

# 10. Atriyal Fibrilasyon Zirvesi

## PACEMAKER – ICD – CRT SORUN GİDERME KURSU

### Kalıcı Kalp Pili

### Vaka Örnekleri ile Sorun Giderme

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Güven Hastanesi, Ankara

11 Kasım 2021, Perşembe

# Olgu 1

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81 yaş erkek


3/1/2009 CABG olmuş,

13.03.2015 Dış merkez: Primer koruma: Medtronic D284DRG DDDR ICD takılmış.

- 2-3 kez şok vermiş.
- Pilin bittiği söylenmiş ve değişim önerilmiş!
- ICD değişimi talebi ile geldi.
- Efor dispnesi klas 2-3, senkop yok, atipik göğüs ağrısı +

Aritmi kayıtları:

- Uygun şok veya ATP hiç yok
- Sinüs taşikardisi için hatalı şok 3 kez

<b><u>CİHAZ BİLGİLERİ:</u></b>		
Cihaz Markası	: MEDTRONİK	Takılma Tarihi : 13.03.2015
Cihaz Modeli	: MAXIMO II	Replasman Tarihi :
Cihaz Modu	: DDDR	Endikasyonu :
		İmplant Doktoru : 
<b>KONTROL:</b>		
<b><u>BATARYA ÖLÇÜMLERİ:</u></b>		<b><u>BRADİKARDİ PARAMETRELERİ:</u></b>
Voltaj/Durumu	: 2,74	Ayarlanan Hız : 40/130
Beklenen Ömür	:	AV delay : 300/250
Batarya Direnci	:	
<b><u>TASİKARDİ PARAMETRELERİ:</u></b>		
<b>VF Zonu</b>	<b>Hızlı VT</b>	<b>Yavaş VT Zonu</b>
Hız : 188	Hız :	Hız :
Tedavi ATP : 1 ATP	Tedavi ATP :	Tedavi ATP :
Tedavi Şok : 25J,35JX5	Tedavi Şok :	Tedavi Şok :



Device: Maximo II DR D284DRG  
Serial Number: PZM622548S

Date of visit: 06-Oct-2021 14:11:39  
9995 Software Version 8.5  
Copyright © Medtronic, Inc. 2015

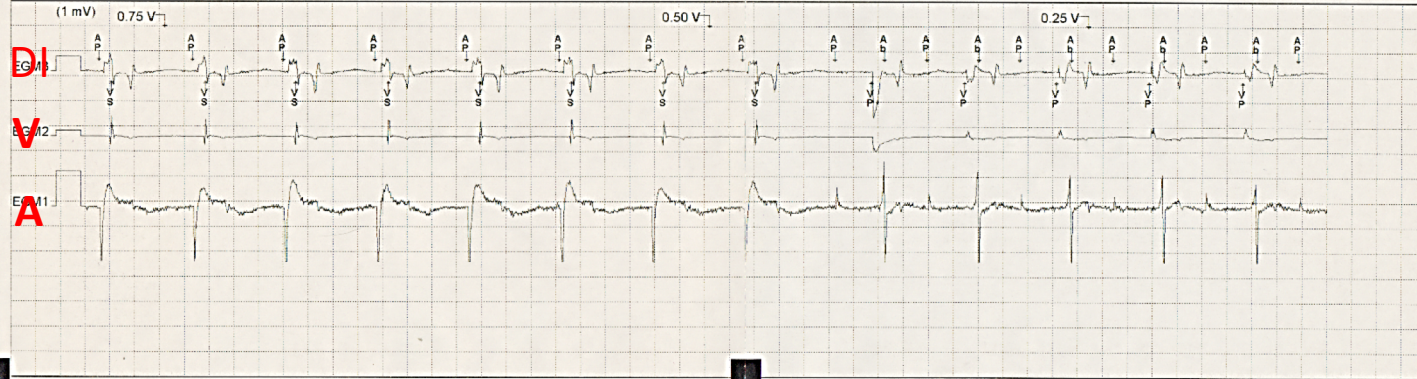
### Atrial Amplitude Threshold Test

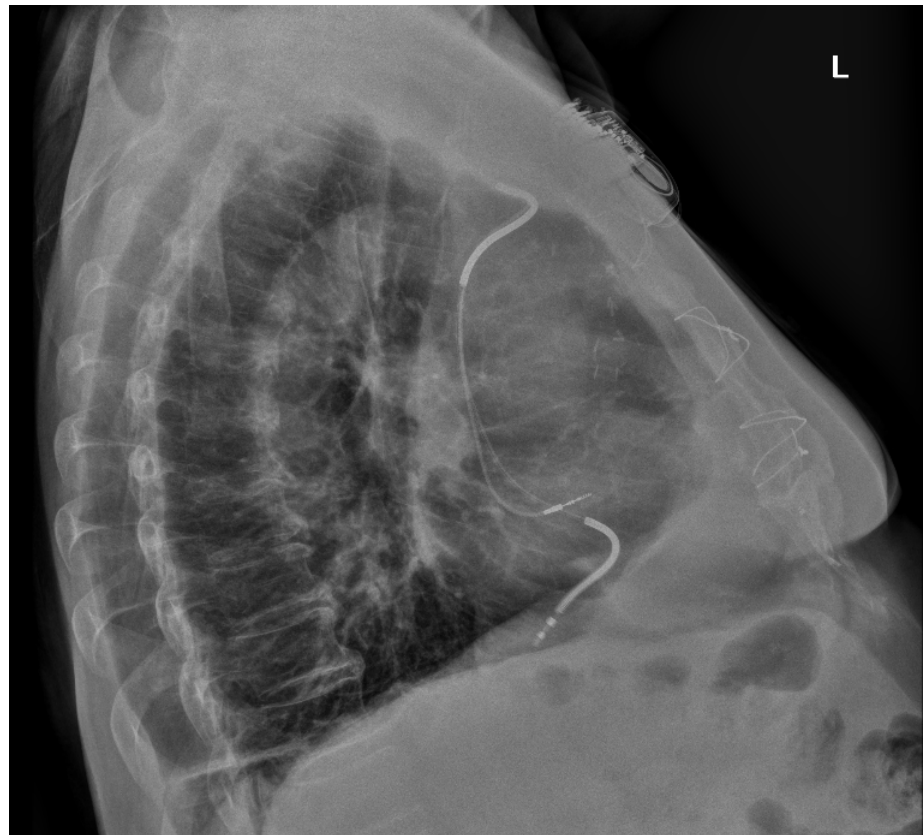
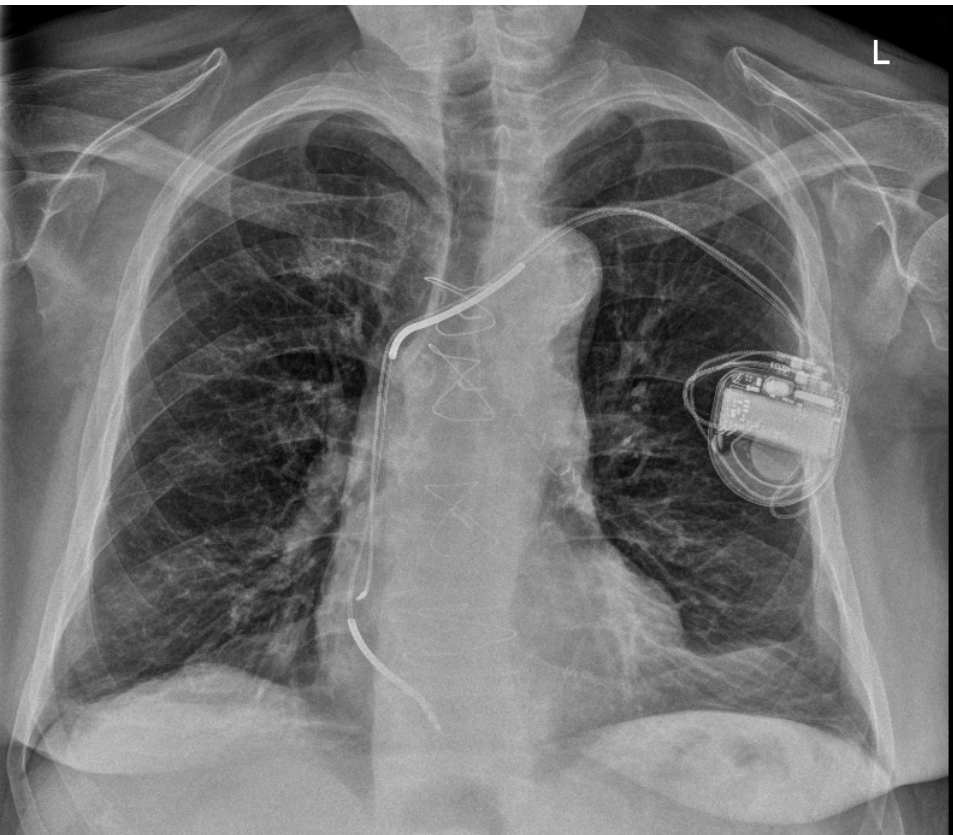
Page 1

Collected: 06-Oct-2021 14:01:52

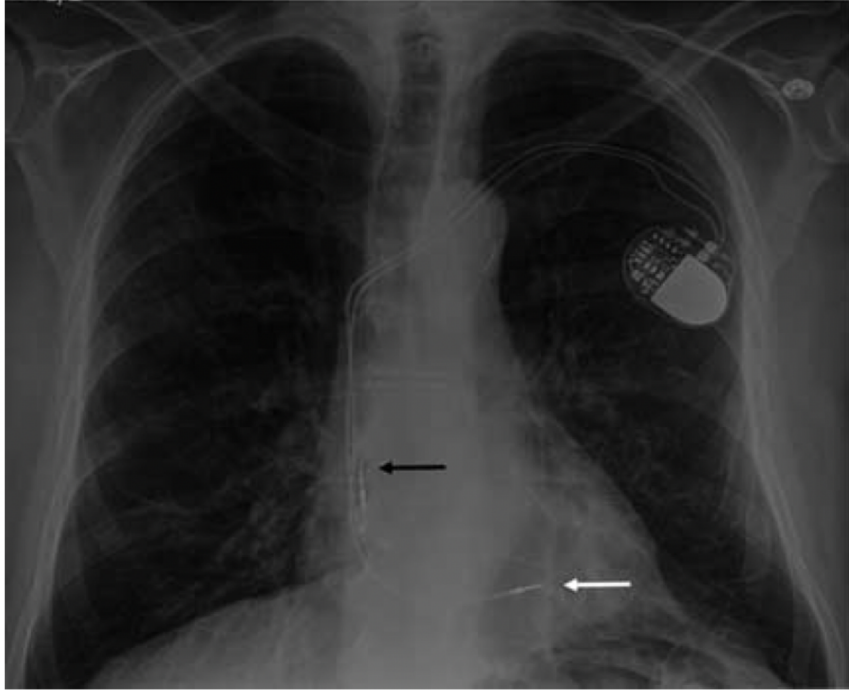
25.0 mm/sec

End





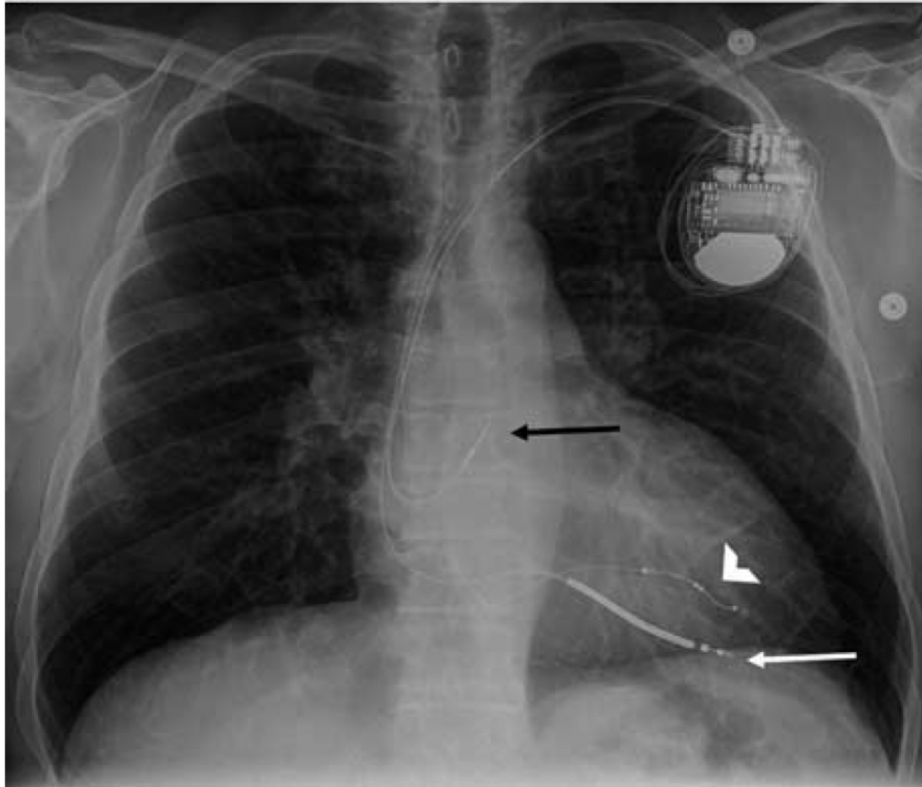
A



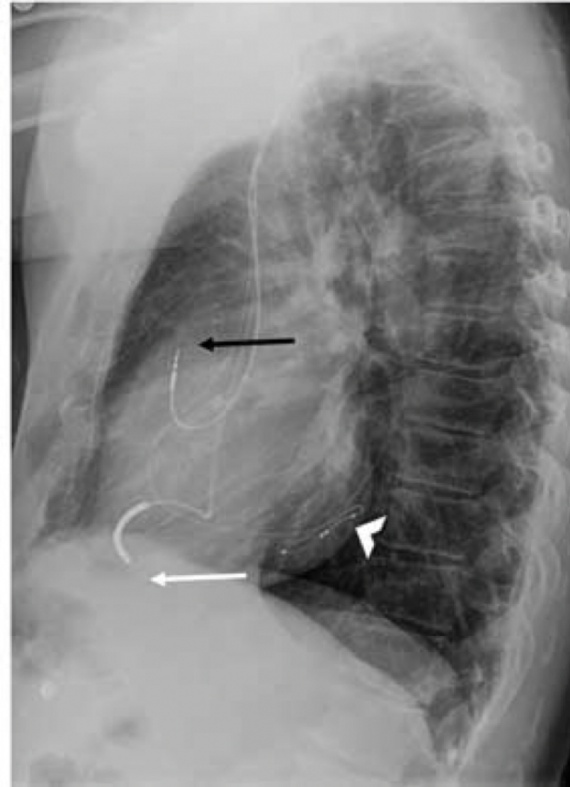
B



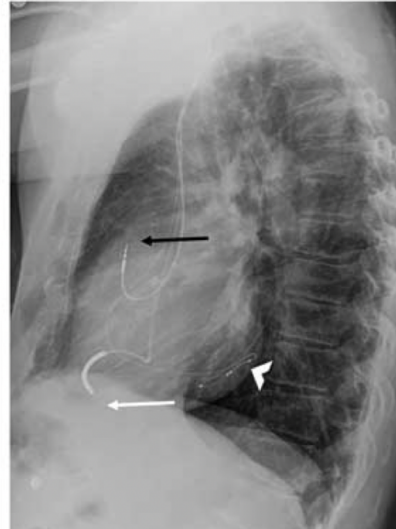
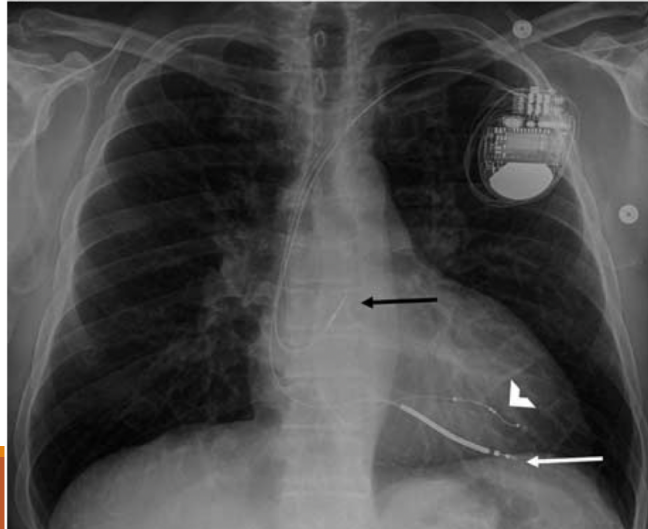
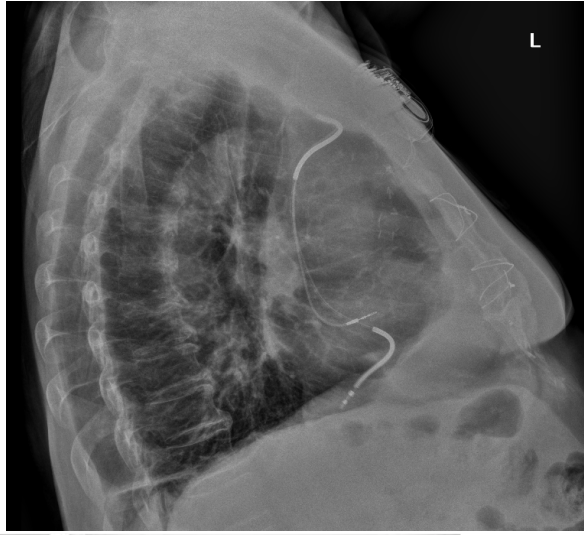
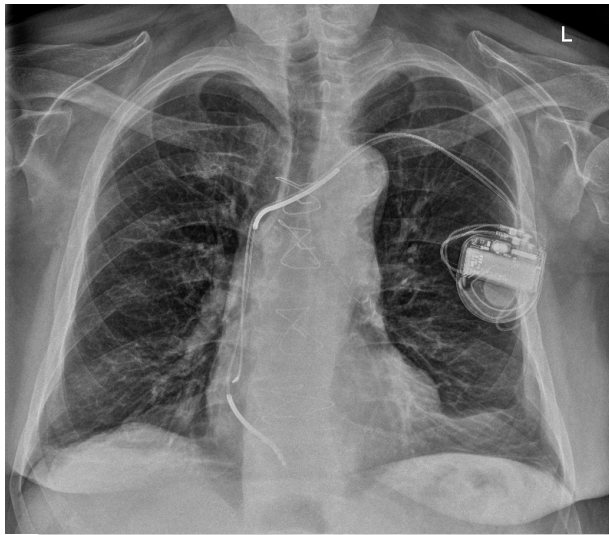
A



B







# Olgu 2

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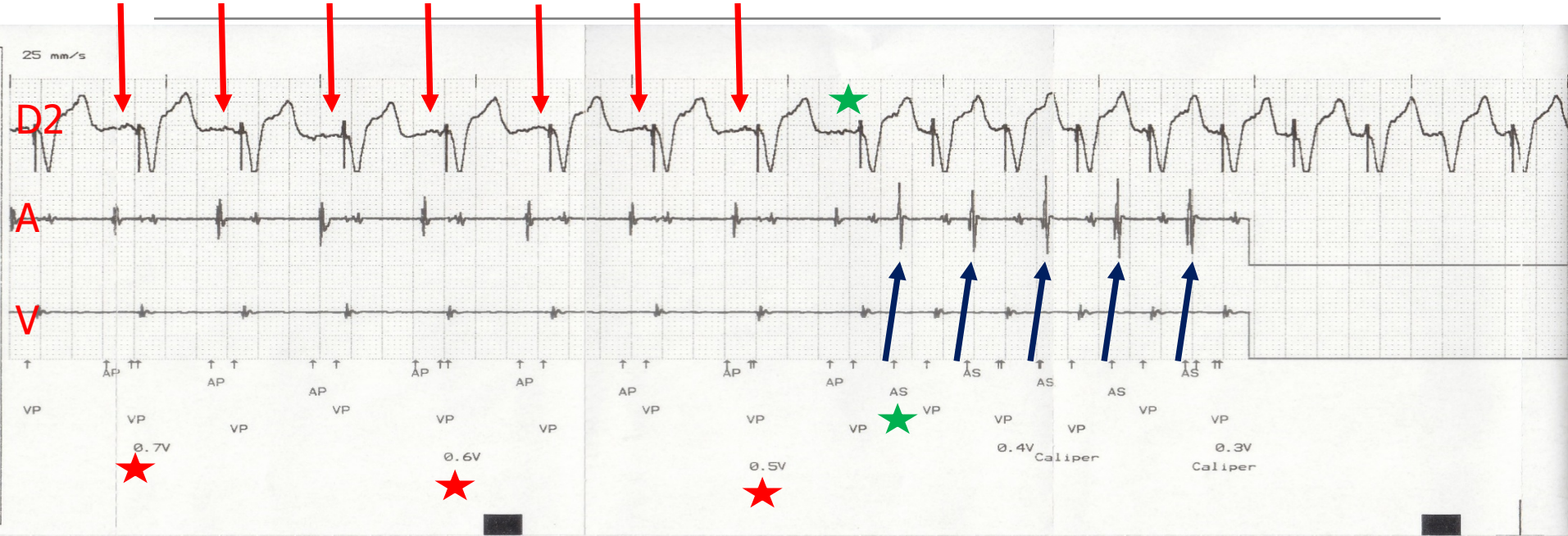
57 yař, kadın

Aralıklı AV blok

5 yıl önce Guidant DDDR PM takılmıř ve aralıklı arpıntı +

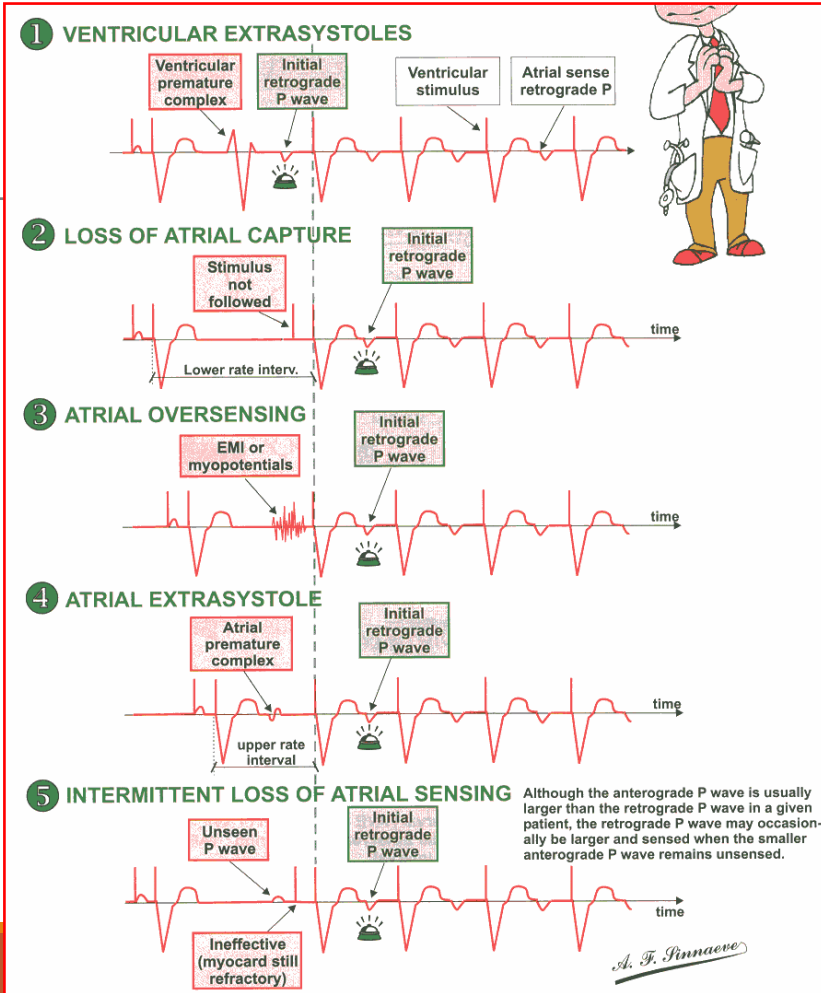
Pil kontrolü

# Olgu 2



Atriyal Eşik Testi

# Endless Loop Tachycardia nedenleri



# Olgu 4

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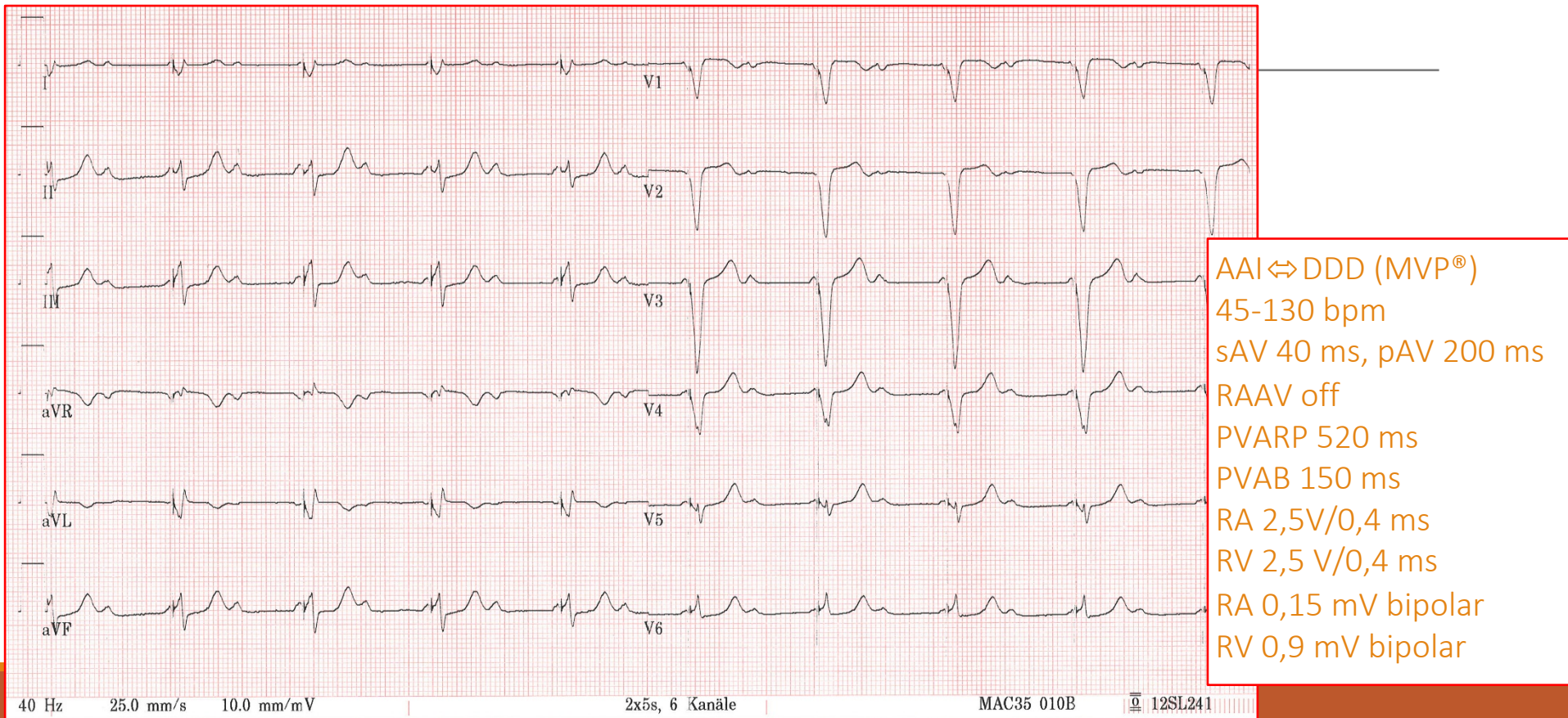
72 yař erkek

AV tam blok

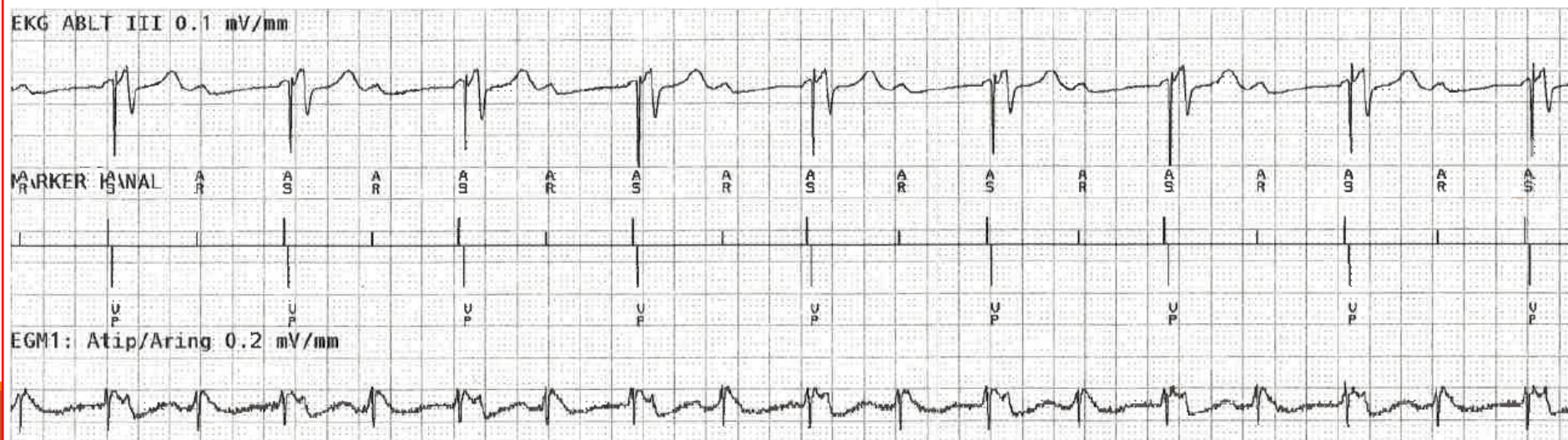
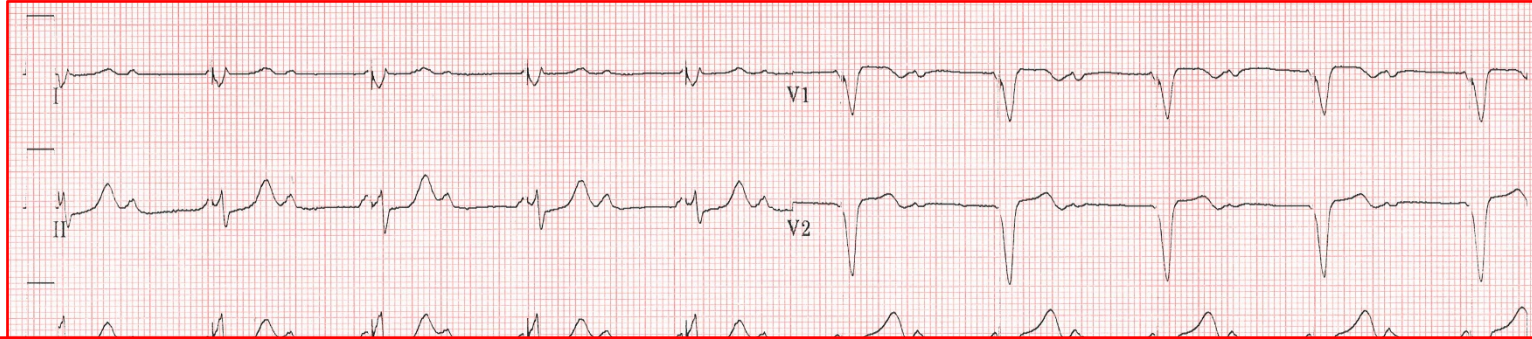
DDD PM

Efor dispnesi ve eforla fenalık Őikayeti ile geliyor

# Olgu 4



# Olgu 4



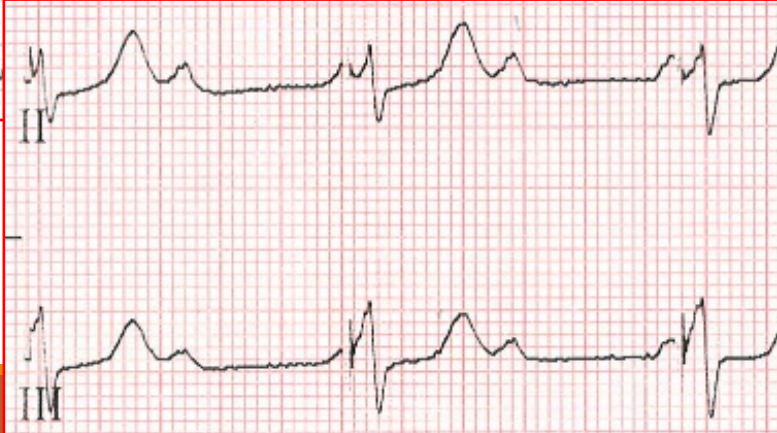
# Olgu 4



Total atrial refractory period (TARP)  
= sensed AV delay + PVARP:

$$40 + 520 = 560 \text{ ms}$$

⇒ Programlanmış UTR ne olursa olsun, TARP altındaki herhangi bir atriyal siklus uzunluğu 2:1 bloğa neden olacaktır!





# Olgu 5

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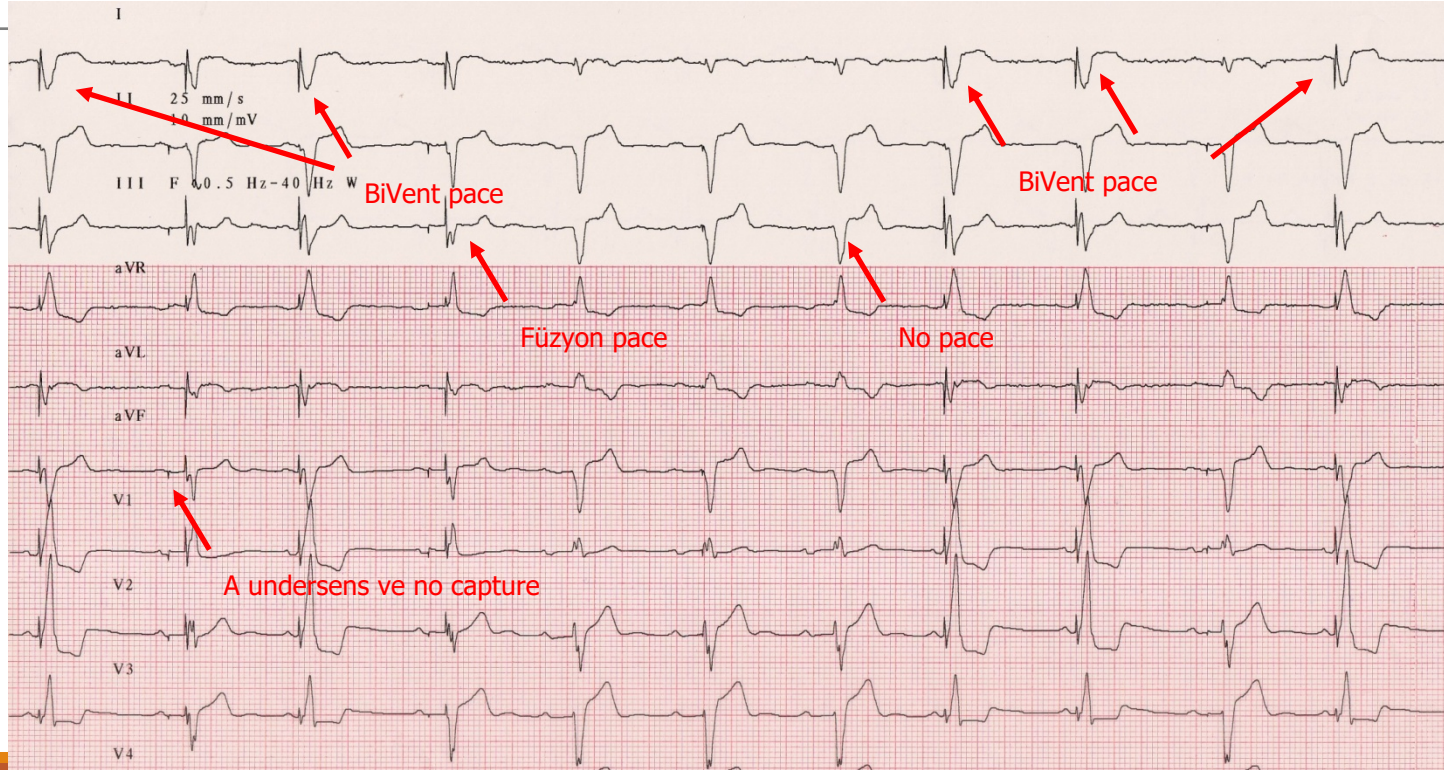
74 yař, erkek,

LVEF %25

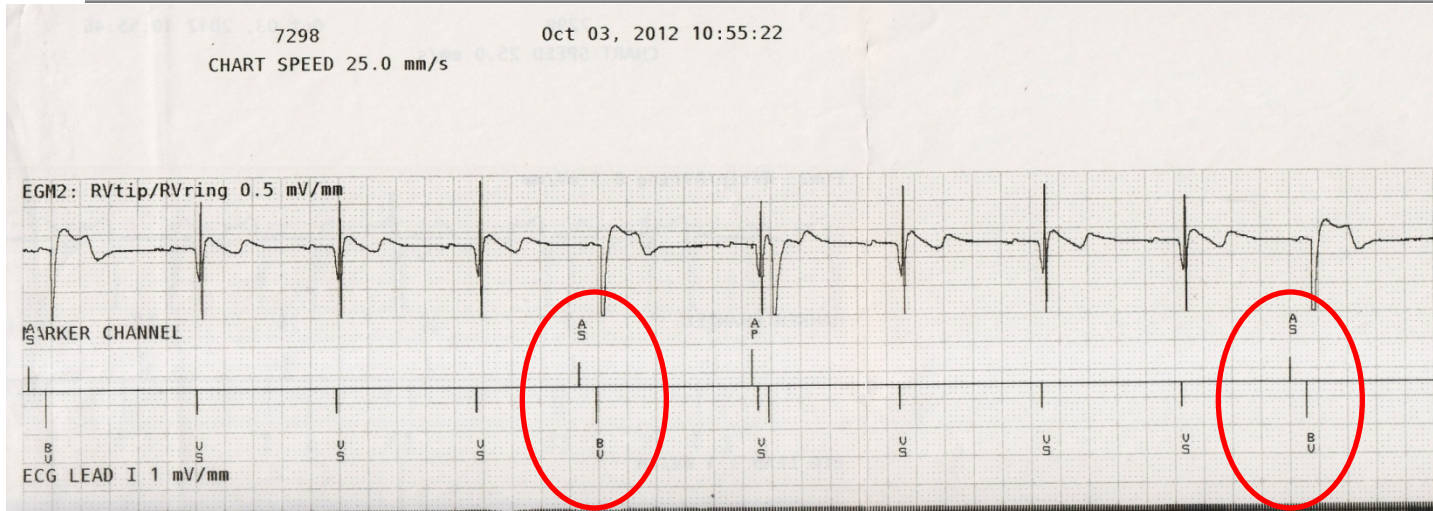
20 gn nce VVIR ICD --- CRT-D 'ye upgrade

15 gndr olan nefes darlıęı

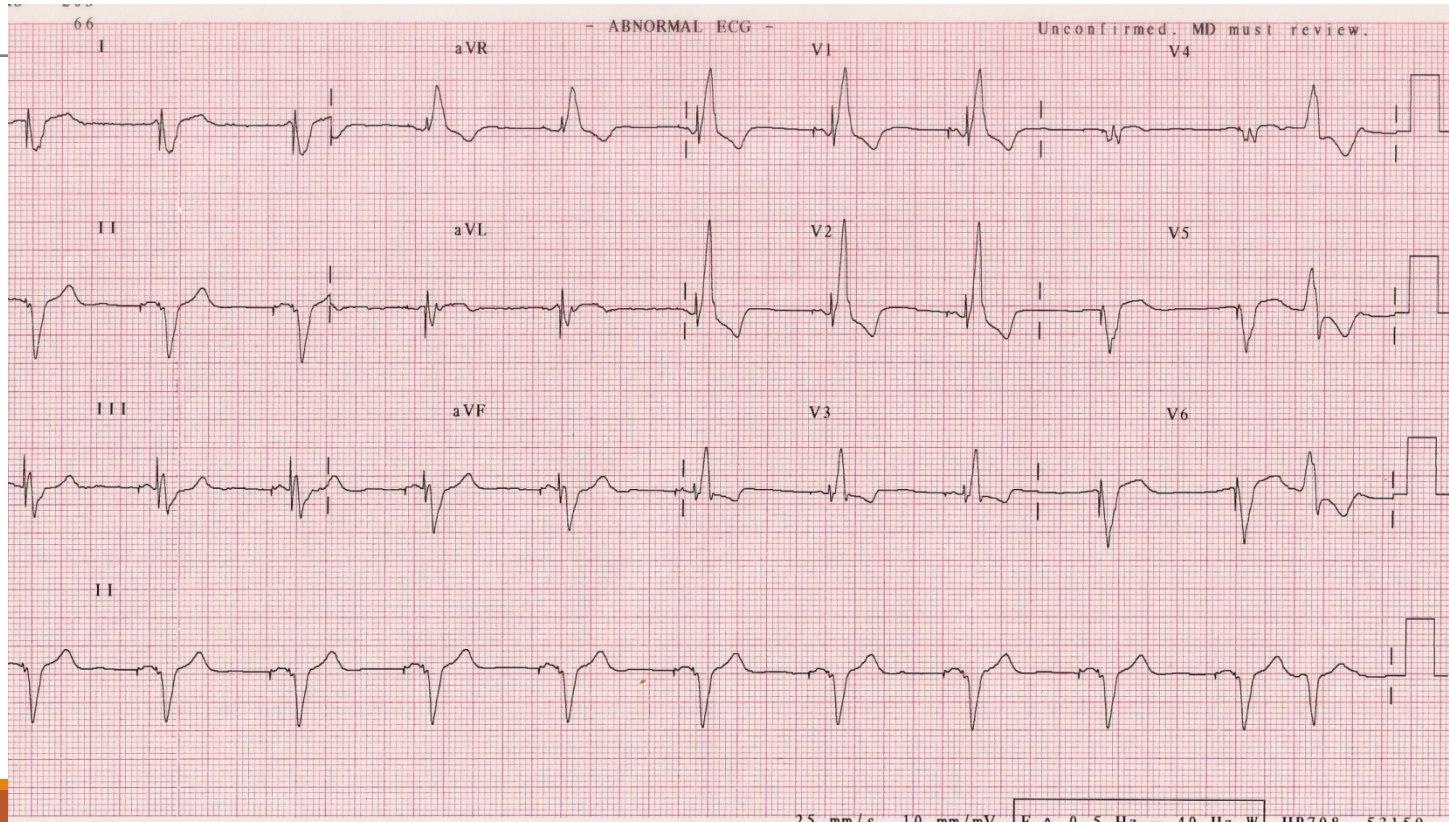
# Olgu 5



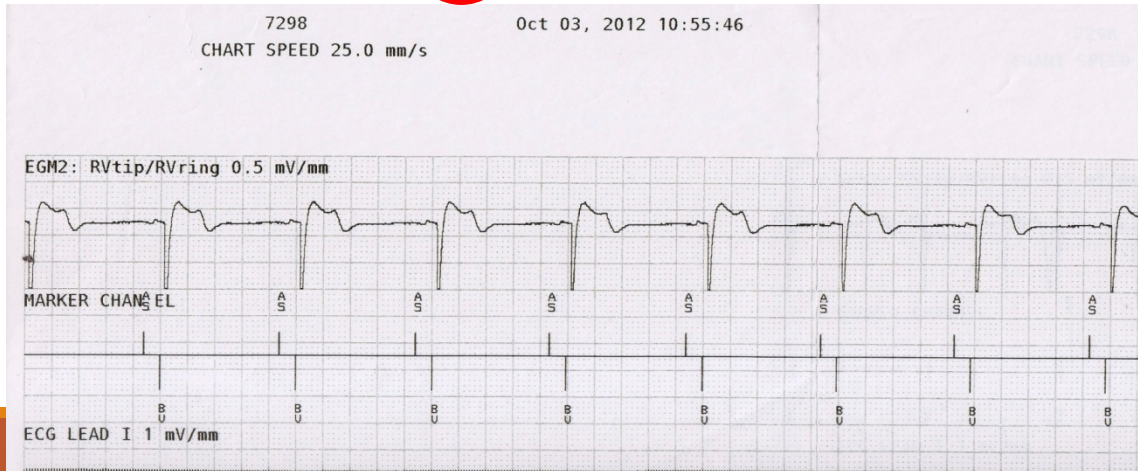
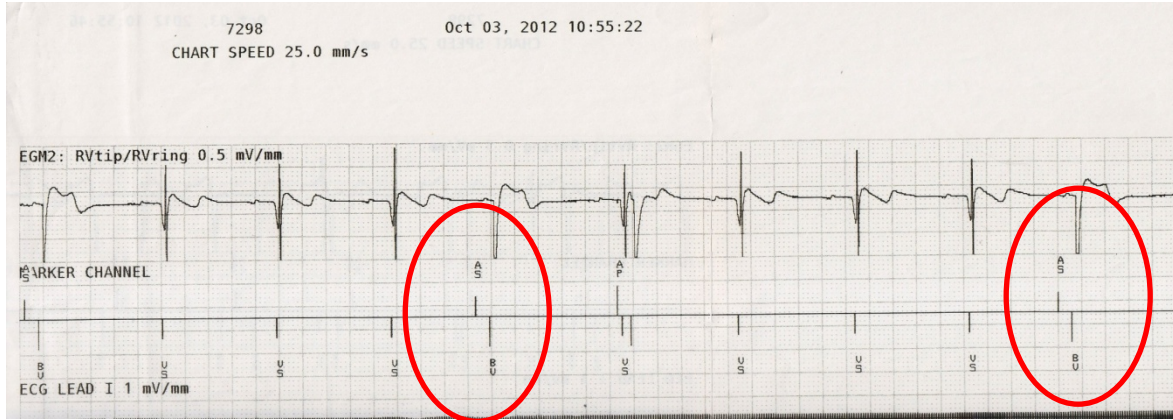
# Olgu 5



# Olgu 5



# Olgu 5



# Olgu 6

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58 yař, bayan,

8 yıl önce VVIR PM,

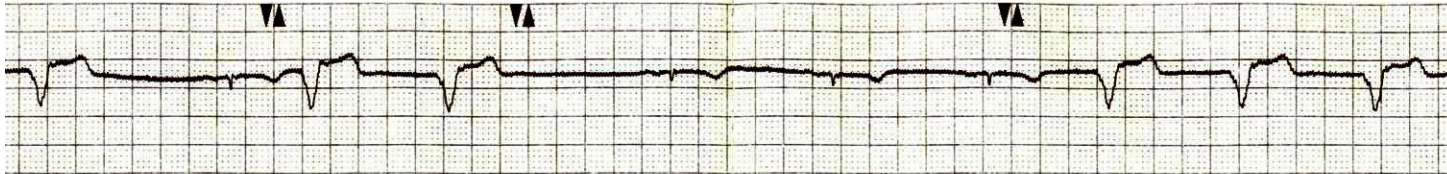
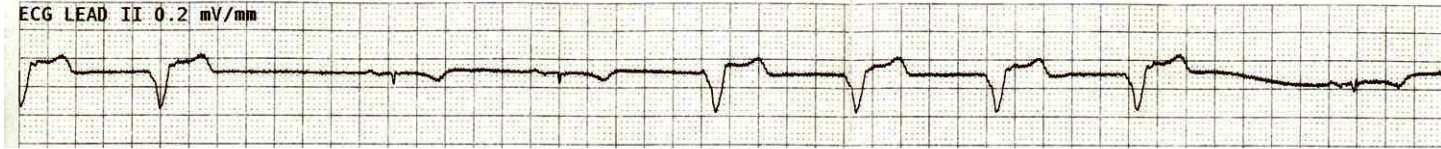
1 yıl önce batarya deęiřimi.

7 gn önce temizlik yapmak iin vitrini kaldırmıř, Sol kolda seyirme ve fenalık Őikayeti var

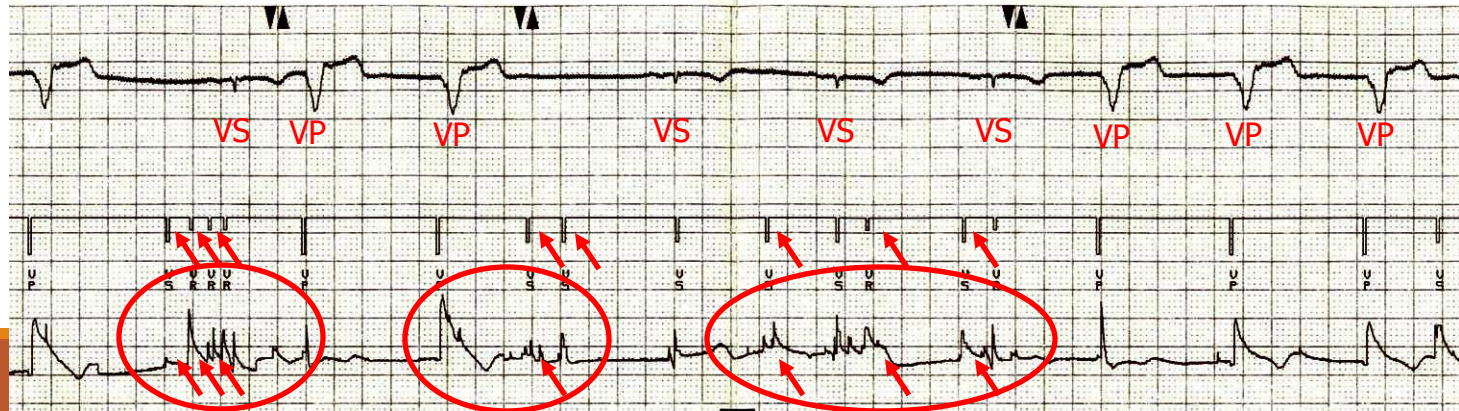
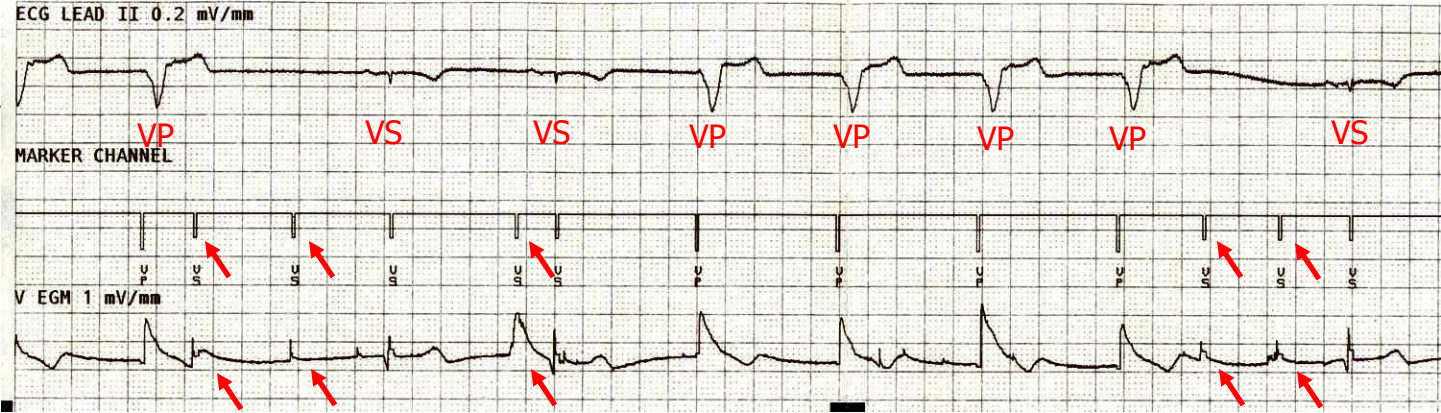
# Olgu 6

CHART SPEED 25.0 mm/s

ECG LEAD II 0.2 mV/mm

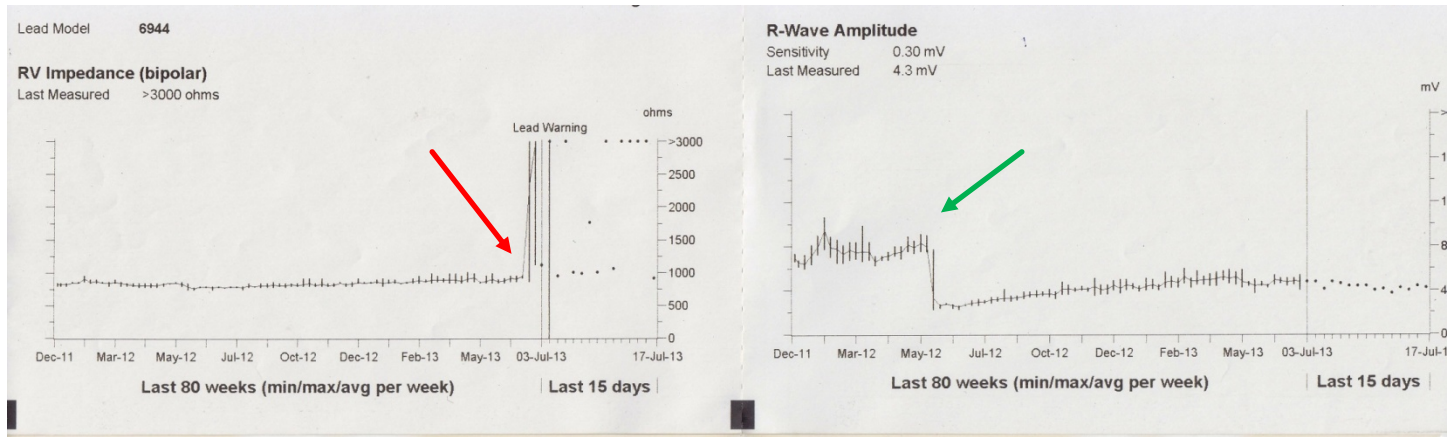


# Olgu 6





# Olgu 6



# Olgu 6

## Direnç yükseliği gelişme süresi!!

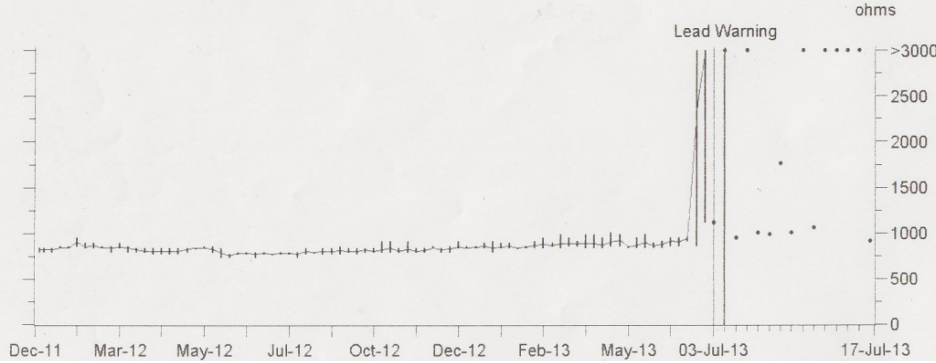
### Lead Trends - RV

Page 1

Lead Model 6944

#### RV Impedance (bipolar)

Last Measured >3000 ohms



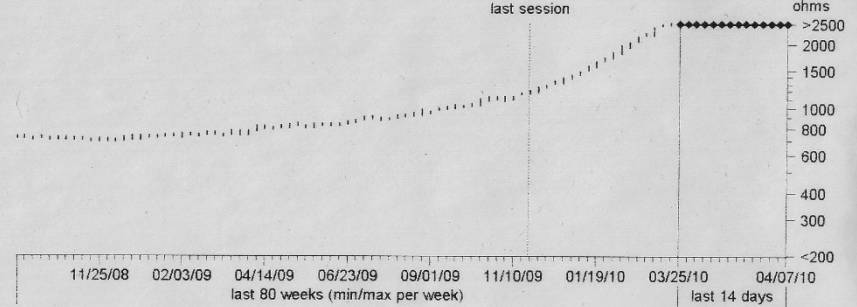
#### RV Pacing Impedance

At Implant 736 ohms

Highest >2500 ohms

Last >2500 ohms

Lowest 688 ohms



# Olgu 7

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63 yaş, bayan,

HSS, DDDR modunda PM takılmış.

Hız: 60-120,

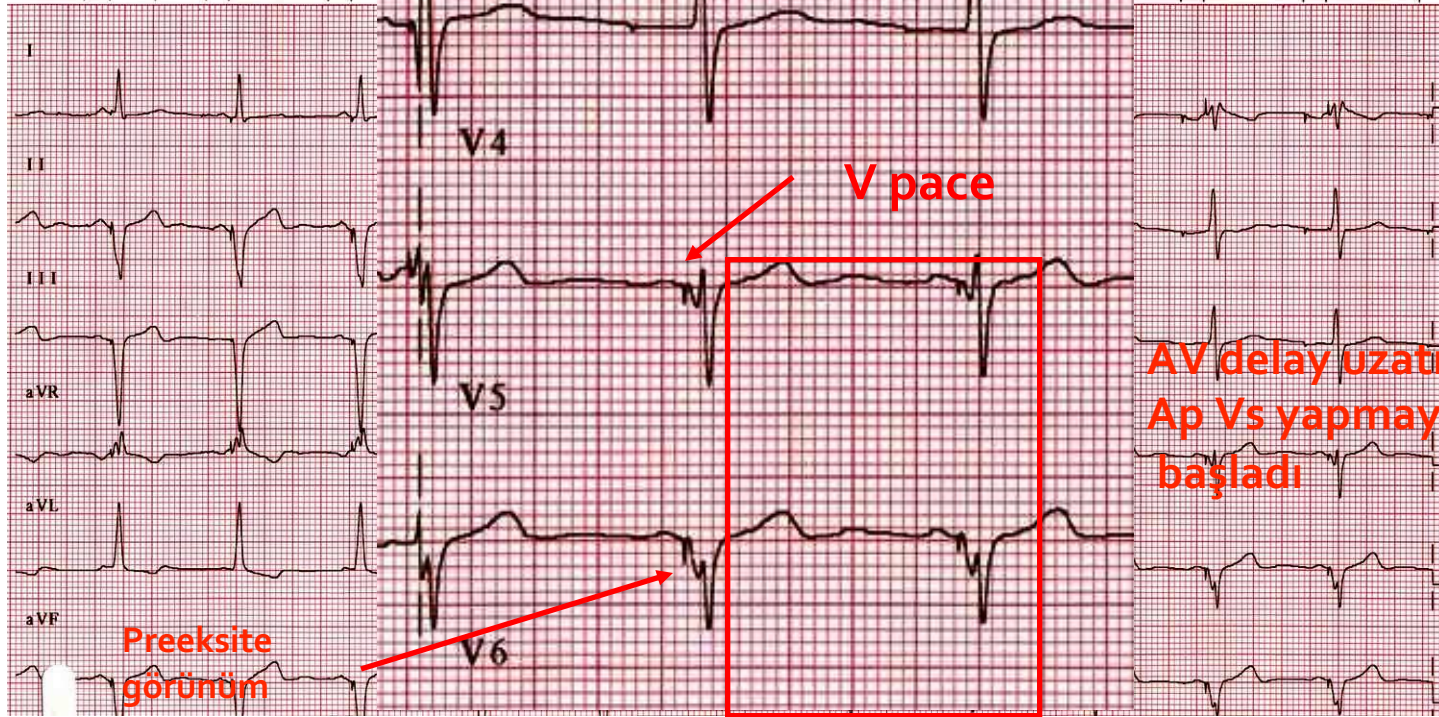
AV delay: 150/120 msn,

Pace oranı:

- Atriyal: %52
- Ventriküler %98

Rutin kontrol, yakınması yok

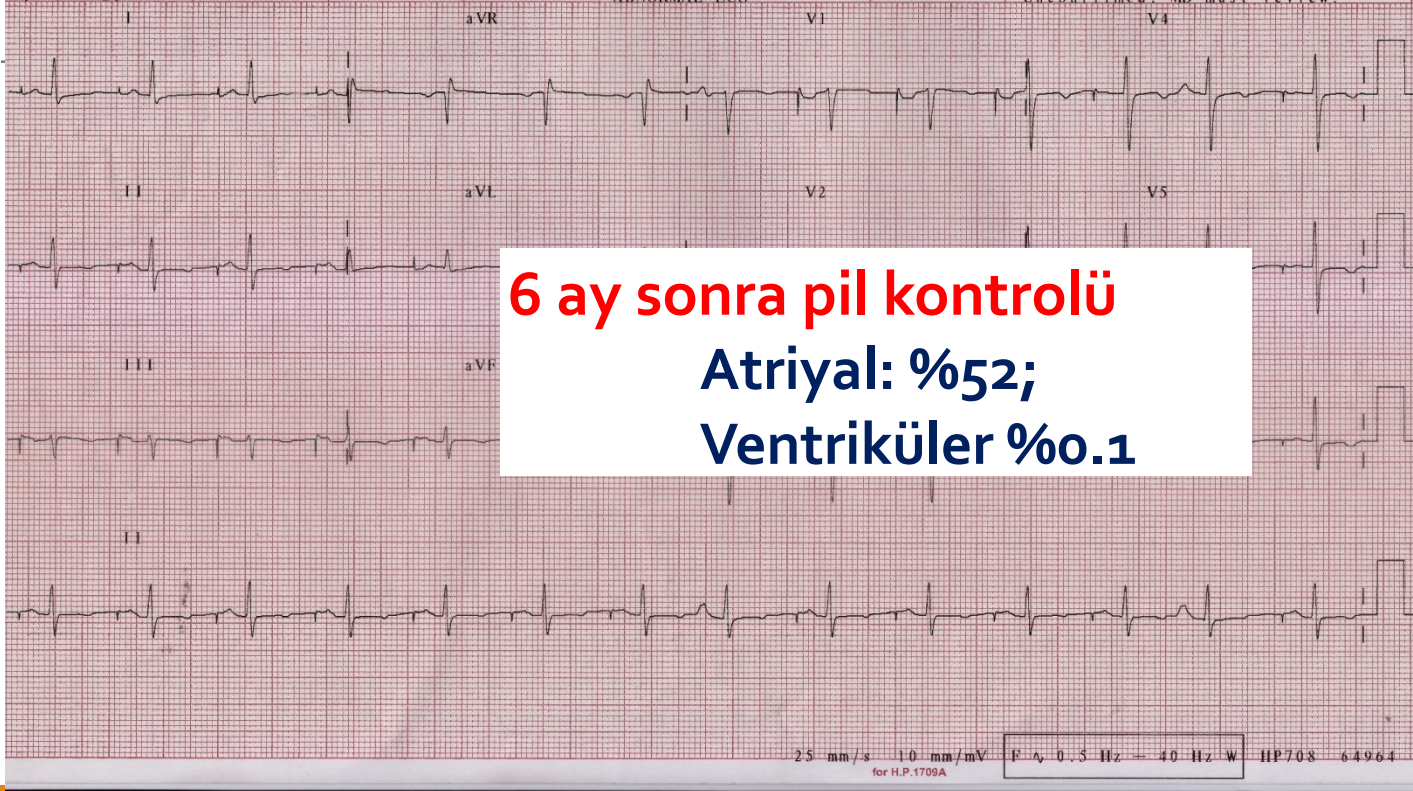
# Pacemaker EKG 3



AV delay uzatıldı  
Ap Vs yapmaya  
başladı

Preeksite  
görünüm

# Olgu 7



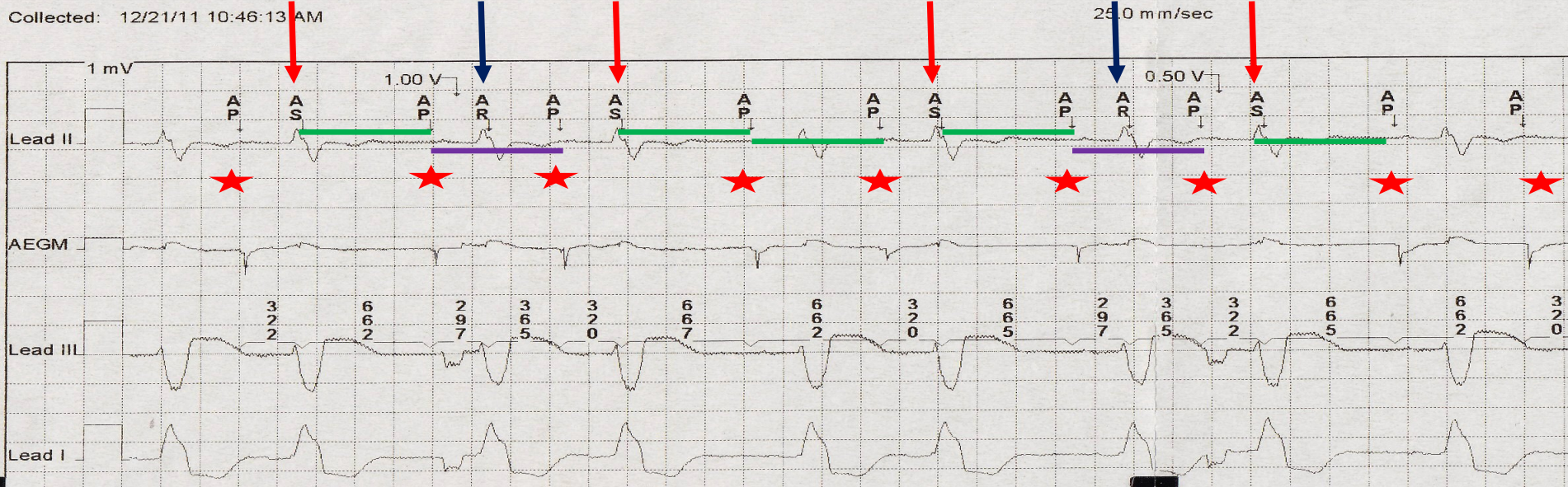
# Olgu 8

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# Olgu 8

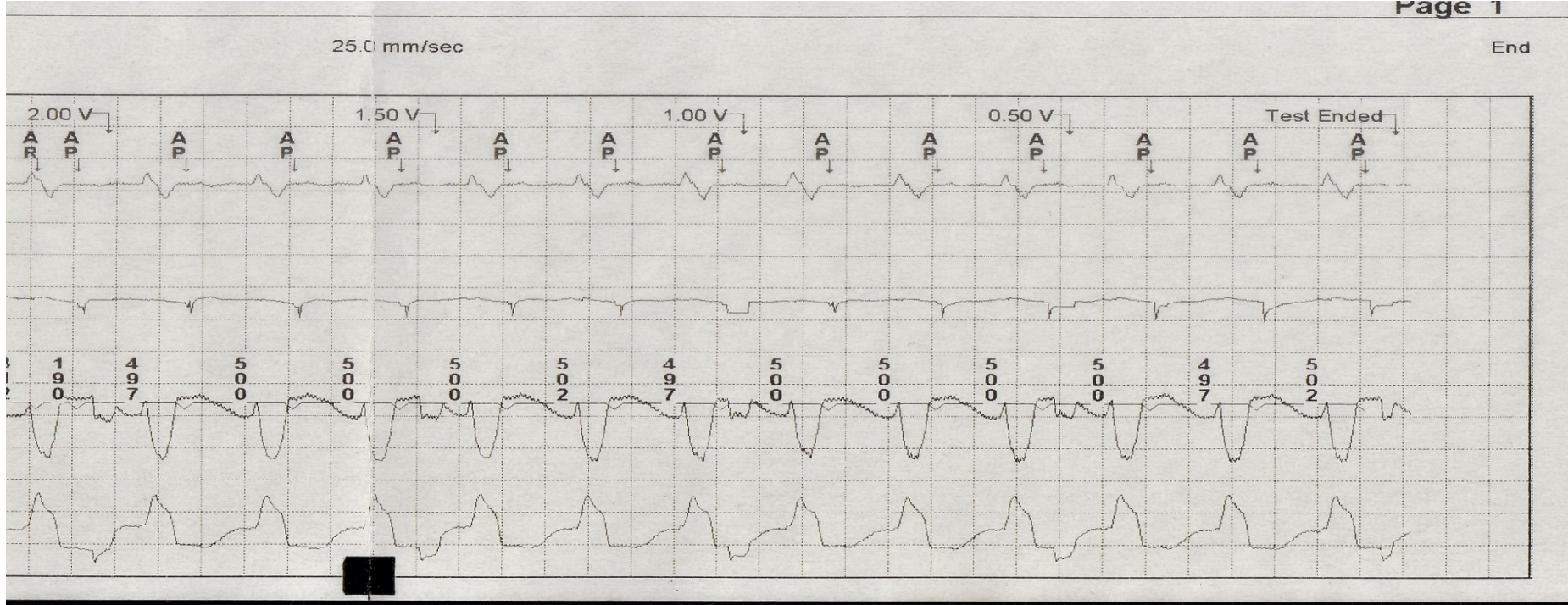
## Amplitude Test - Atrium

Collected: 12/21/11 10:46:13 AM



**Atriyal eşik testi, AAI 90 hızda**

# Olgu 8



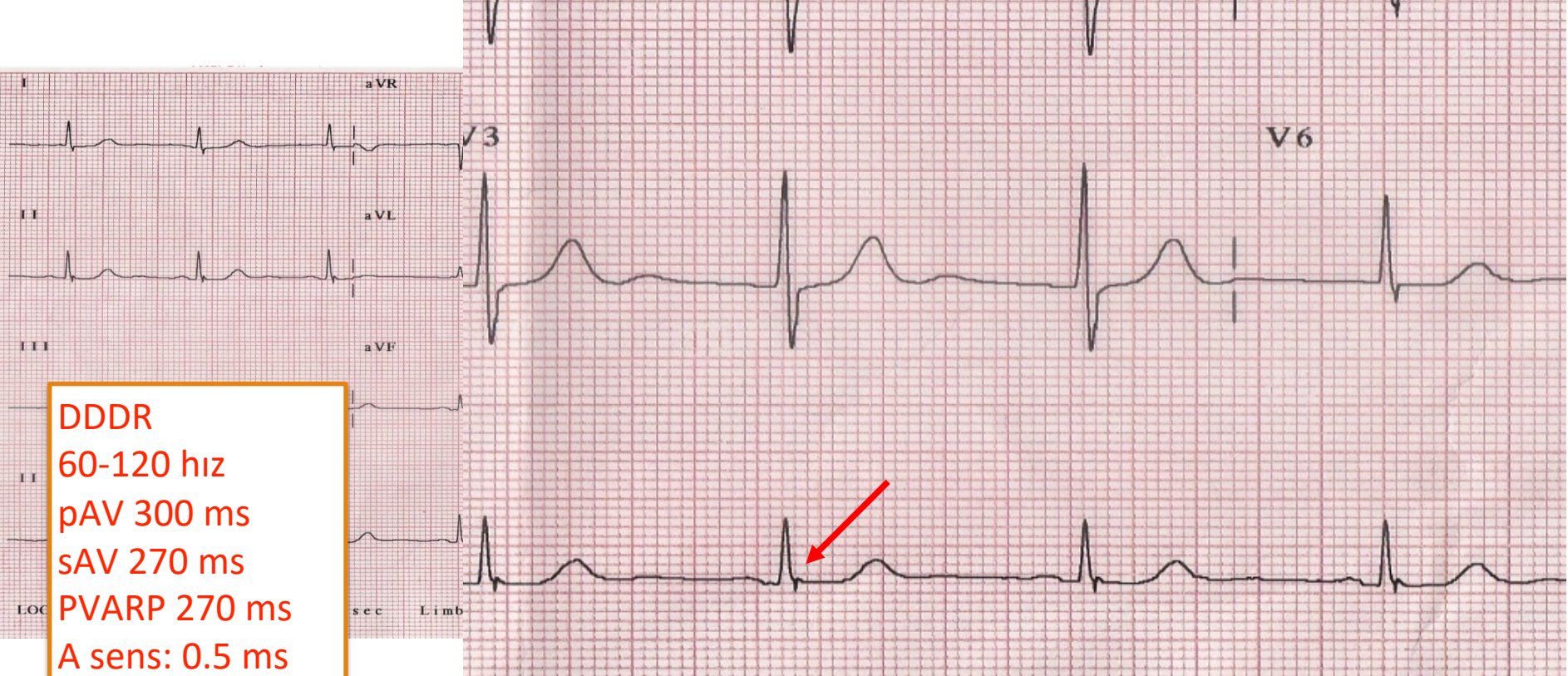
**Atriyal eşik testi, AOO 90 hızda**



# Olgu 9

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# Olgu 9



DDDR

60-120 hız

pAV 300 ms

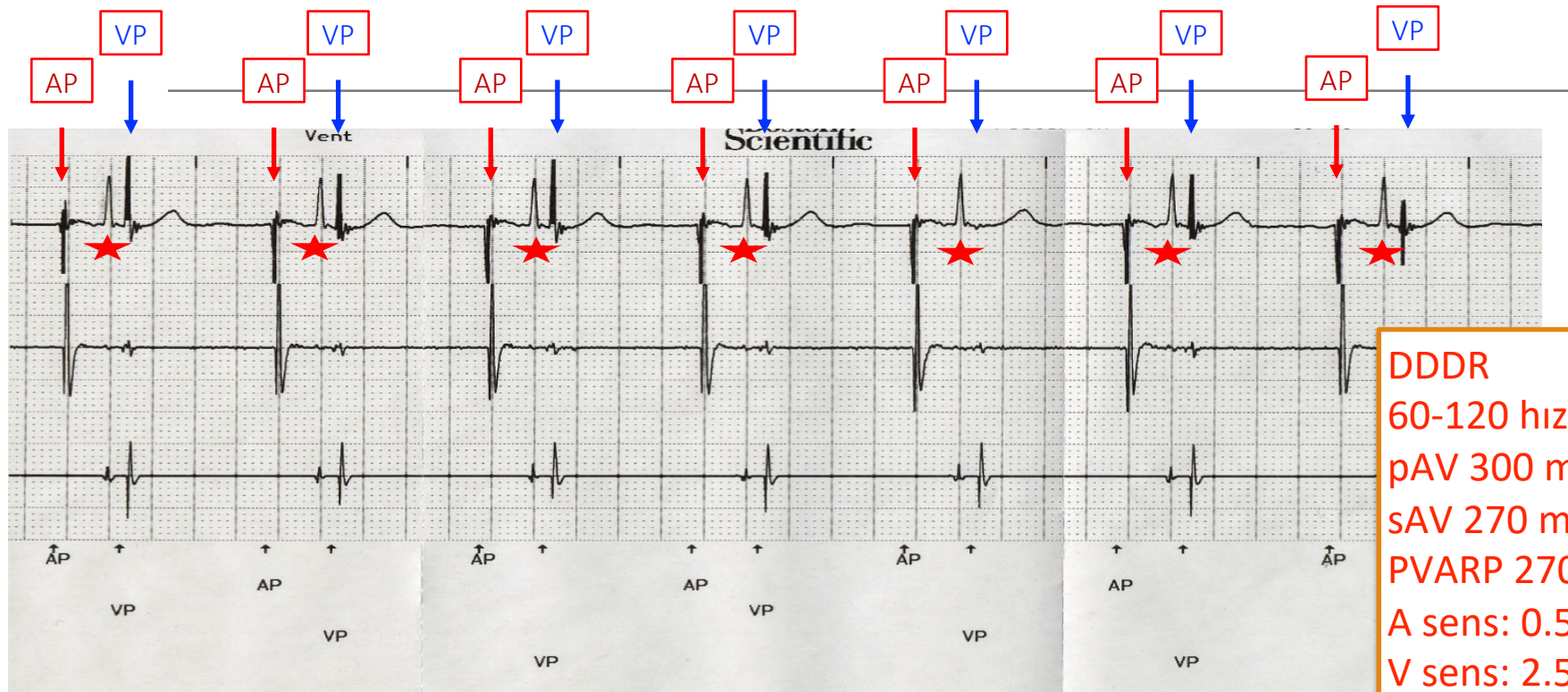
sAV 270 ms

PVARP 270 ms

A sens: 0.5 ms

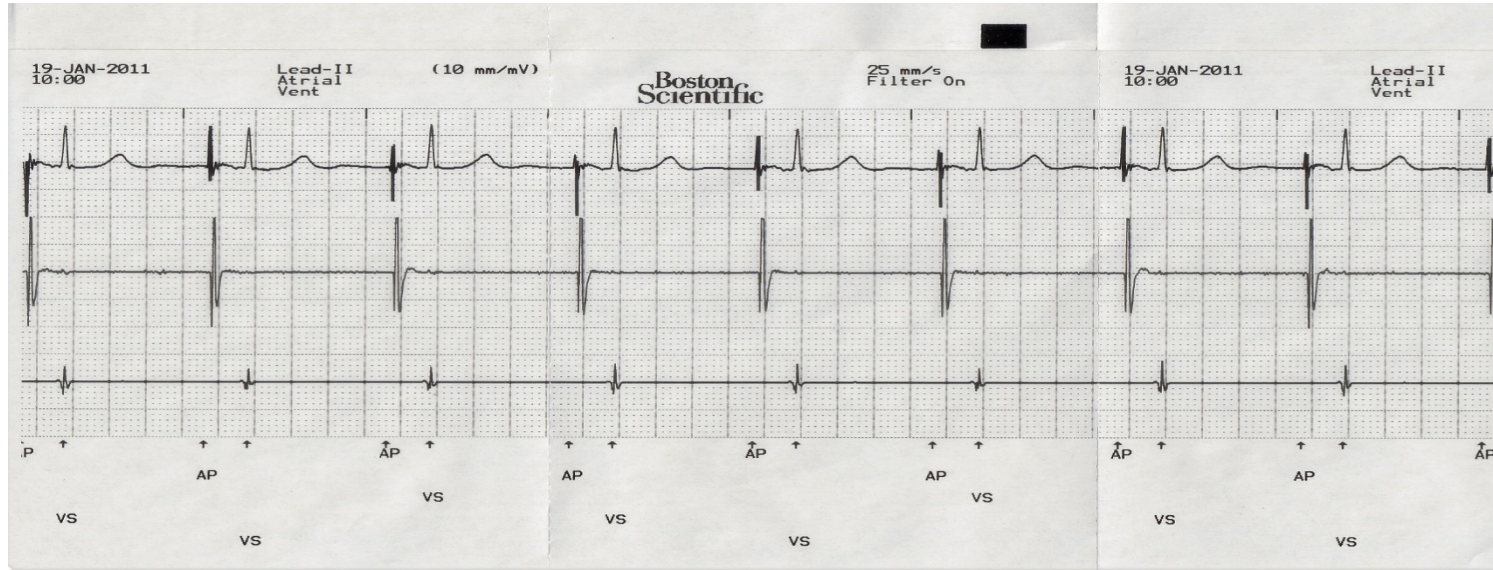
V sens: 2.5 mV

# Olgu 9



DDDR  
60-120 hız  
pAV 300 ms  
sAV 270 ms  
PVARP 270 ms  
A sens: 0.5 ms  
V sens: 2.5 mV

# Olgu 9



DDDR  
60-120 hız  
pAV 300 ms  
sAV 270 ms  
PVARP 270 ms  
A sens: 0.5 ms  
V sens: 1.0 mV