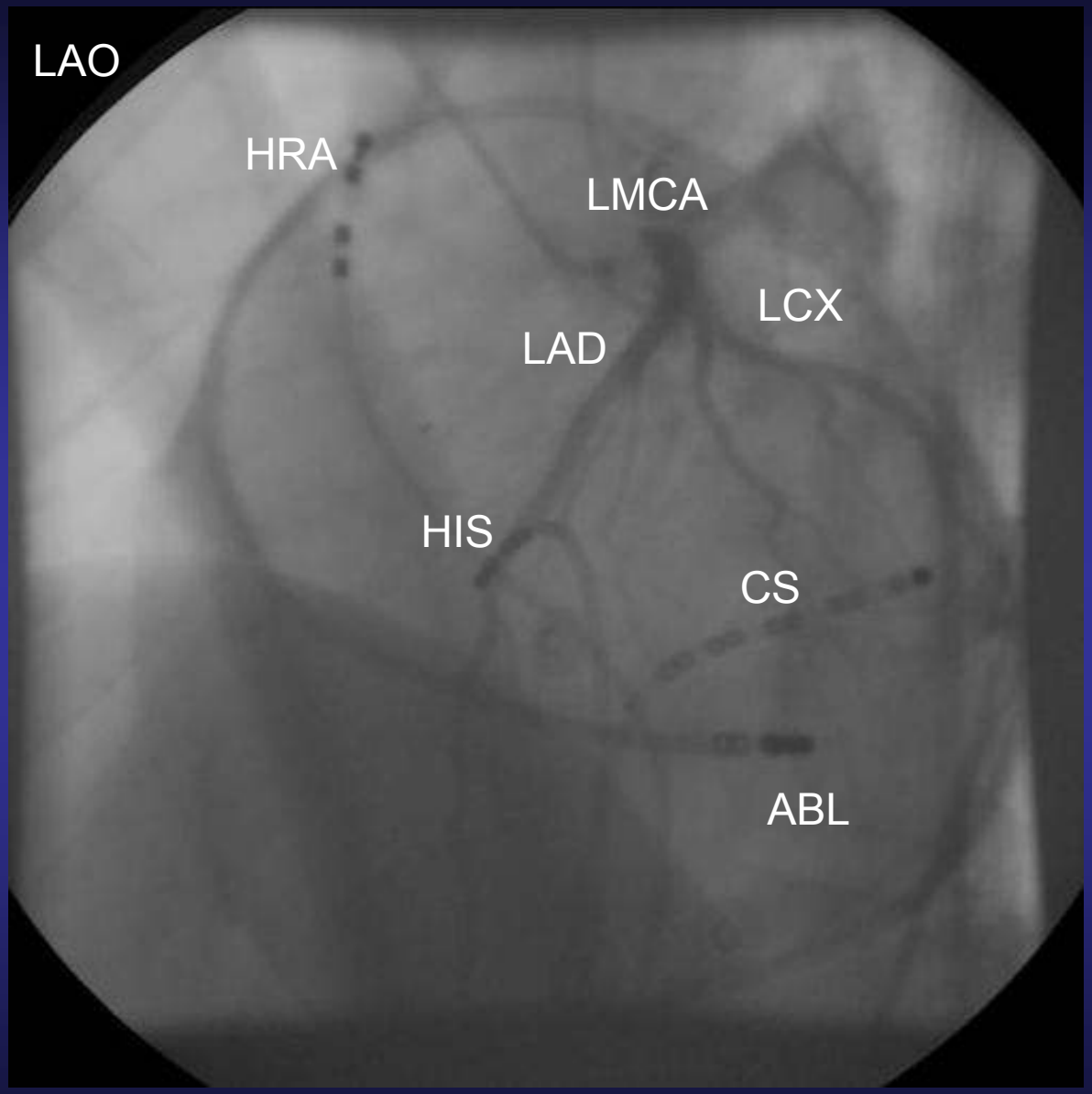
eroglu, nusret
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz

ID: 245
29yr
Sex: M

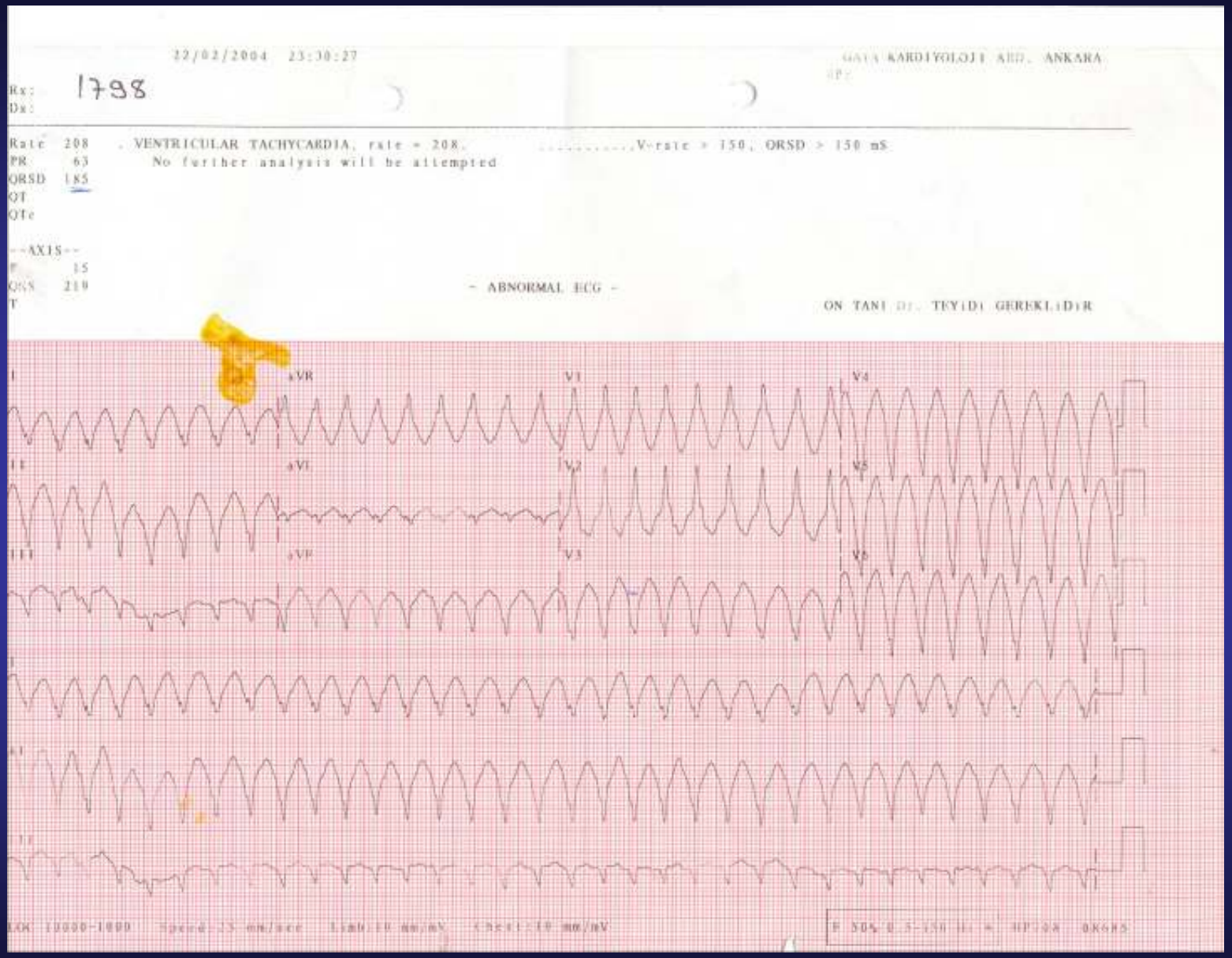
Jul 24, 2009 11:28:13

Vent. rate(BPM) 69
PR interval(ms) 98
QRS duration(ms) 98




LAO
HRA
LMCA
LCX
LAD
HIS
CS
ABL

OLGU 7



58 yaş, erkek hasta. İskemik KMP ile takipte. Senkop atağı ile başvurdu

Sus Mon VT

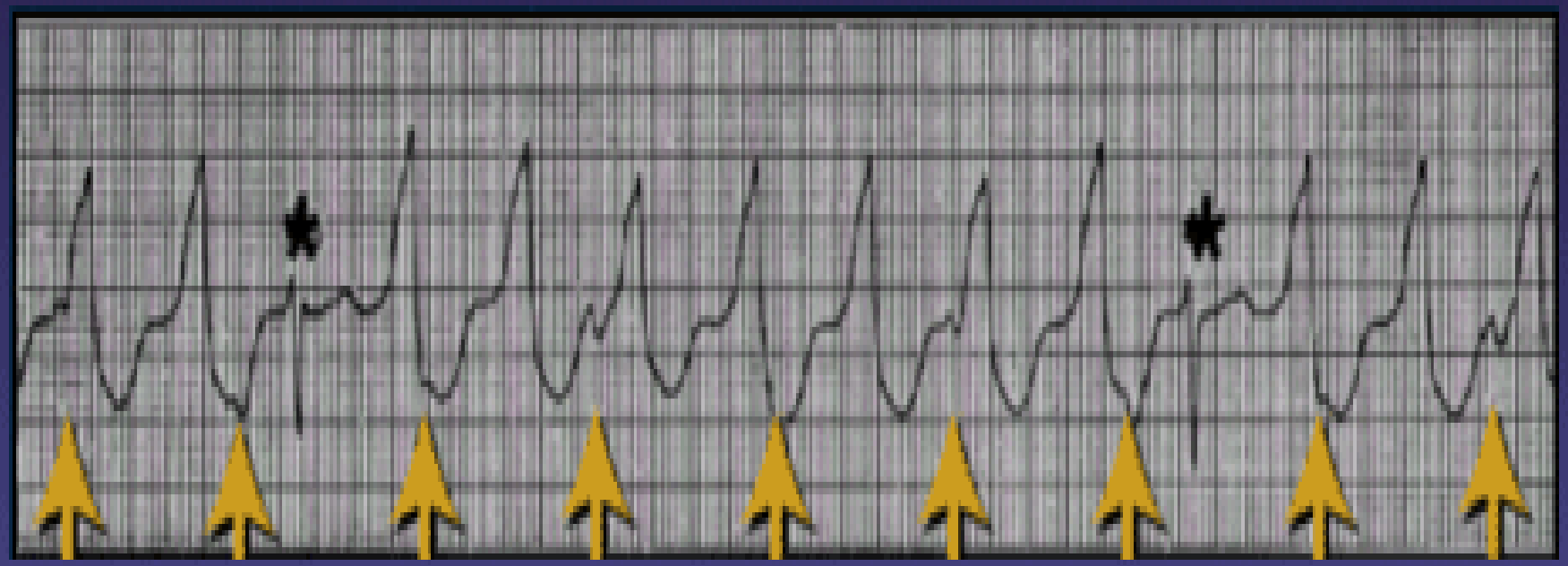
Geniş QRS kompleksli taşikardiler

- Ventriküler taşikardi
- Aberasyonlu supraventriküler taşikardi
- Antidromik taşikardi

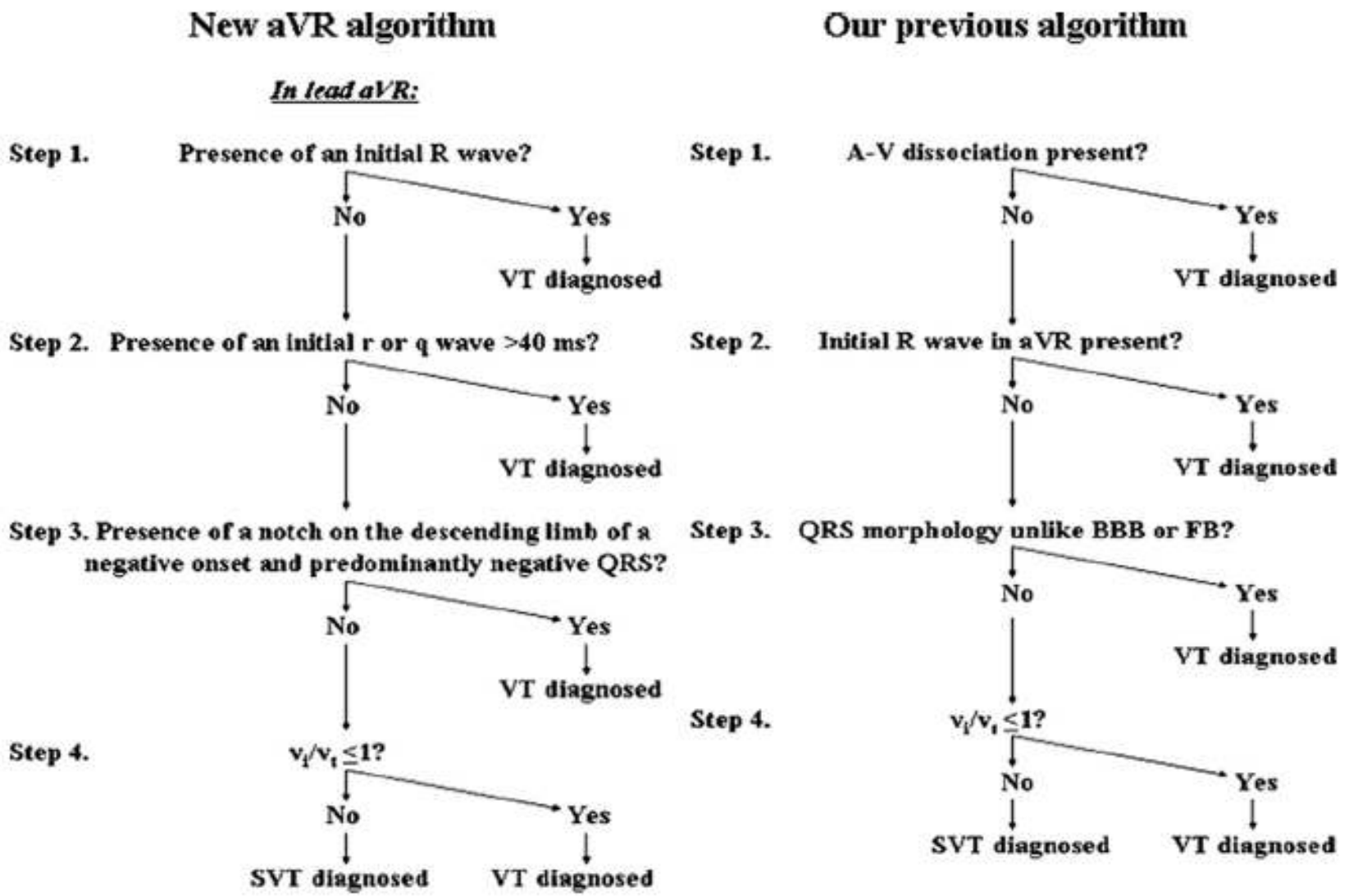
Geniş QRS'li taşikardi

- Genel Populasyonda geniş QRS kompleks taşikardilerin yaklaşık %80'ninin nedeni VT'dir.
- Aberan iletili SVT'ler ise değişik serilere göre geniş QRS kompleks taşikardilerin yaklaşık %15-30'undan sorumludur.
- Preeksite taşikardiler geniş QRS kompleks taşikardilerin sadece %1-5'inden sorumludur.

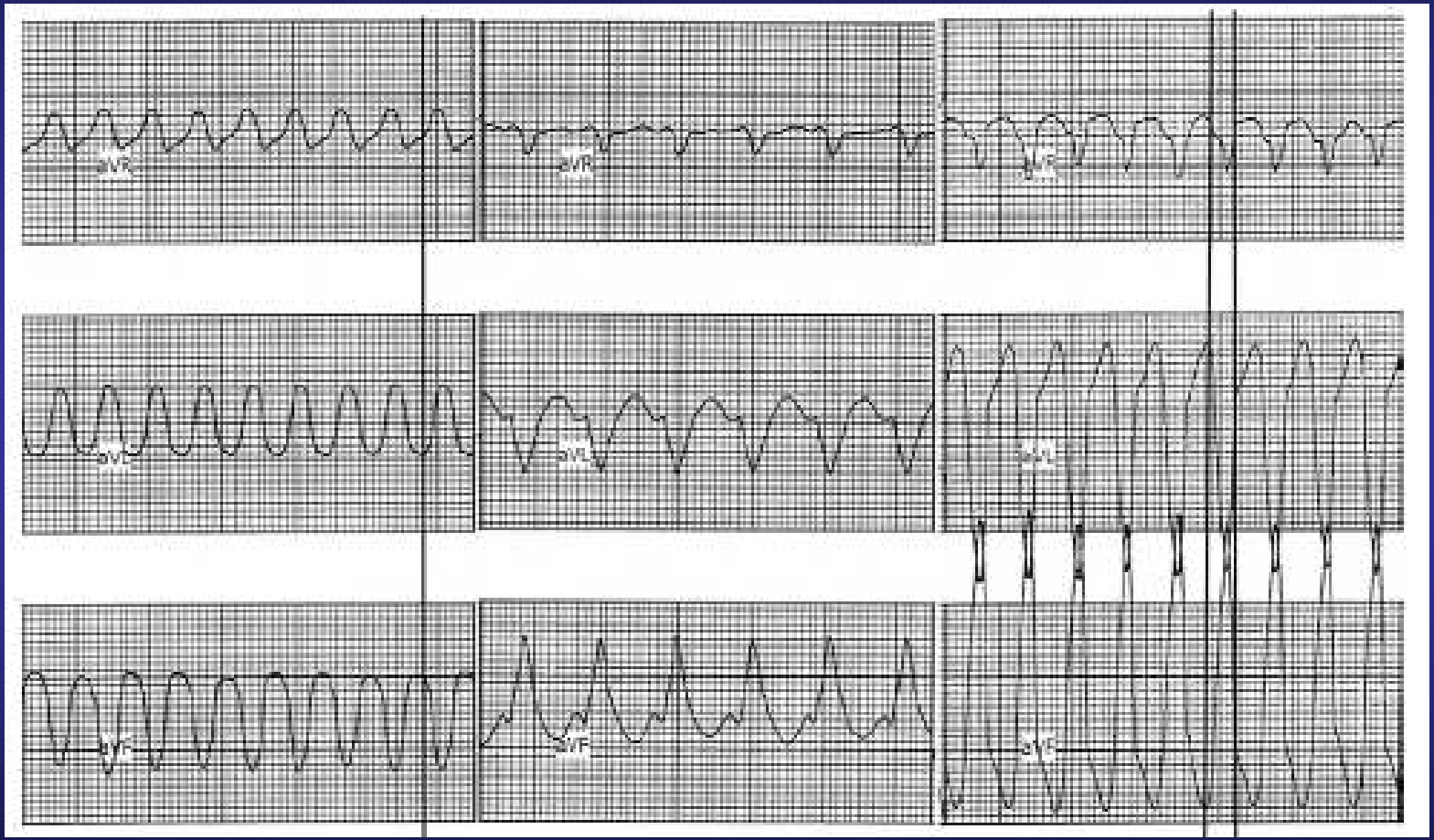
AVD



68 yaşında erkek hasta
Koroner revaskülarizasyon öyküsü



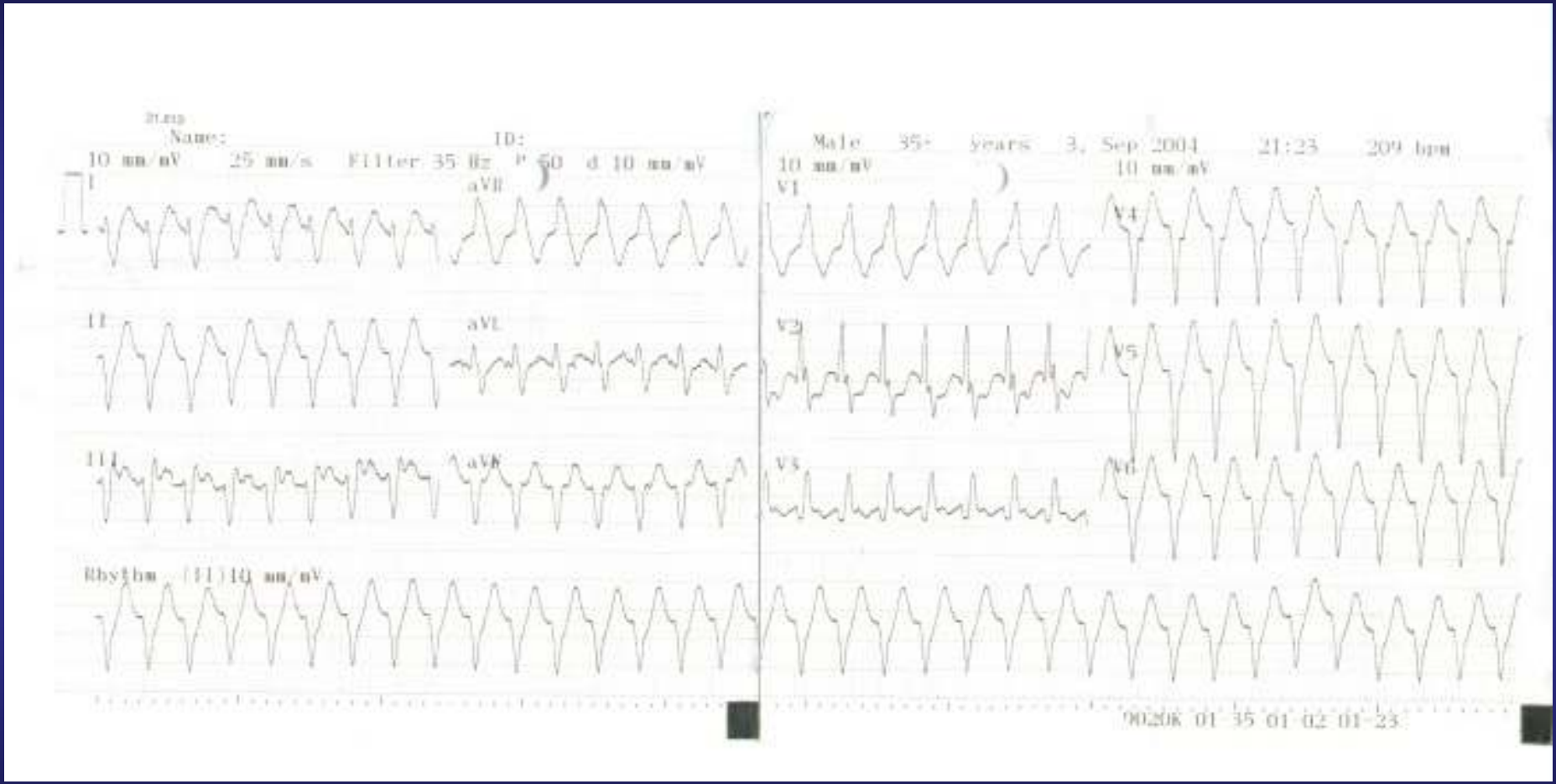
Vereckia et al.Heart Rhythm 2008;5:89-98



Major sınırlaması antidromik taşikardi ve fasiküler taşikardi

Vereckia et al.Heart Rhythm 2008;5:89-98

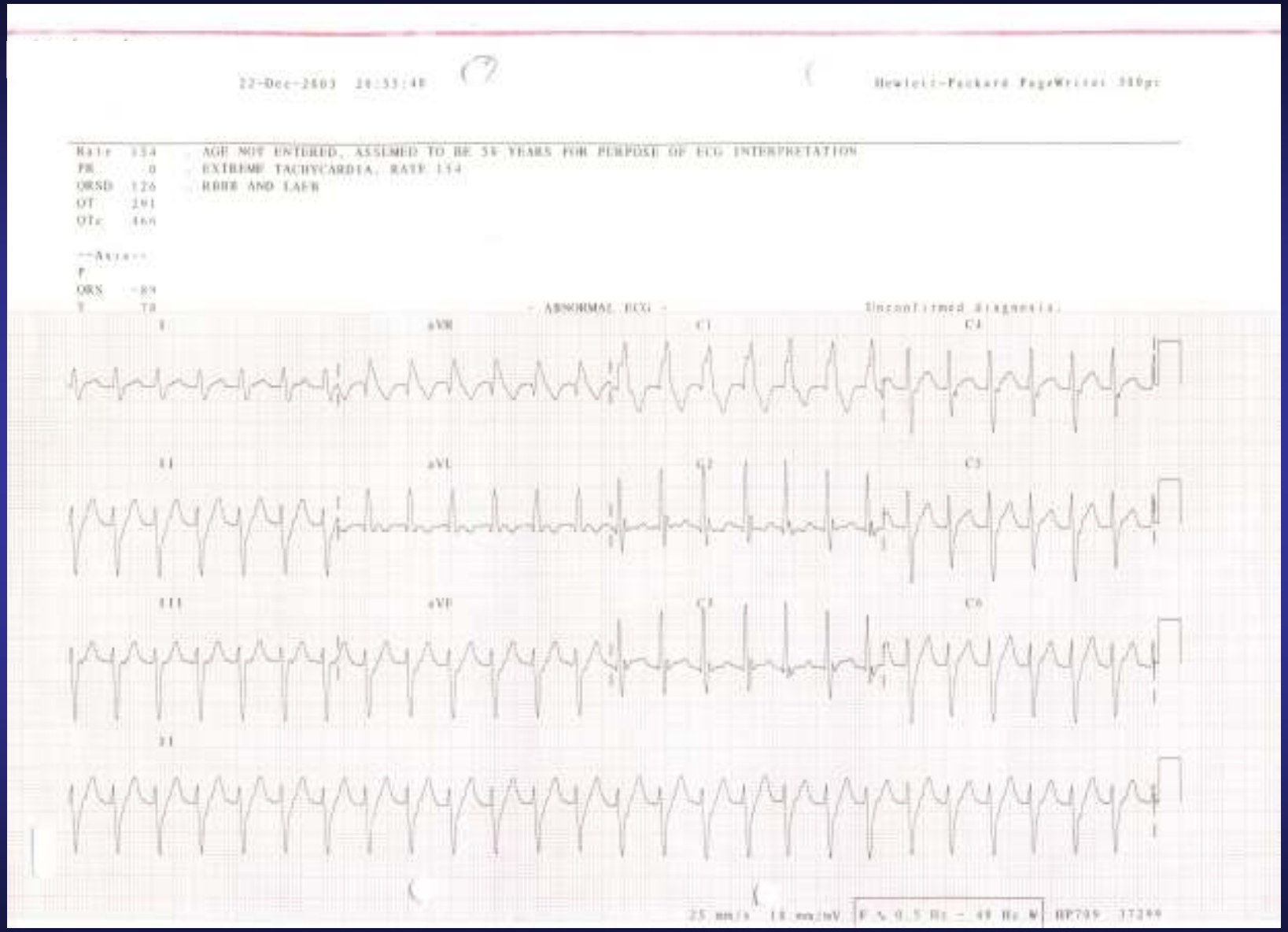
OLGU 8



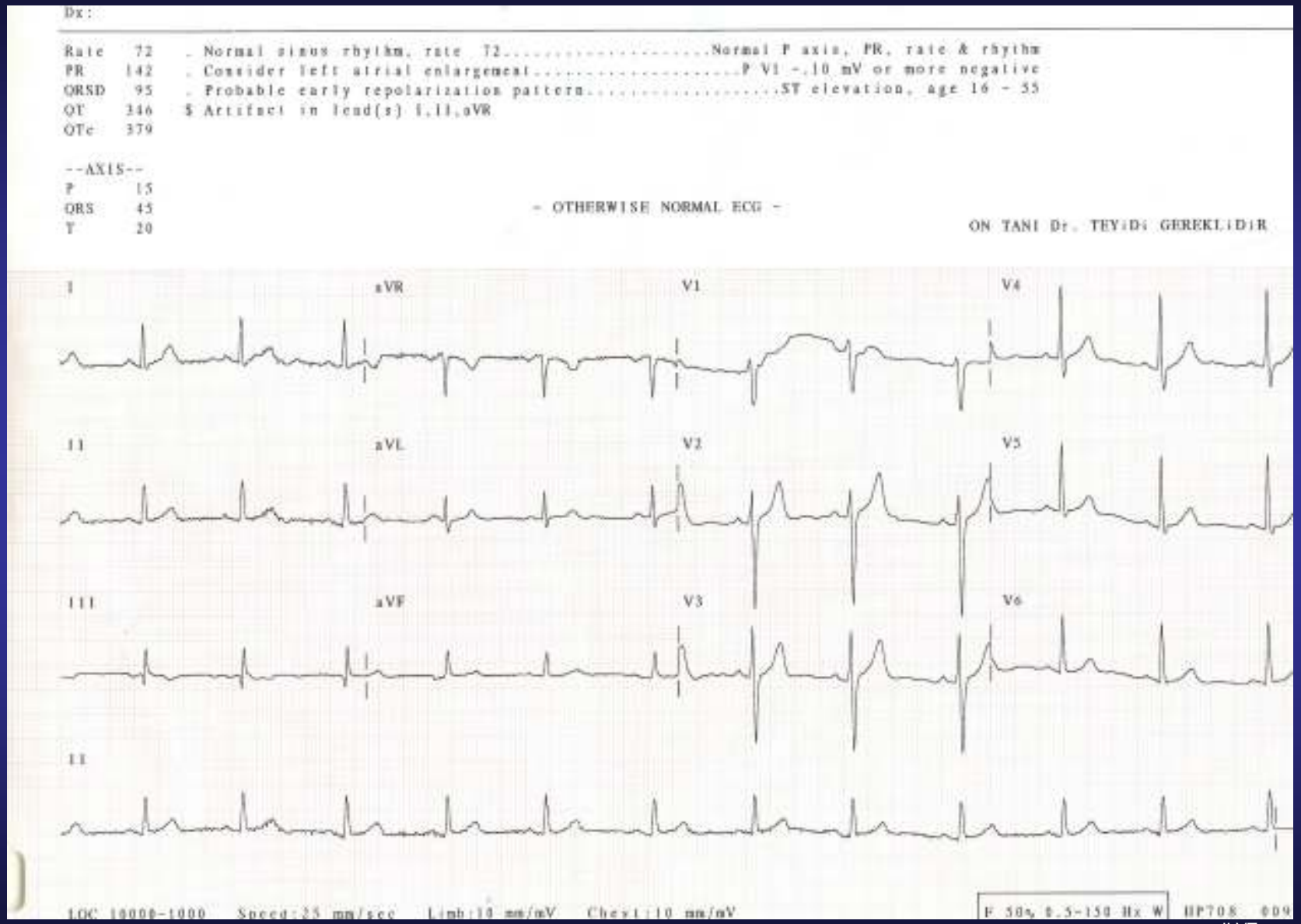
ILVT

30 yaş, bayan hasta. Yapısal kalp hastalığı yok. Acil servise çarpıntı atağı ve presenkop şikayeti ile başvurdu

OLGU 9

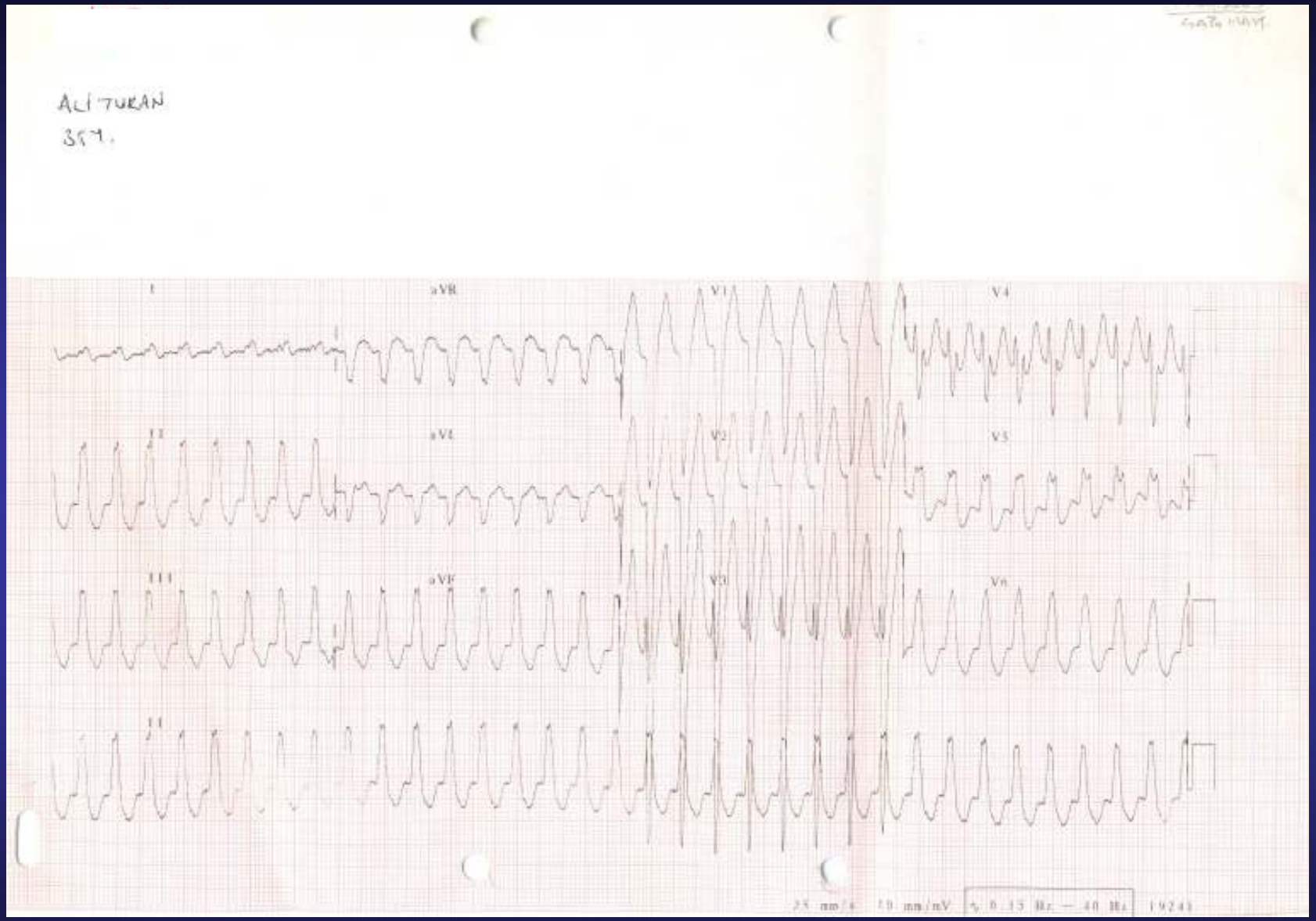


32 yaş, erkek hasta. Yapısal kalp hastalığı yok. Acil servise çarpıntı atağı ile başvurdu


Dx:
Rate 72
PR 142
QRSD 95
QT 346
QTc 379
--AXIS--
P 15
QRS 45
T 20
. Normal sinus rhythm, rate 72.....Normal P axis, PR, rate & rhythm
. Consider left atrial enlargement.....P V1 -.10 mV or more negative
. Probable early repolarization pattern.....ST elevation, age 16 - 55
$ Artifact in lead(s) I,II,aVR
- OTHERWISE NORMAL ECG -
ON TANI Dr. TEYiDi GEREKLiDiR
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
LOC 10000-1000 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV
F 50% 0.5-150 Hz W
HP708 009

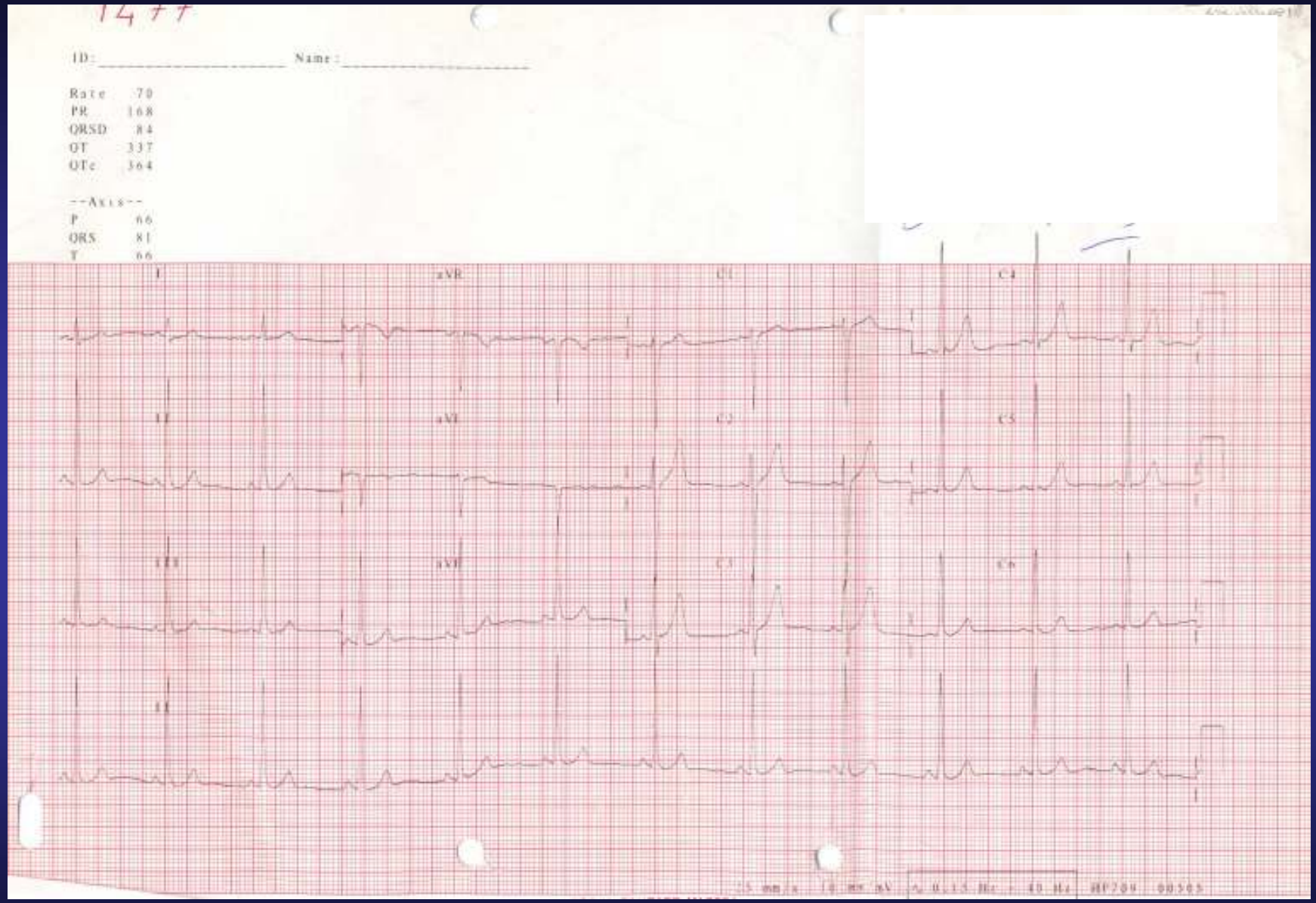
ILVT

OLGU 10



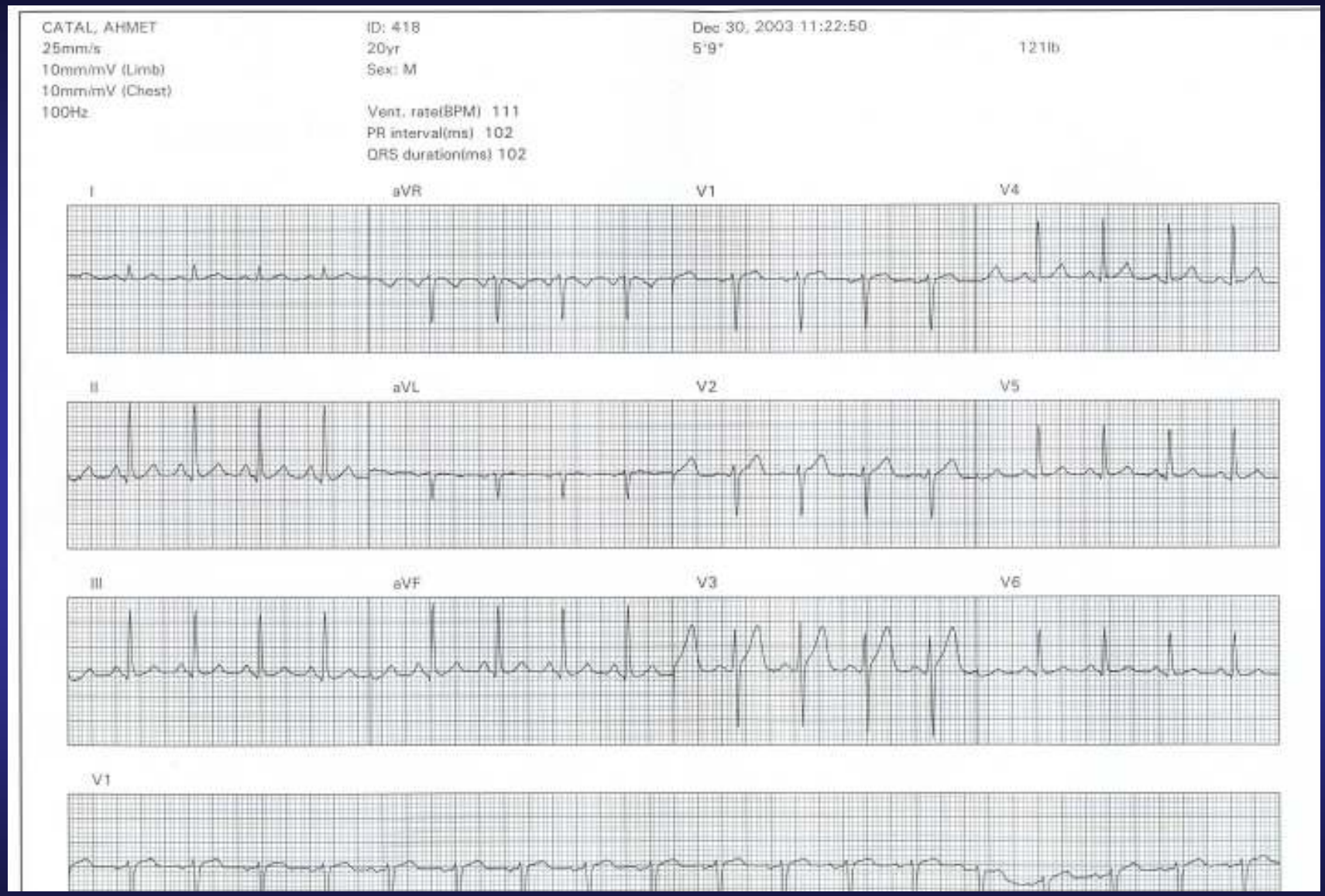
Sğ.PS.C

35 yaş, erkek hasta. Yapısal kalp hastalığı yok. Acil servise çarpıntı şikayeti ile başvurdu


1477
ID:
Name:
Rate 70
PR 168
QRSD 84
QT 337
QTc 364
--Axis--
P 66
QRS 81
T 66
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II

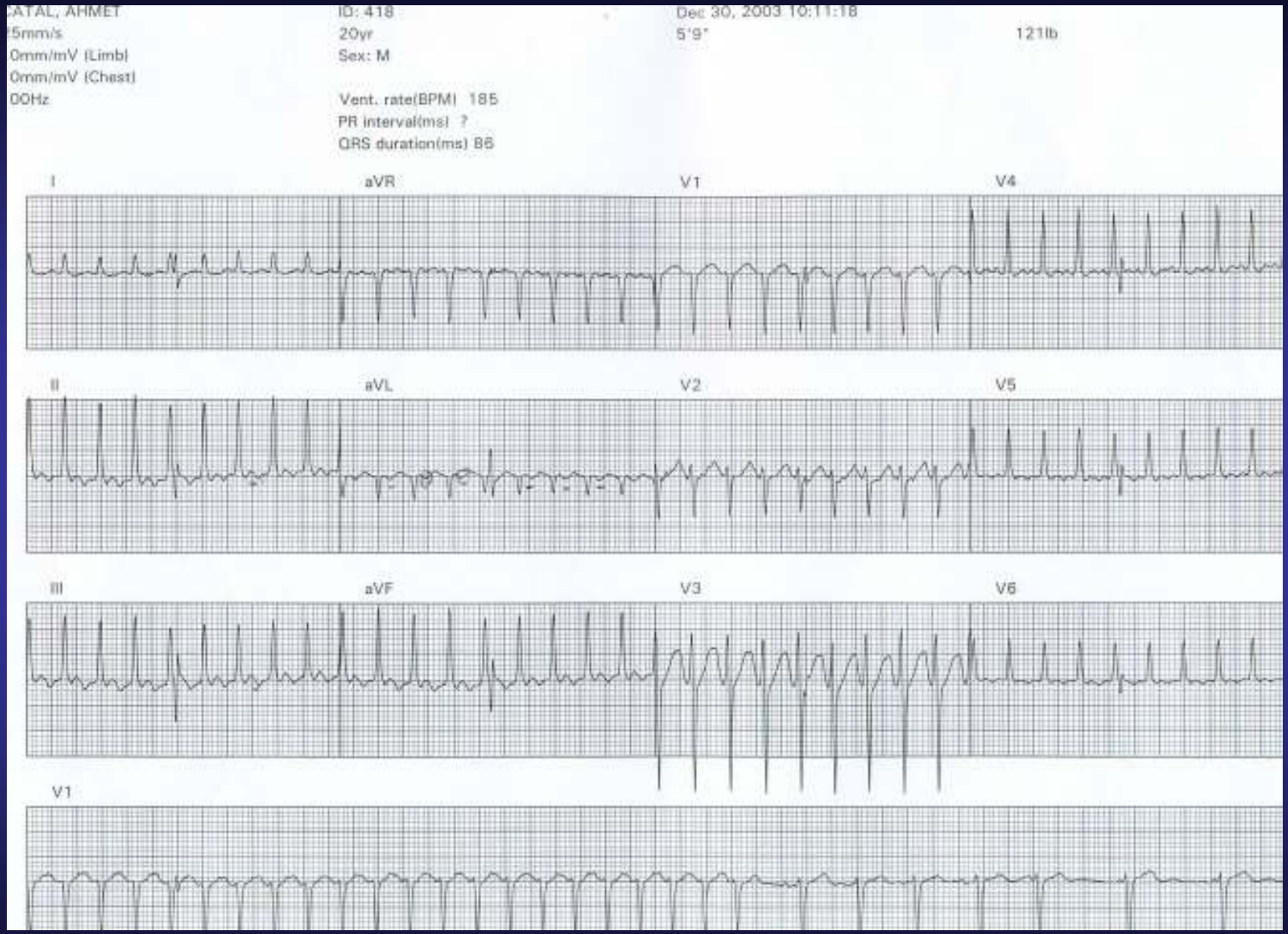
Sğ.PS.C

OLGU 11



20 yaş, erkek hasta. Sık dökümante SVT atakları mevcut

L.AL.C


CATAL, AHMET
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
00Hz
ID: 418
20yr
Sex: M
Vent. rate(BPM) 185
PR interval(ms) ?
QRS duration(ms) 86
Dec 30, 2003 16:11:18
5'9"
121lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

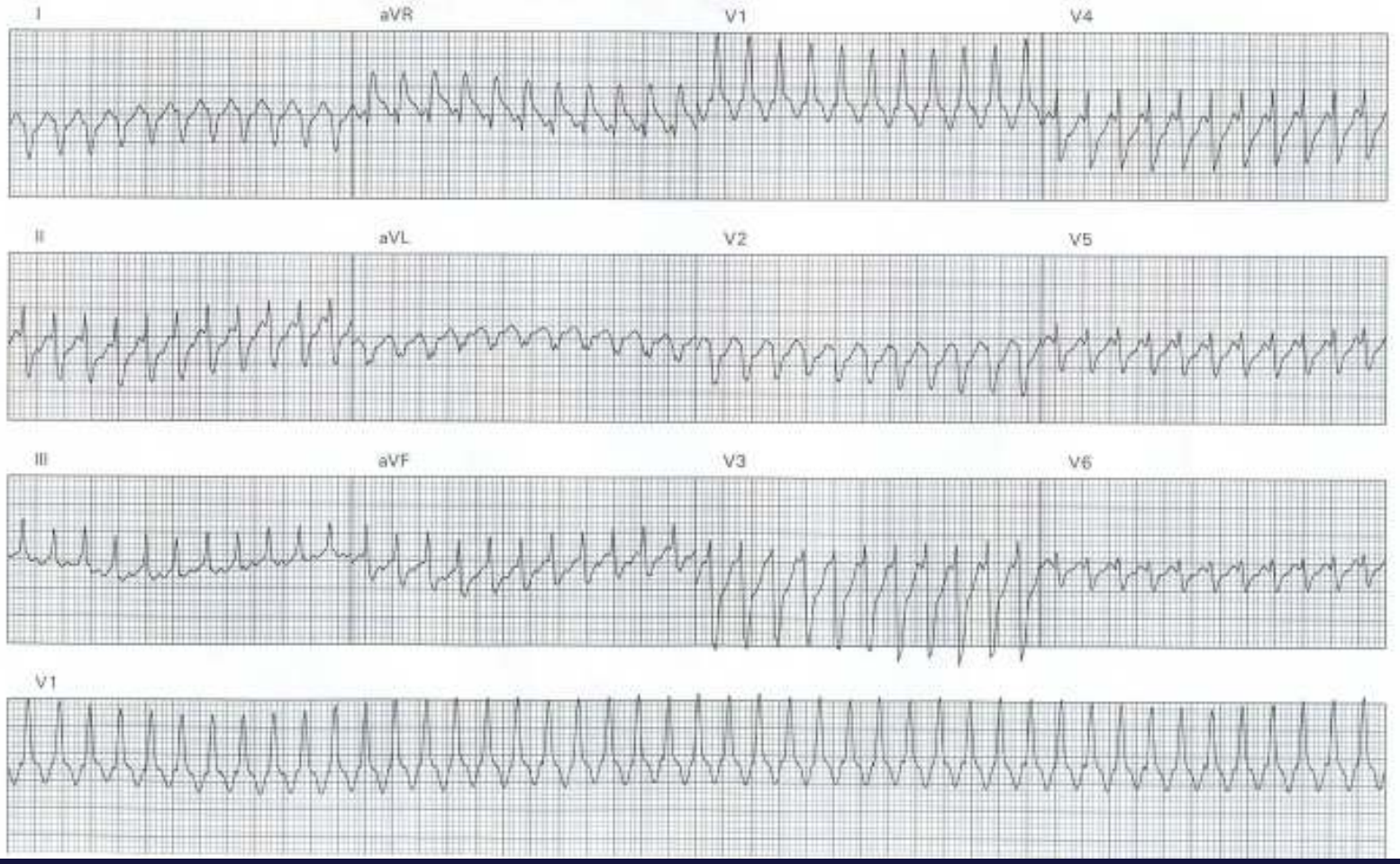
L.AL.C

CATAL, AHMET
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz

ID: 418
20yr
Sex: M

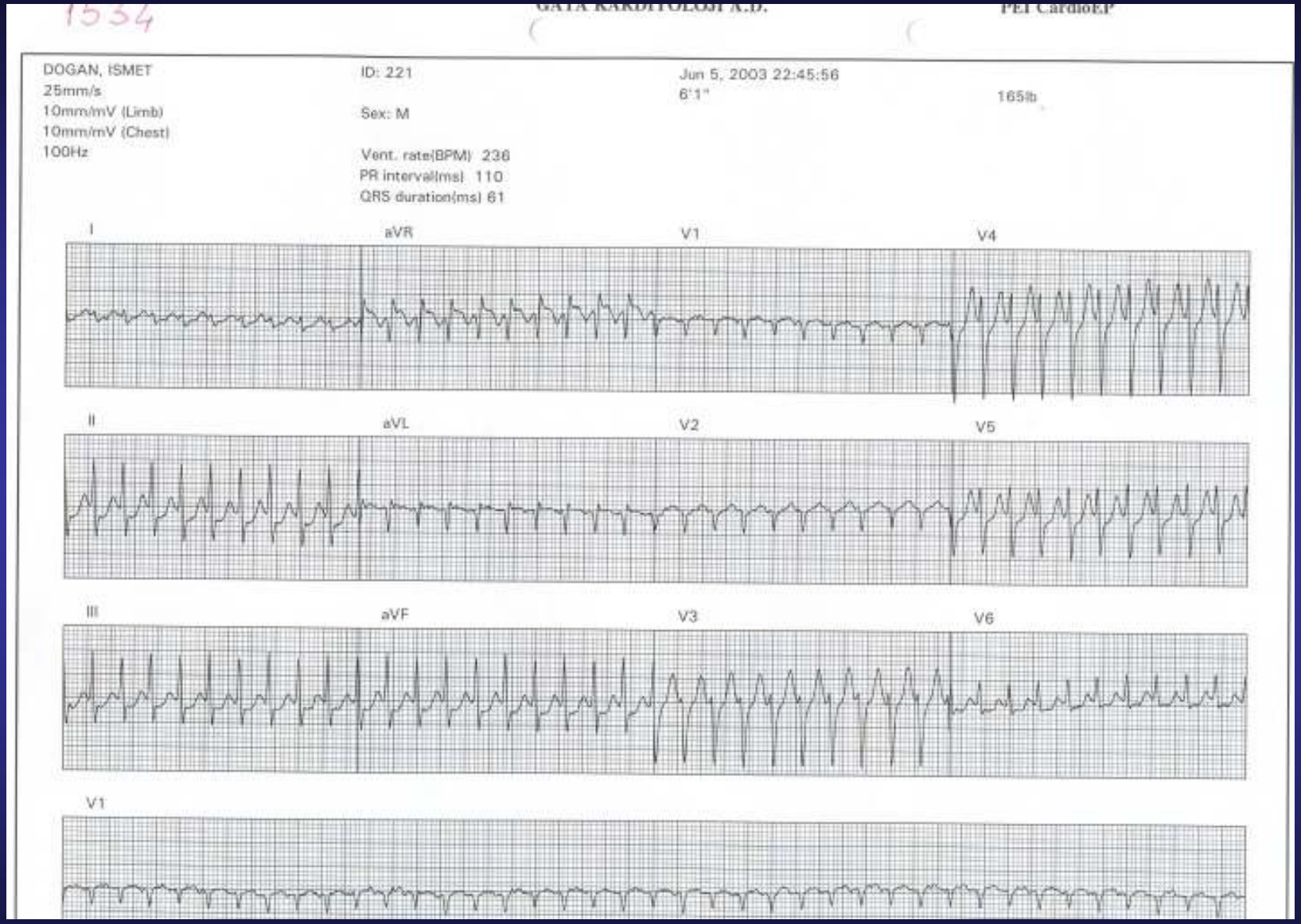
Dec 30, 2003 10:19:01
5'9"
121lb

Vent. rate(BPM) 180
PR interval(ms) ?
QRS duration(ms) 135



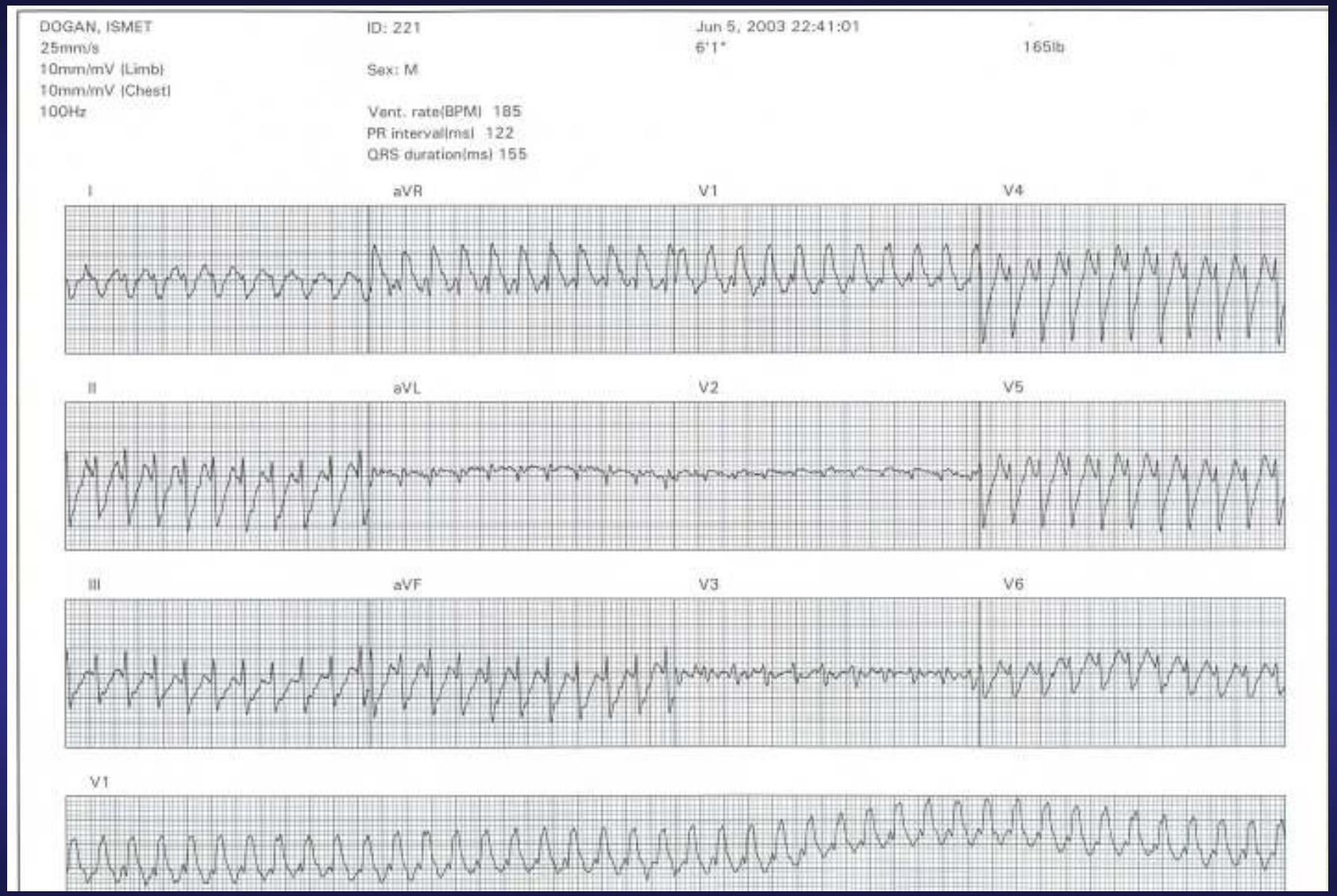
L.AL.C

OLGU 12



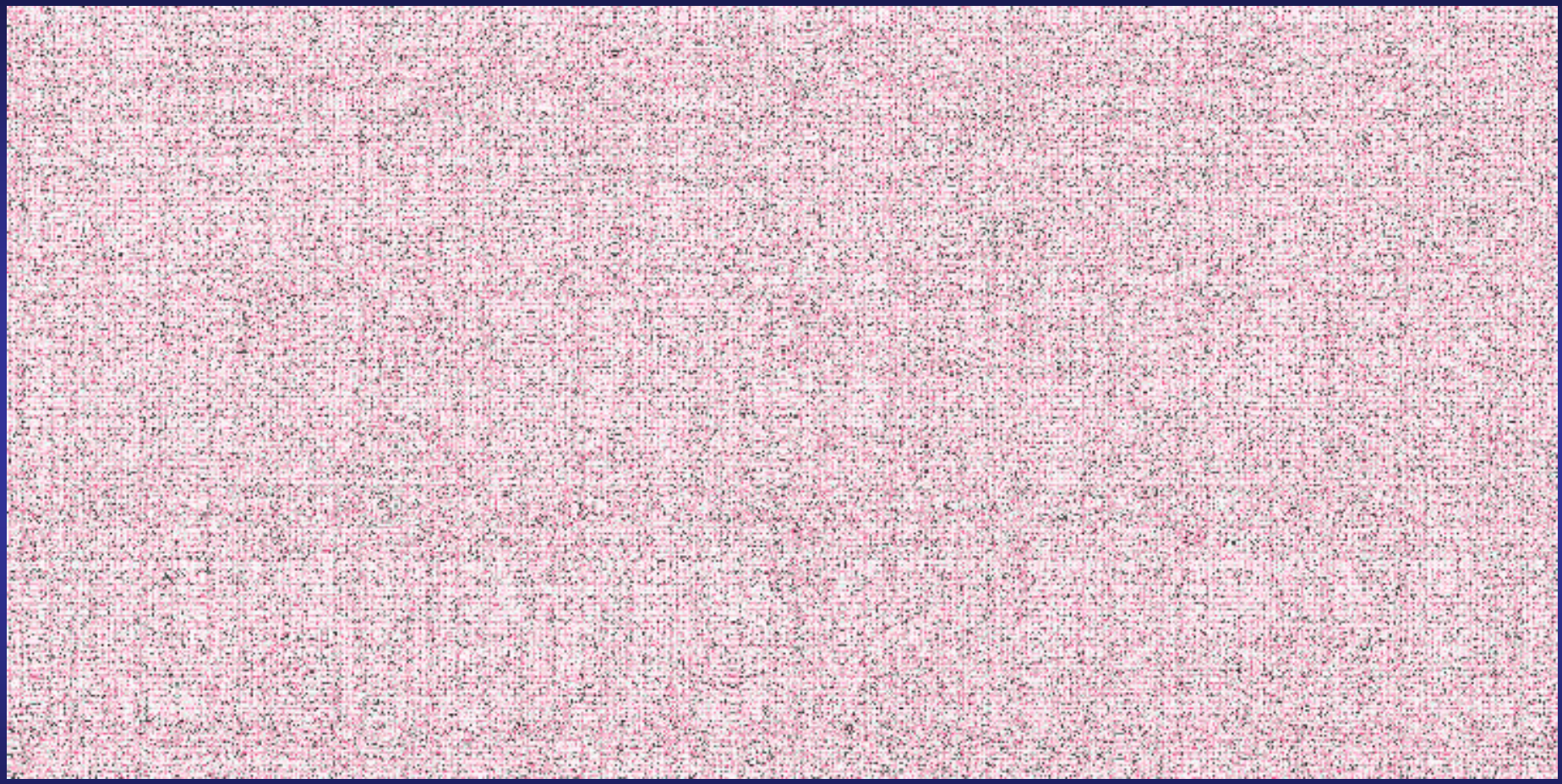
AVNRT

18 yaş, erkek hasta. Çarpıntı ile başvurdu


DOGAN, ISMET
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 221
Sex: M
Vent. rate(BPM) 185
PR interval(ms) 122
QRS duration(ms) 155
Jun 5, 2003 22:41:01
6'1"
165lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

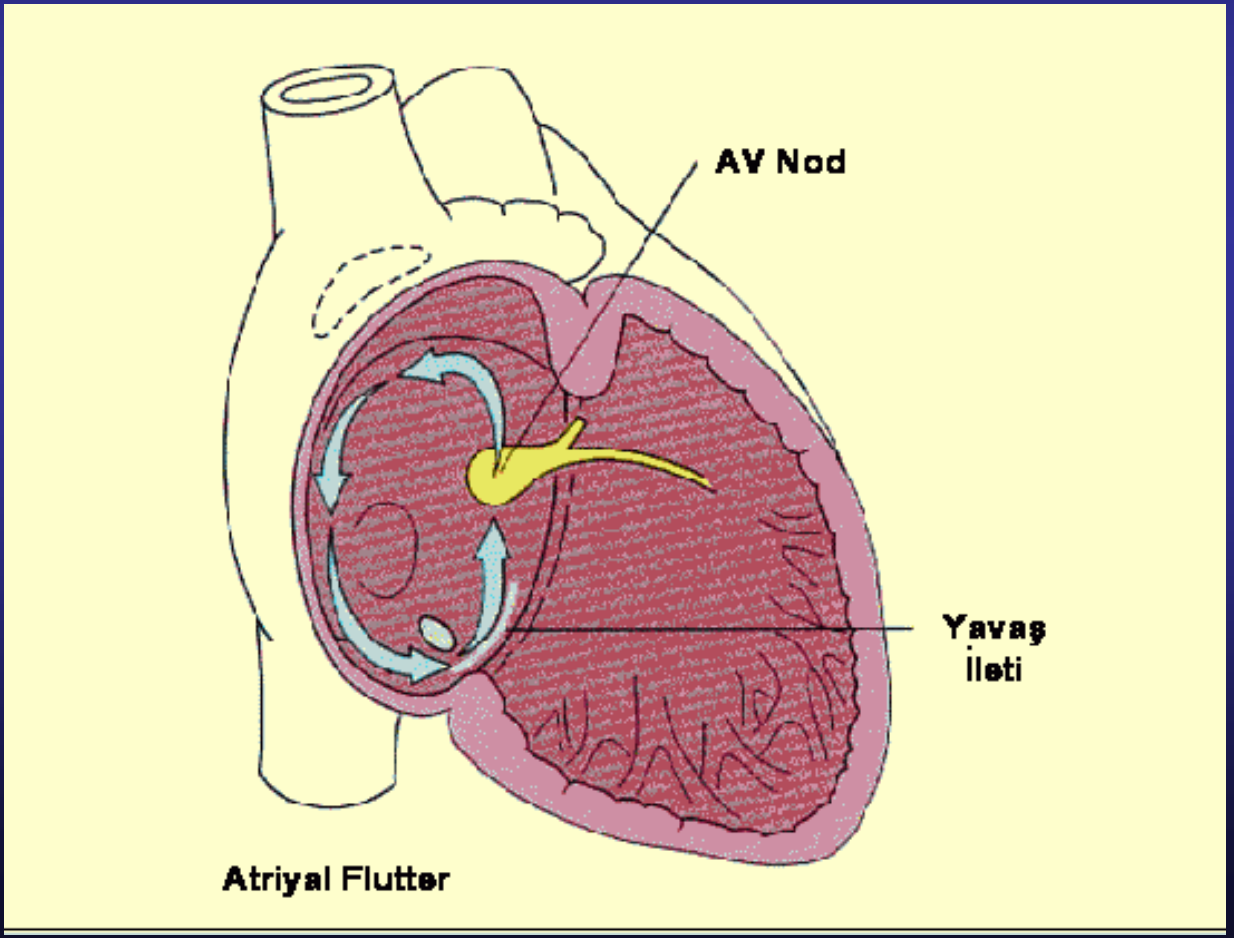
AVNRT

OLGU 13

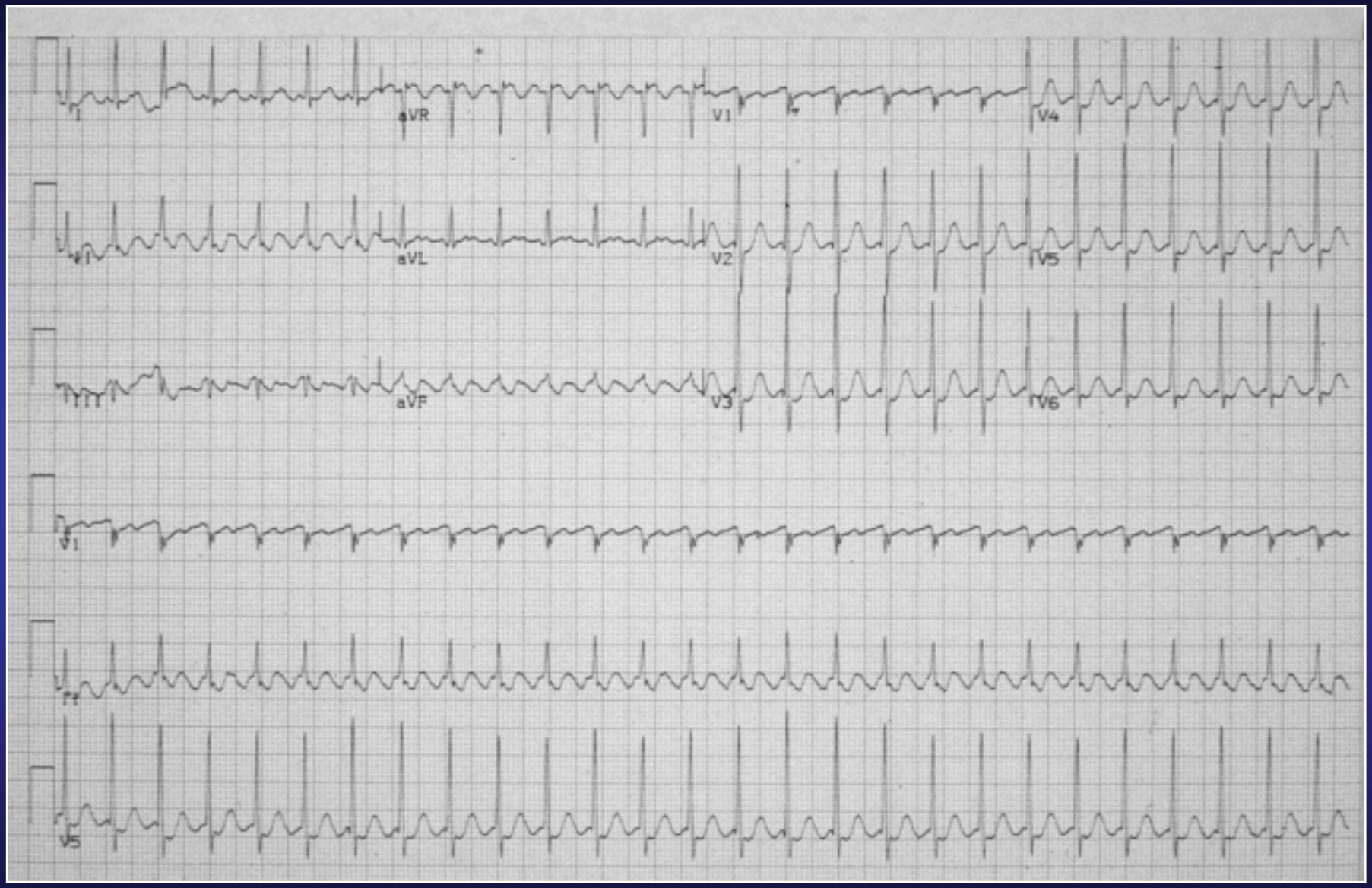


60 yaş, bayan hasta. Sık çarpıntı ve baş dönmesi atakları mevcut

ATRİYAL FLATTER

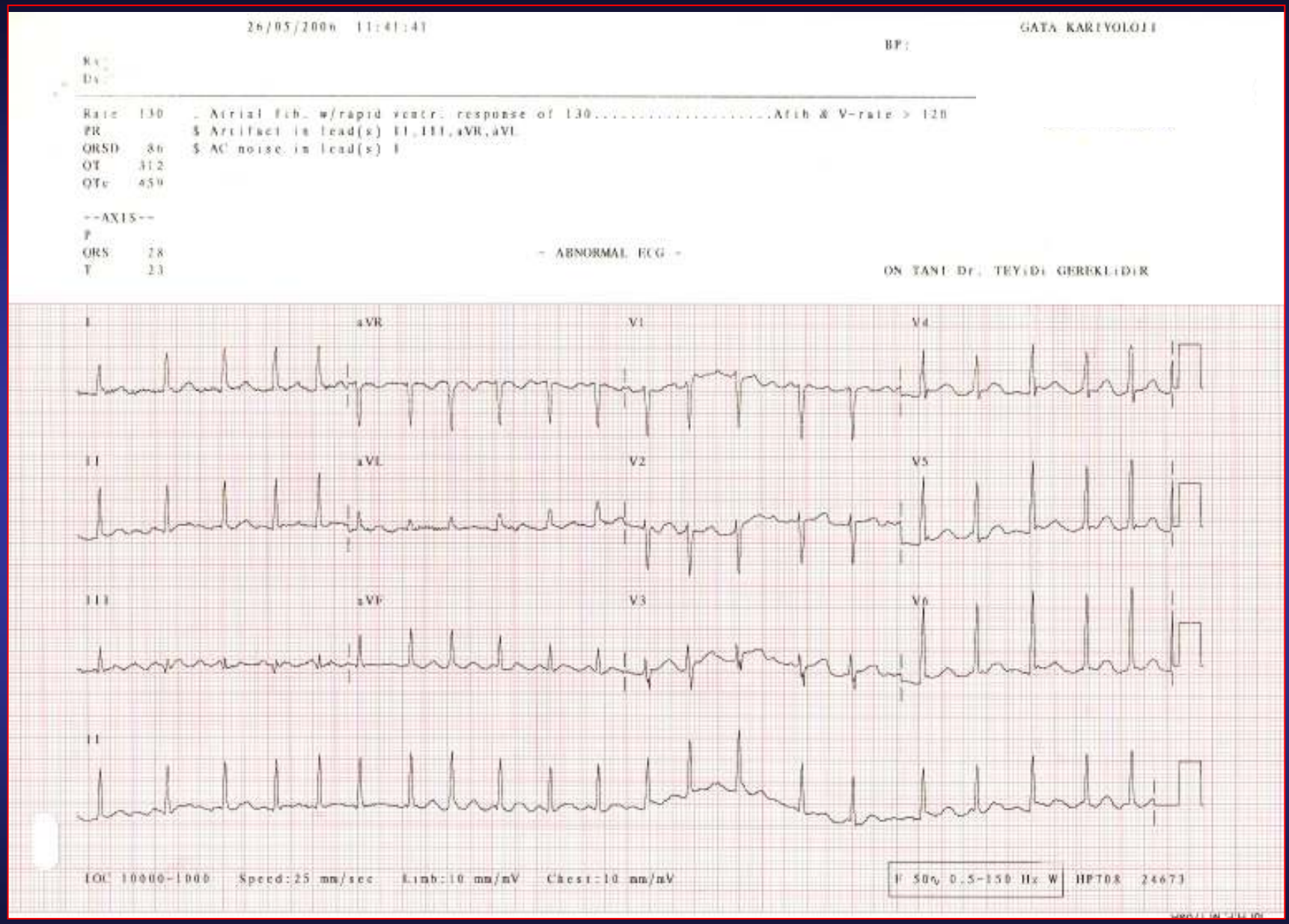


OLGU 14



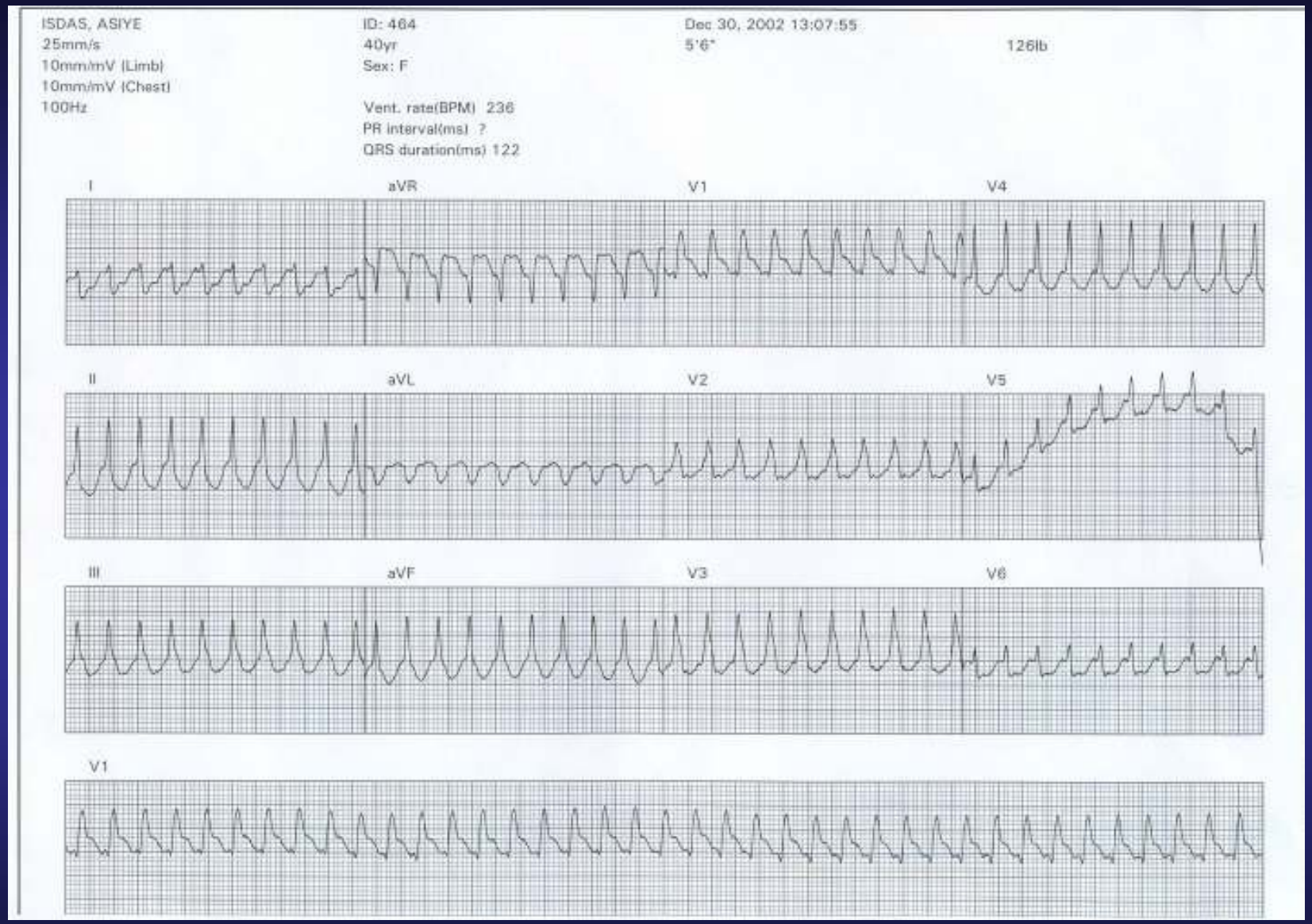
61 yaş, erkek hasta. Çarpıntı şikayeti ile başvurdu.

OLGU 15



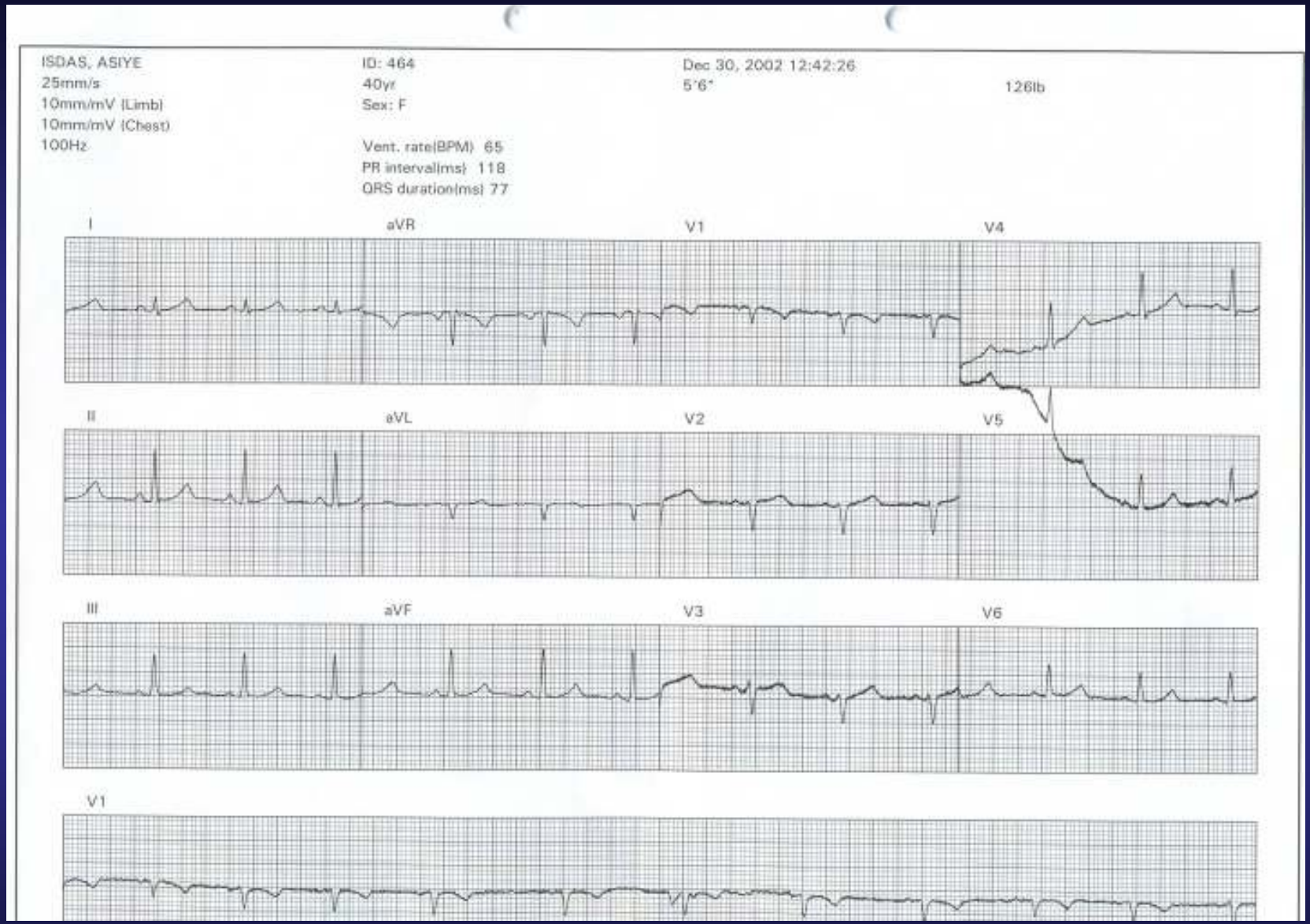
55 yaş, bayan hasta. Sık çarpıntı atakları mevcut

OLGU 16



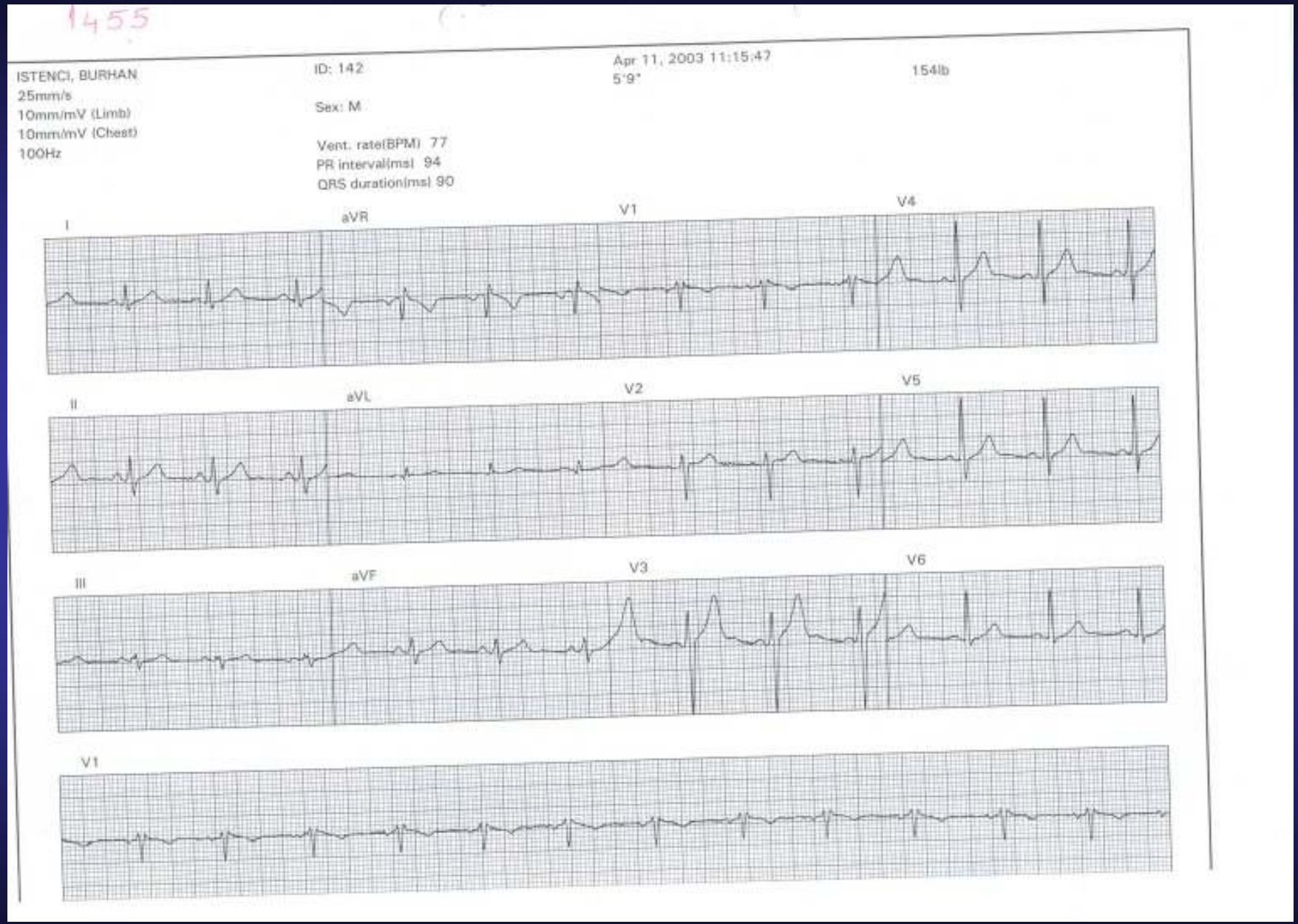
L.PS.C

40 yaş, bayan hasta. Dökümante çarpıntı atakları mevcut

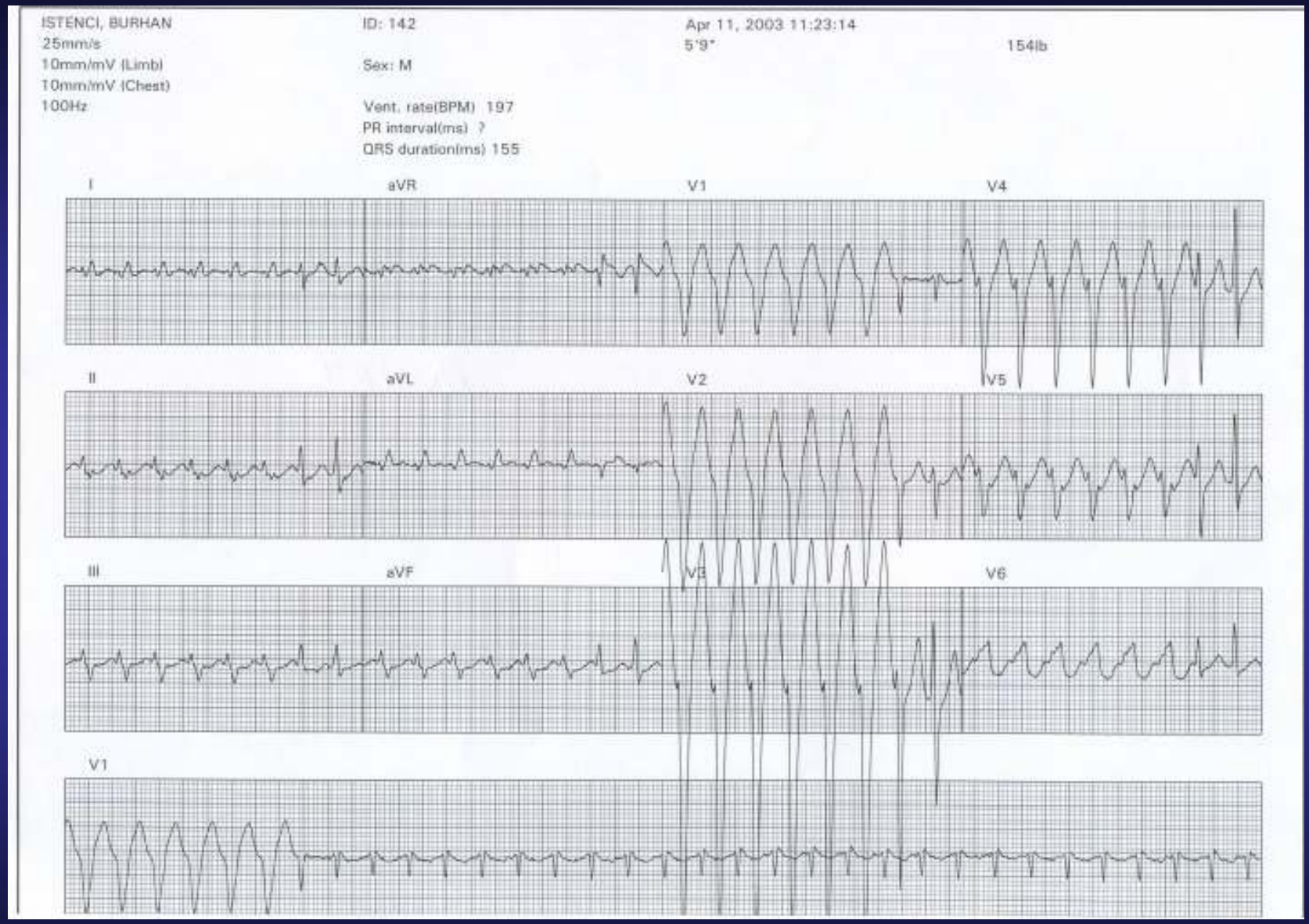

ISDAS, ASIYE
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 464
40yr
Sex: F
Vent. rate(BPM) 65
PR interval(ms) 118
QRS duration(ms) 77
Dec 30, 2002 12:42:26
5'6"
126lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

L.PS.C

OLGU 17

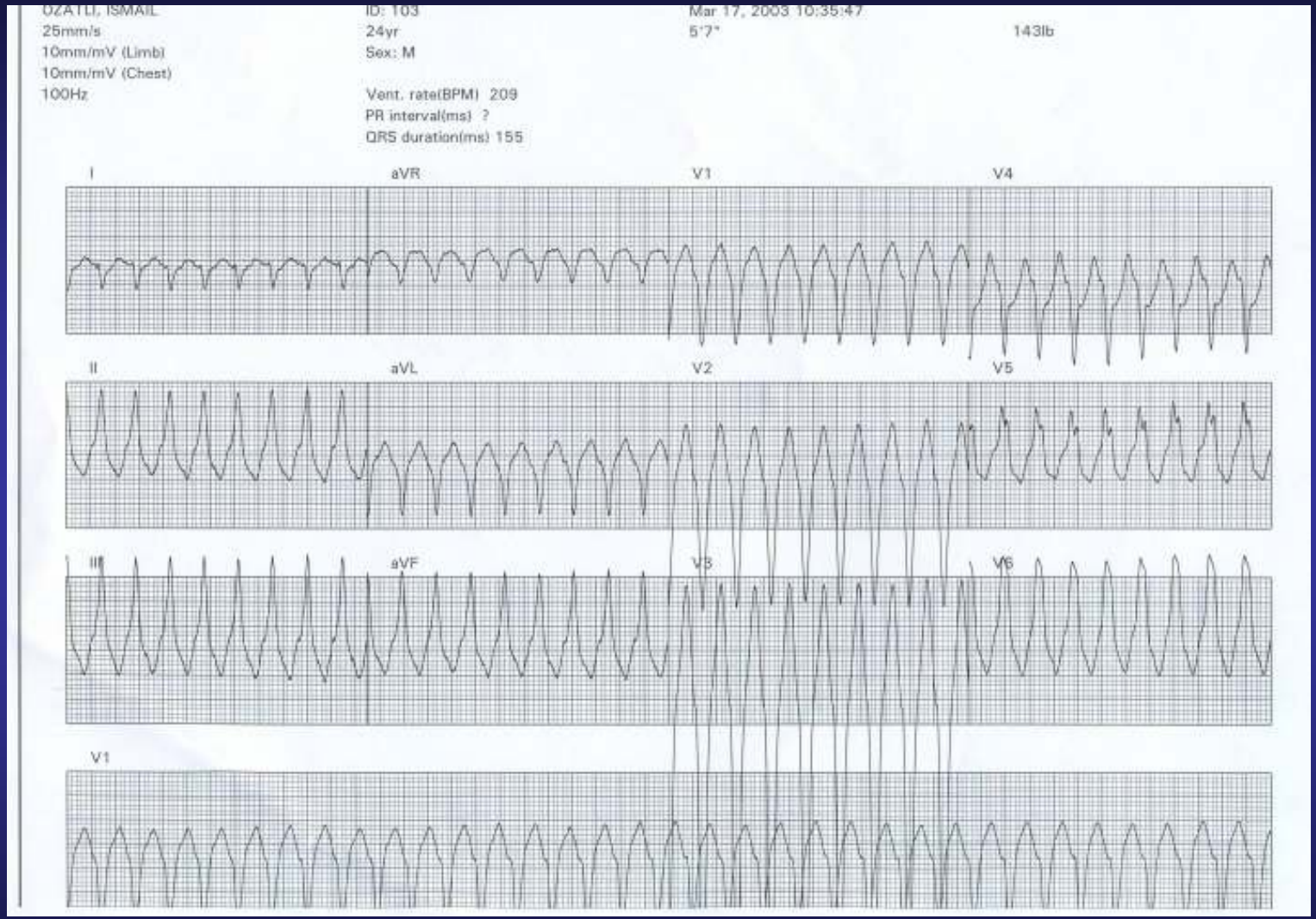


AVNRT

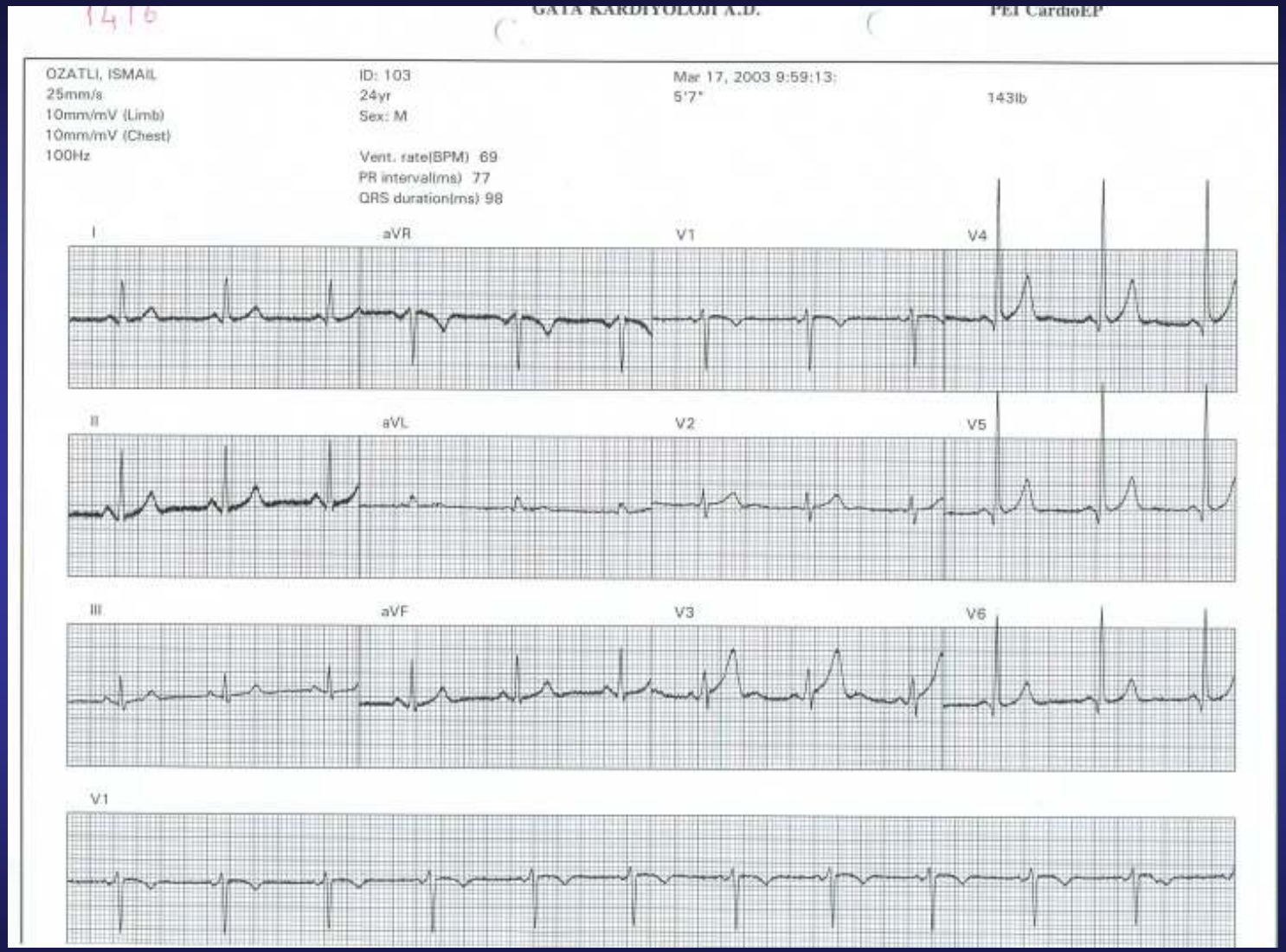

ISTENCI, BURHAN
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 142
Sex: M
Vent. rate(BPM) 197
PR interval(ms) ?
QRS duration(ms) 155
Apr 11, 2003 11:23:14
5'9"
154lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

AVNRT

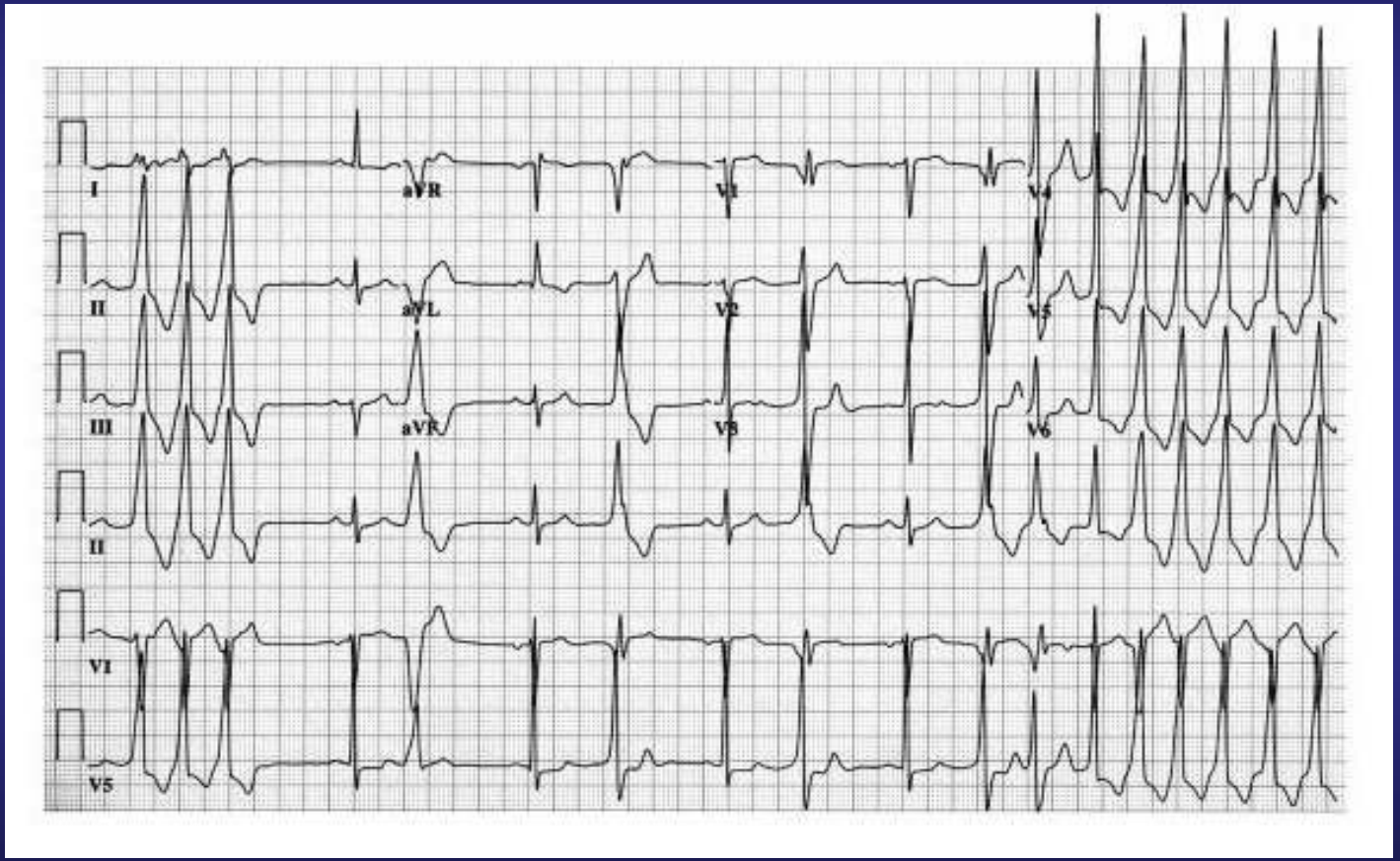
OLGU 18



L post C

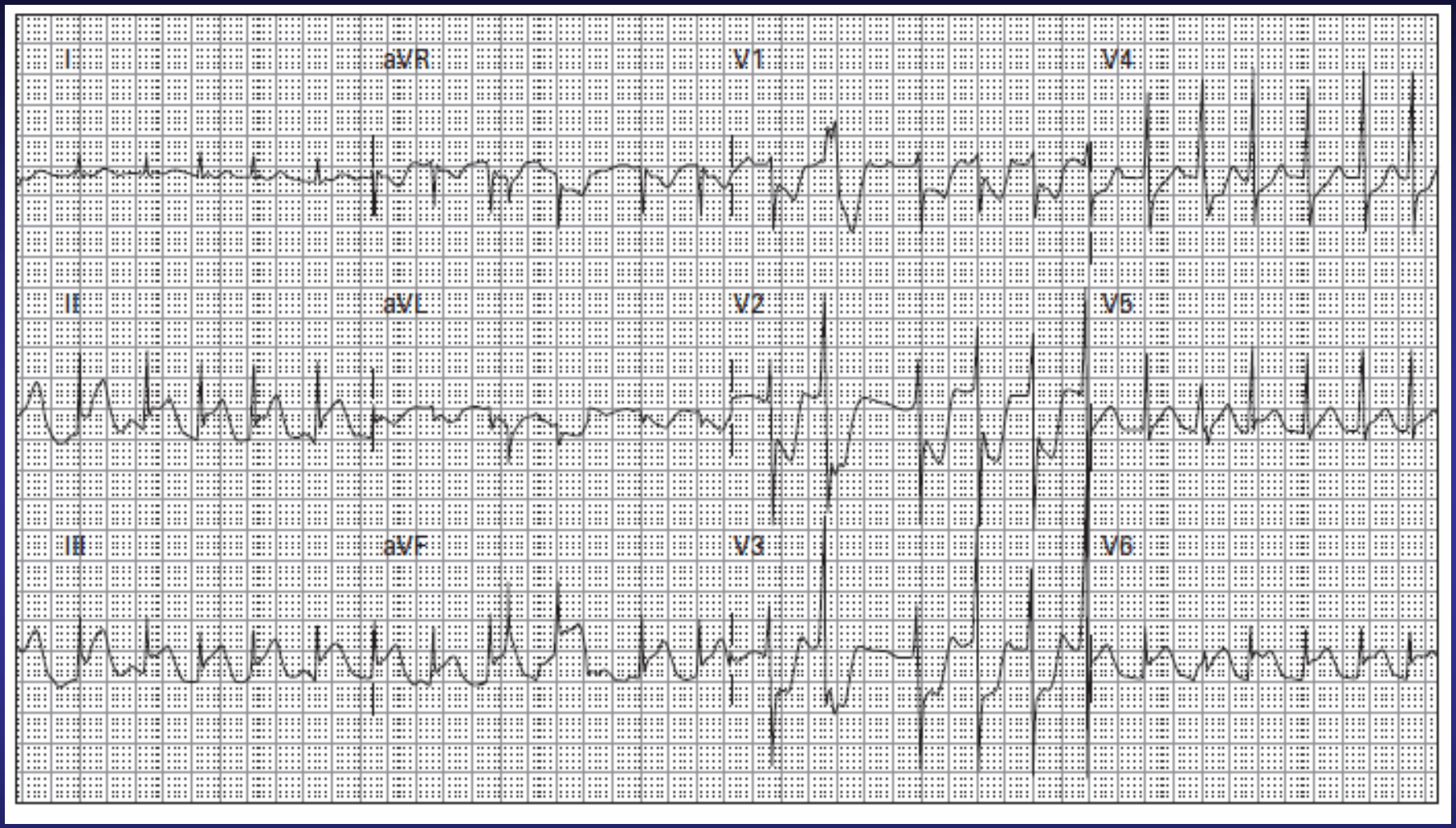

1416
GATA KARDIYOLOJI A.D.
PEI CardioEP
OZATLI, ISMAIL
25mm/s
10mm/mV (Limb)
10mm/mV (Chest)
100Hz
ID: 103
24yr
Sex: M
Vent. rate(BPM) 69
PR interval(ms) 77
QRS duration(ms) 98
Mar 17, 2003 9:59:13:
5'7"
143lb
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1

L post C



29 yaşında erkek hasta, çarpıntı yakınması mevcut

RMVT



41 yaş, erkek hasta. Göğüs ağrısı şikayeti ile başvurdu.

MESAJ

- Disritmiler acil servislerde sık karşılaşılan bir sorundur .
- Aslında disritmiler zor olmayıp; yeterli bilgi ve mantık yürütme ile kolayca çözülebilen problemlerdir.
- Her zaman olduğu gibi ilk iş zarar vermemektir.
- Uzun dönem tedavide ablasyon yöntemleri oldukca başarılıdır