

# AF ABLASYONUNDA OLGU BAZLI YAKLAŞIM

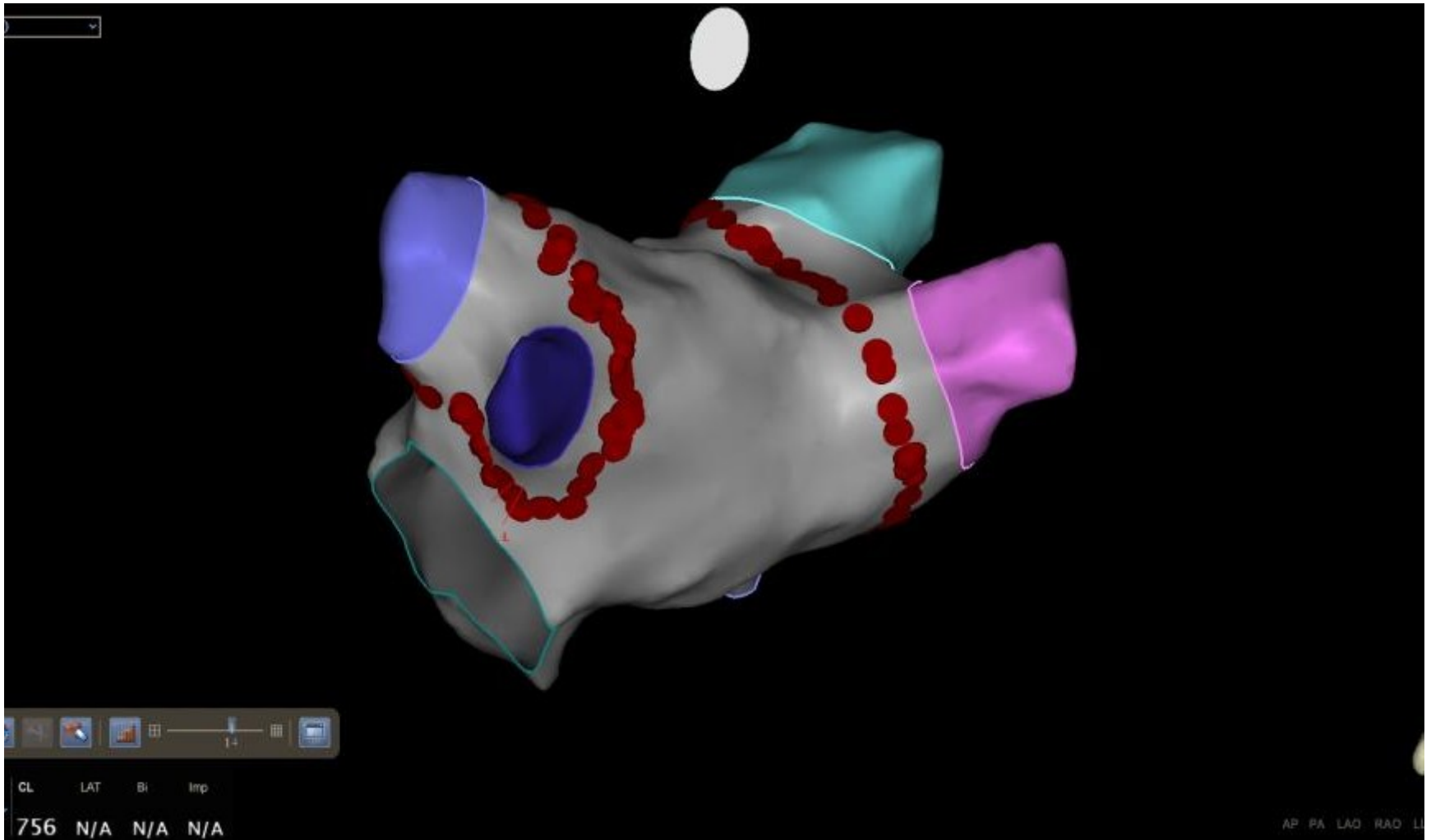
---

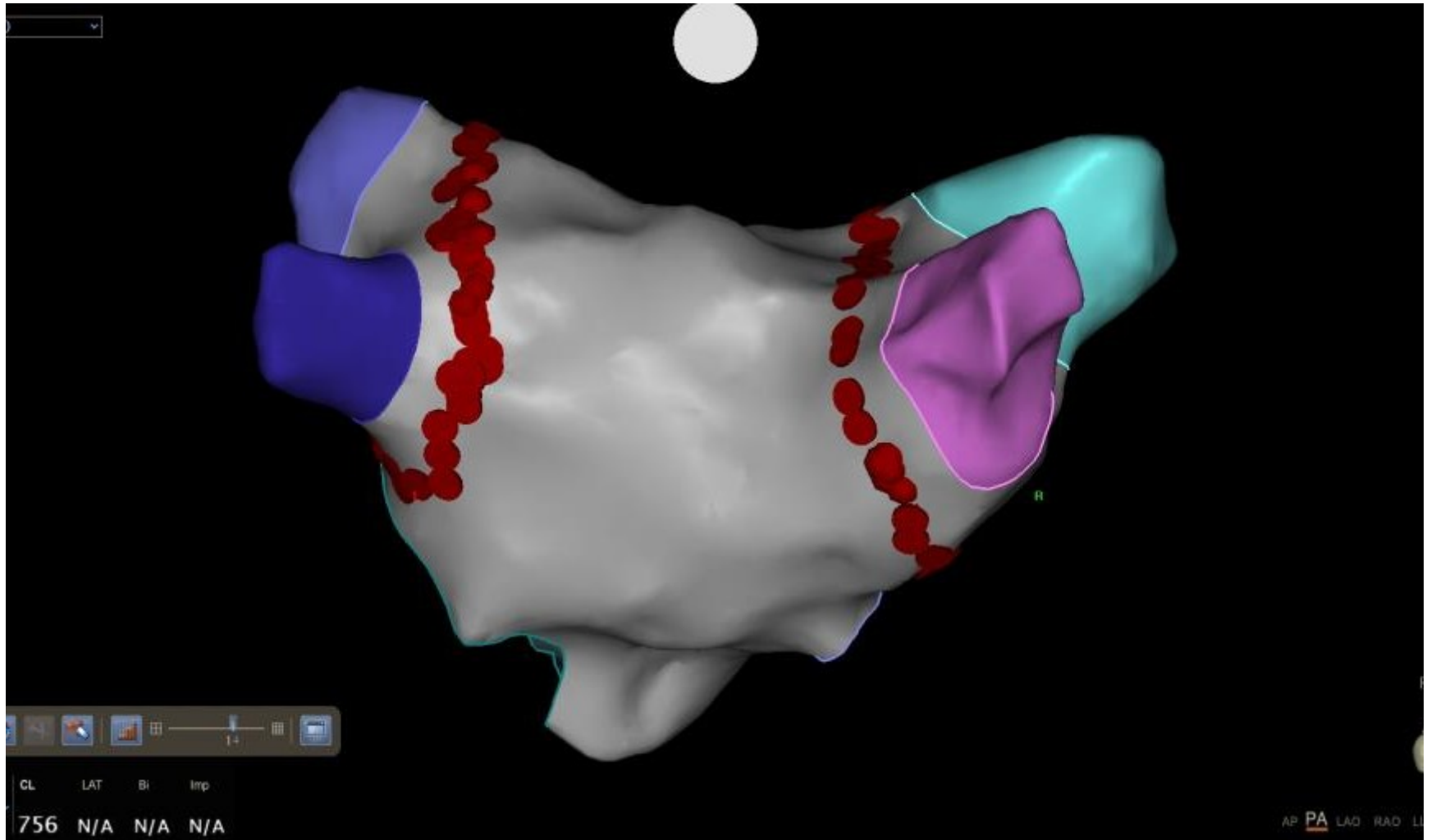
Prof. Dr. Duhan Fatih Bayrak  
Acıbadem Üniversitesi, İstanbul

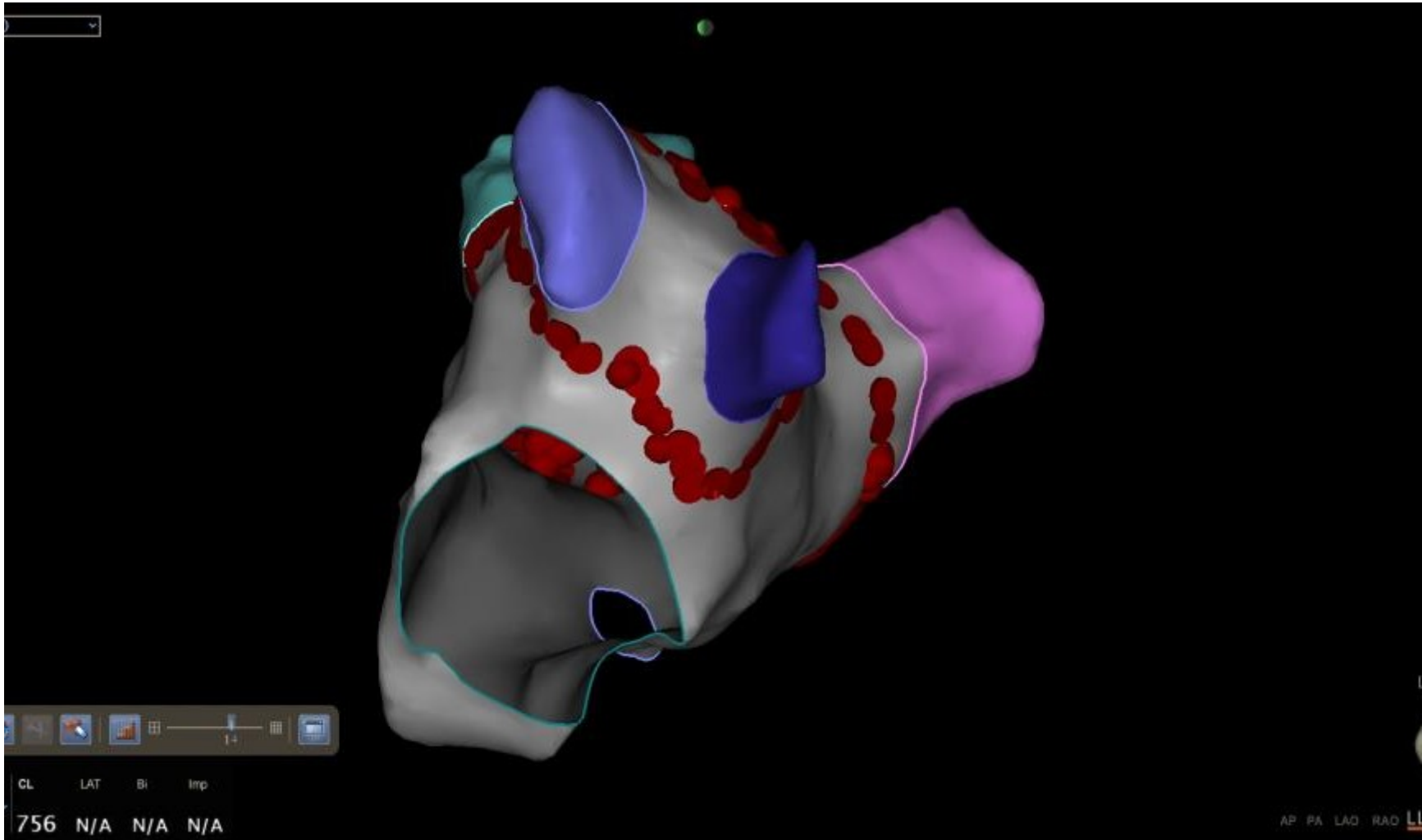
# Atriyal fibrilasyon ablasyonu

- Pulmoner ven izolasyonu (PVI) temel hedef
- PVI durabilitesi (efektif lezyon) en önemli unsur
- Substrat analizi ve modifikasyonu
- Ven dışı odak tespiti

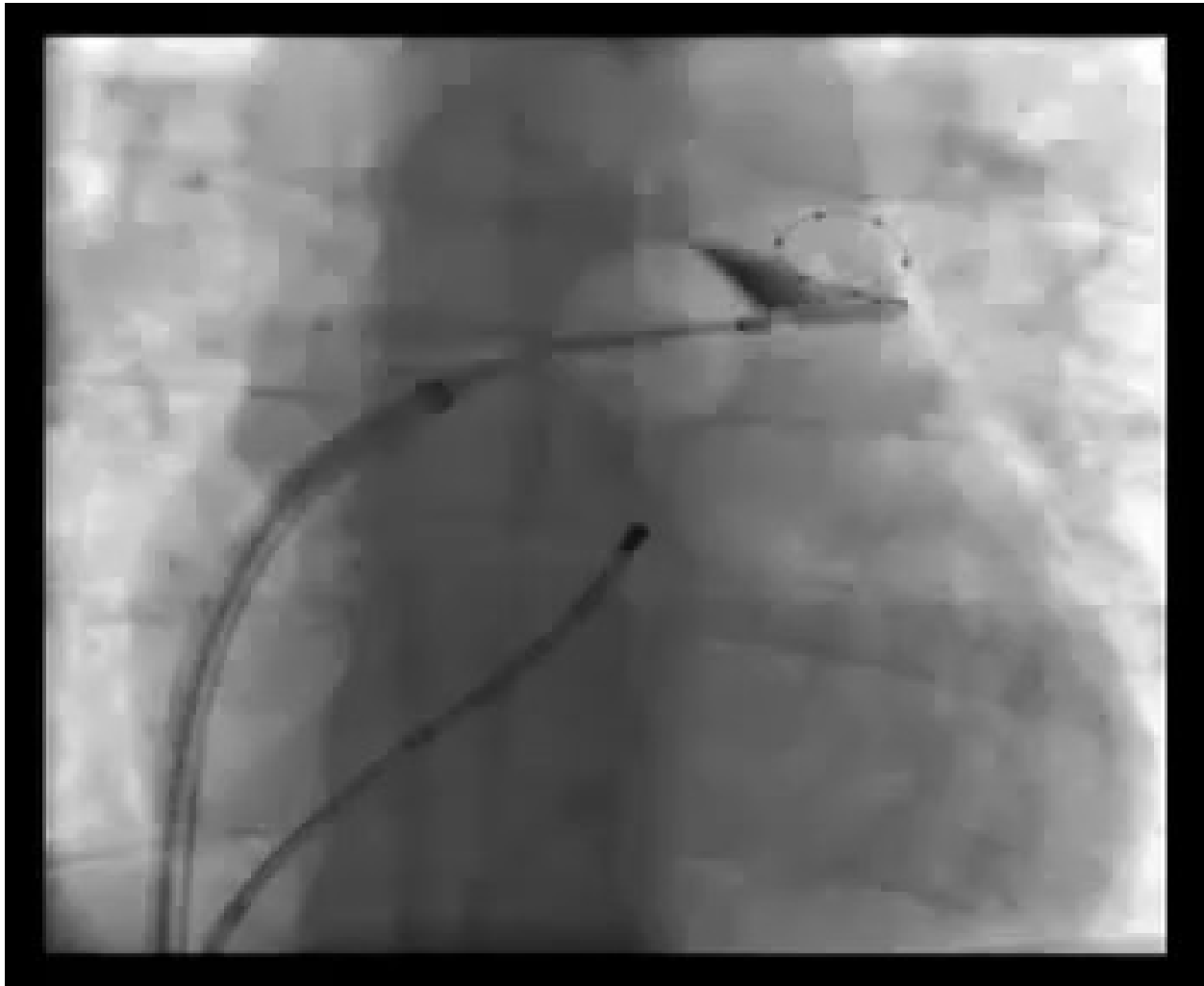
# Sirkumferensiyal Pulmoner Ven Ablasyonu (CPVA, WACA), Kompleks haritalama ile

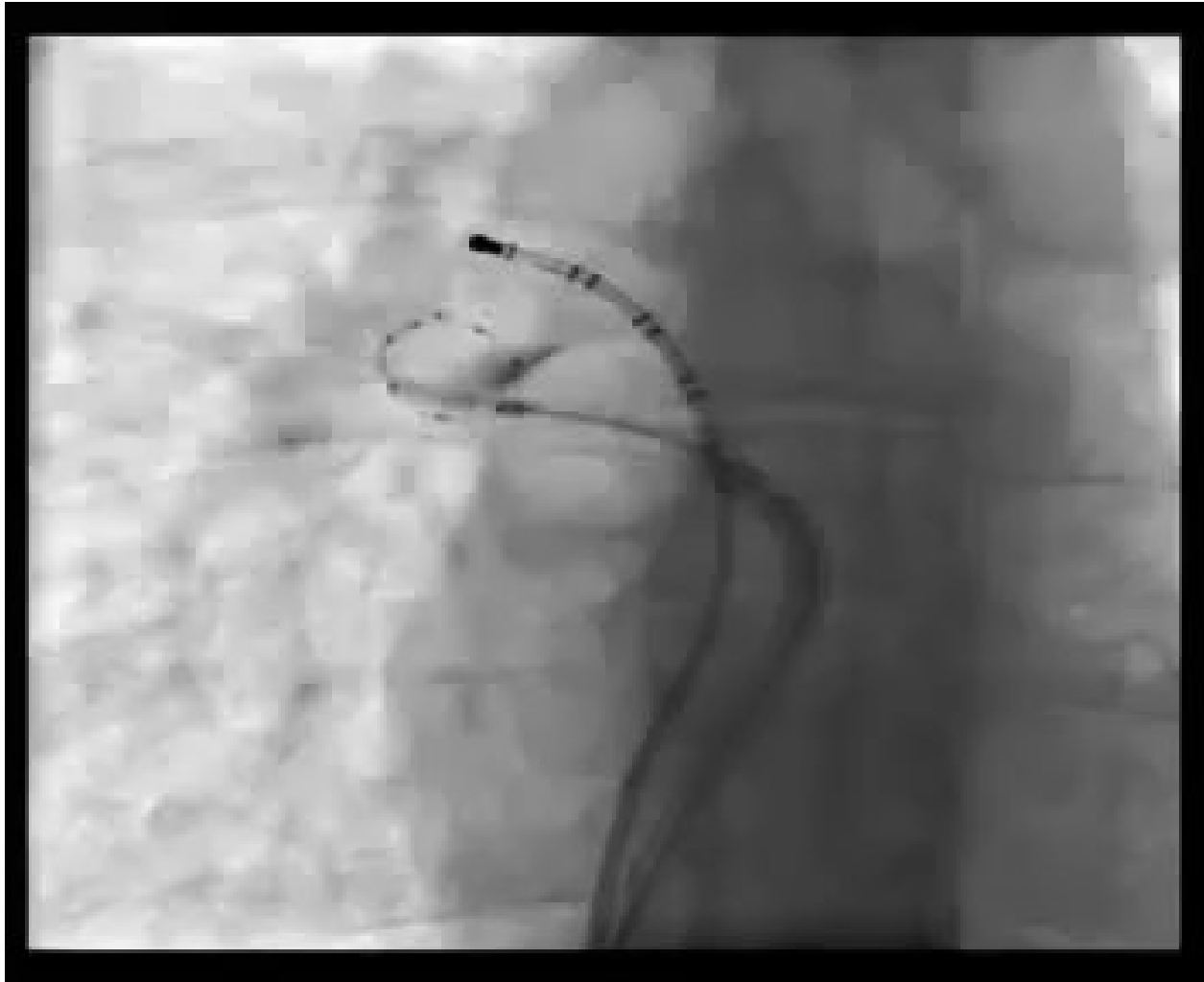






# Kriyobalon

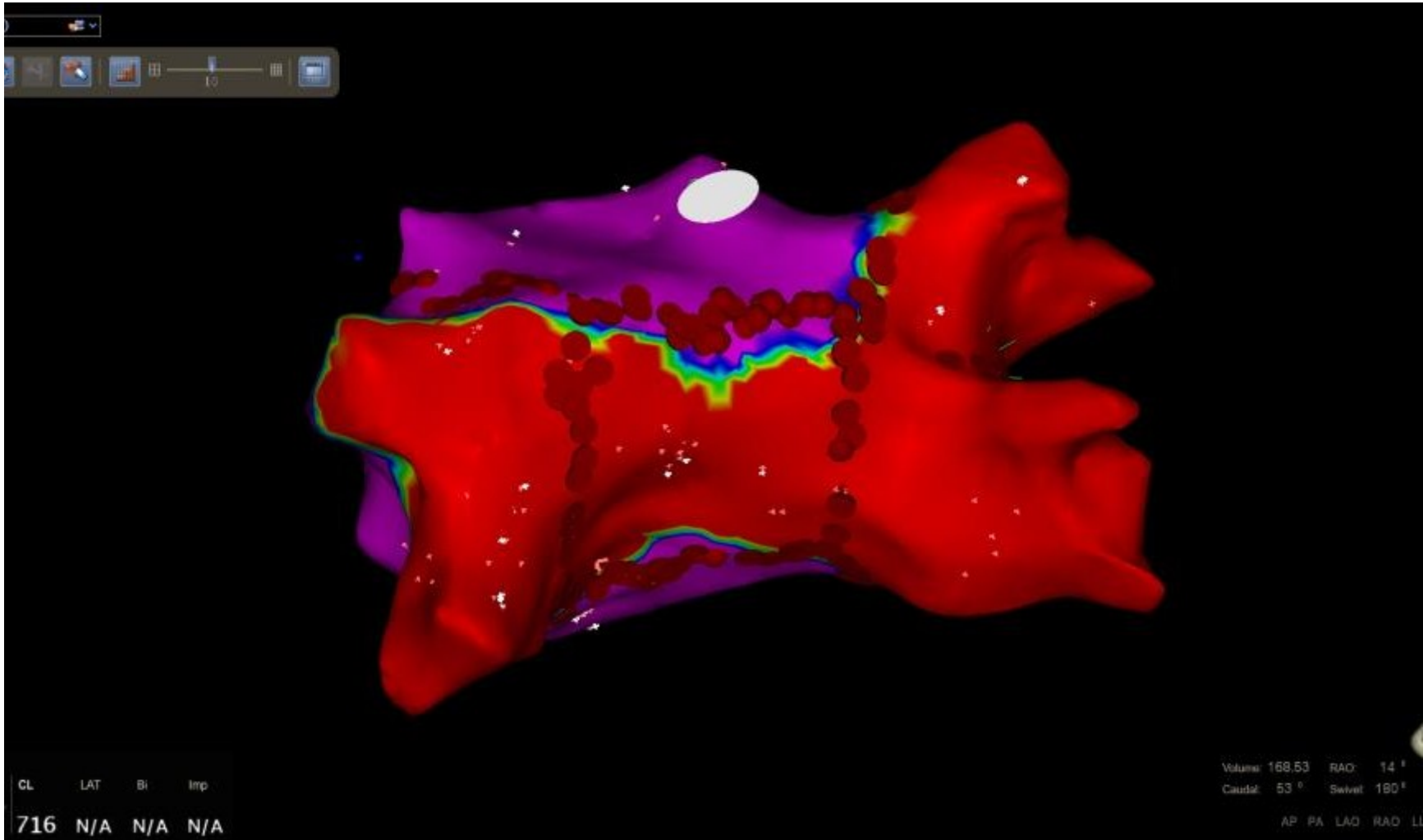


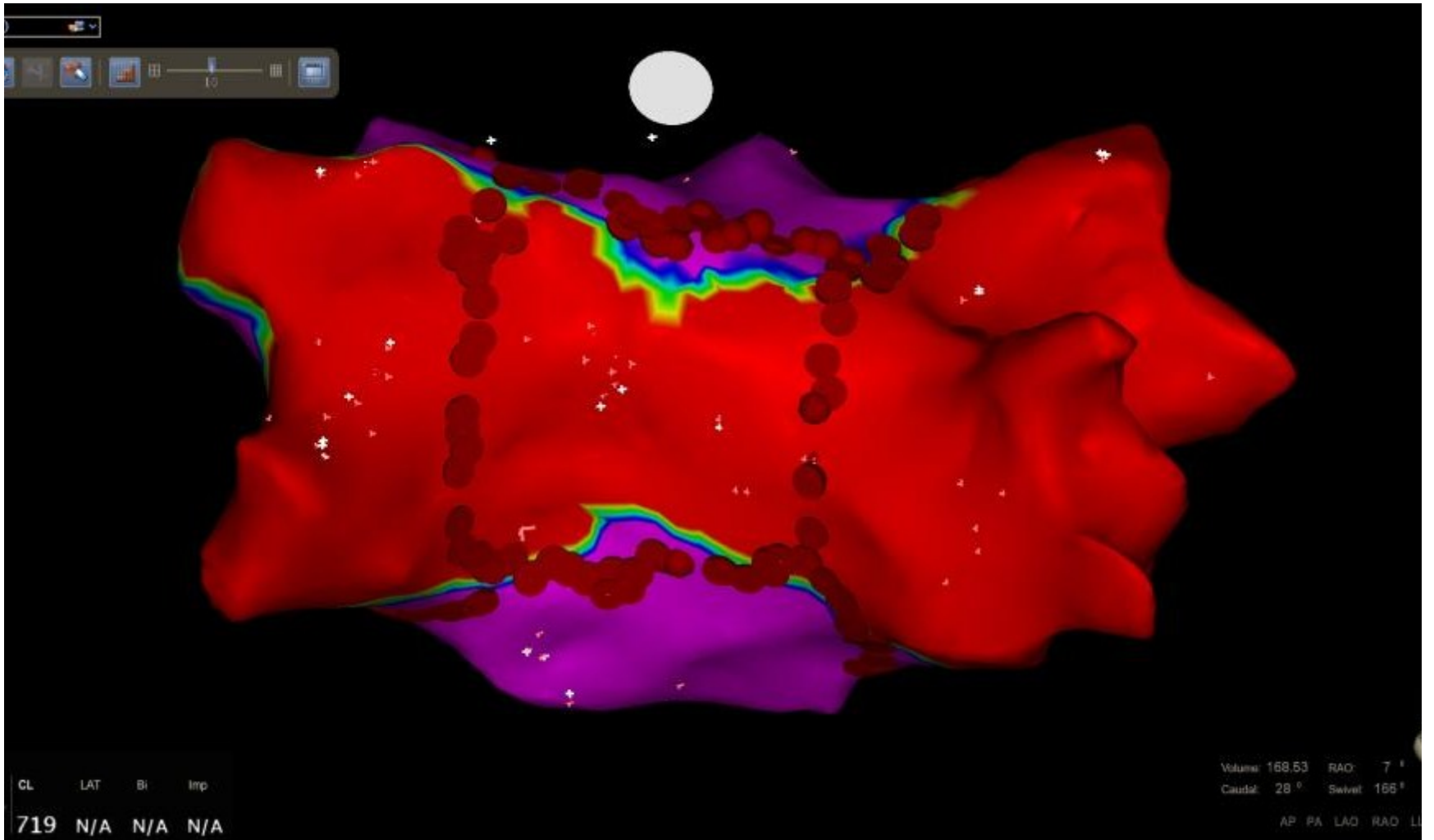


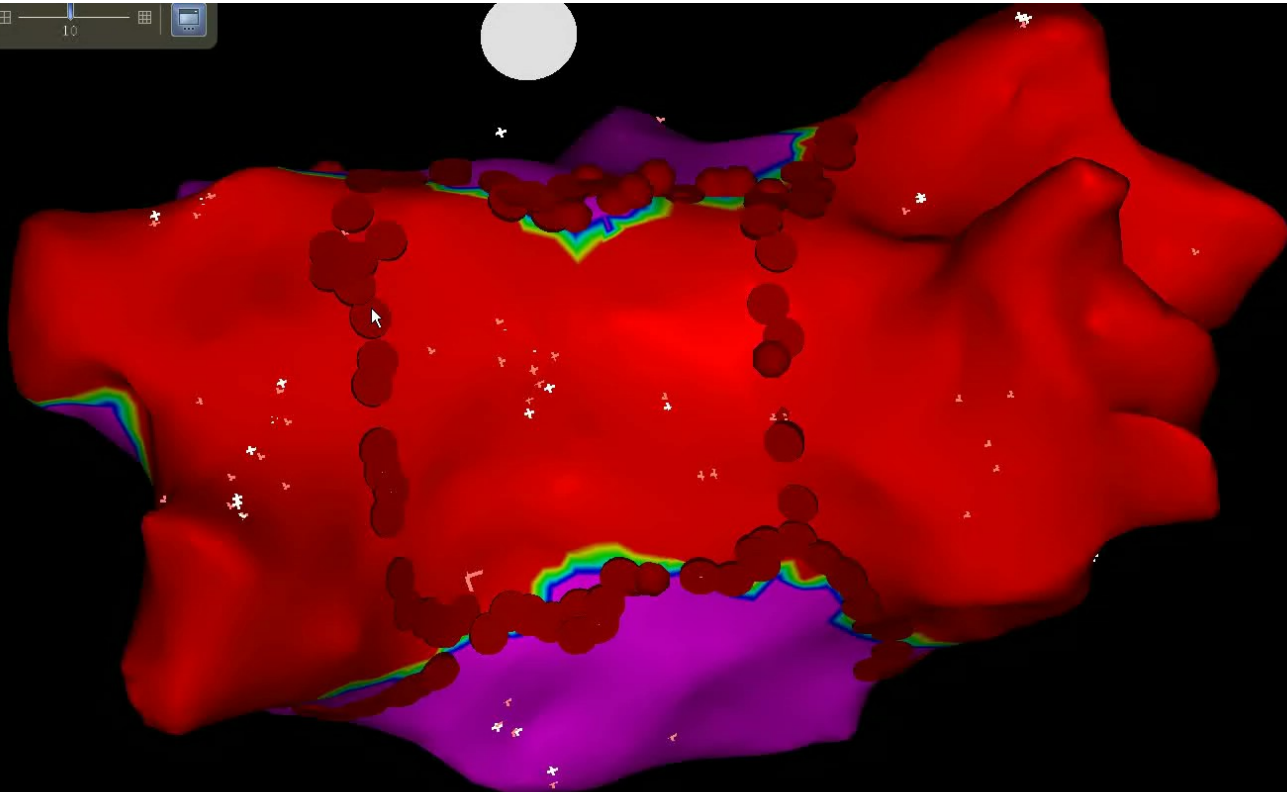
# Vaka 1

- 41 y, erkek, 2 yıldır ilaç rezistan (propafenon, flekainid) semptomatik PAF
- Holter: Süreksiz atriyal taşikardi atakları
- Eko: hafif mitral yetersizliği, LA 41\*40\*42 mm





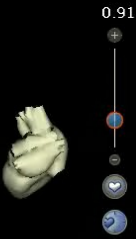




Acqum  
CL 439  
LAT N/A  
Bi N/A  
Imp N/A

Volume: 168.53  
Caudal: 28 °

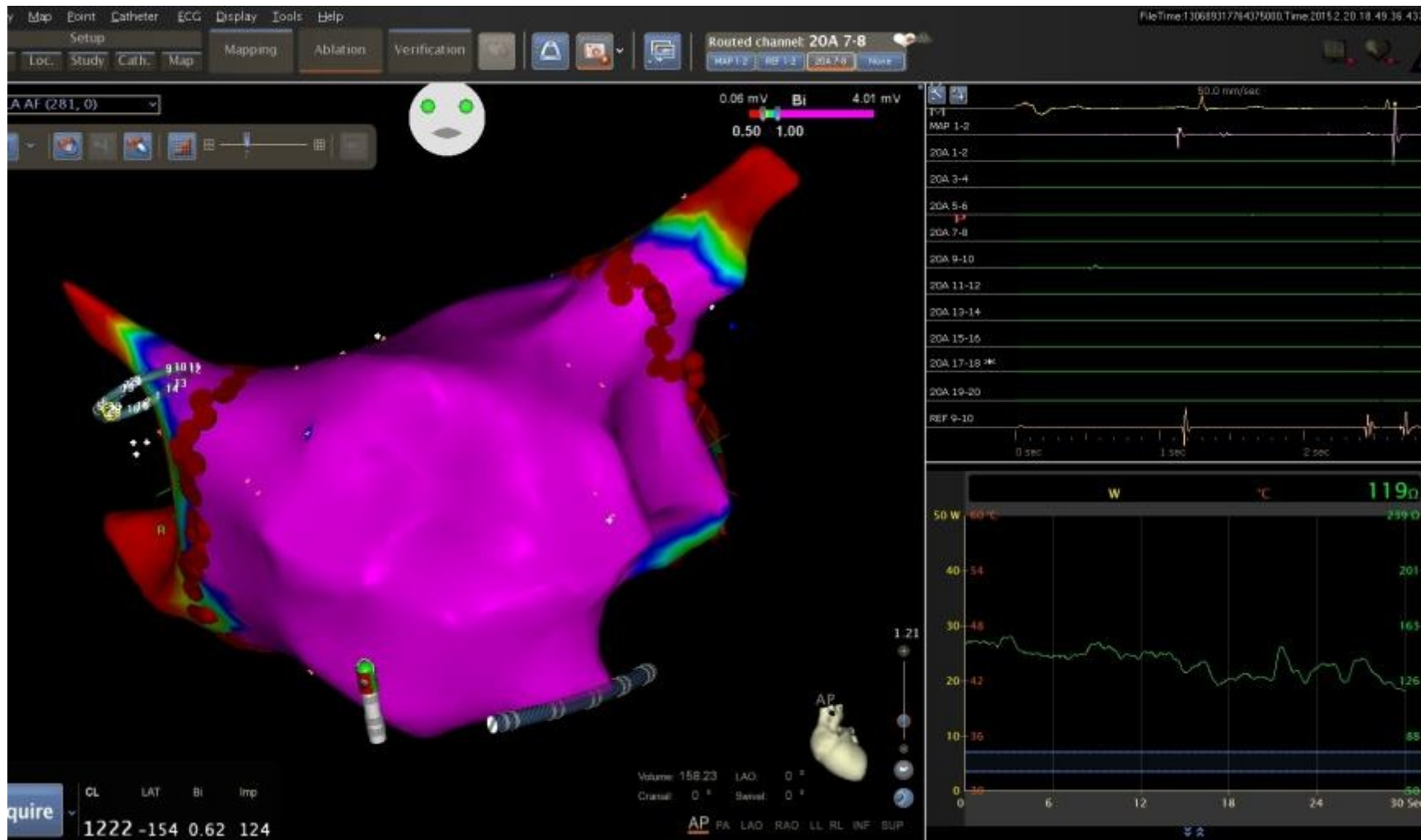
RAO: 37 °  
Swivel: 144 °

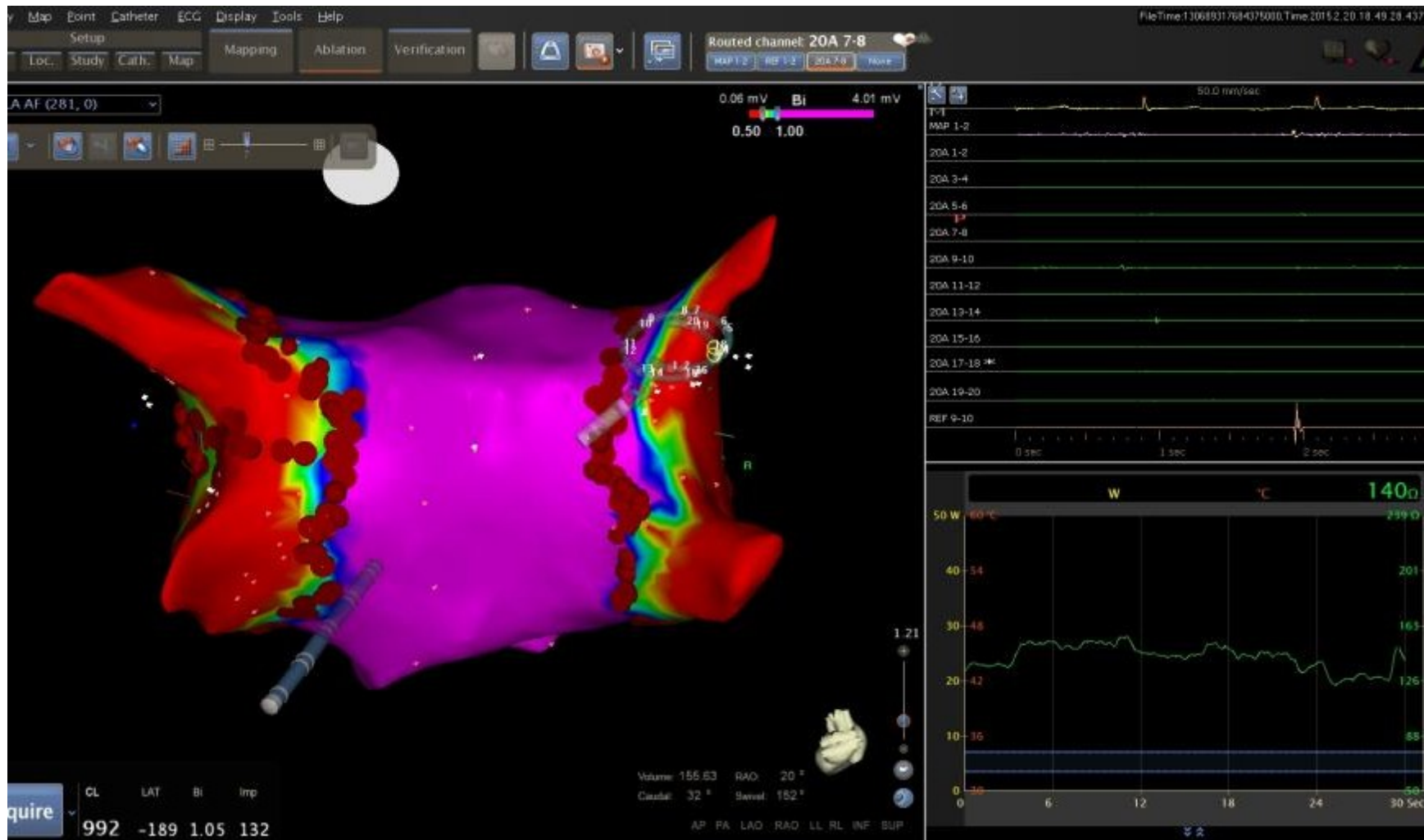


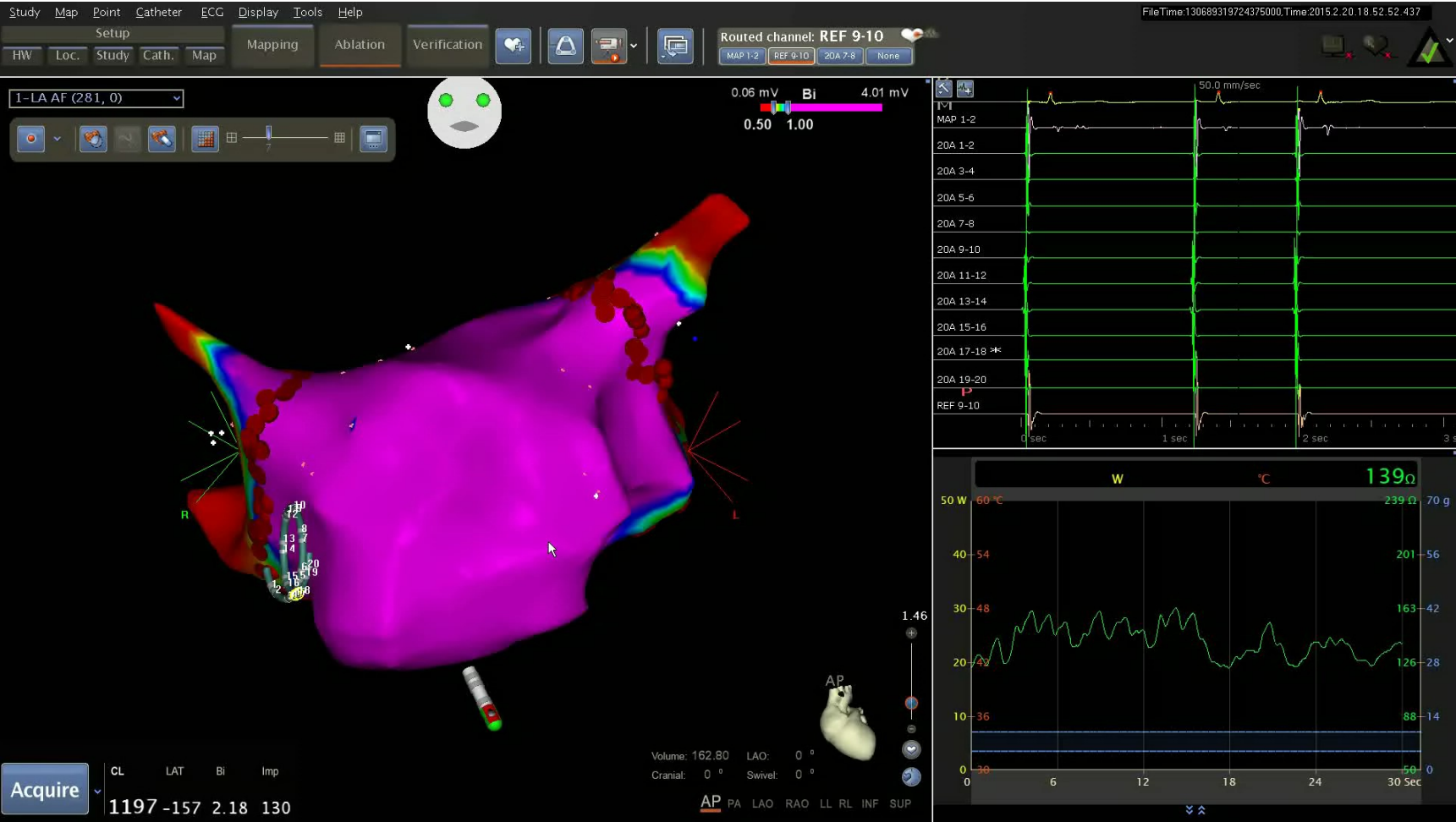
AP PA LAO RAO LL RL INF SUP

## Vaka 2

- 63 y, erkek, 5 yıldır ilaç rezistan (flekainid, amiodaron) semptomatik persistan atriyal fibrilasyon, son 1 aydır elektriksel kardiyoversiyona yanıt vermeyen AF
- Eko: Dilate LA 45\*50\*49 mm



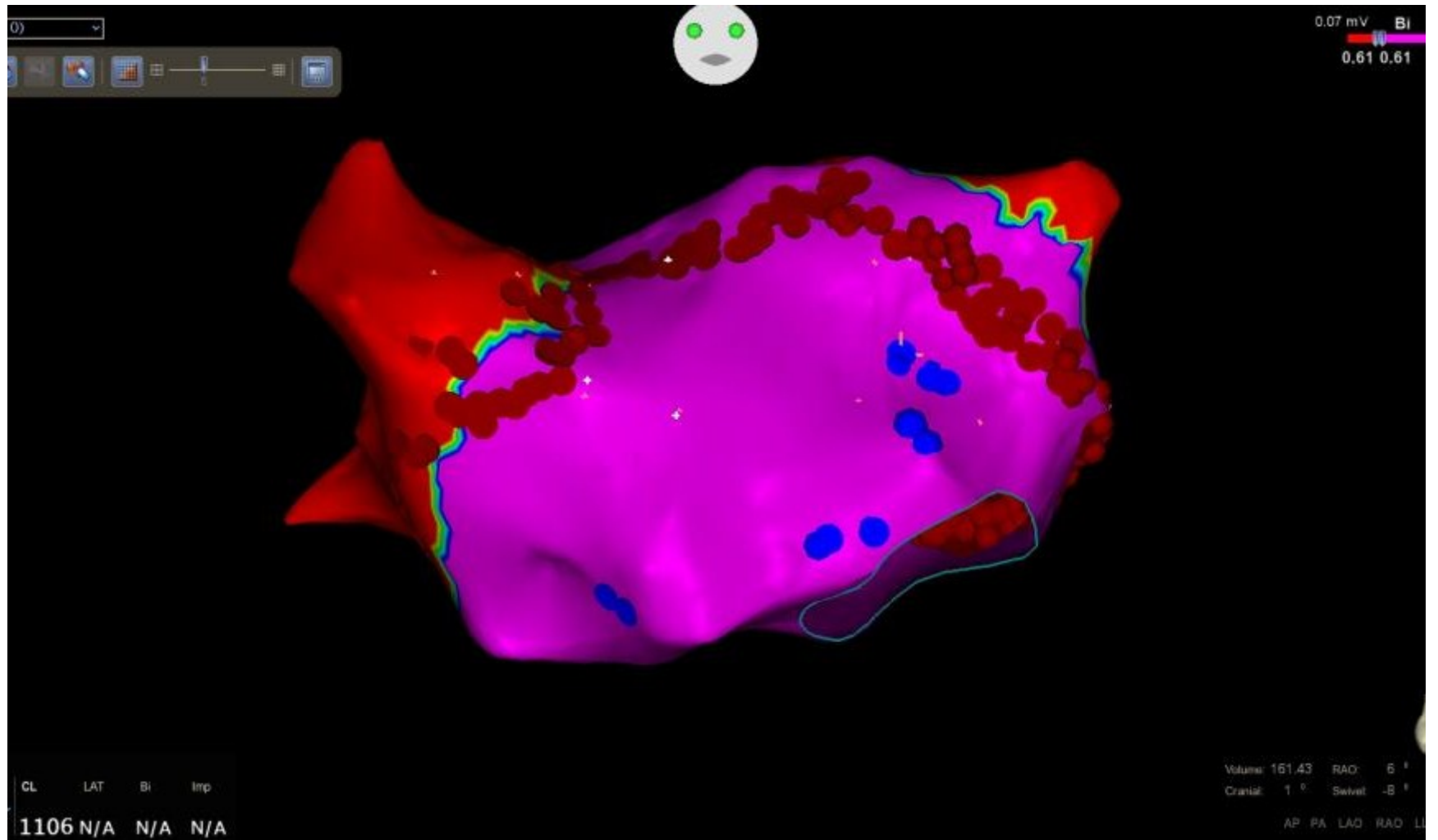


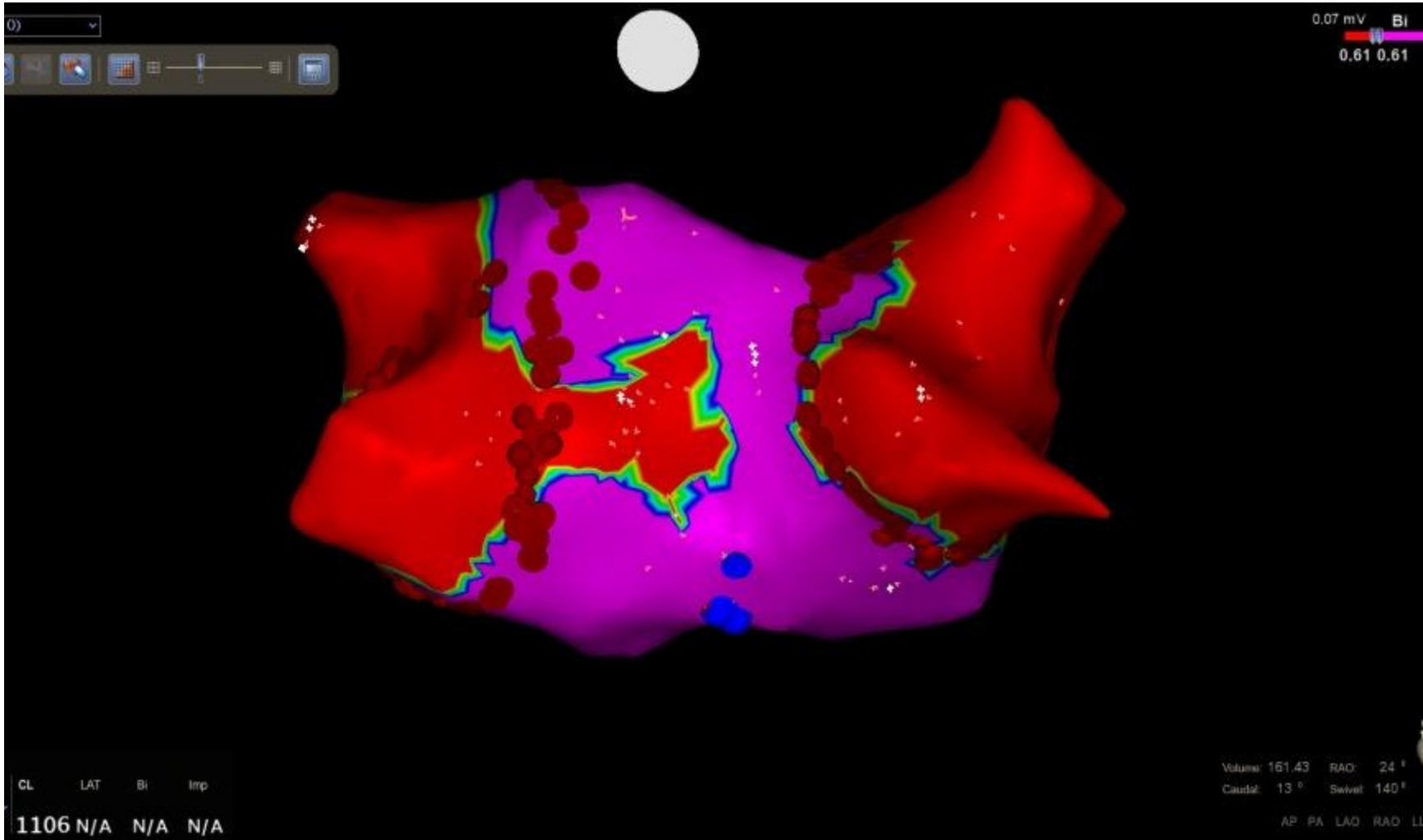


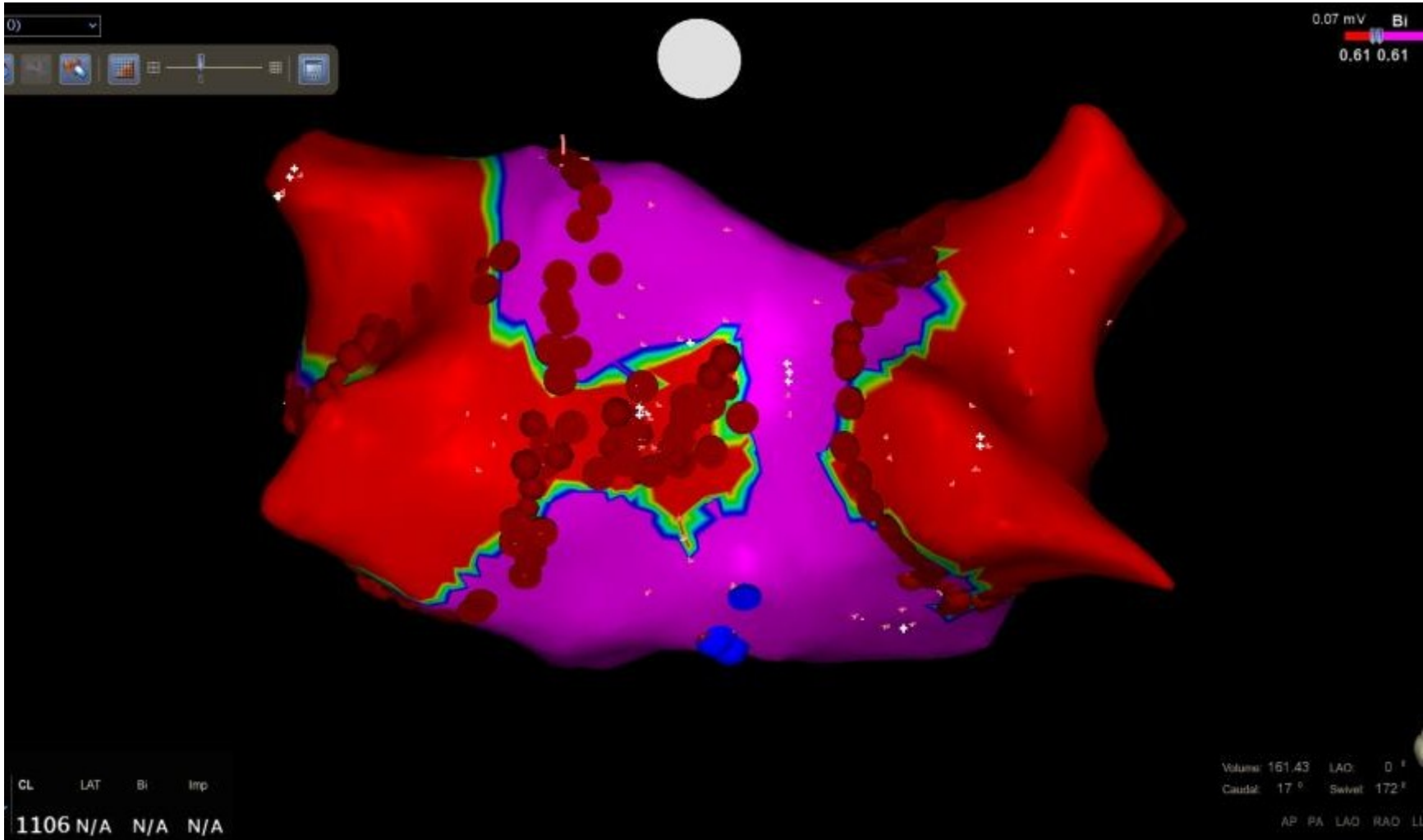
# Vaka 3

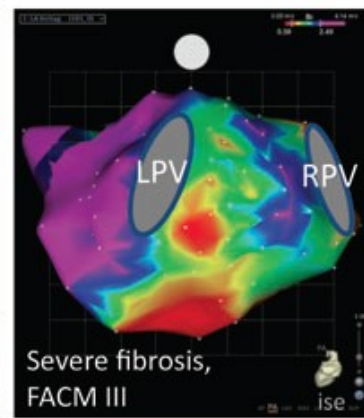
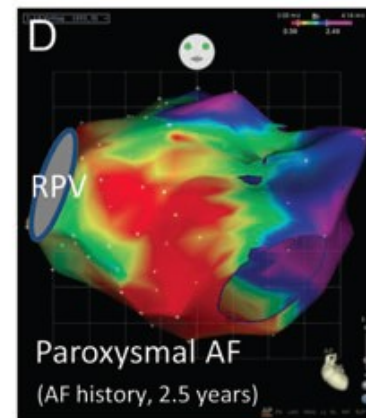
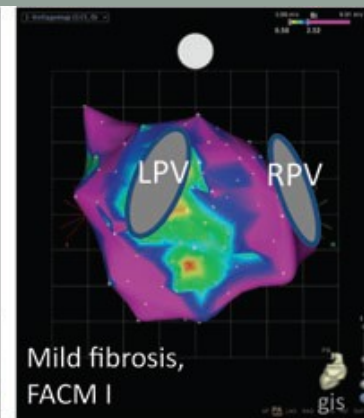
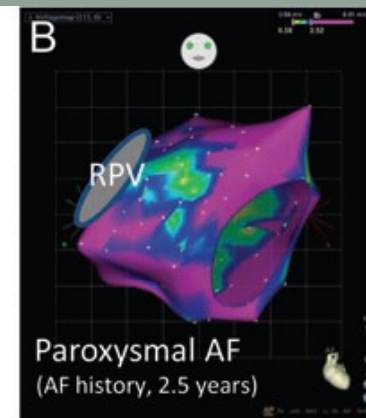
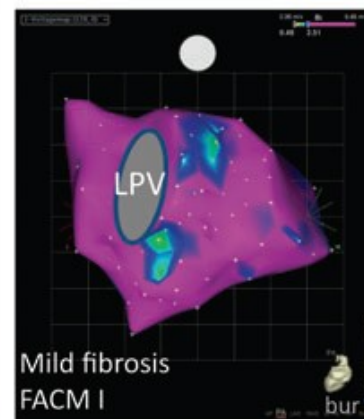
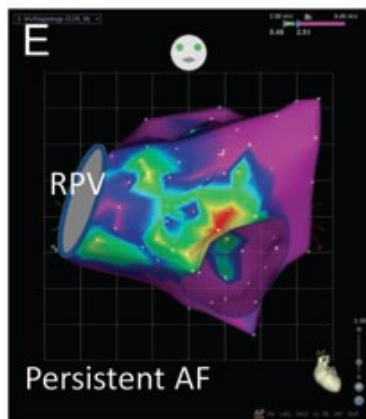
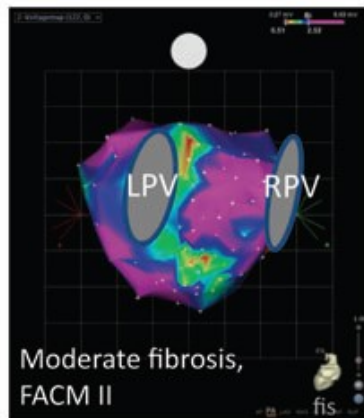
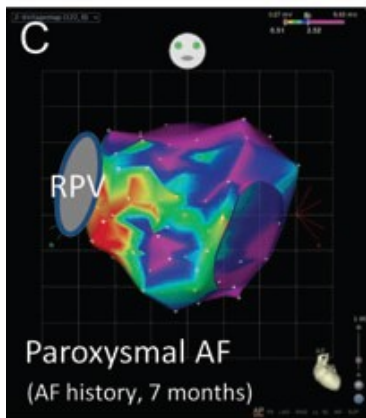
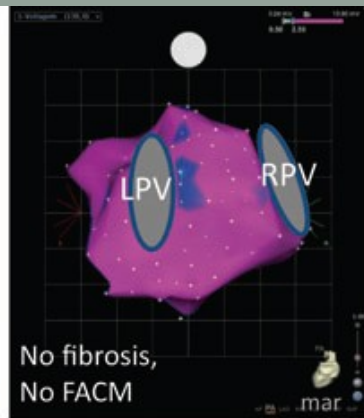
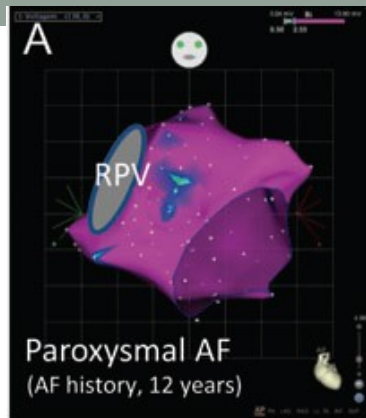
- 50 y, erkek, pilot, 6 aydır PAF, 2. atak DC kardiyoversiyon ile sinüs sağlanamamış, semptomatik
- Eko: Normal sınırlarda











# Son basamaklar

- Bekleme süresi
- Adenozin
- Yüksek doz izoproterenol infüzyonu

# Özet

- Temel strateji her noktada efektif lezyon oluşturmak ve PVI
- Substrat değerlendirmesi ve substrat modifikasyonu
- Sonrasında dormant iletiyi göstermek amaçlı adenoazin uygulanması
- Minimum 30 dk bekleme süresi
- Yüksek doz izoproterenol ile ven dışı odak aranması