

Pacient s arytmogenní bouří

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Nemocnice Na Homolce

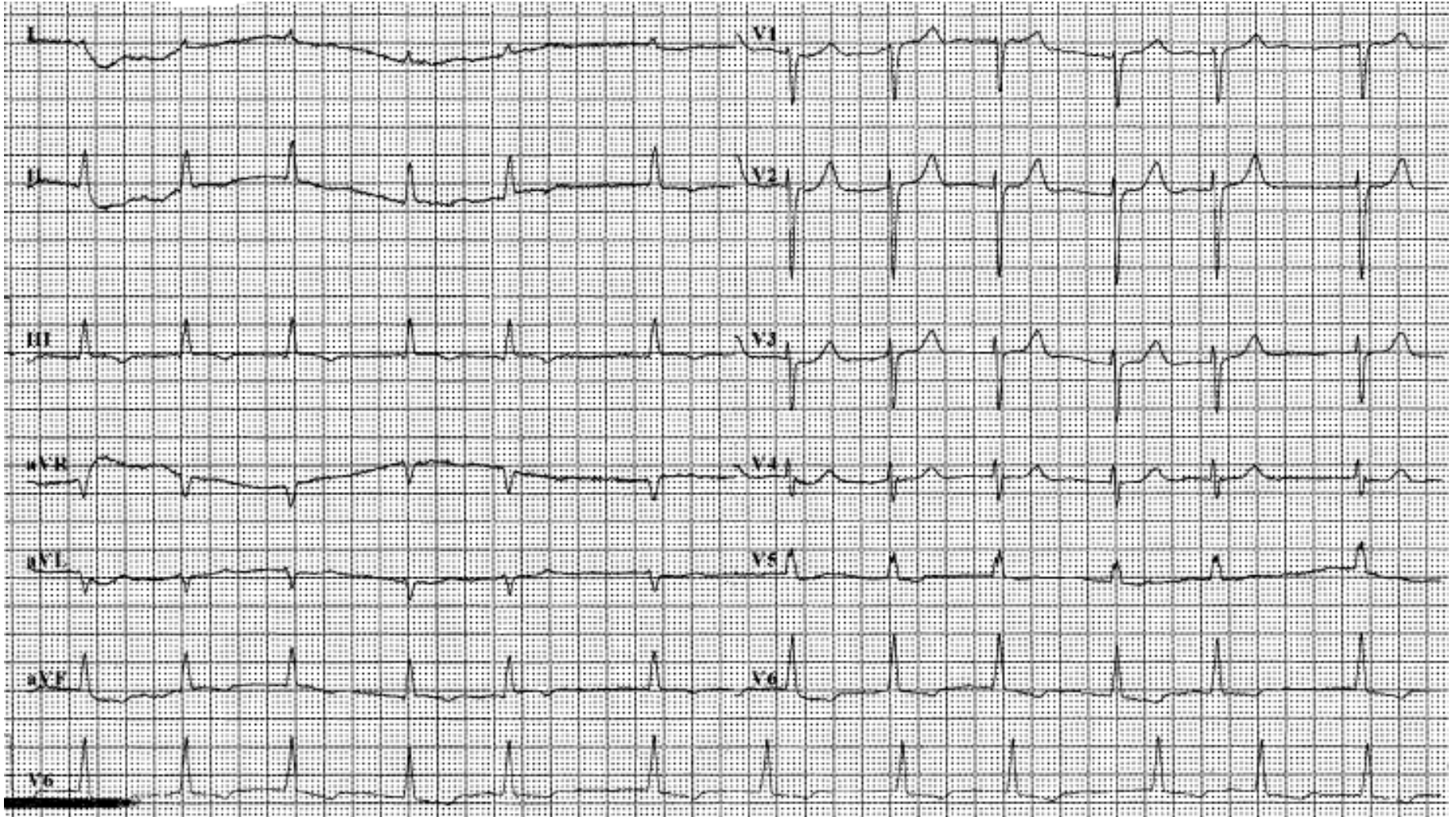
Arytmogenní bouře - anamnéza

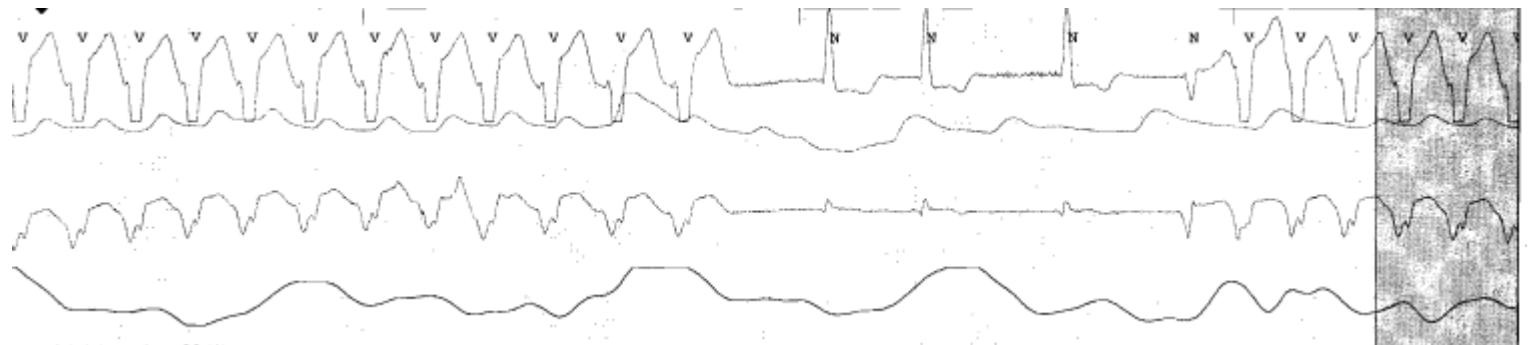
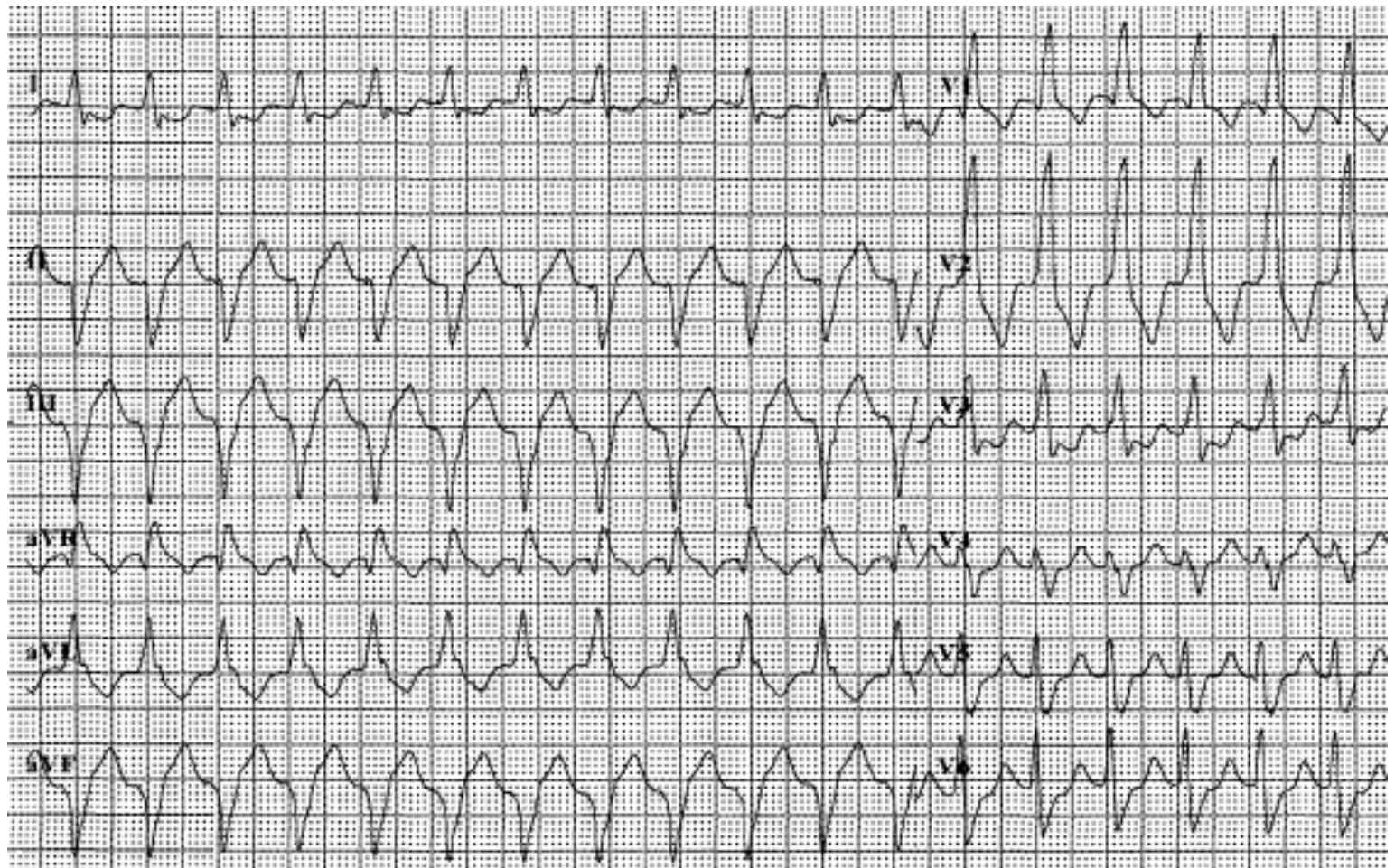
- 81 letá , chron. FiS, AHY, DM PAD
- 1986 QIM spodní
- 1997 CABG LIMA-RIA, RMS, ACD
2005 PCI SVG-RMS, uzávěr SVG-ACD
- 2010 KPR – fibrilace komor...1D ICD, SKG bez vývoje.
- 2013 mitra clip s méně významnou rezid MR

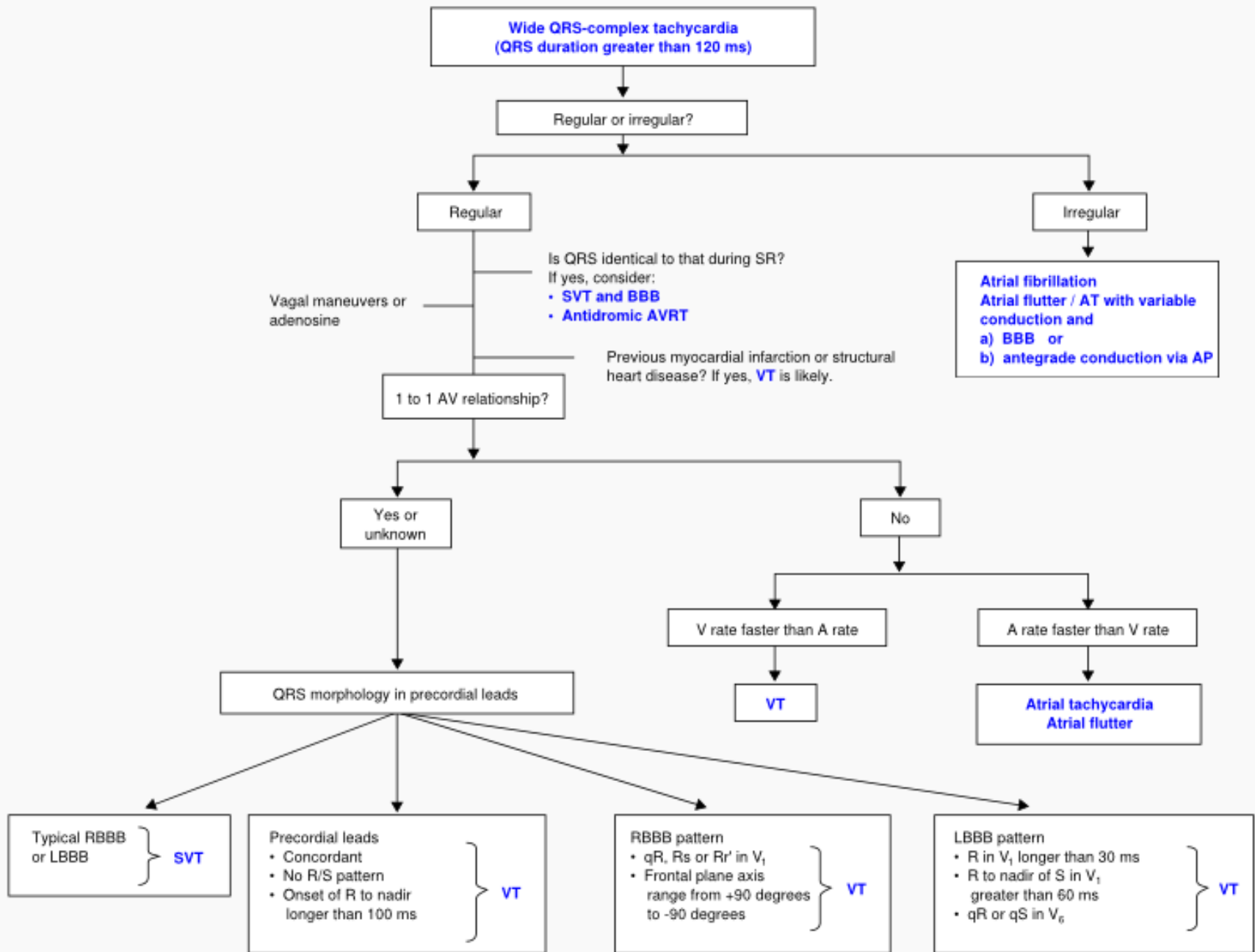
Arytmogenní bouře - anamnéza

- TTE : EFLK 25%, EDD 53mm, těžká difuzní hypokineza s oploštělým pohybem septa, méně význ. Ao, trikusp, reg, těžká plicní HTN,
- 4/2015 RFA SMKT na jiném pracovišti
- 5/2015 SMKT recid. setrvalá-nesetrvalá incessantní běhy, dušnost,
- BB, Amiodaron, Mesocain s minimálním efektem, hraničně HD stabilní ad redo NNH
- Bez zásadní minerál. Dysbalance

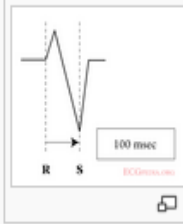
EKG

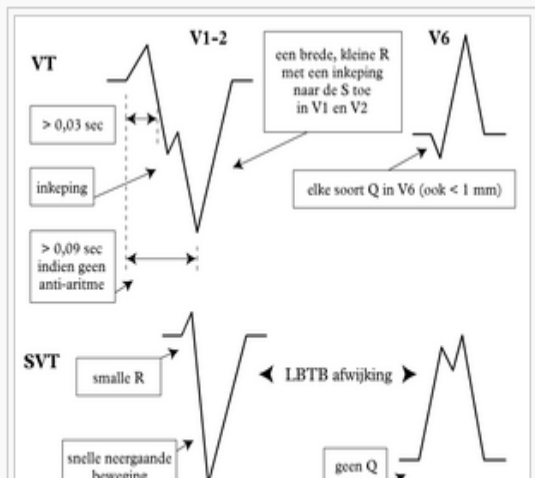






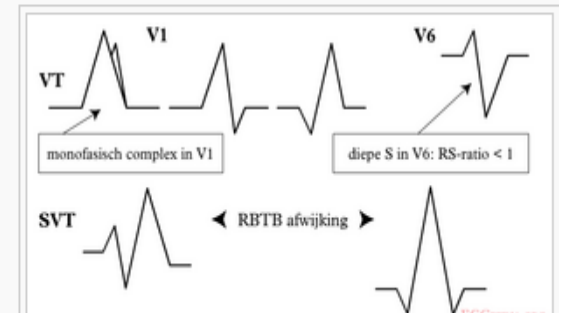
LBBB pattern

Initial R more than 40ms?	Yes => VT	
Slurred or notched downwards leg of S wave in leads V1 or V2	Yes => VT	
Beginning of Q to nadir QS >60 ms in V1 or V2?	Yes => VT	LR >50:1
Q or QS in V6?	Yes => VT	LR >50:1

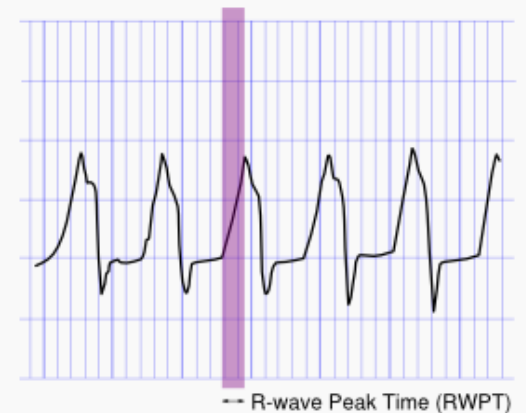


RBBB pattern

Monofasic R or qR in V1?	Yes => VT	
R taller than R' (rabbit-ear sign)?	Yes => VT	LR >50:1
rS in V6?	Yes => VT	LR >50:1

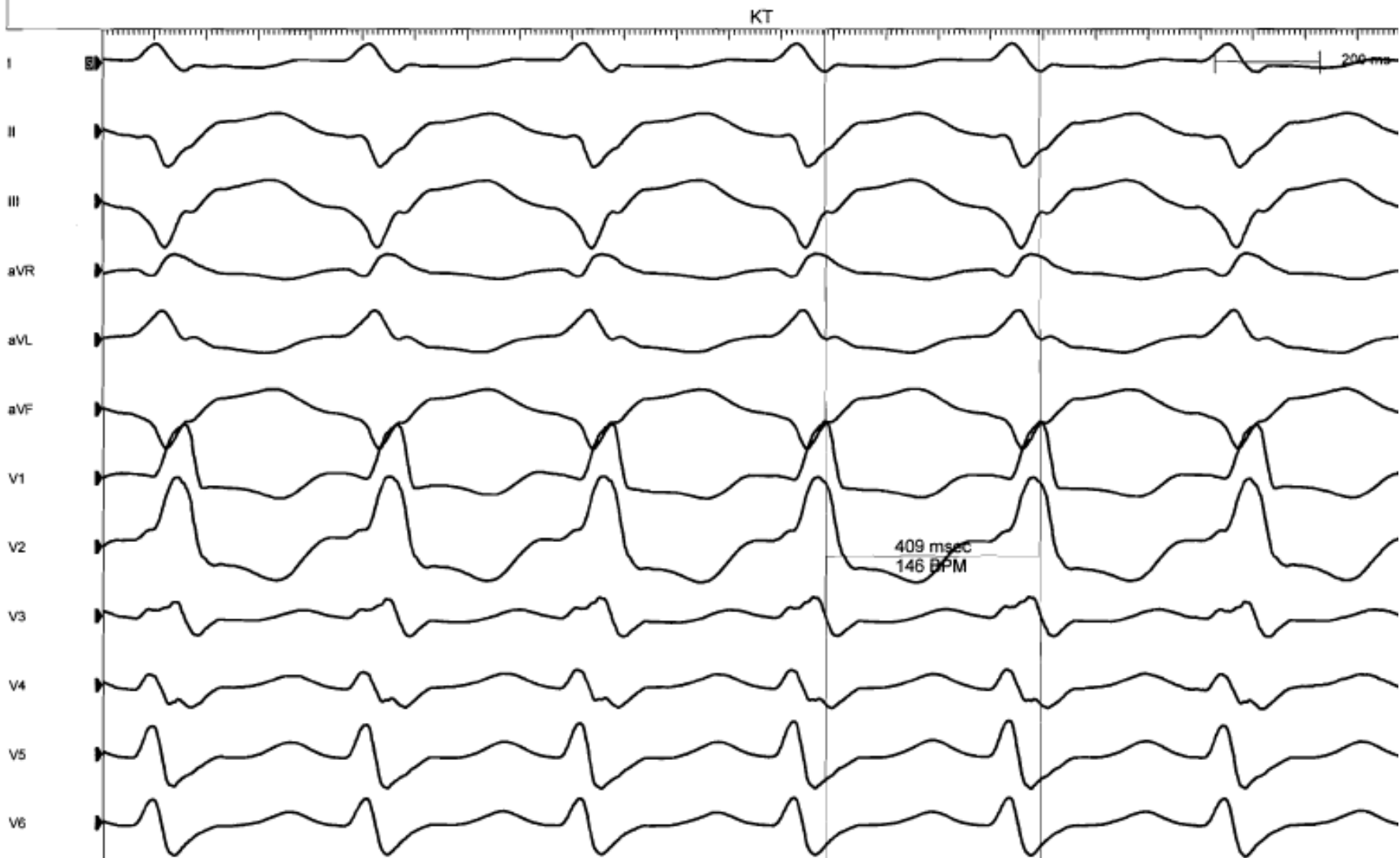


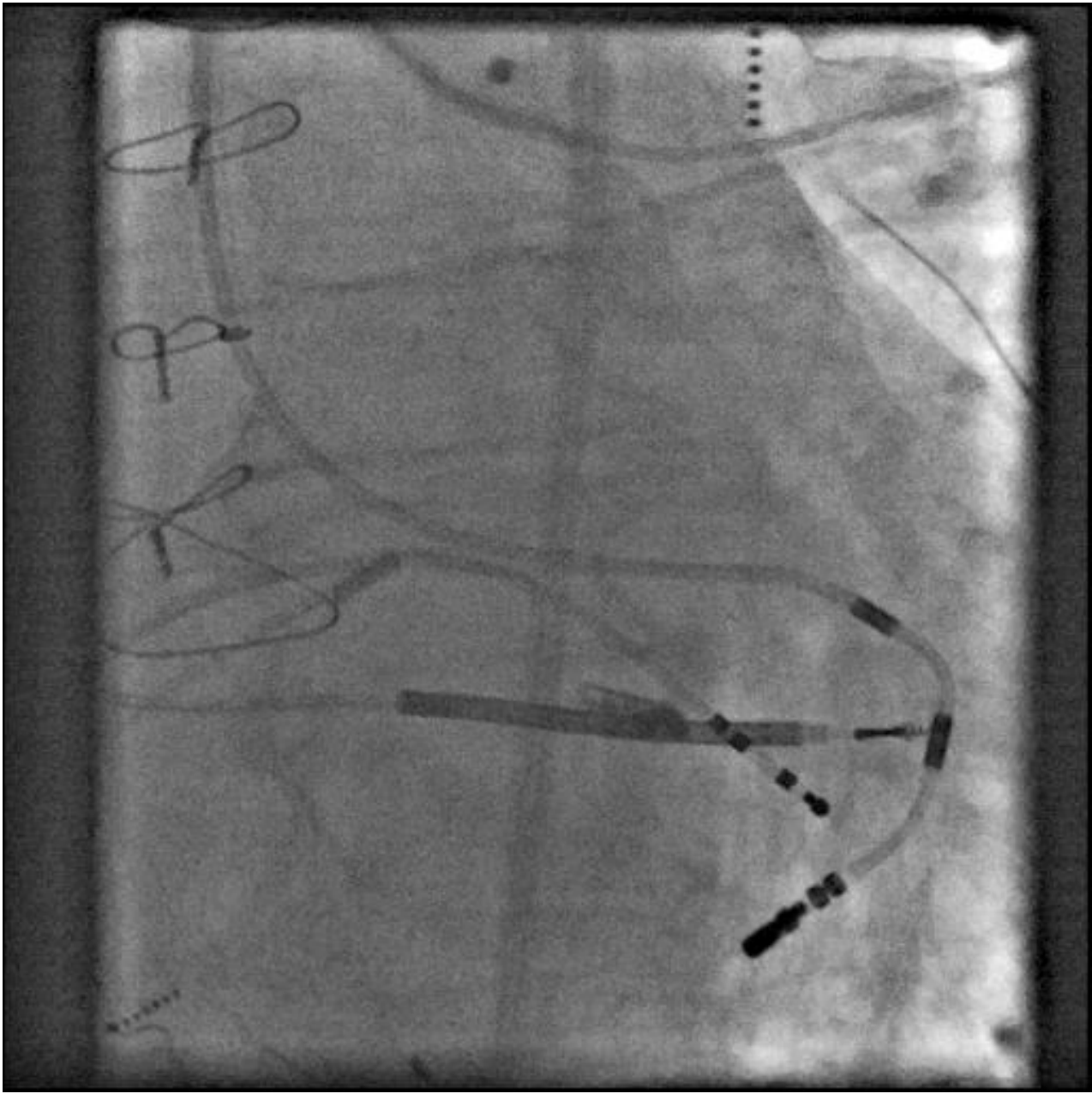
Lead II



R-wave to Peak Time $\geq 50ms$ in lead II strongly suggests VT

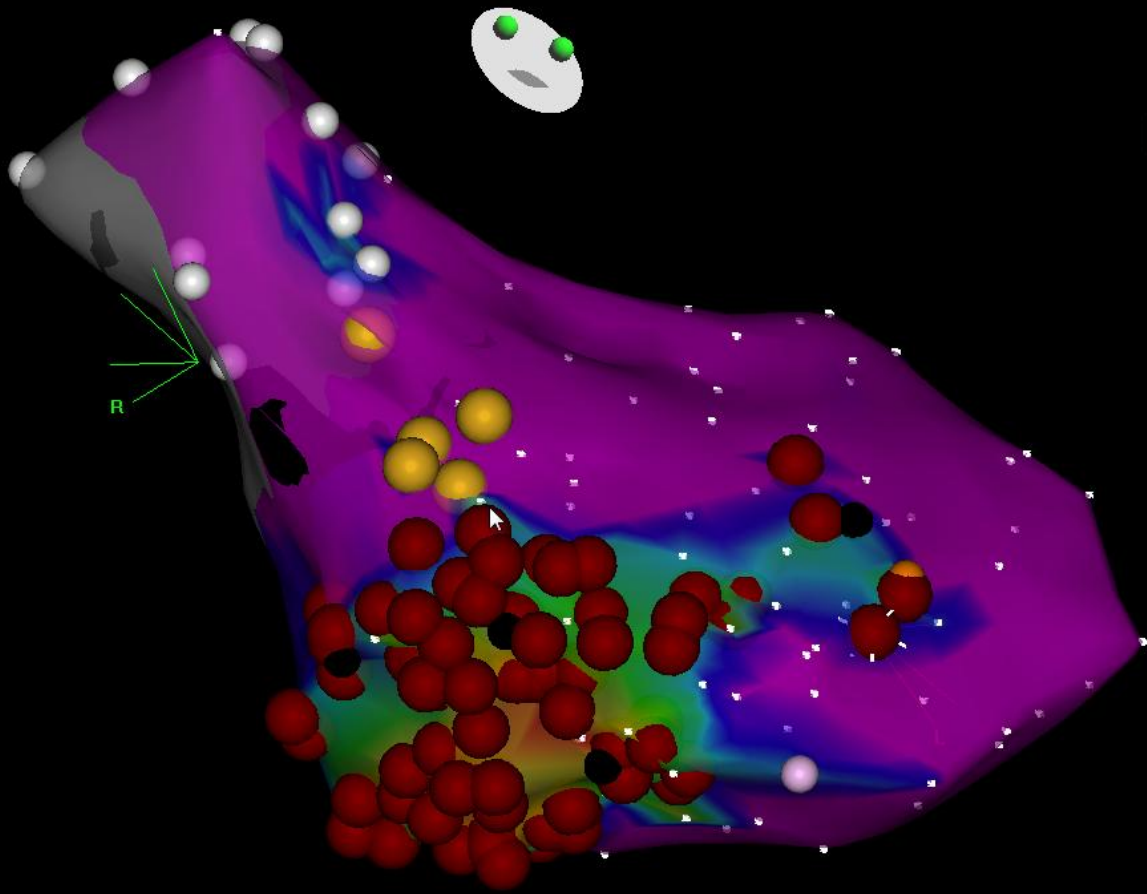
5/20/2015 8:21:50 AM(Speed: 100 mm/s)
346125059



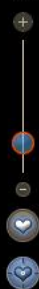


I-Map (195, 0)

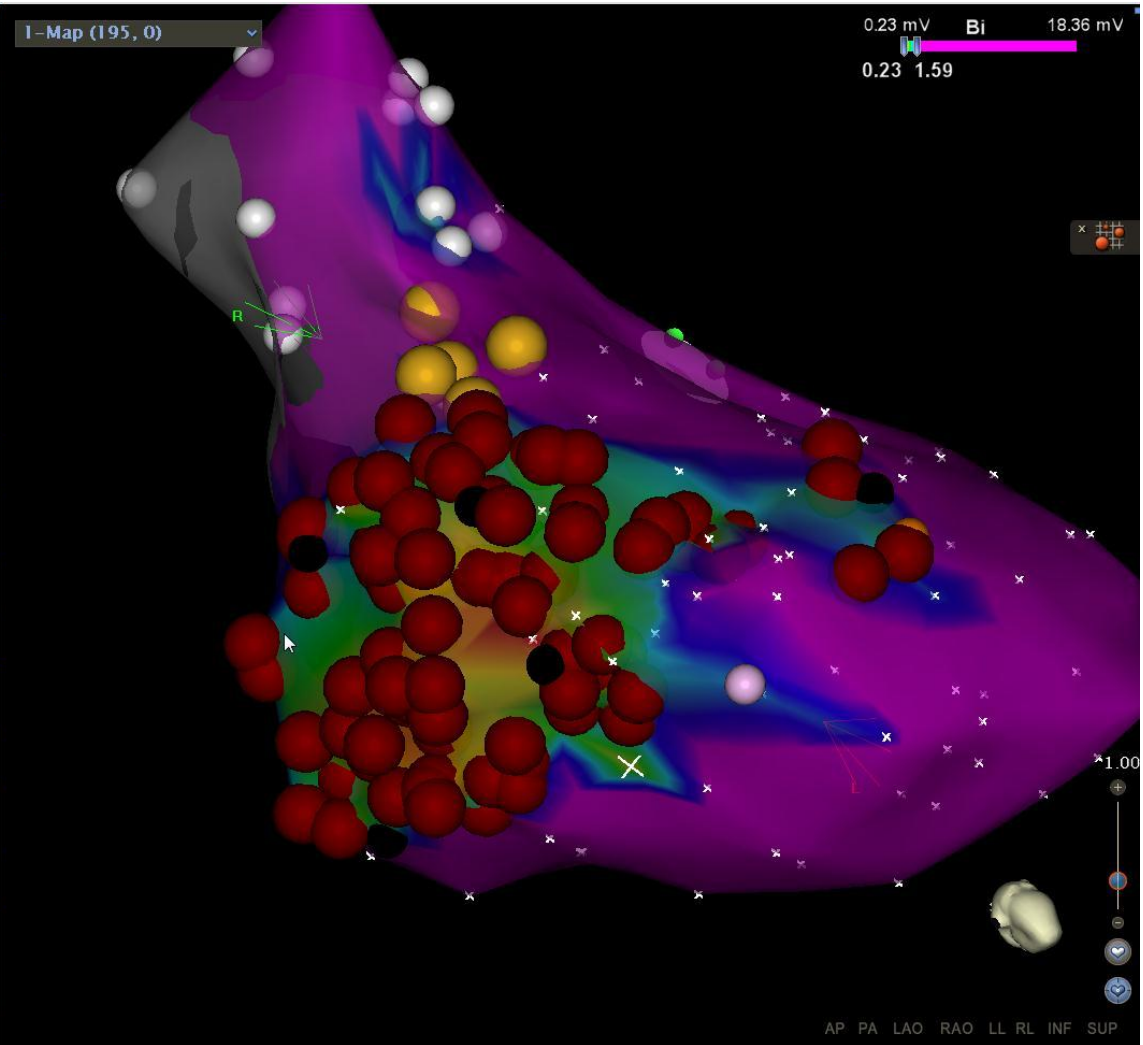
0.23 mV Bi 18.36 mV
0.23 1.59

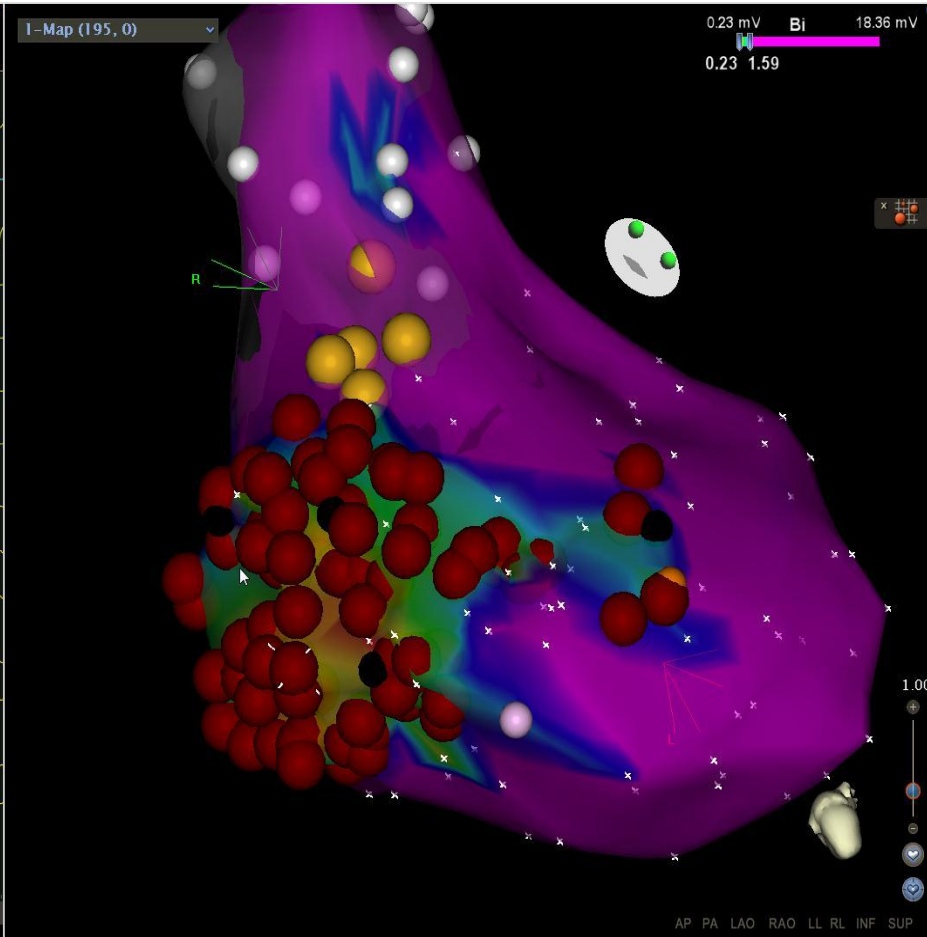
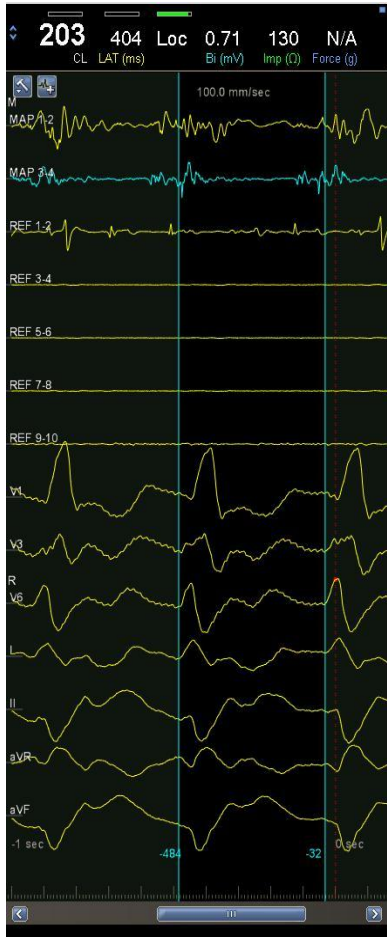


1.34



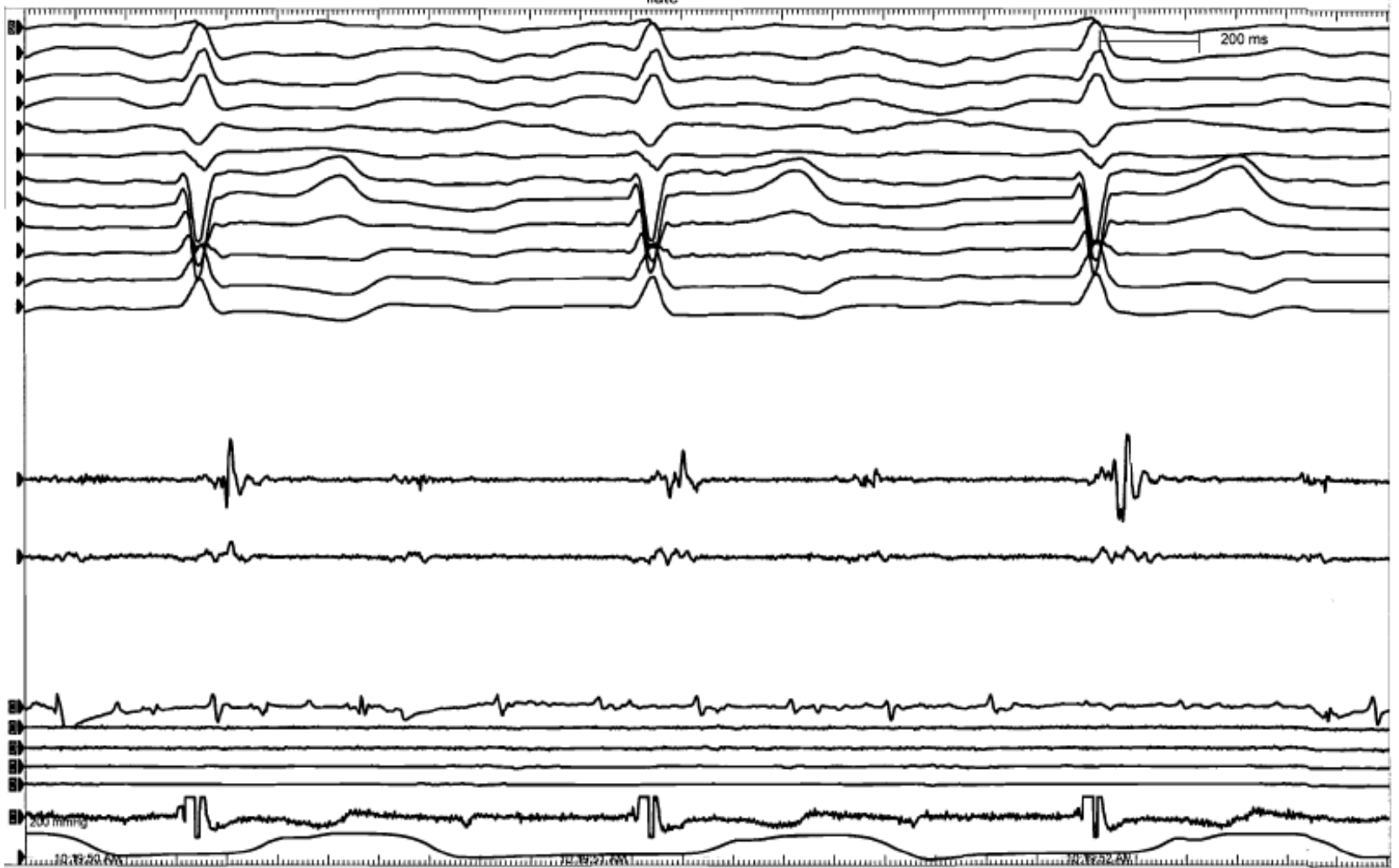
AP PA LAO RAO LL RL INF SUP





late

200 ms



ib v6.5.6

thcare



Arytmogenní bouře

- 3 a více epizod setrvalé VT nebo terapie ICD během 24h
- Zhoršení srd. Selhání, diuretika, minerálová dysbalance
- Ischemie (20% - polymorfní, KES inic)
- Žádná evidentní příčina

Arytmogenní bouře

- Metoprolol, Esmolol, Amio, lidocain
- Léčba srd. Selhání
- Korekce minerálů, QT - TdP
- dočasná kardiostimulace
- Trvalá monitorace – deaktivace šokových terapií
ICD do RFA (magnet na ICD během transportu)
- Sedace, epidurální ev celková anestezie –
transport ad RF ablace kardiocentrum
- Ovlivnění krčního sympatiku (dočasné, trvalé)