

Un substrat atypique

ELECTRA 

5-6 DÉCEMBRE 2024

HOTEL VILLA MASSALIA,
MARSEILLE | FRANCE

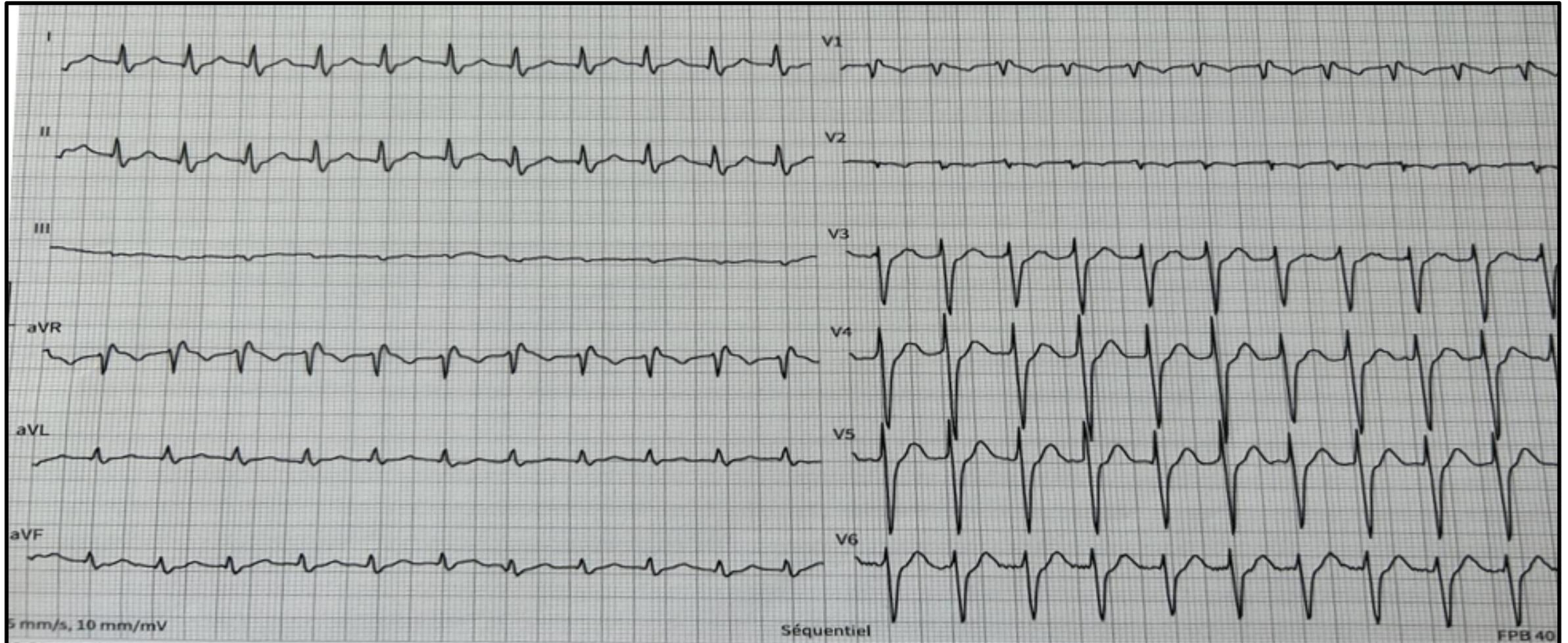
Dr BOUET Jérôme

CENTRE HOSPITALIER AIX EN PROVENCE

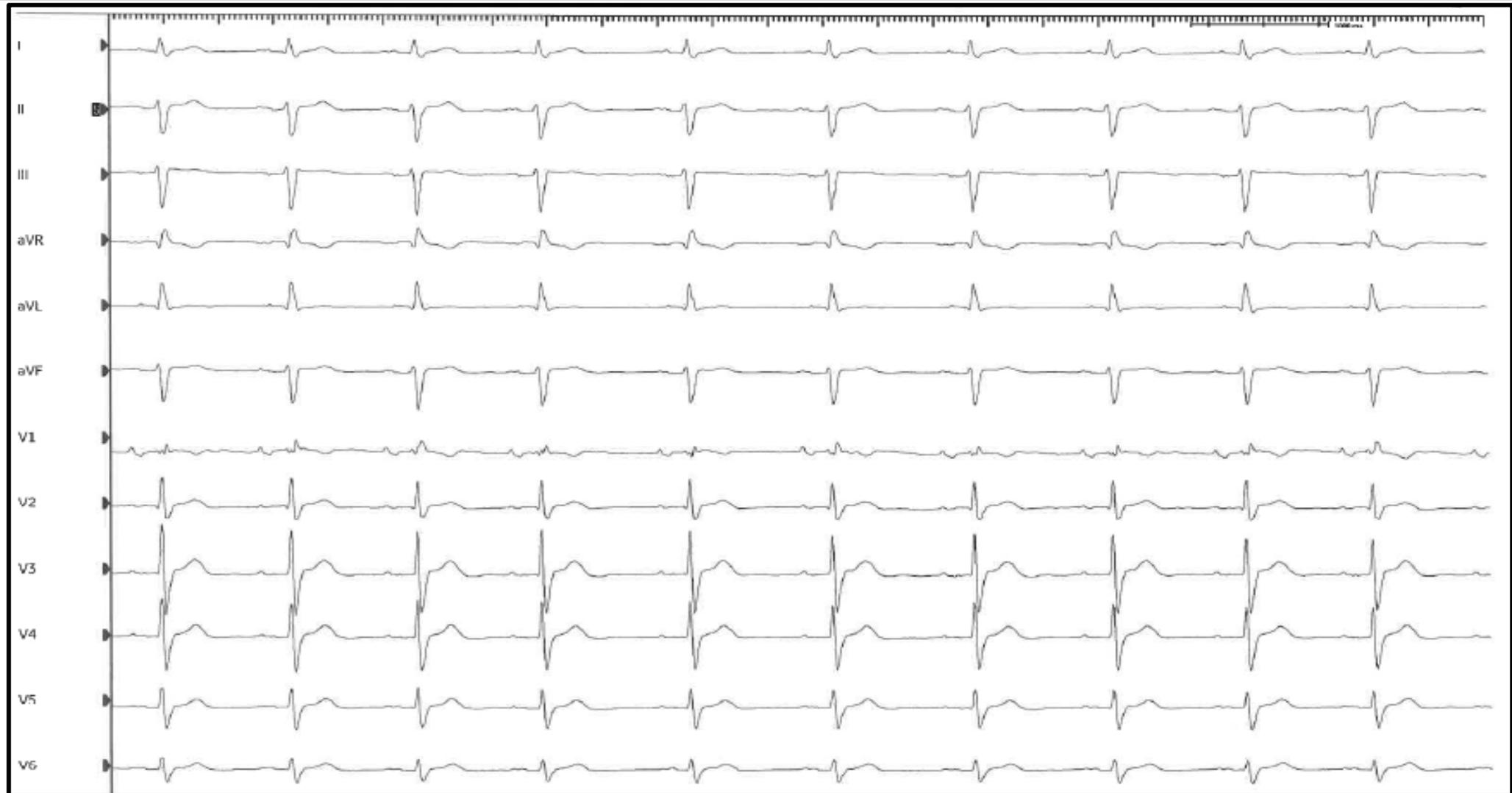
Contexte clinique

- Homme de 65 ans
- ATCD :
 - AVC ischémique gauche (12/2020)
 - Fermeture de FOP 02/2021 par un Amplazer, bon résultat
- Palpitations paroxystiques dans les suites, pendant plusieurs années, aucune arythmie documentée par ECG/Holter
- Consultation cardiologue traitant 02/2024 pour nouvel épisode de palpitations prolongées

Contexte clinique



Contexte clinique



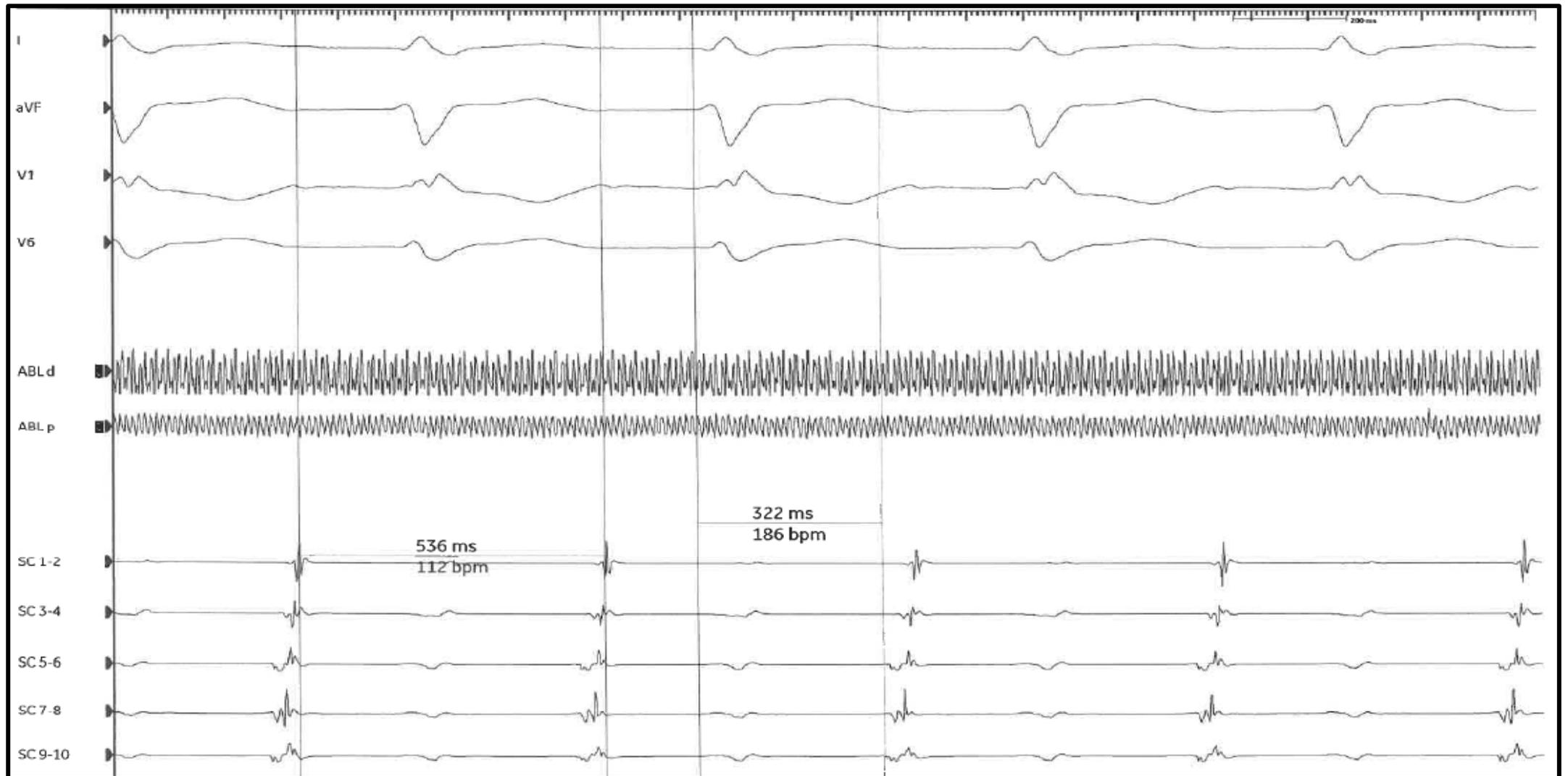
Exploration

- Passage en tachycardie à la montée des sondes

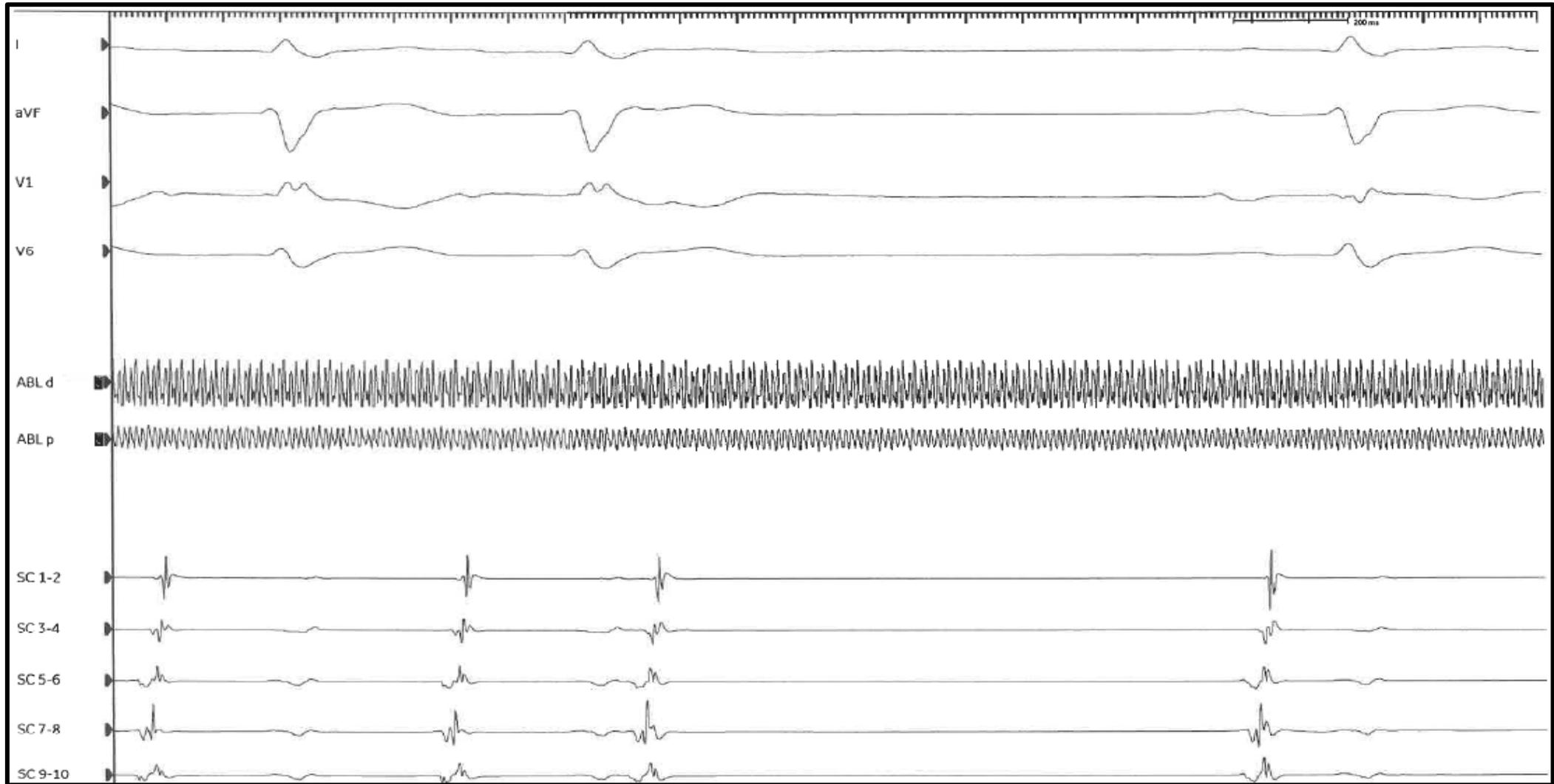
Exploration



Exploration



Exploration



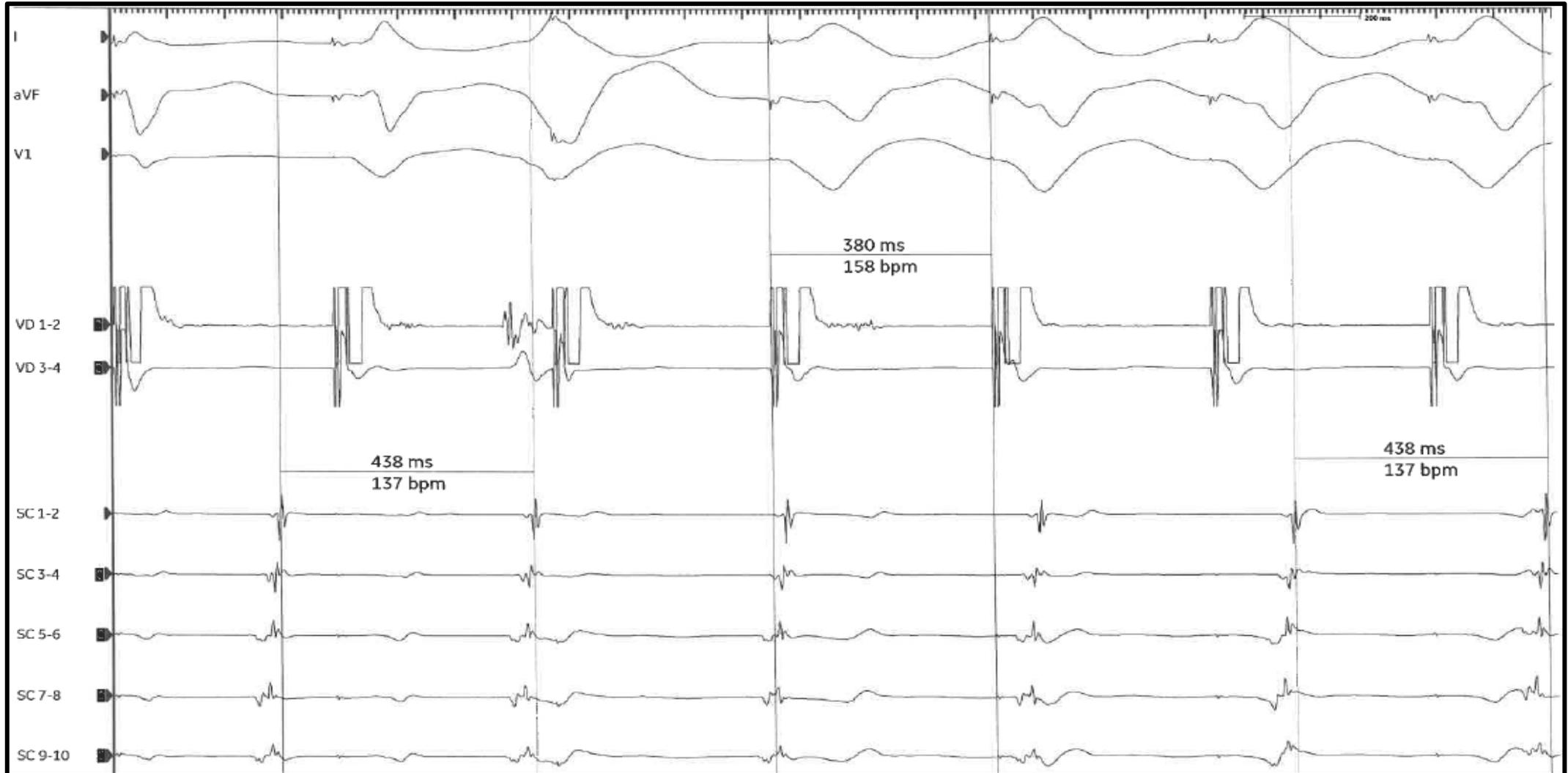
Hypothèses diagnostiques

- Hypothèses diagnostics :
 - Tachycardie jonctionnelle (RIN)
 - Flutter atypique
 - Tachycardie atriale focale

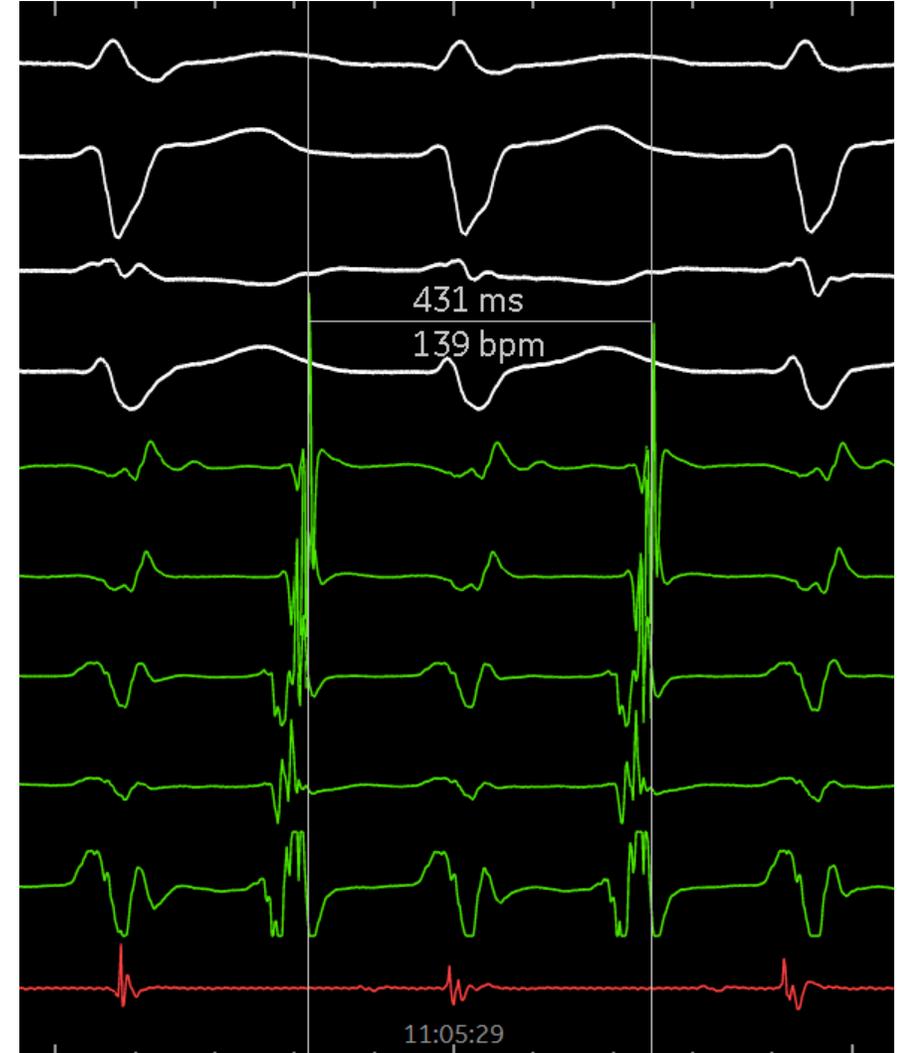
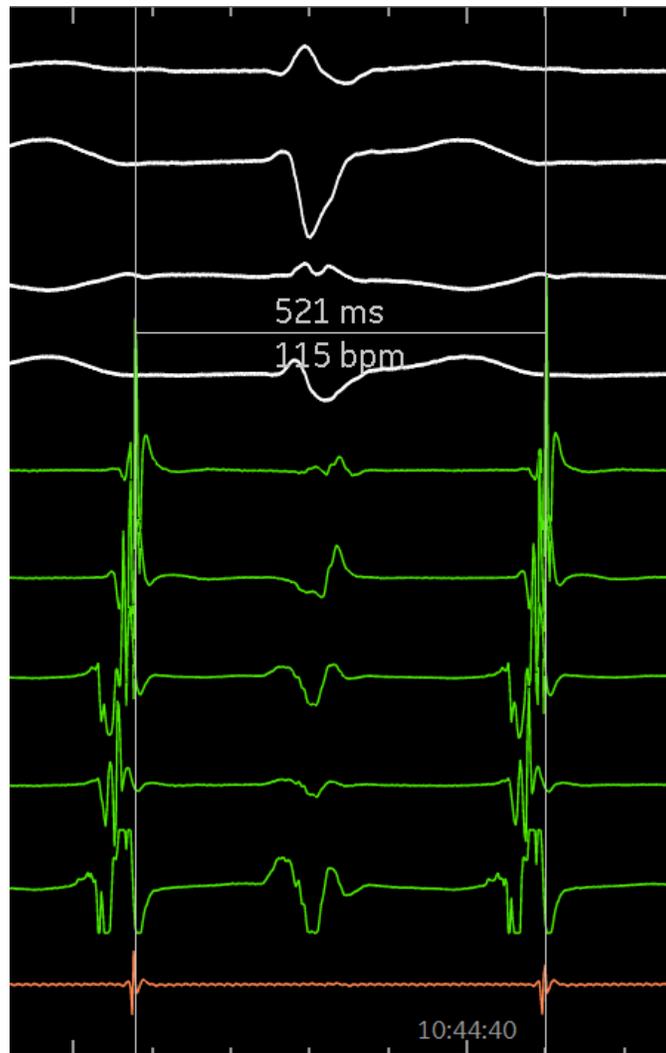
Exploration



Exploration



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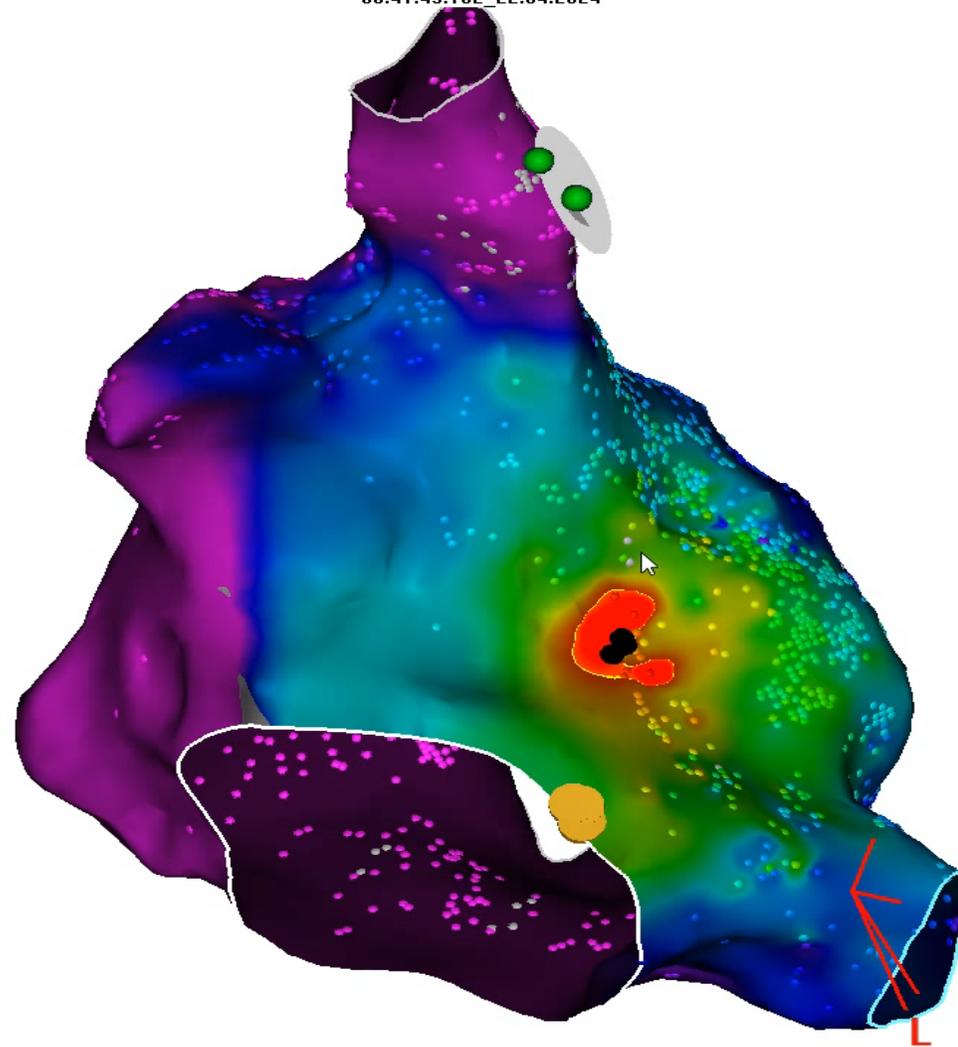
Résumé

- Absence de dualité nodale (saut / écho)
- Absence de voie accessoire antero/rétrograde
- Cycle atrial variable
- V-A long
- Entraînement V sans effet sur cycle A

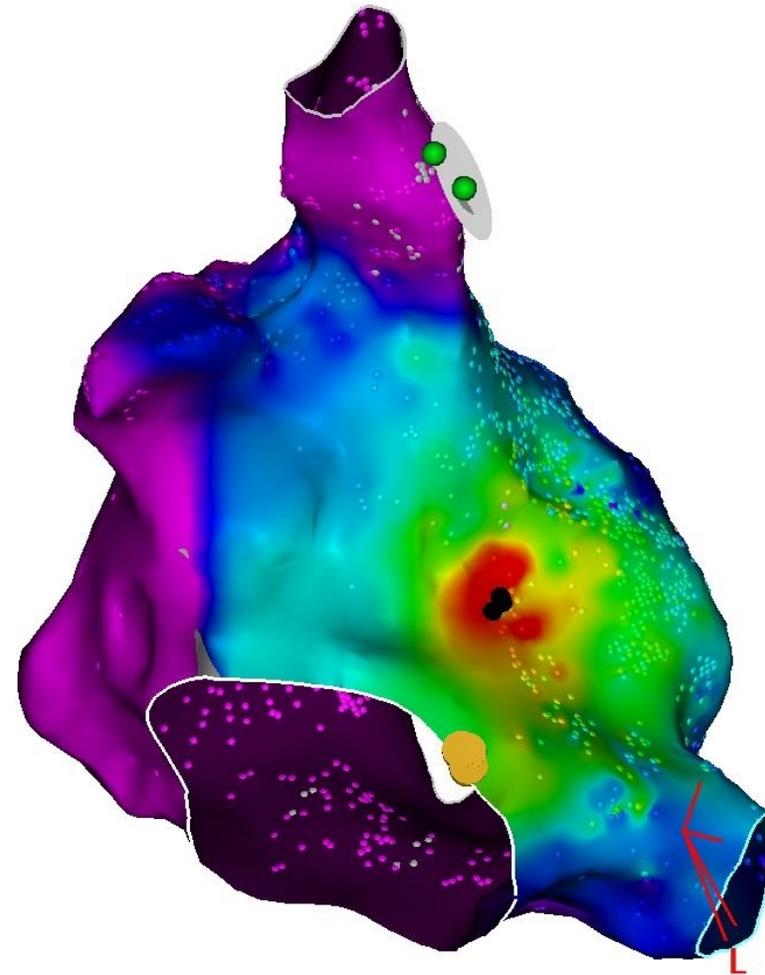
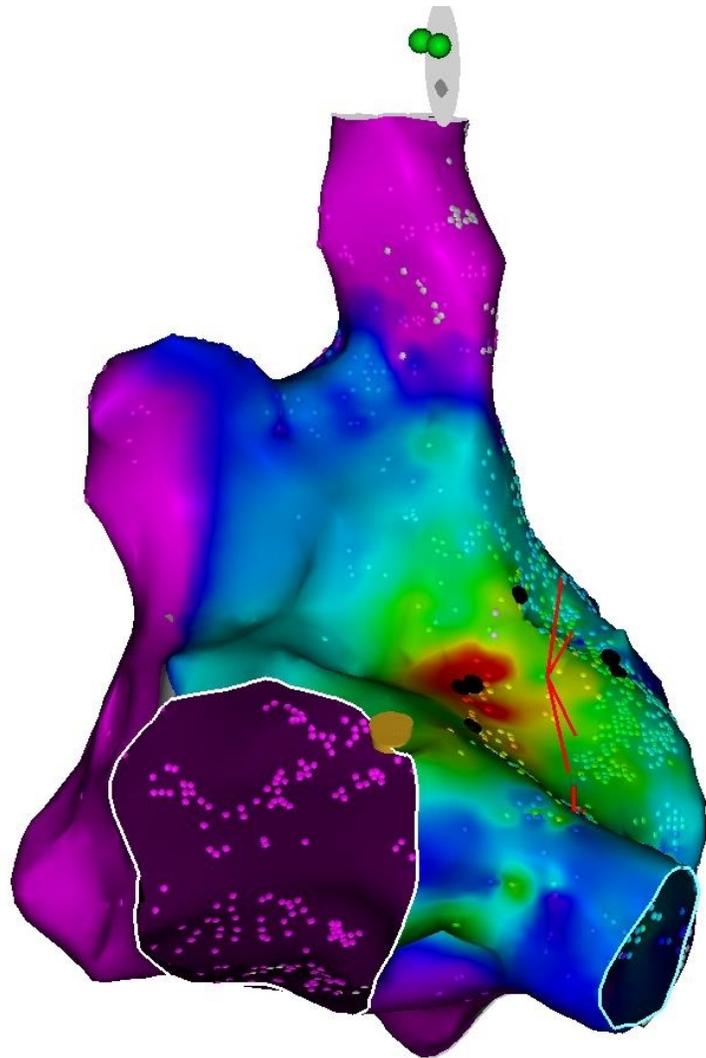
=> Tachycardie atriale

Carte d'activation

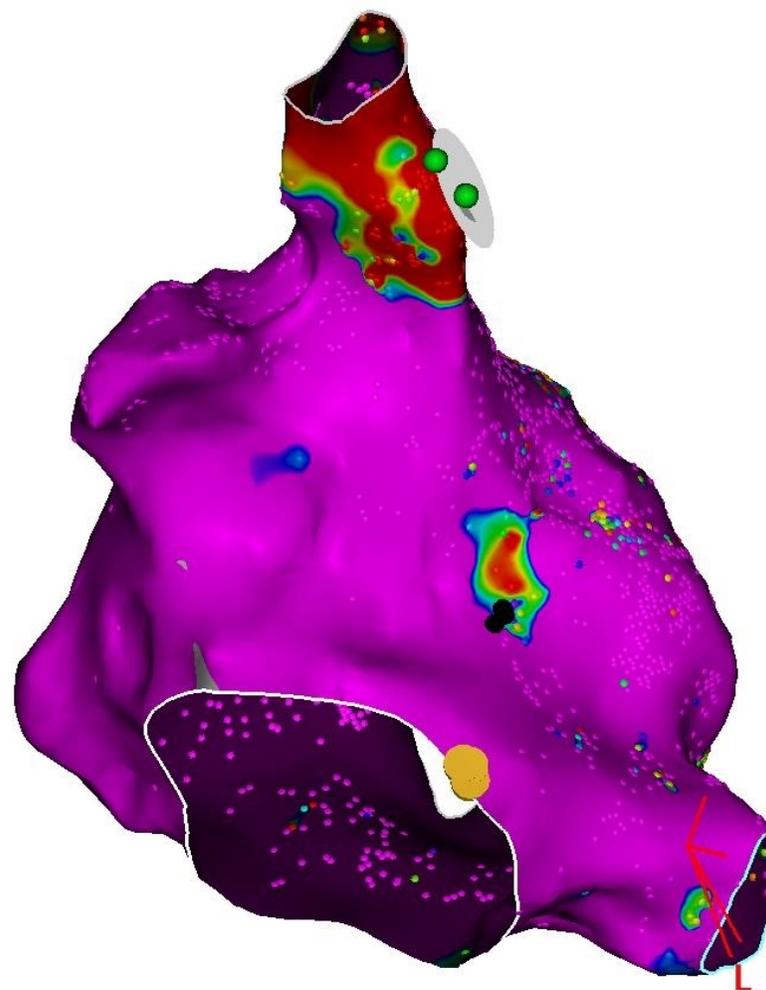
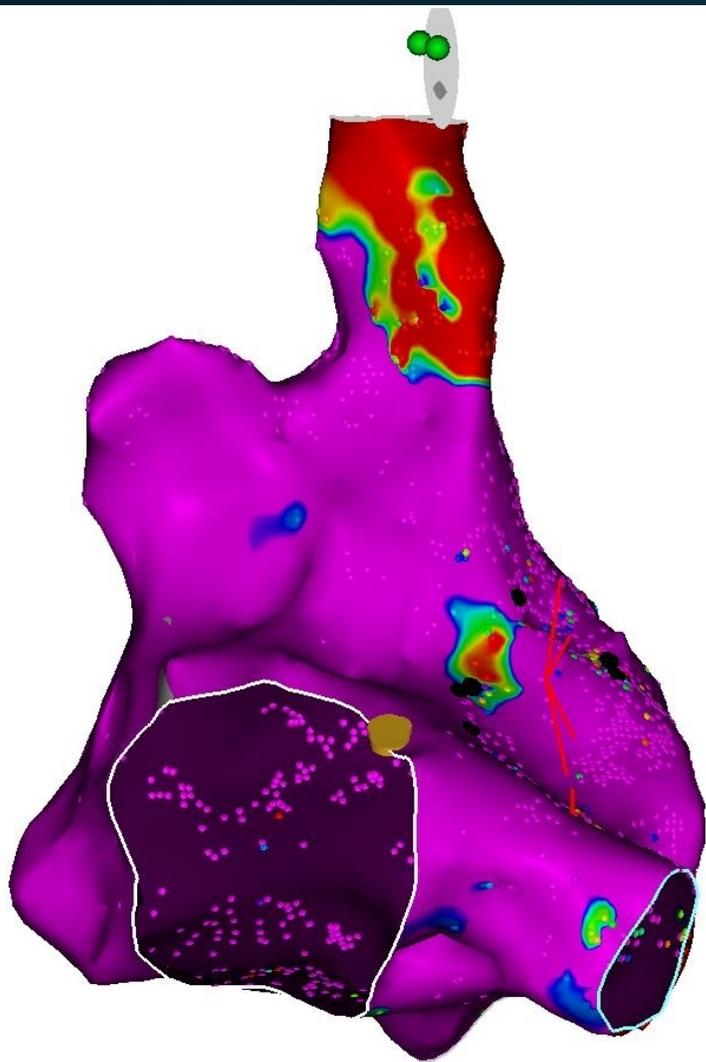
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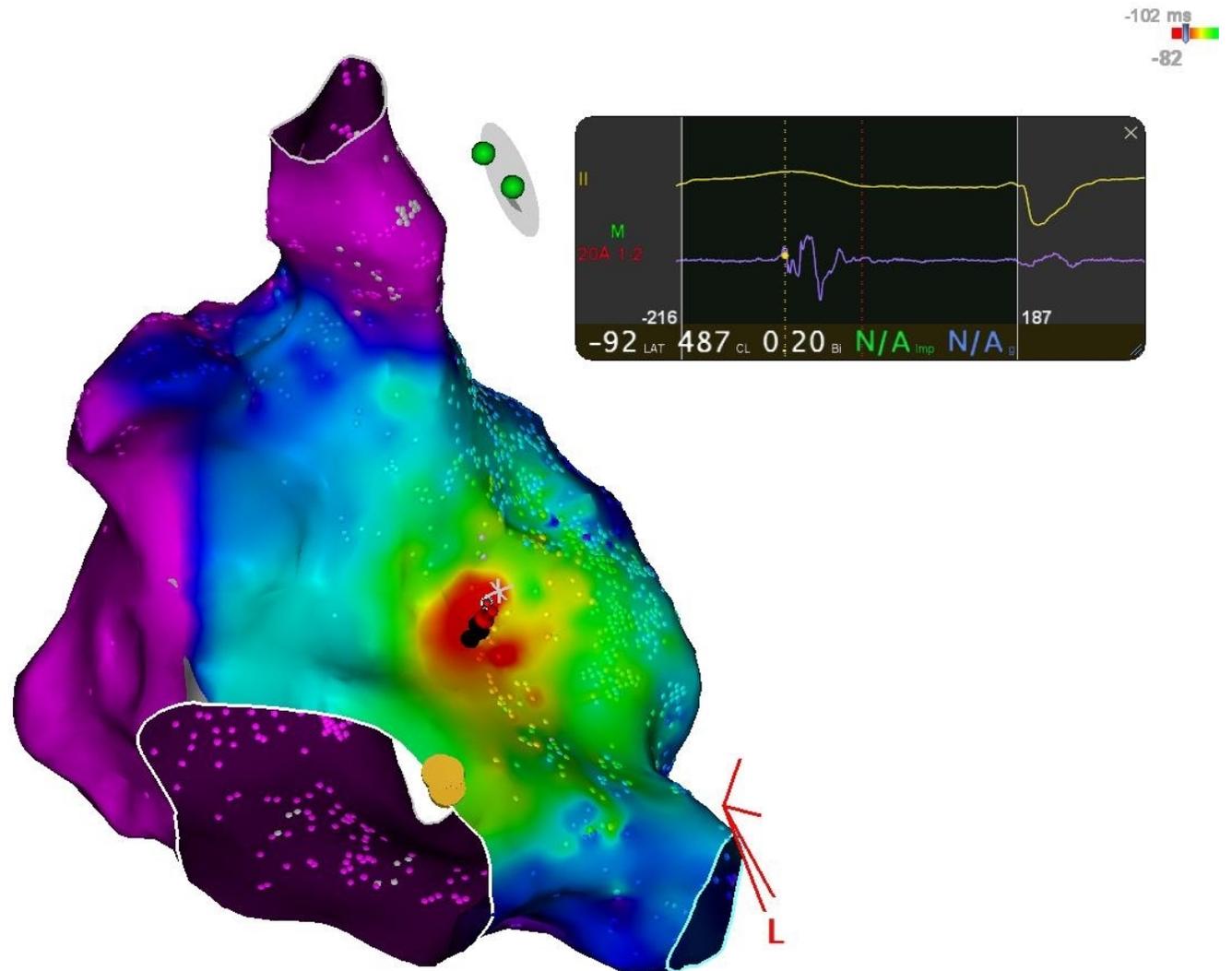
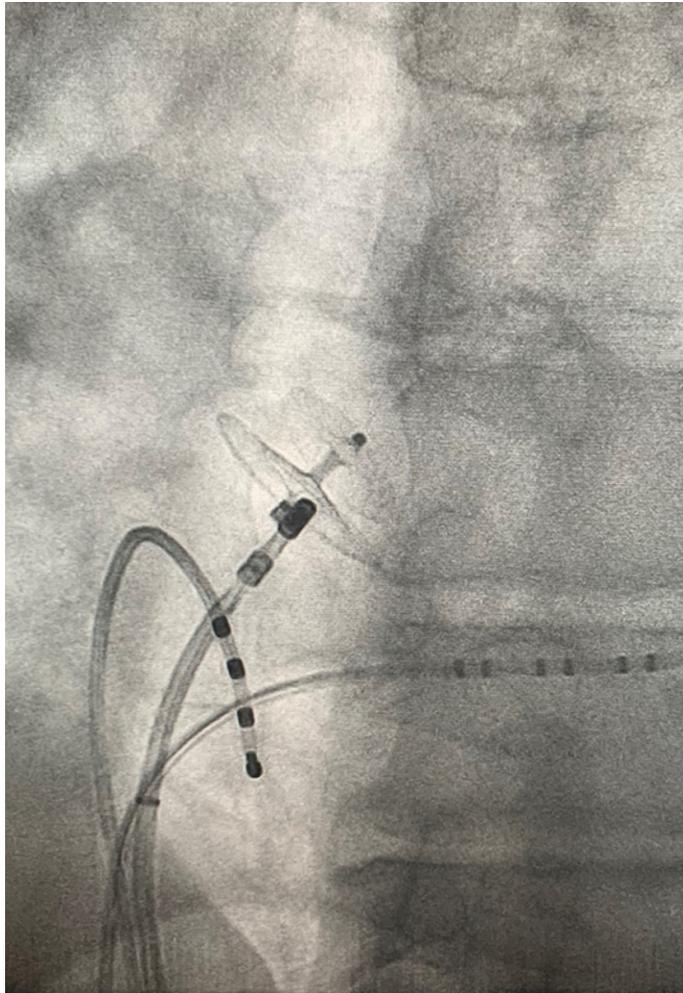
Carte d'activation



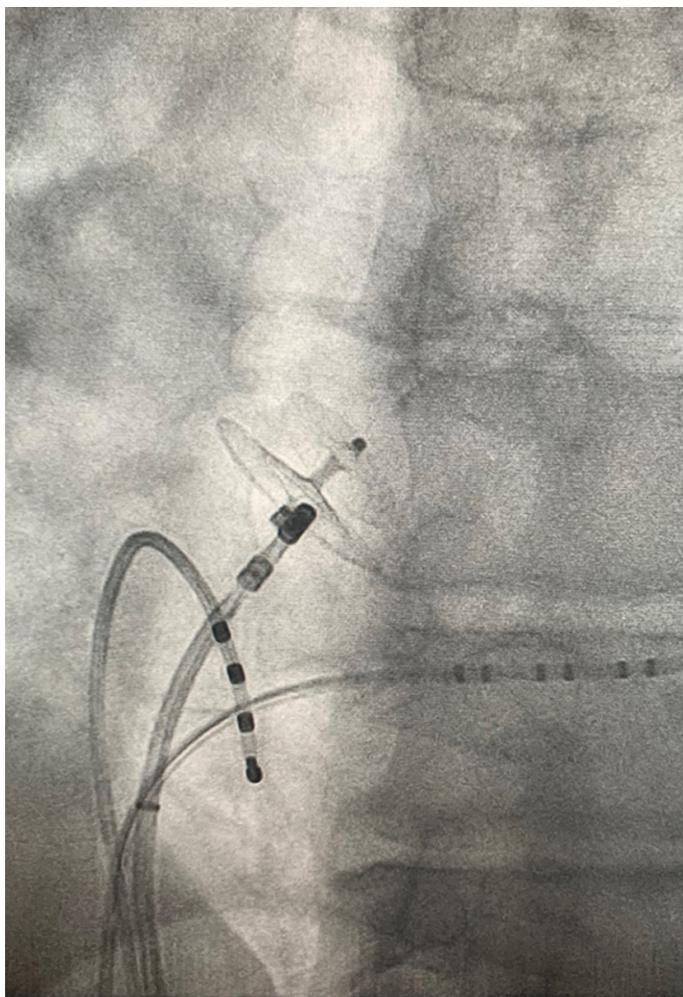
Zone de cicatrice



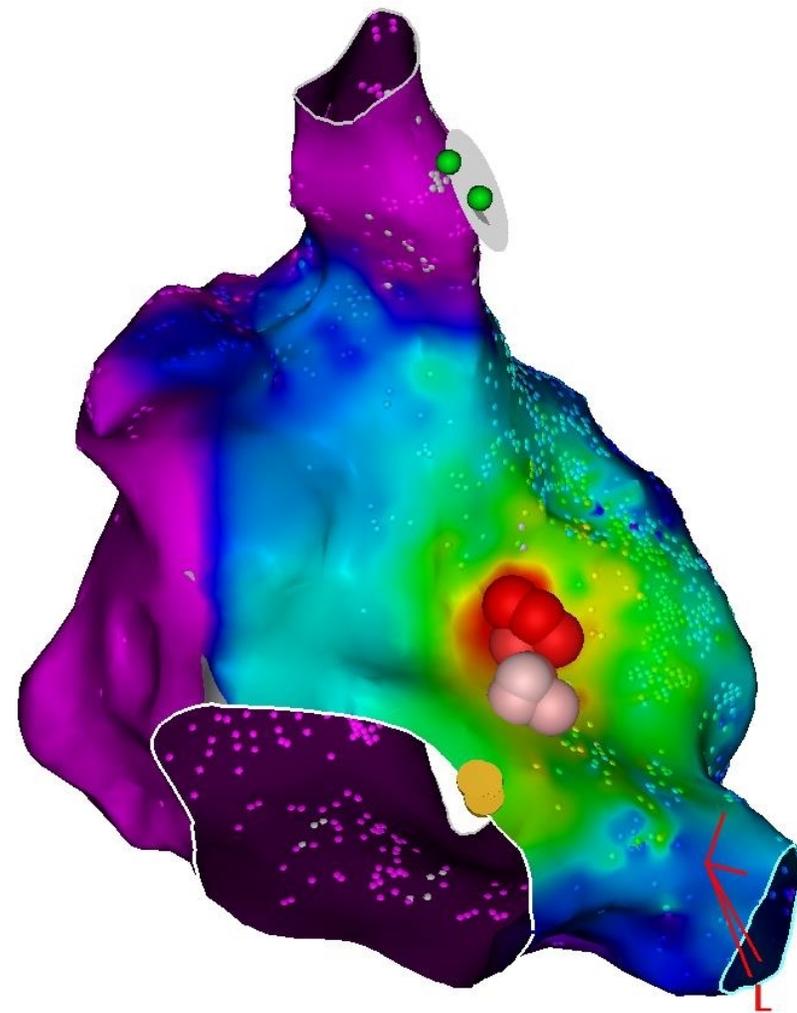
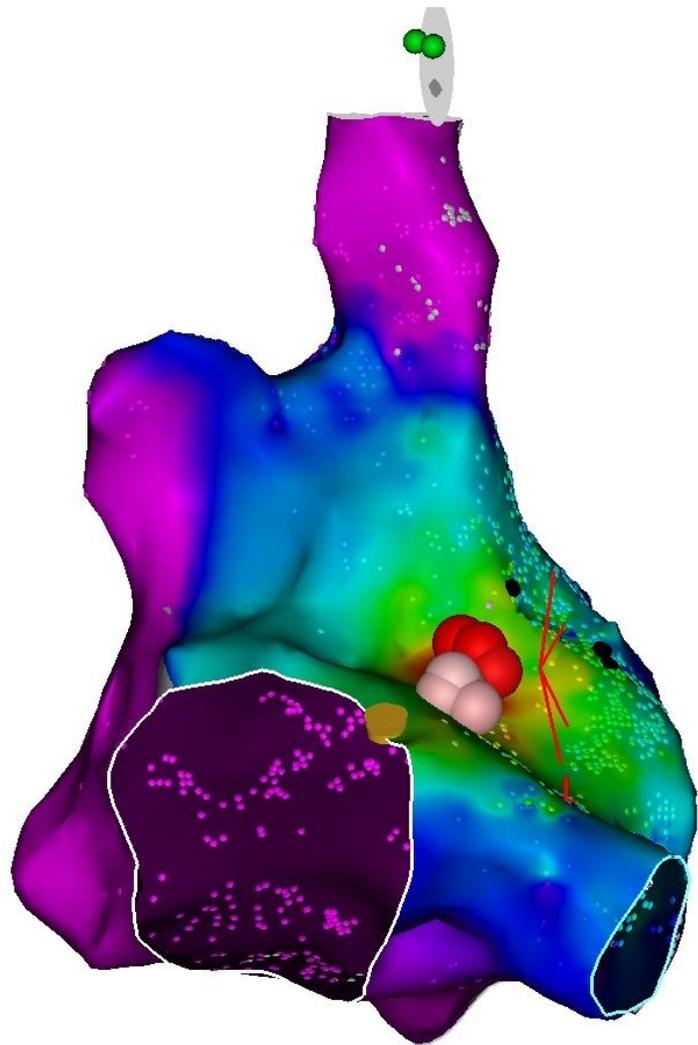
Ablation



Ablation



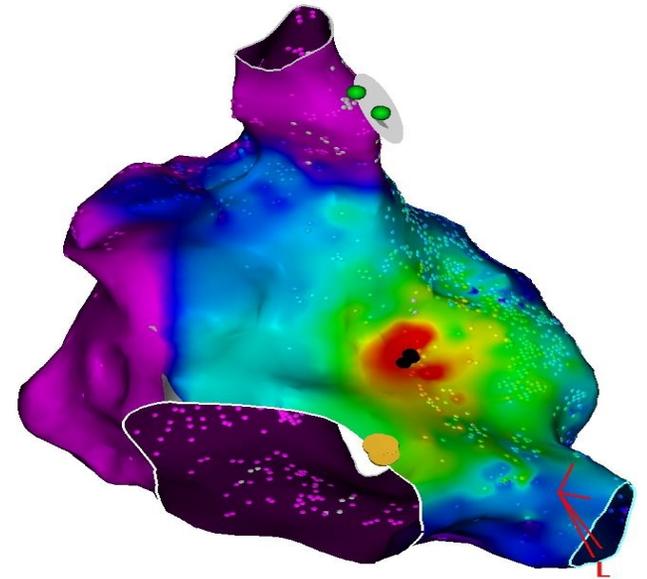
Ablation



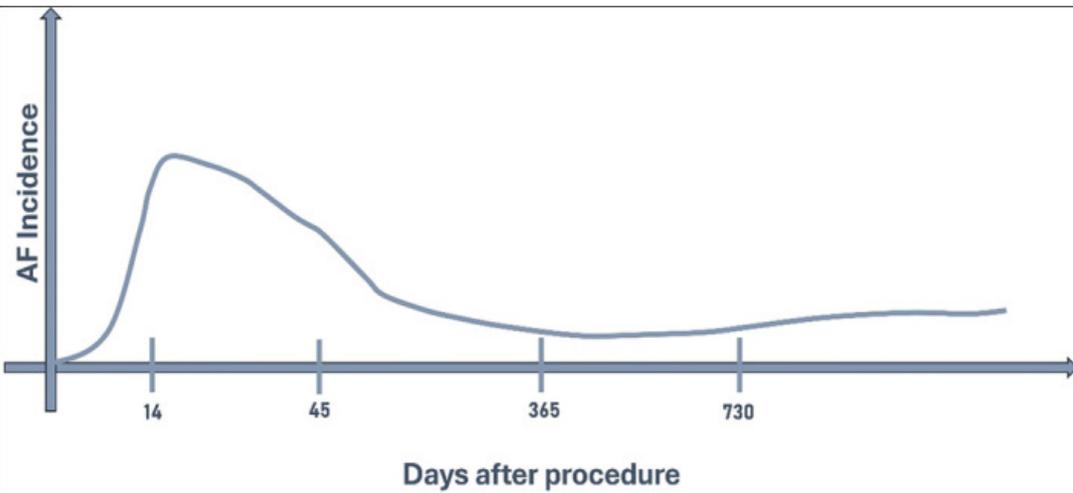
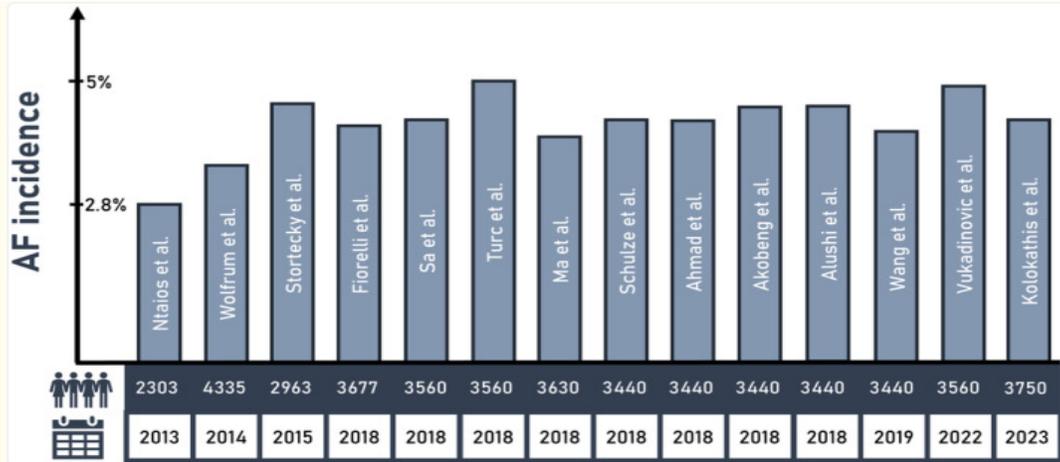
Le substrat arythmogène

Epidémiologie

- **Arythmie atriale fréquente post fermeture FOP**
- FA symptomatiques (4.6% vs. 0.9%, $P=0.02$) étude Close
- Jusqu'à 20% à 30 jours (moniteurs)
 - Délai moyenne 14 j
 - 1/2 symptomatiques



Epidémiologie

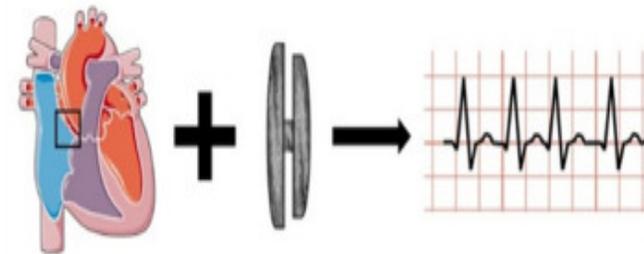


INCIDENCE

- 2.8 - 5%
- ↑ with systematic rhythm monitoring
- ↑ at 14 days
- ↓ after 45 days
- ~ to general population after 90 days.

RISK FACTORS

- Older age
- Smoking
- Male sex
- RoPE score < 6
- ↑ Left Atrium
- ↑ device size



MANAGEMENT

Classification
Primary or device-related (secondary)

Primary Treatment
Conventional approaches for primary AF

Device-Related Management
Emphasis on rhythm over rate control

Anticoagulation
Avoidance or limited use due to benign nature

CHA2DS2-VASc Score
Not considered reliable in these cases.

SEVERITY

Considered benign due to:

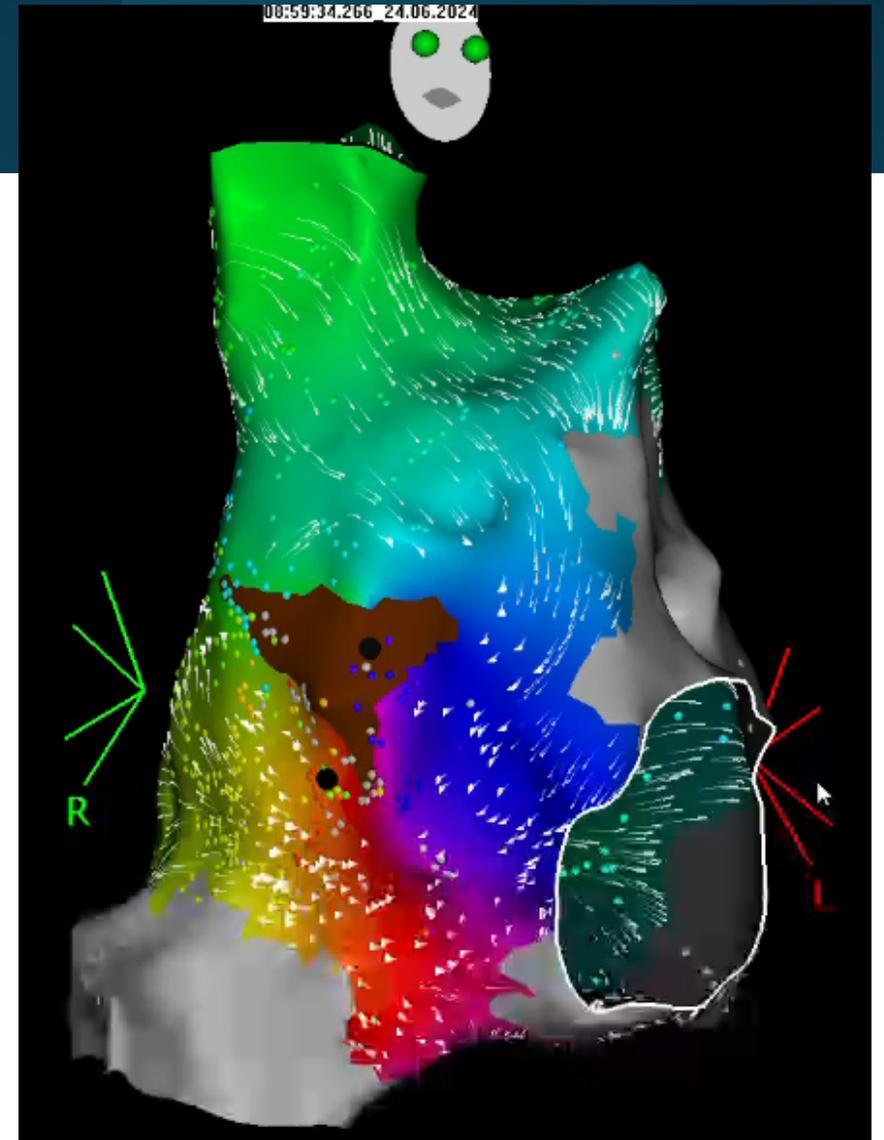
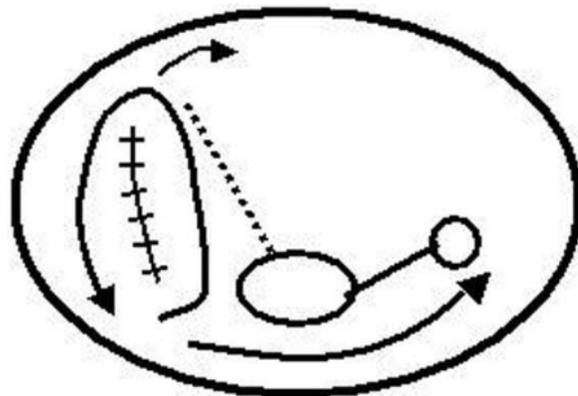
- self-limited
- Transient
- mainly asymptomatic
- rare association with recurrent stroke

PATHOPHYSIOLOGY

Device Implantation Effects	Path to AF Development
<ul style="list-style-type: none"> • Local irritation • Tissue stretch • Interference by metallic components 	<ul style="list-style-type: none"> • Inflammation • Oxidative stress • Triggered activity • Re-entrant substrate • Ectopic firing

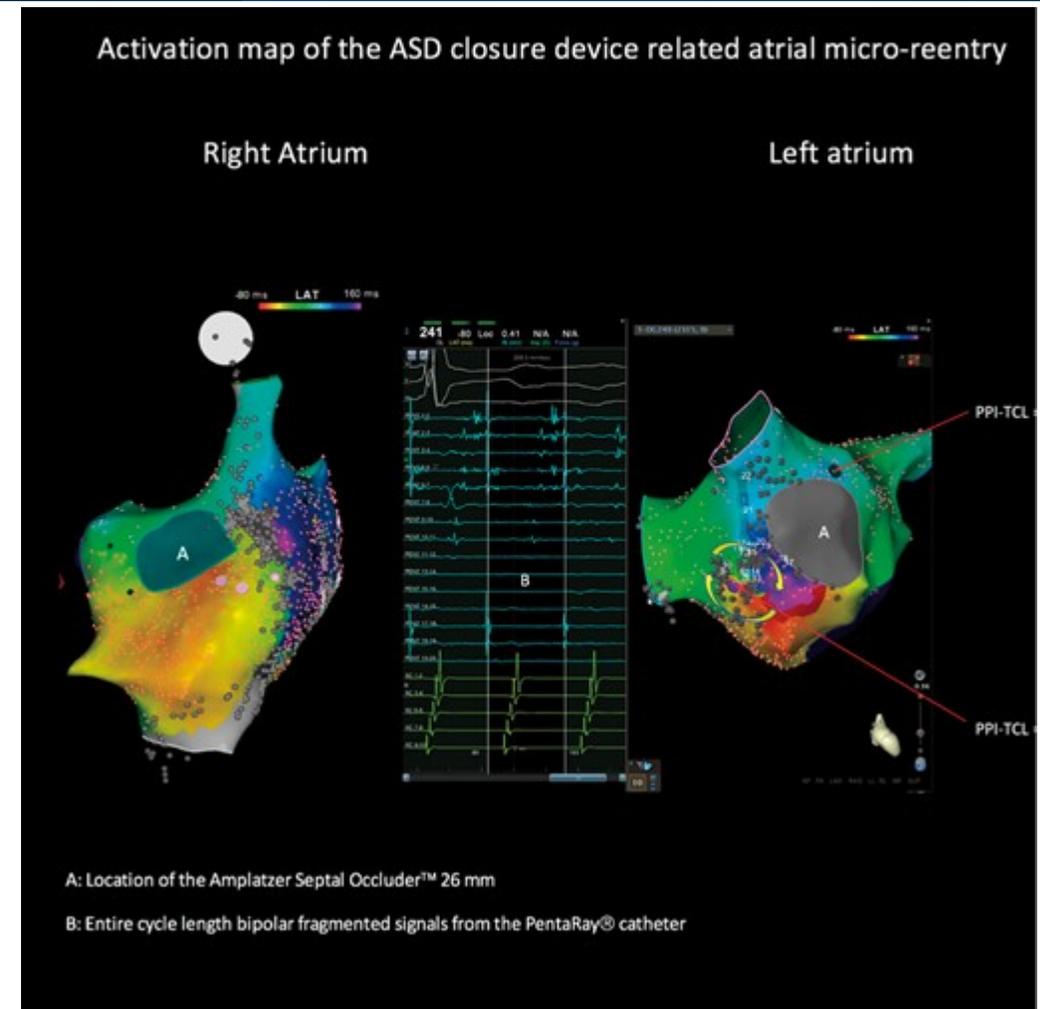
Substrat arythmogène

- **Arythmie post atriotomie / patch
=> Flutter (90%)**
- **Flutter cicatrice paroi libre OD /
Flutter commun**

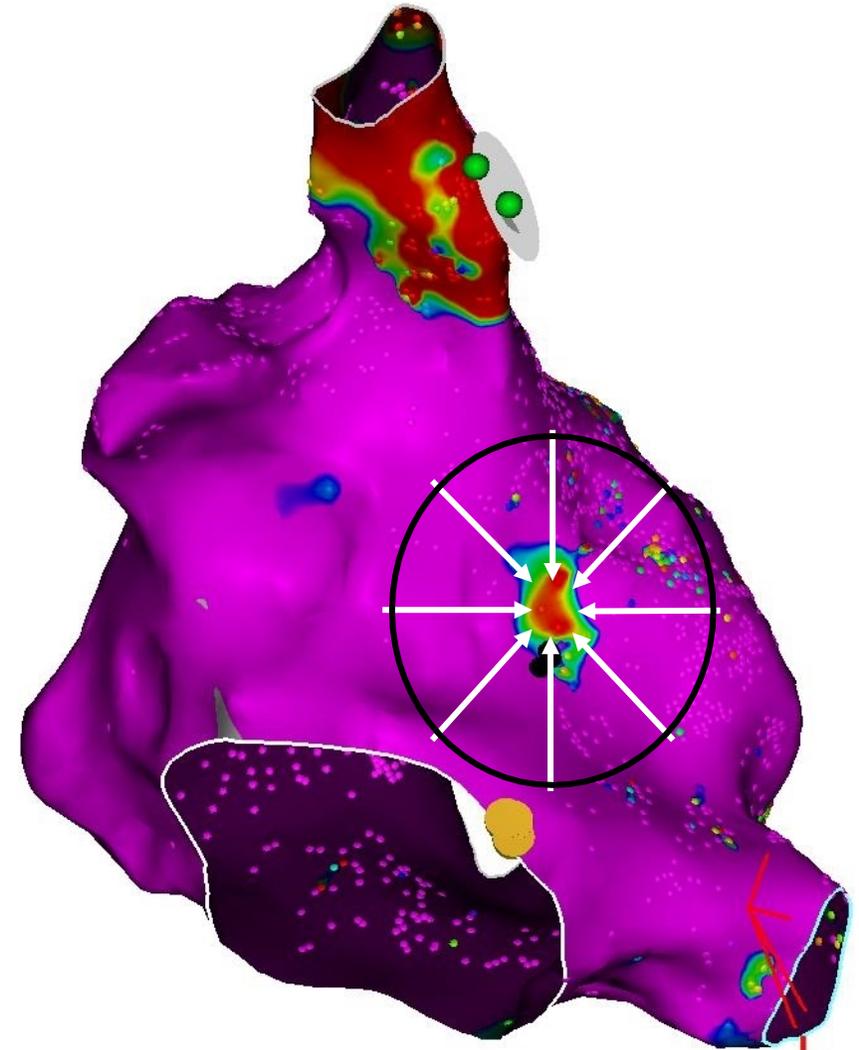
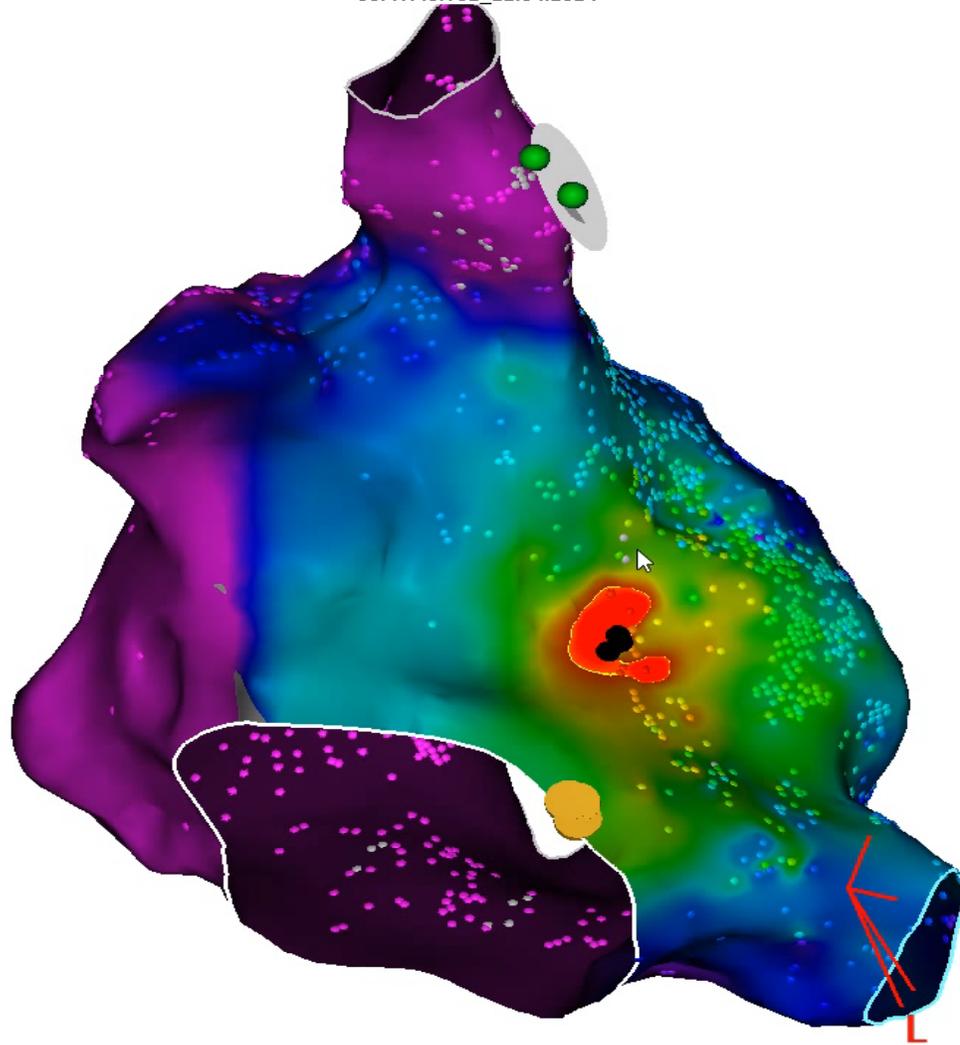


Substrat arythmogène

- **Flutter atrial gauche**
- **1 an après fermeture CIA (Amplatzer)**
- **Ablation par abord transeptal**



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**Merci pour
votre
attention !**

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