

# OLGU 2: AF ABLAYONU, ANATOMİK ABLASYON

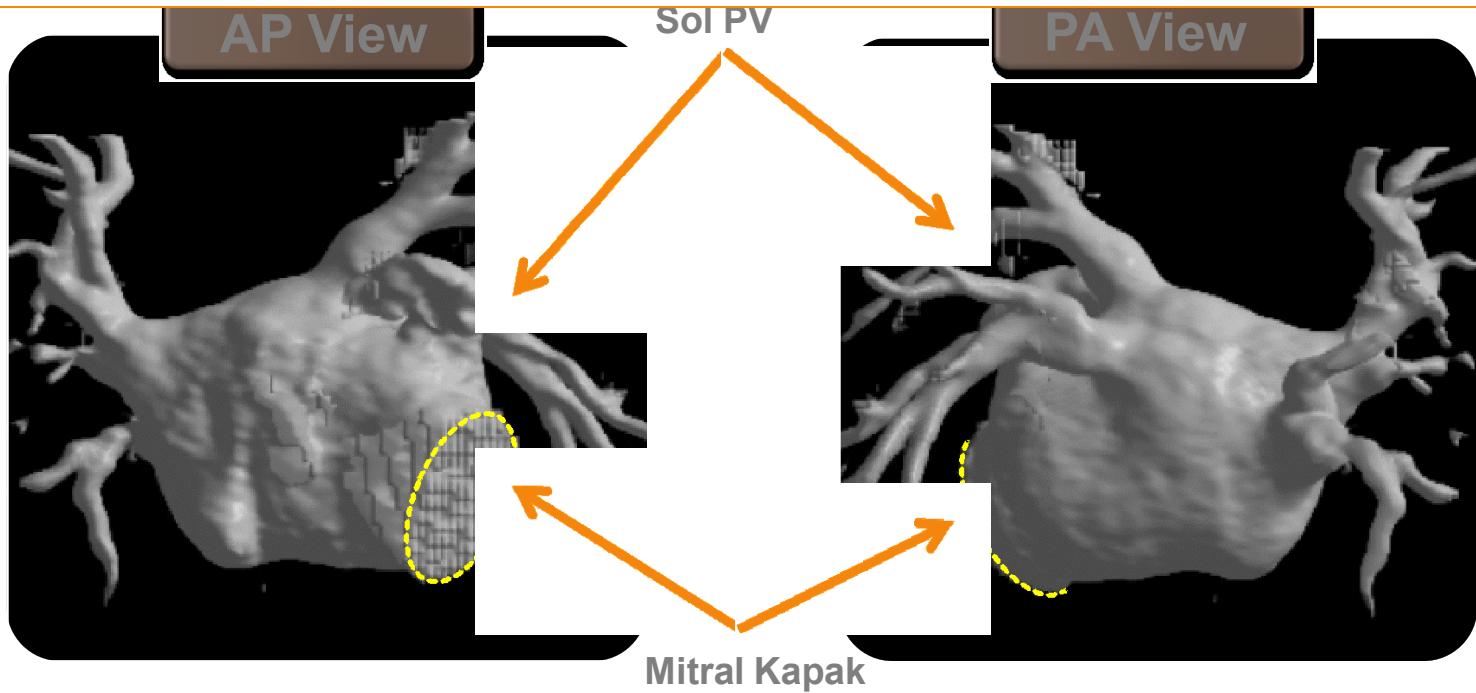
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Doç. Dr. Duhan Fatih Bayrak  
Kadıköy Acıbadem Hastanesi, İstanbul

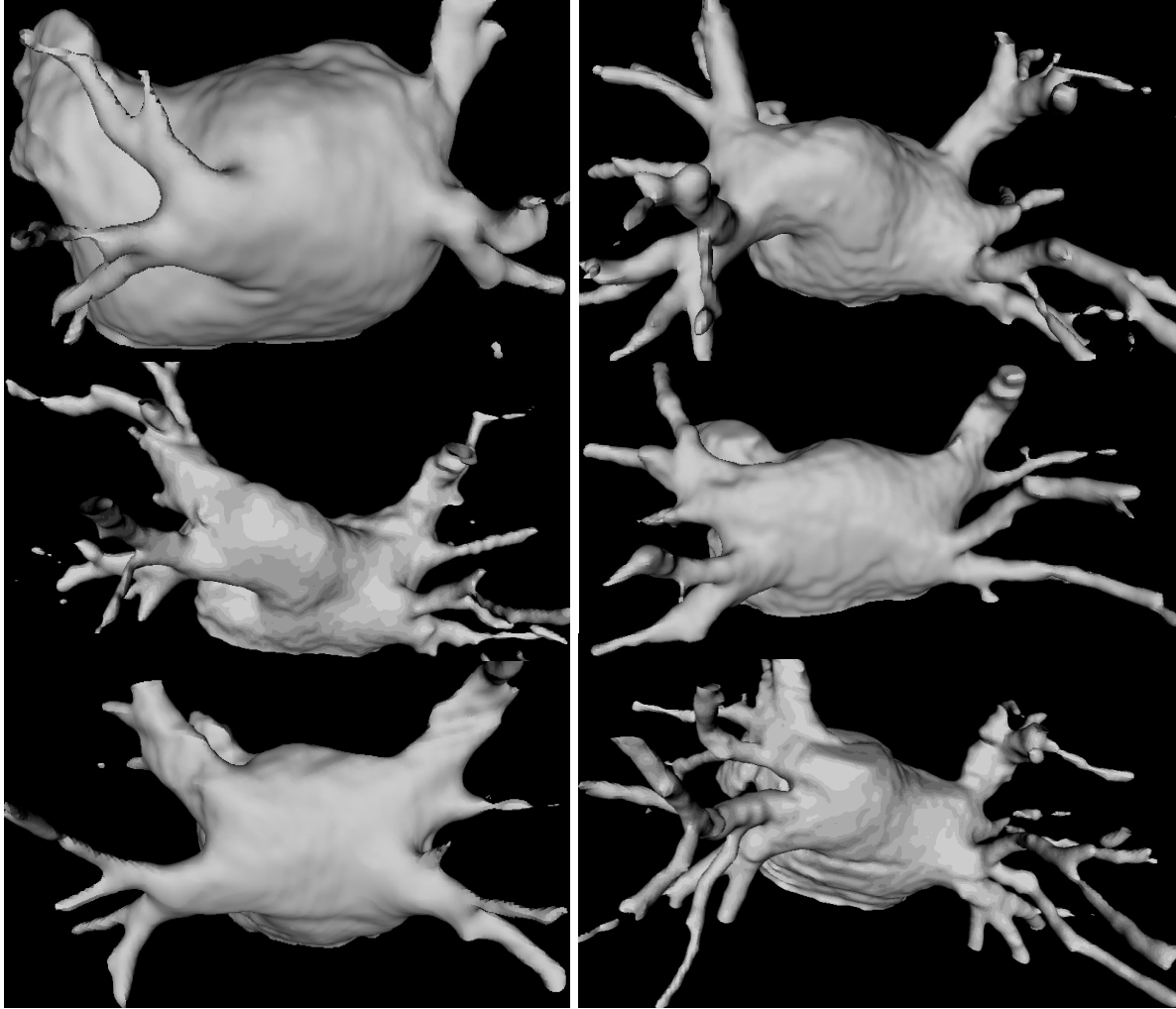
# Sol Atriyum ve PV Anatomisi

**Sol Atriyal Anatomi** iki ana yapı: mitral kapak ve pulmoner venler

Mitral kapak anatomisi deęişkenlik göstermez, PV'ler sık varyasyon gösterir. Sıklıkla saę-sol 2 ven vardır fakat %40 hastada tek taraflı 1-2 ekstra ven mevcuttur.



# Değişken PV Anatomisi



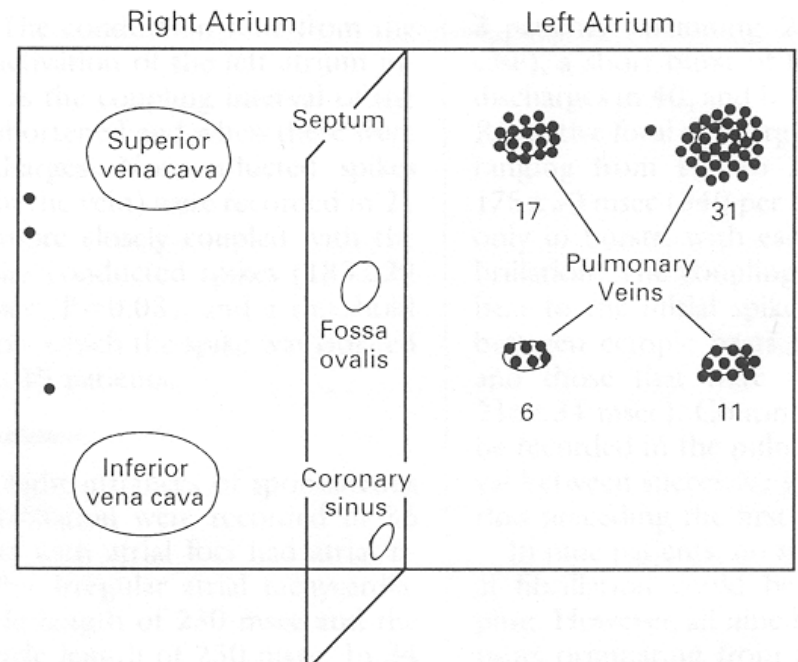
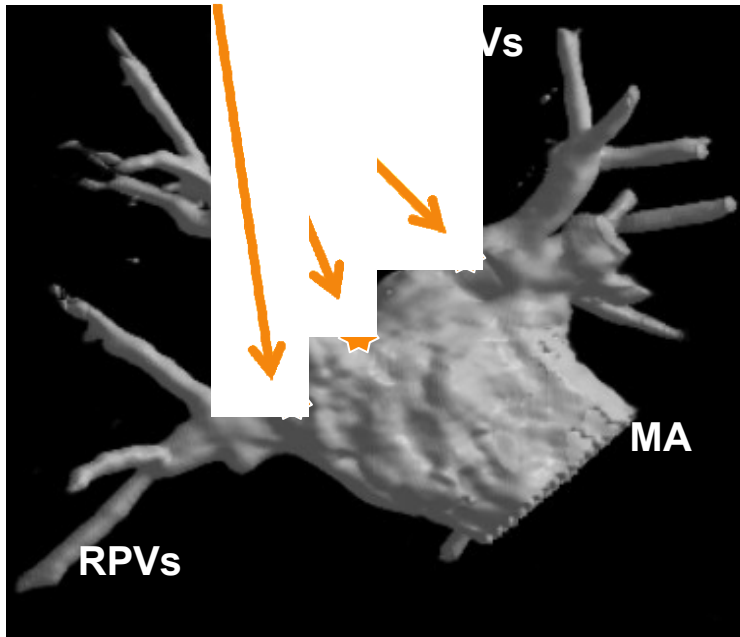
# PV'lerden kaynaklanan ektopik odaklar

**1998**, Haissaguerre et al.

## SPONTANEOUS INITIATION OF ATRIAL FIBRILLATION BY ECTOPIC BEATS ORIGINATING IN THE PULMONARY VEINS

MICHEL HAÏSSAGUERRE, M.D., PIERRE JAÏS, M.D., DIPEN C. SHAH, M.D., ATSUSHI TAKAHASHI, M.D., MÉLÈZE HOCINI, M.D.,  
GILLES QUINIQU, M.D., STÉPHANE GARRIGUE, M.D., ALAIN LE MOUROUX, M.D., PHILIPPE LE MÉTAYER, M.D.,  
AND JACQUES CLÉMENTY, M.D.

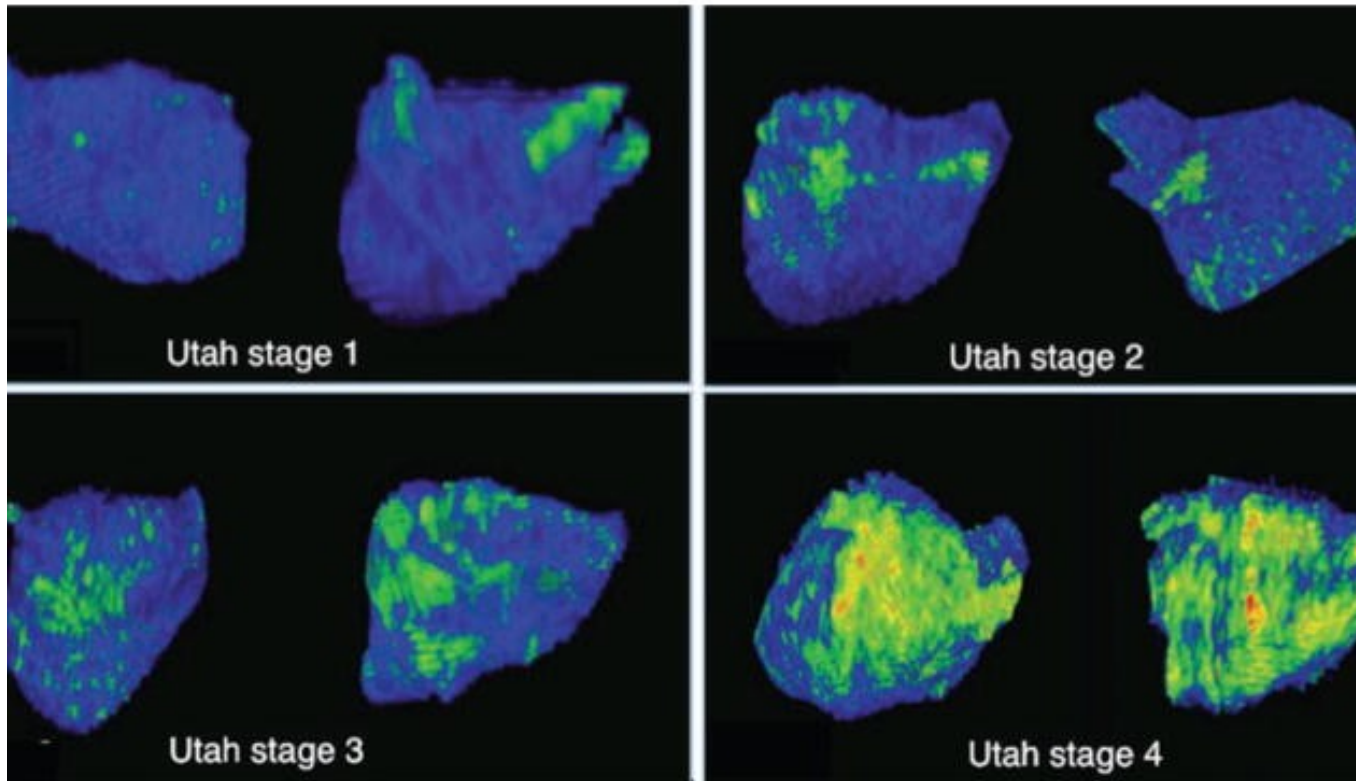
### Ektopik Fokus Orijinleri



# Atriyal fibrilasyon ablasyonu

- Pulmoner ven izolasyonu temel hedef
- CFAE ablasyonu
- Lineer ablasyon (roof, mitral, septal, anterior, posterior)
- Sol atriyal substrat analizi ve fibrozis deęerlendirmesi
- Rotor ablasyonu

# UTAH EVRELEMESİ



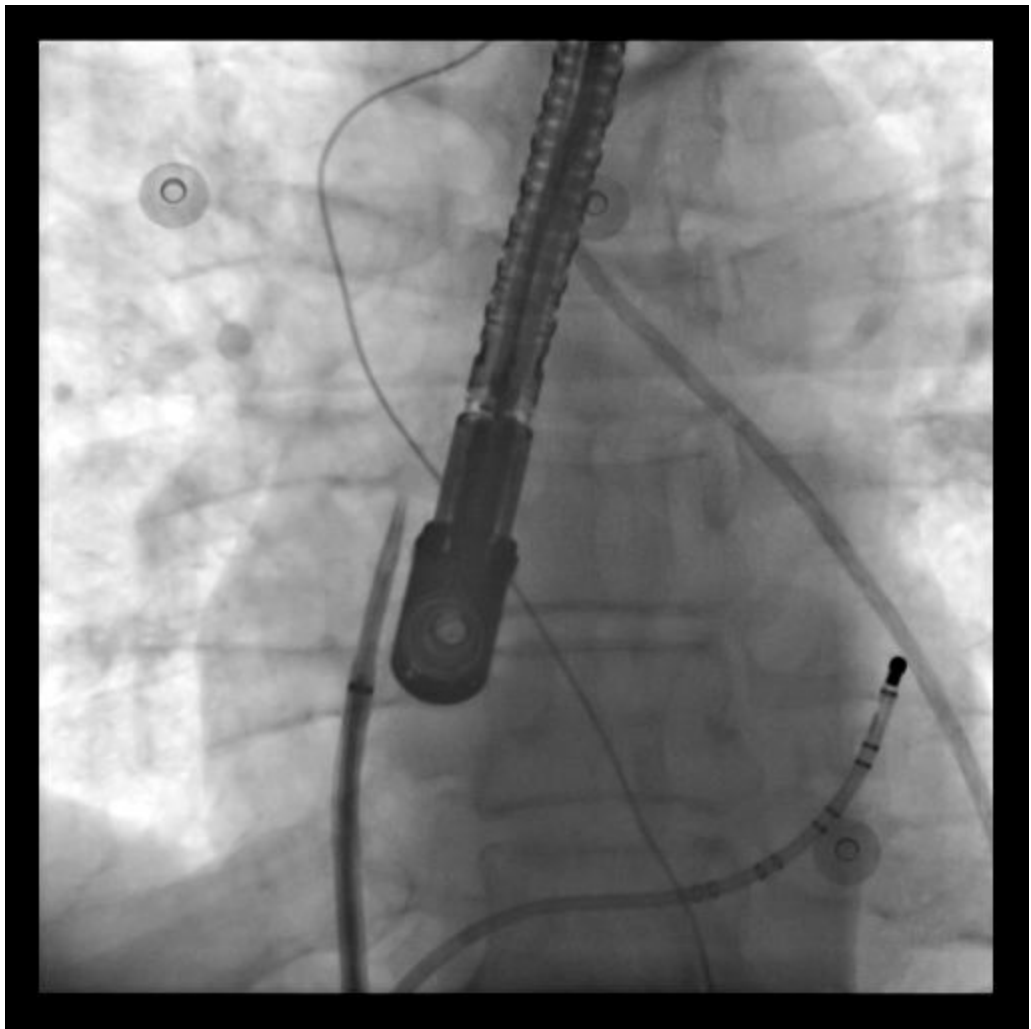
minimal or Utah stage 1; <5%, mild or Utah stage 2; 5-20%, moderate or Utah stage 3; 20-35%, and extensive or Utah stage 4; >35%

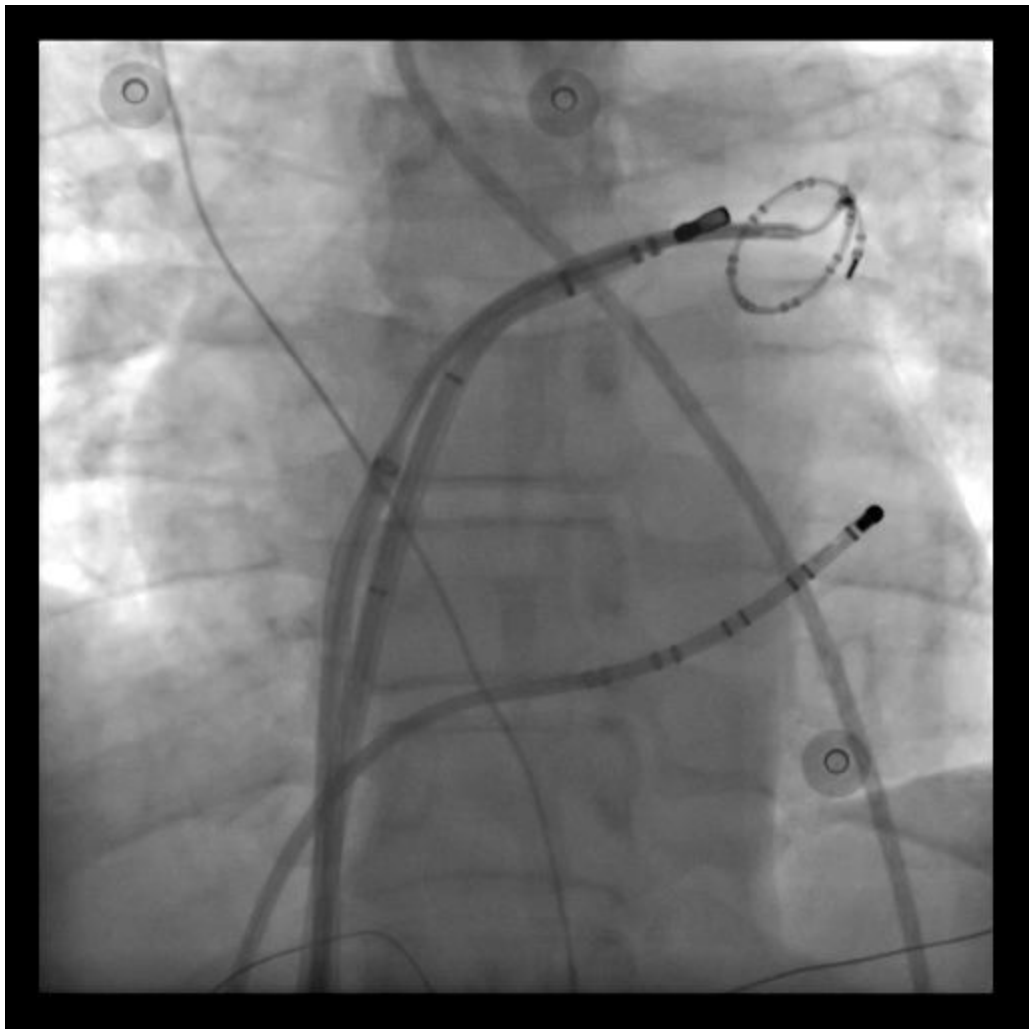
OLGU

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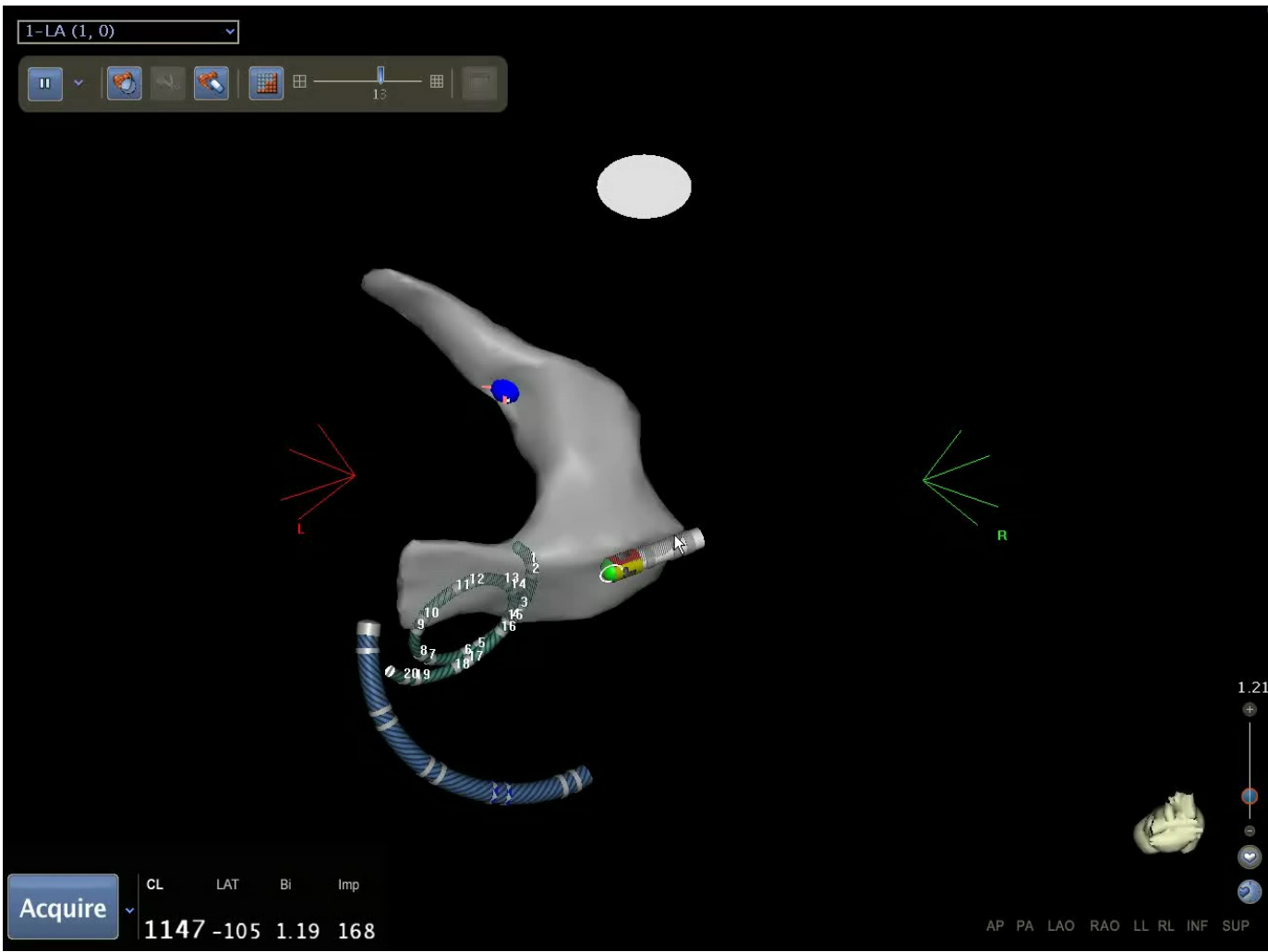
- 55 y, erkek, pilot
- Regüle hipertansiyon (nebivolol 5 mg), sigara
- 2 aydır ilk tanı AF, kardiyoversiyon öncesi LAA trombüs
- Rivaroksaban 20 mg sonrası medikal (cordarone infüzyon) ve elektriksel kardiyoversiyon 2 kez başarısız
- Ekokardiyografi MY 2, LA 38\*40\*43 mm, normal svf
- Semptomatik uzun süreli persistan AF tanısı ile ablasyona alındı

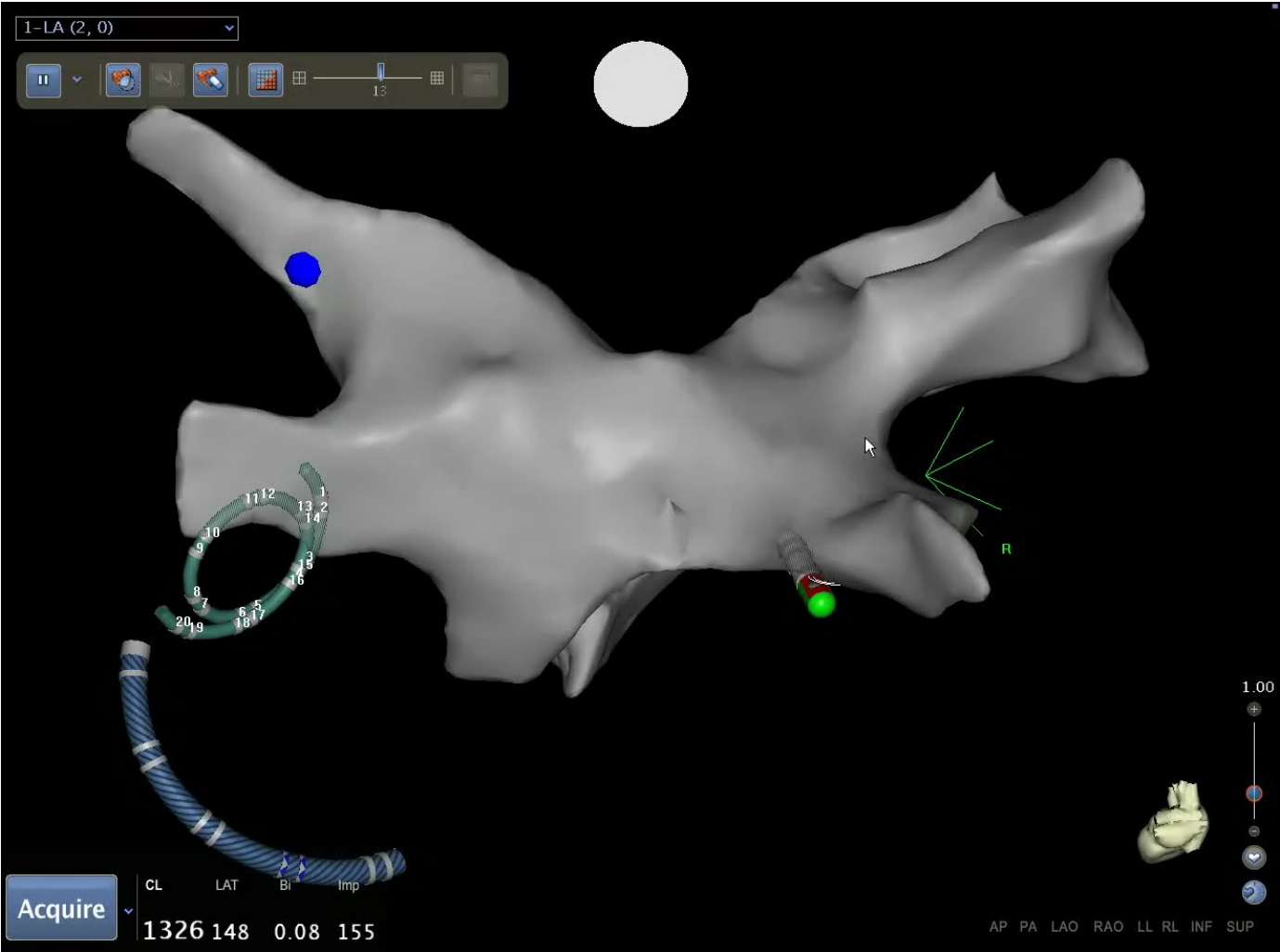


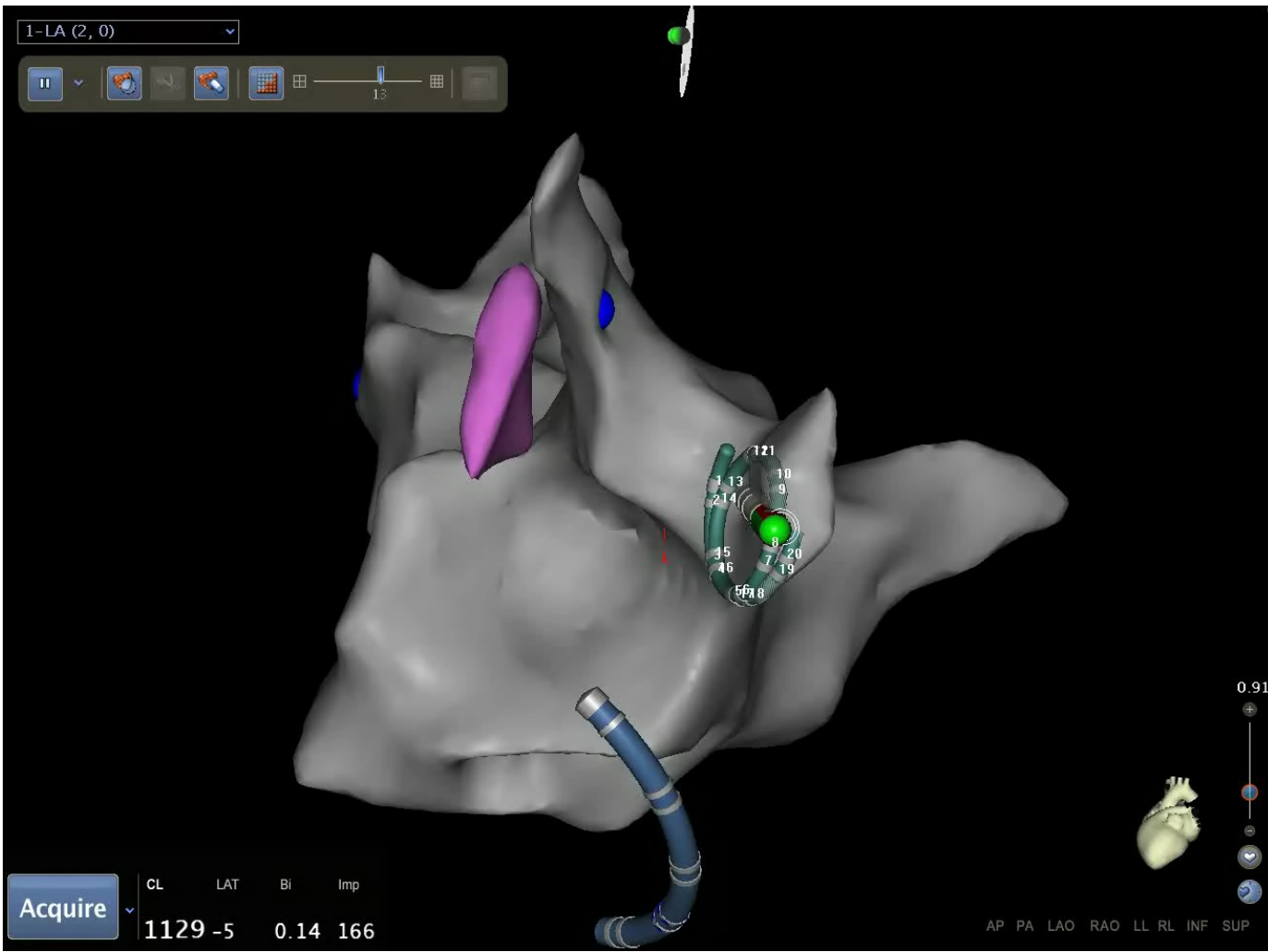


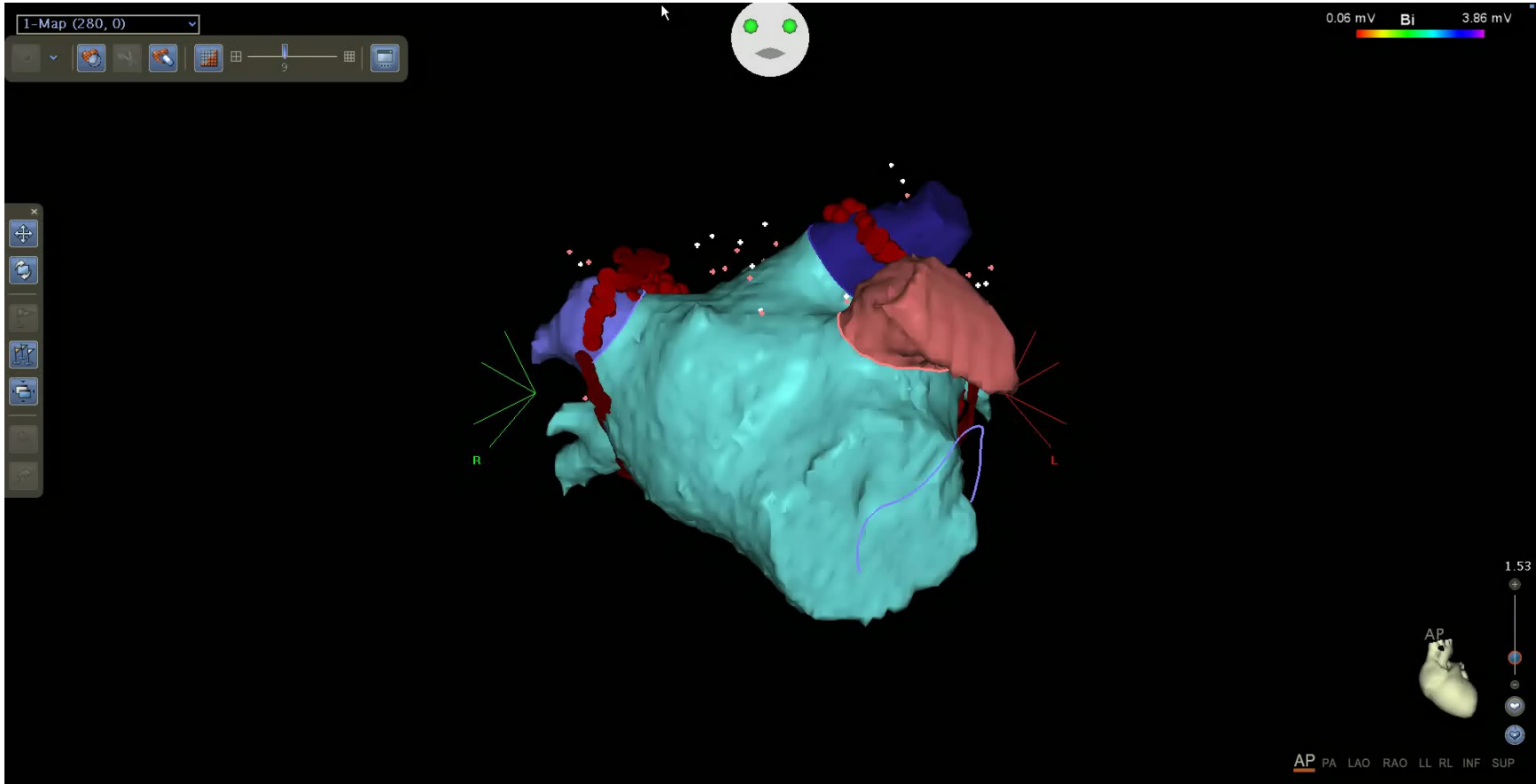


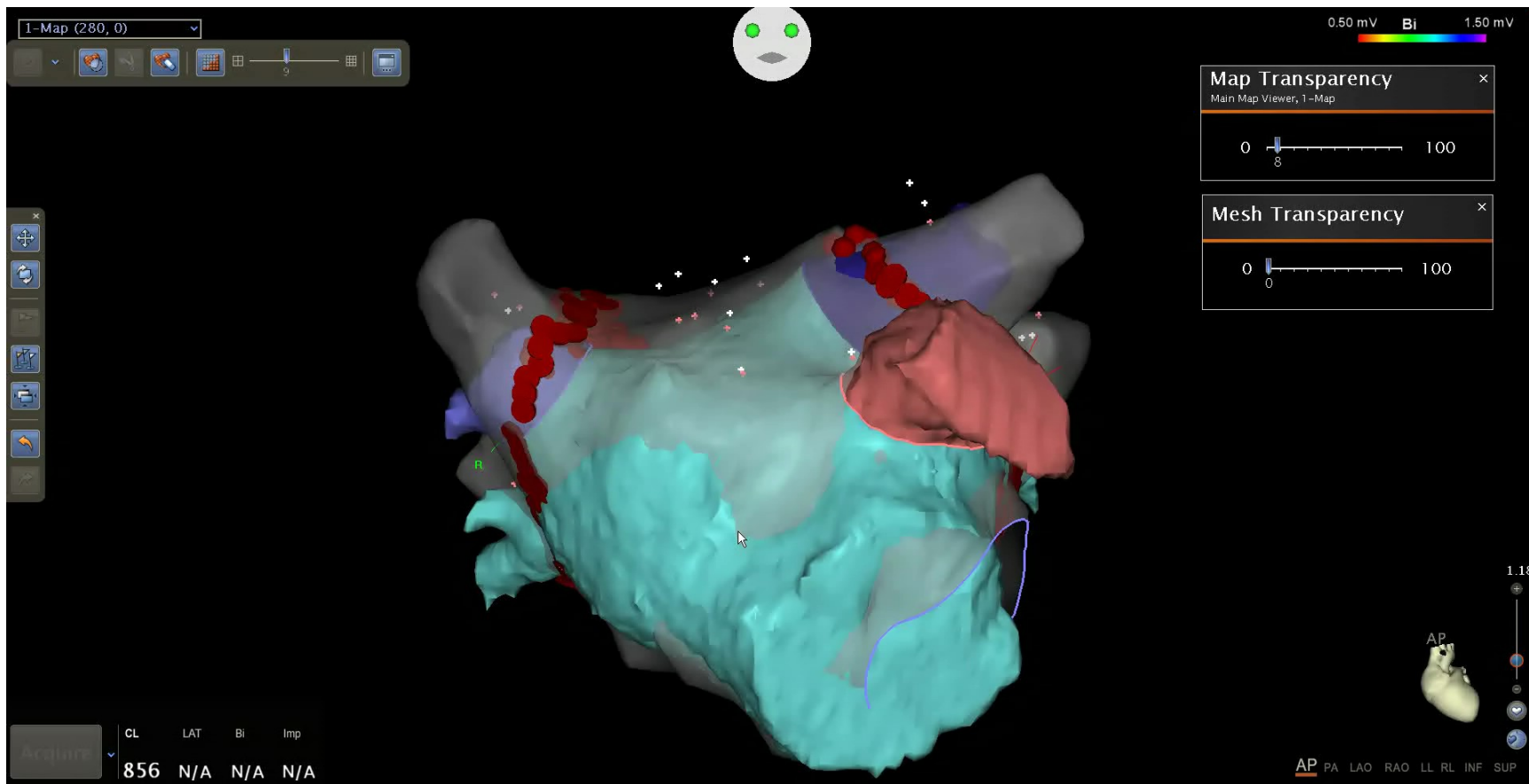




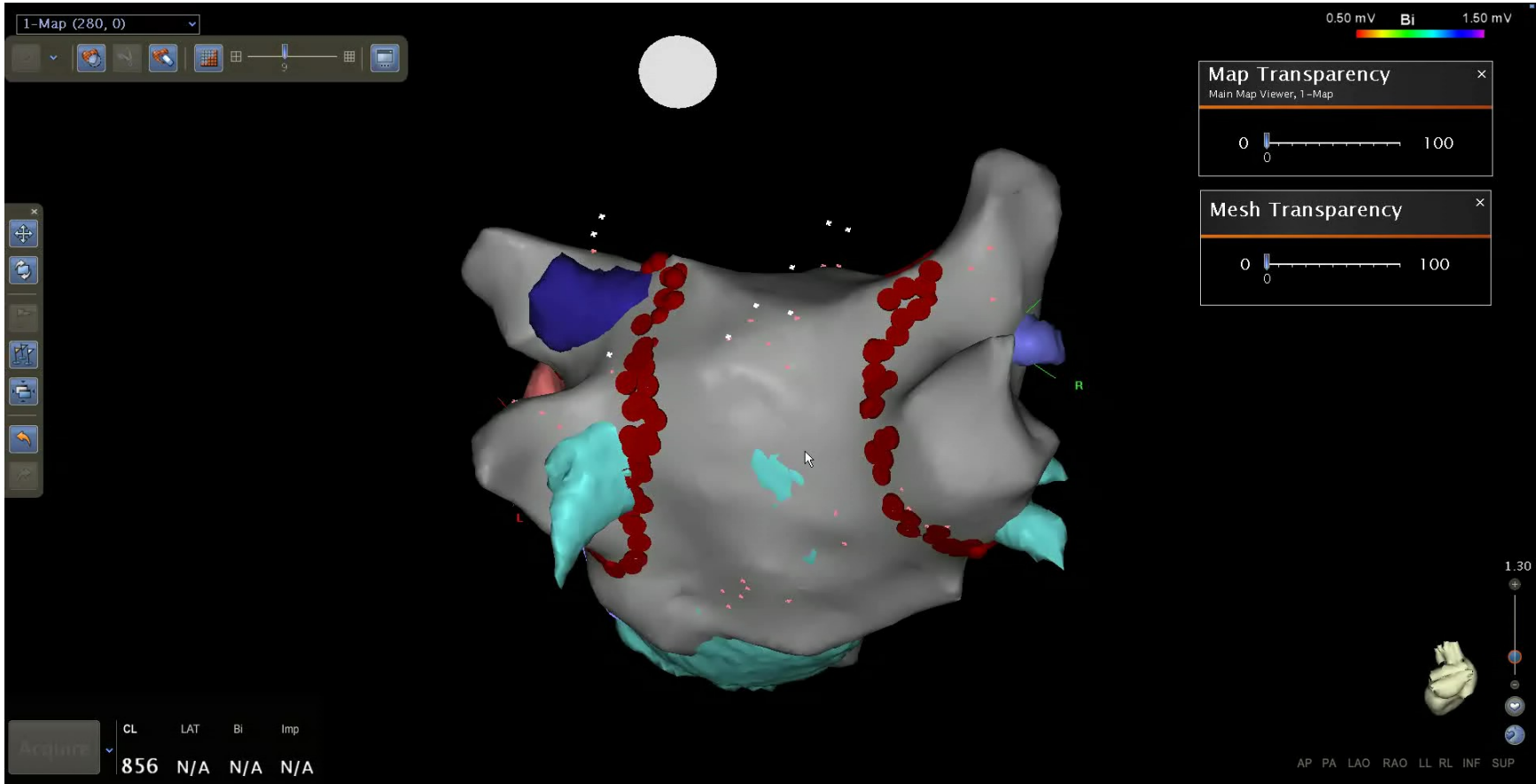


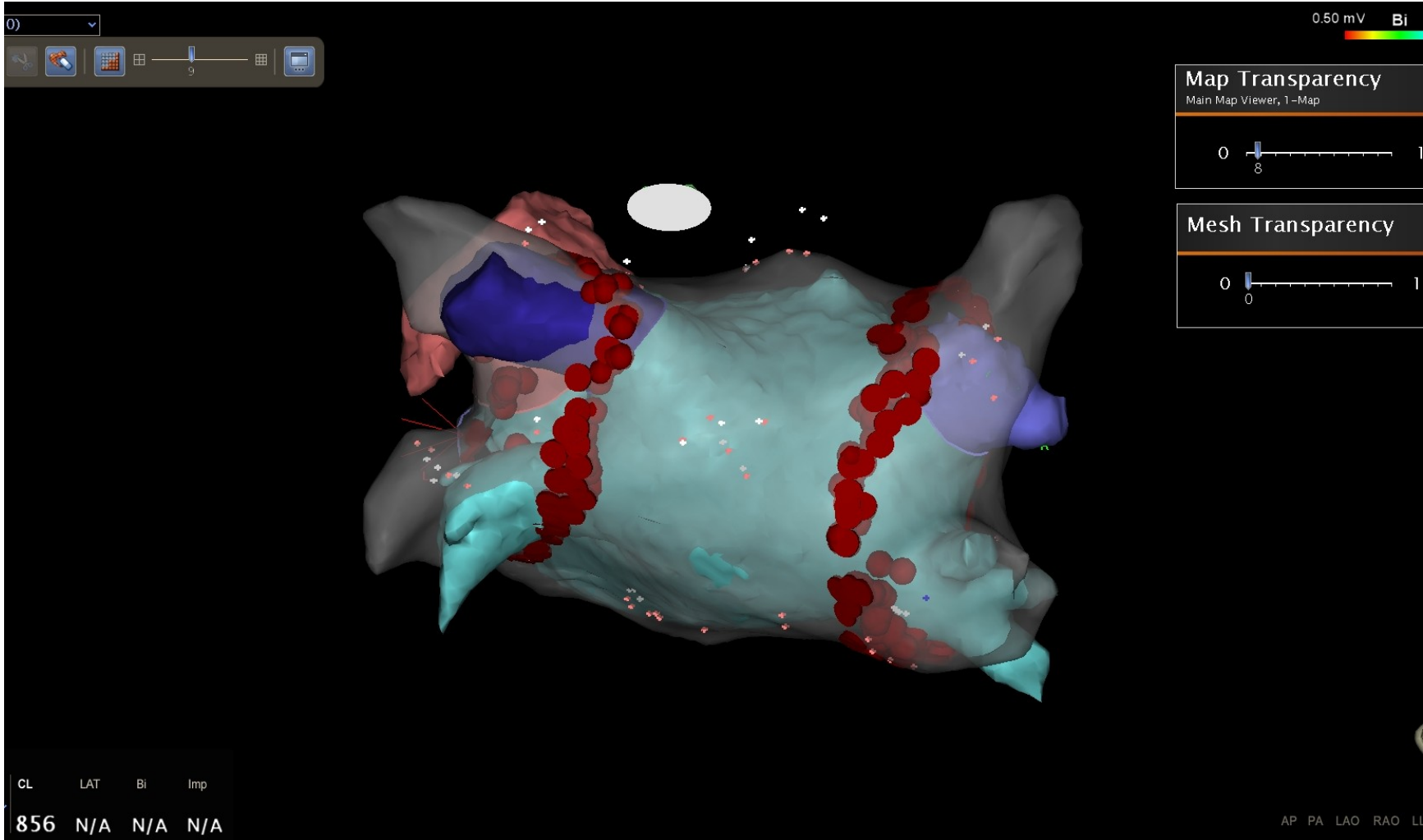


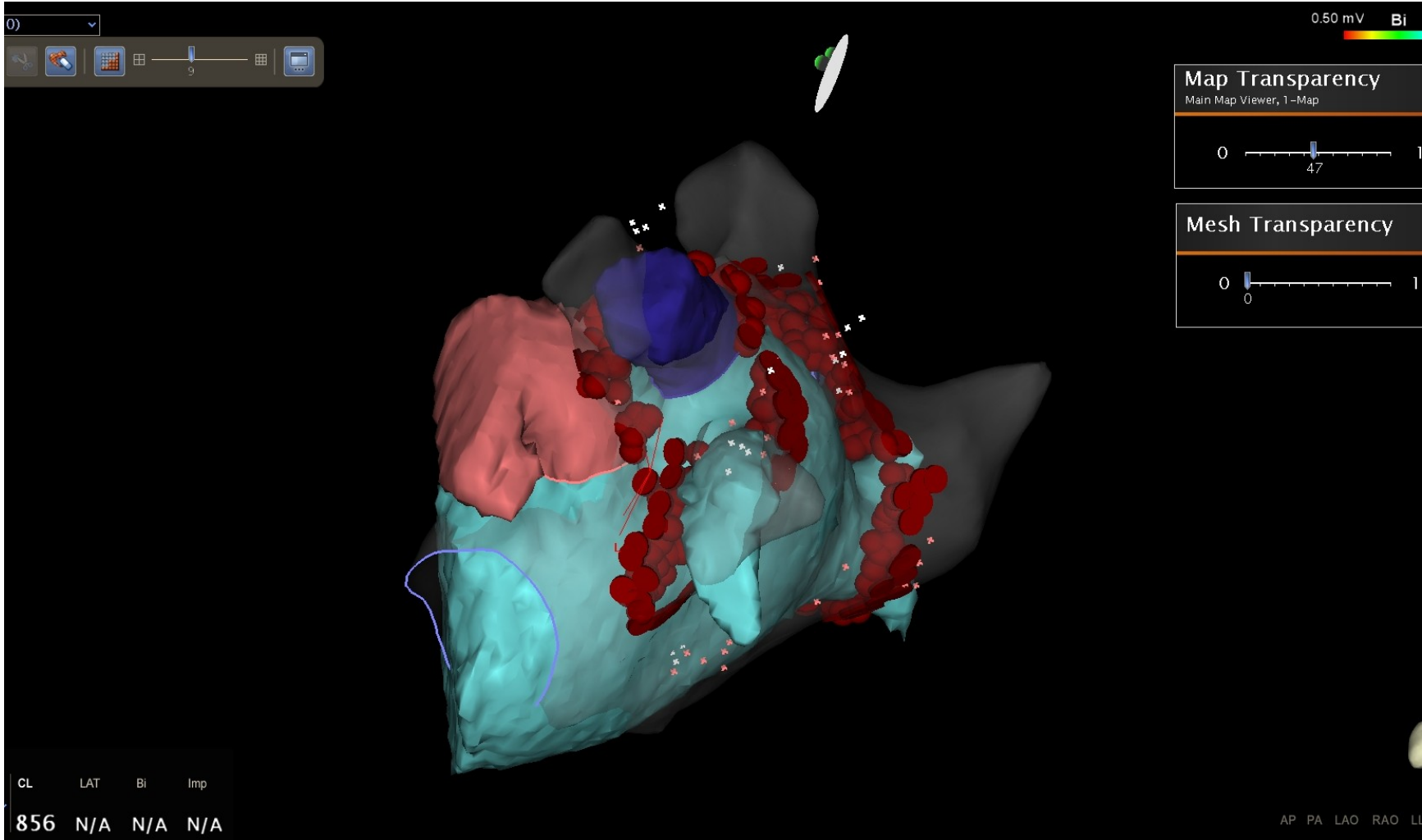


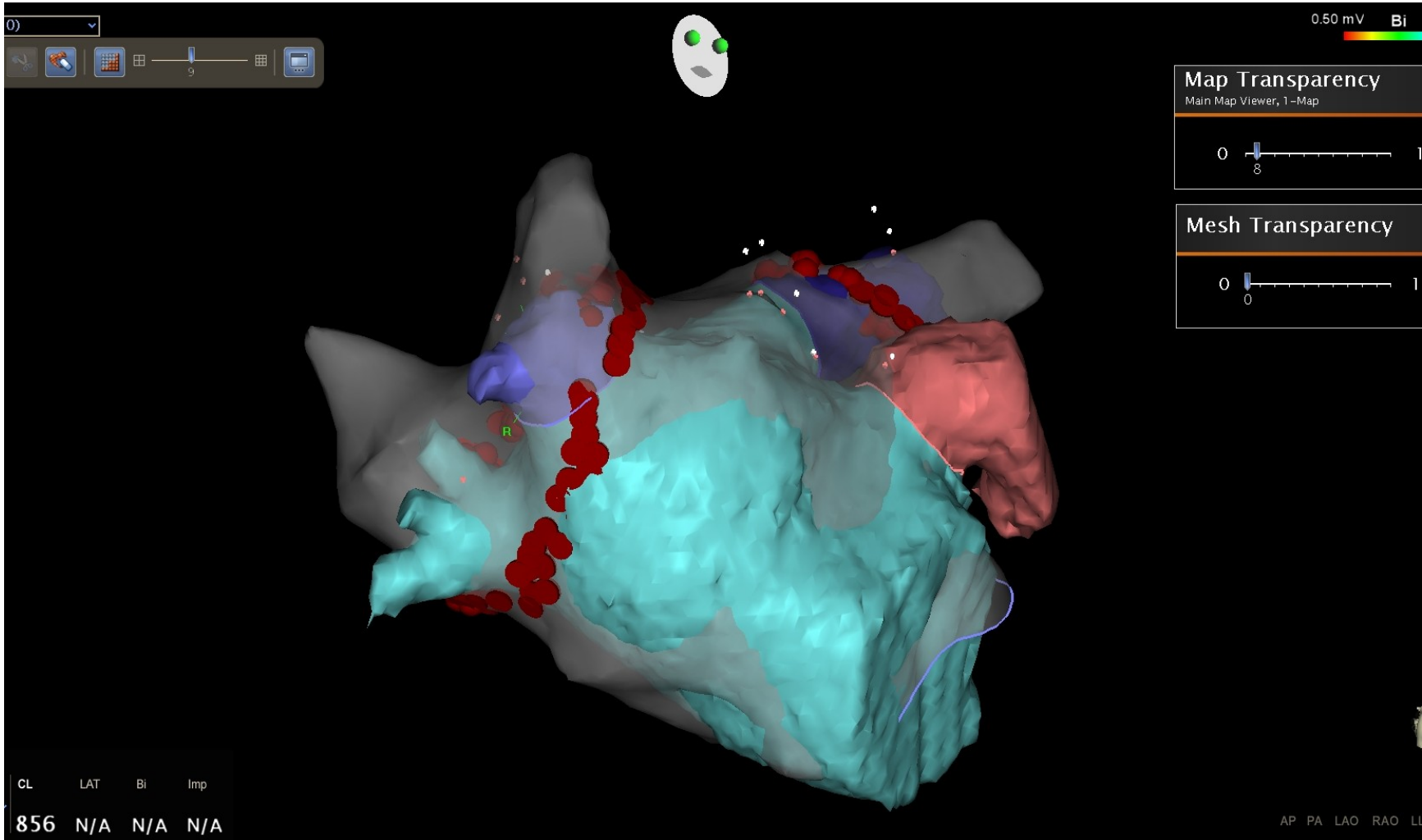


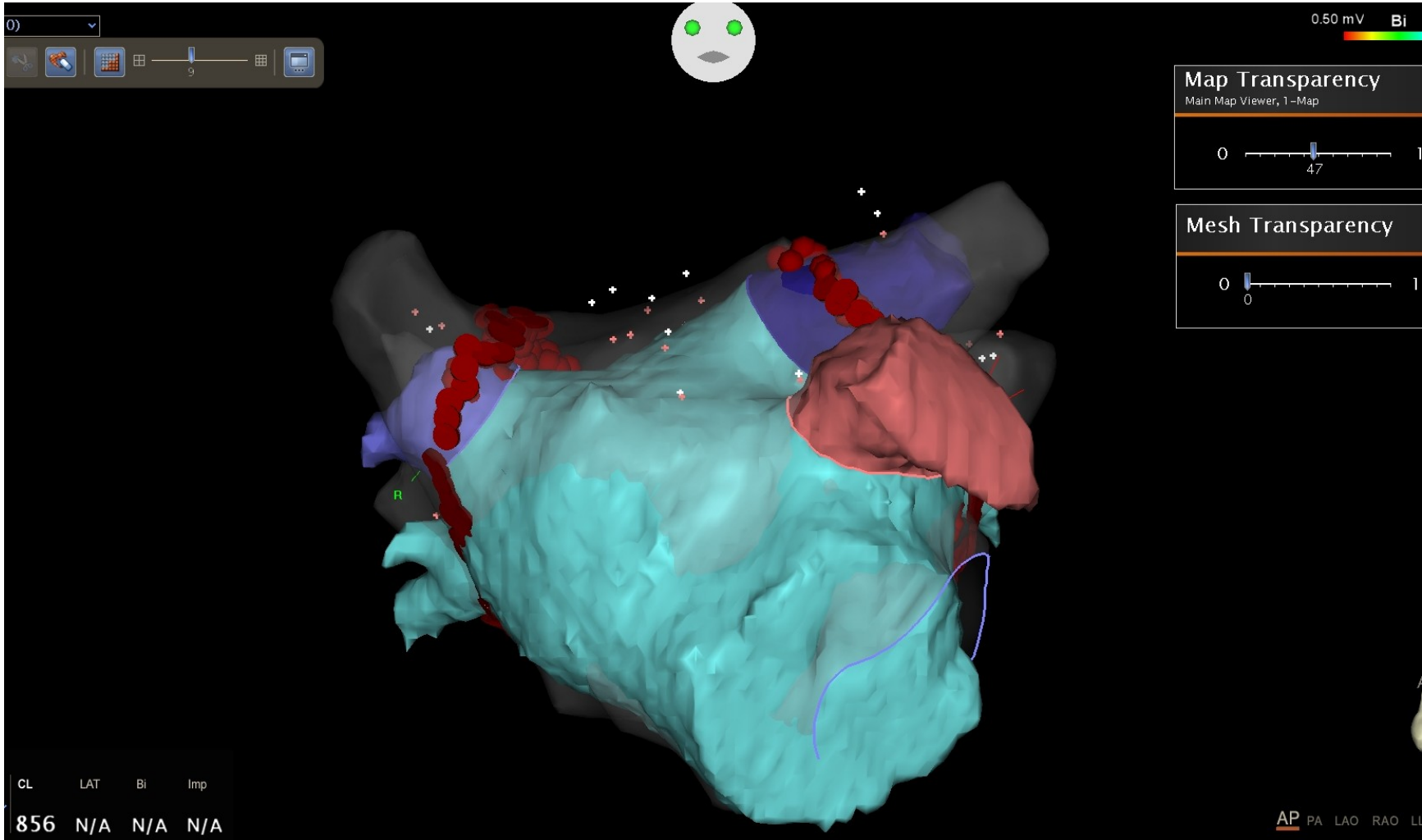


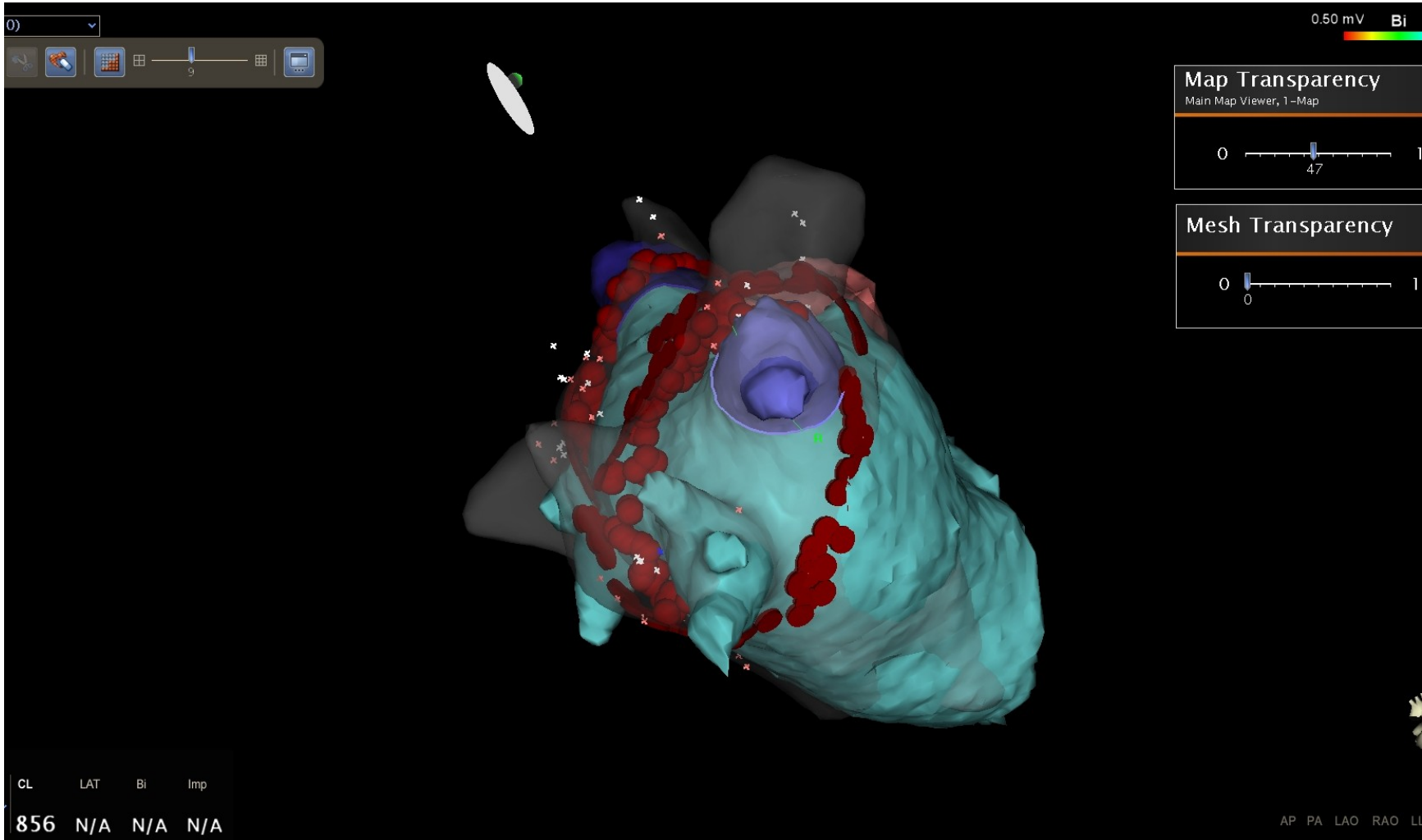








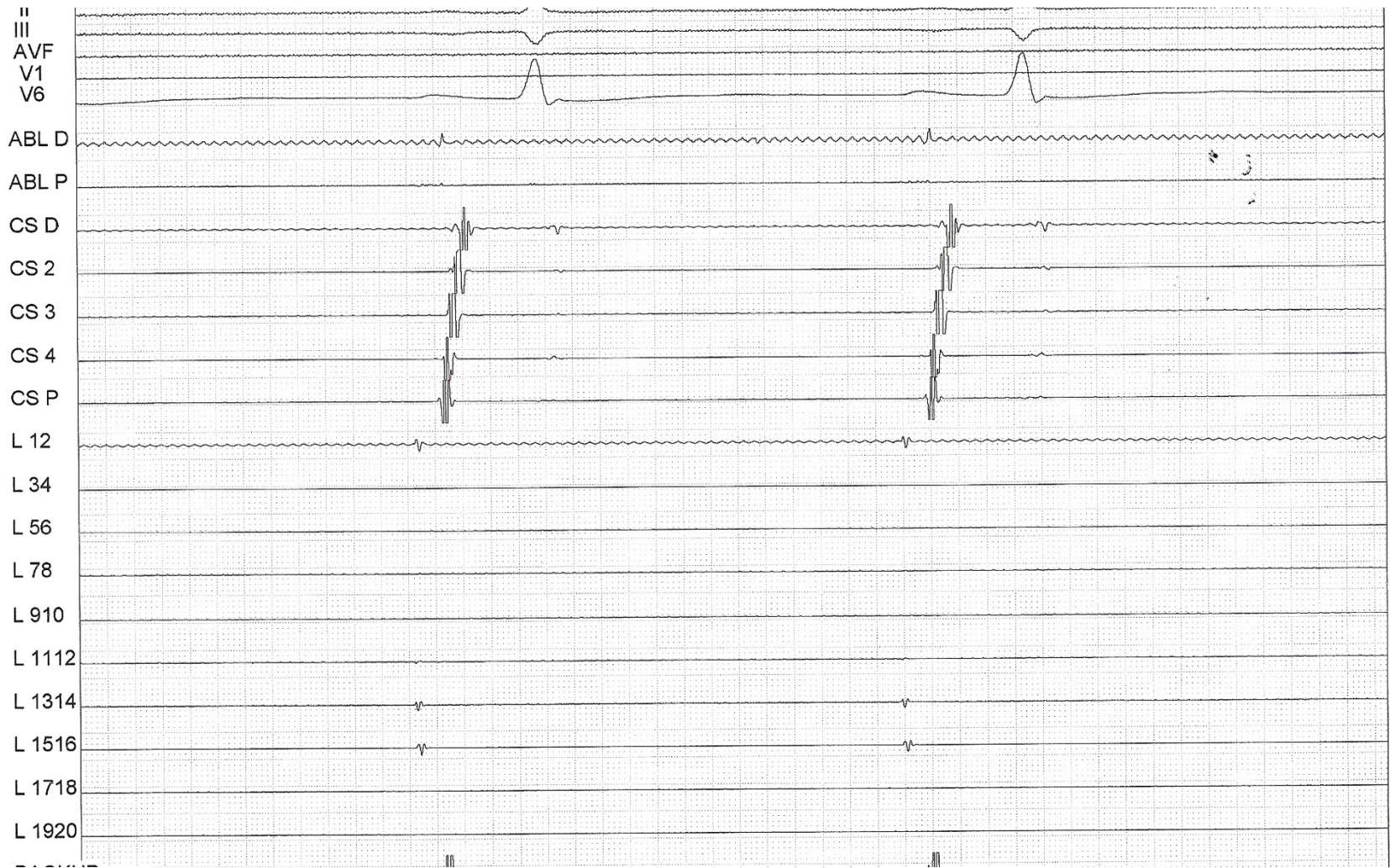




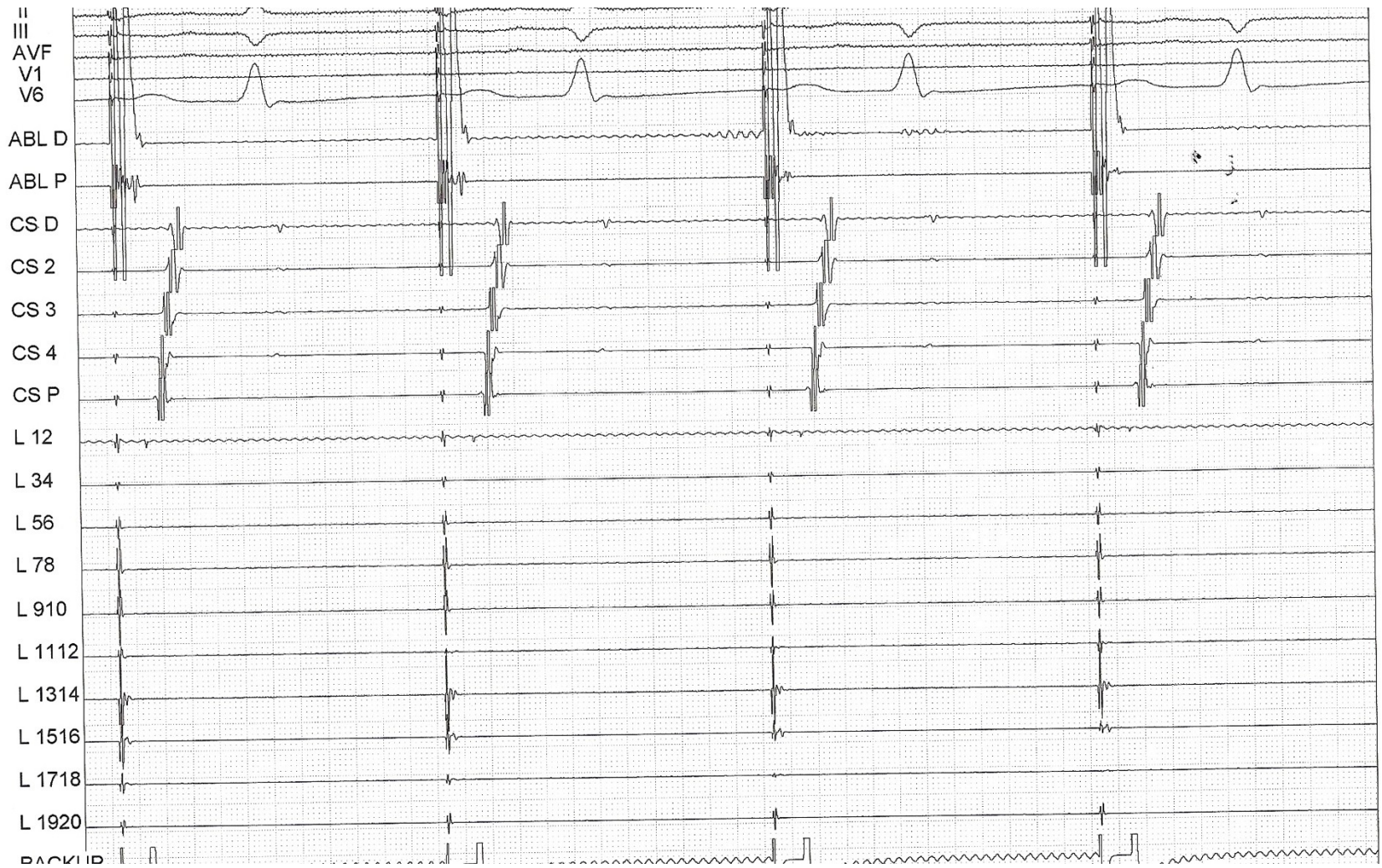








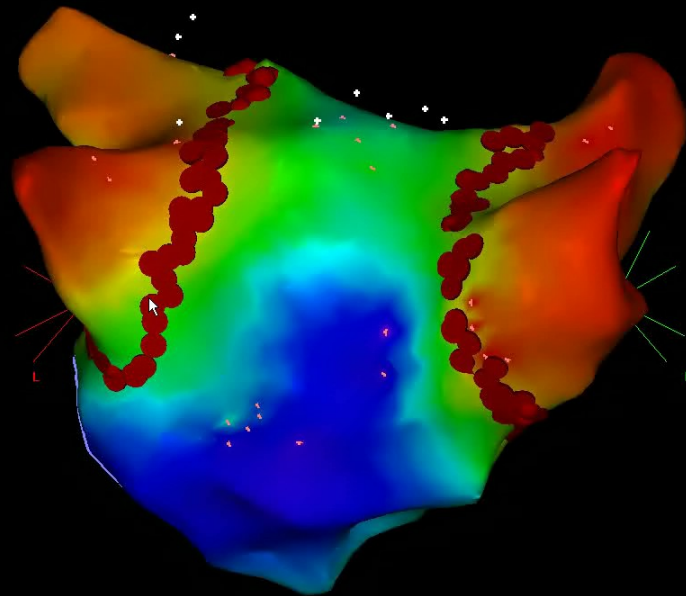
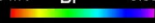






1-Map (280, 0)

0.06 mV Bi 3.86 mV



R

1.33

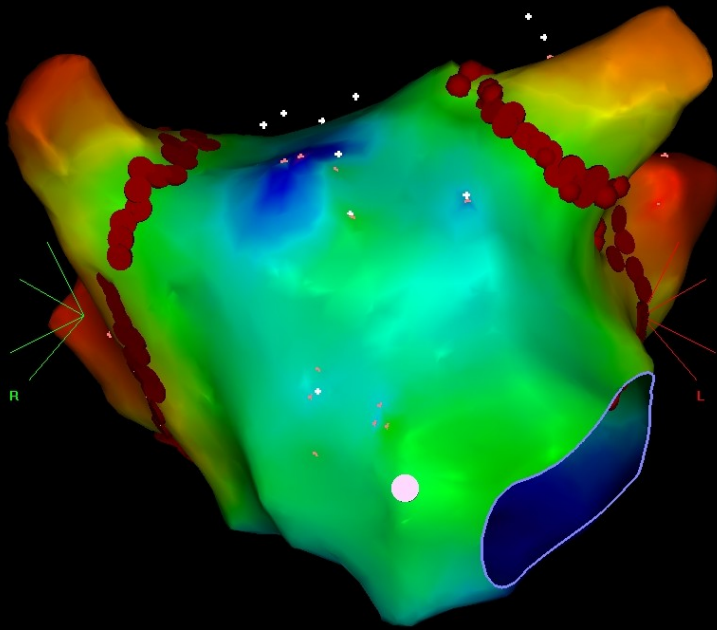


AP PA LAO RAO LL RL INF SUP



Map (280, 0)

0.06 mV Bi 3.86 mV



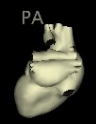
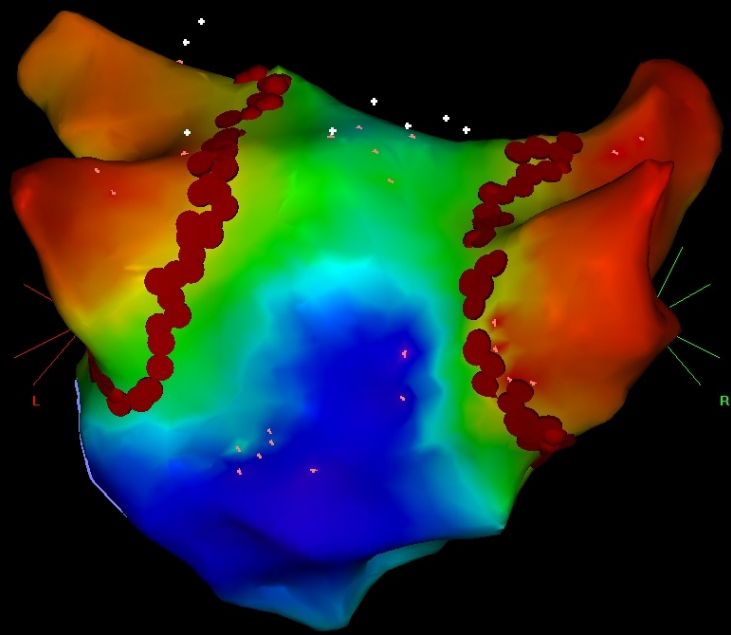
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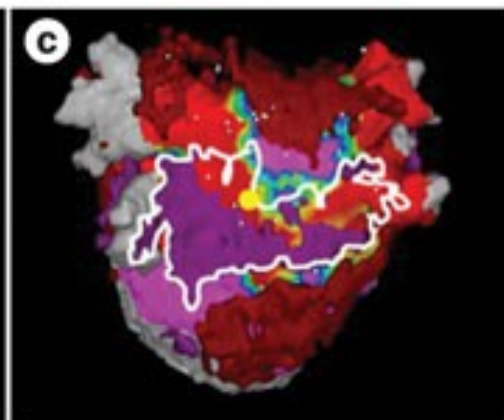
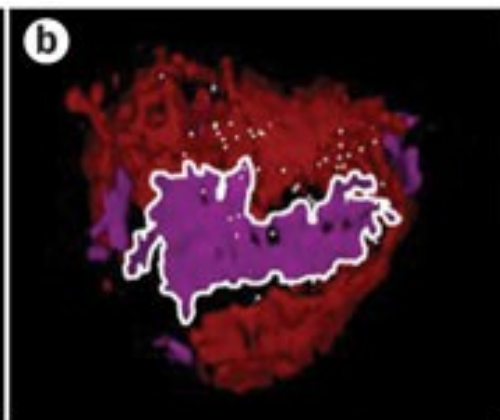
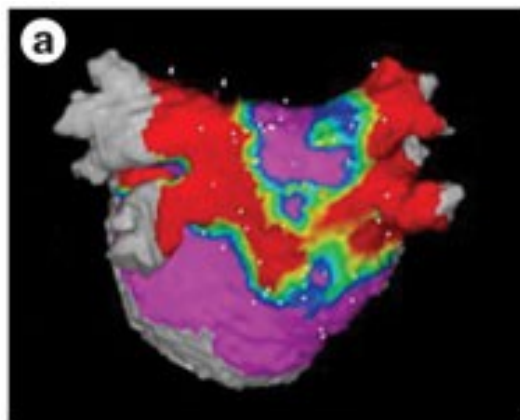


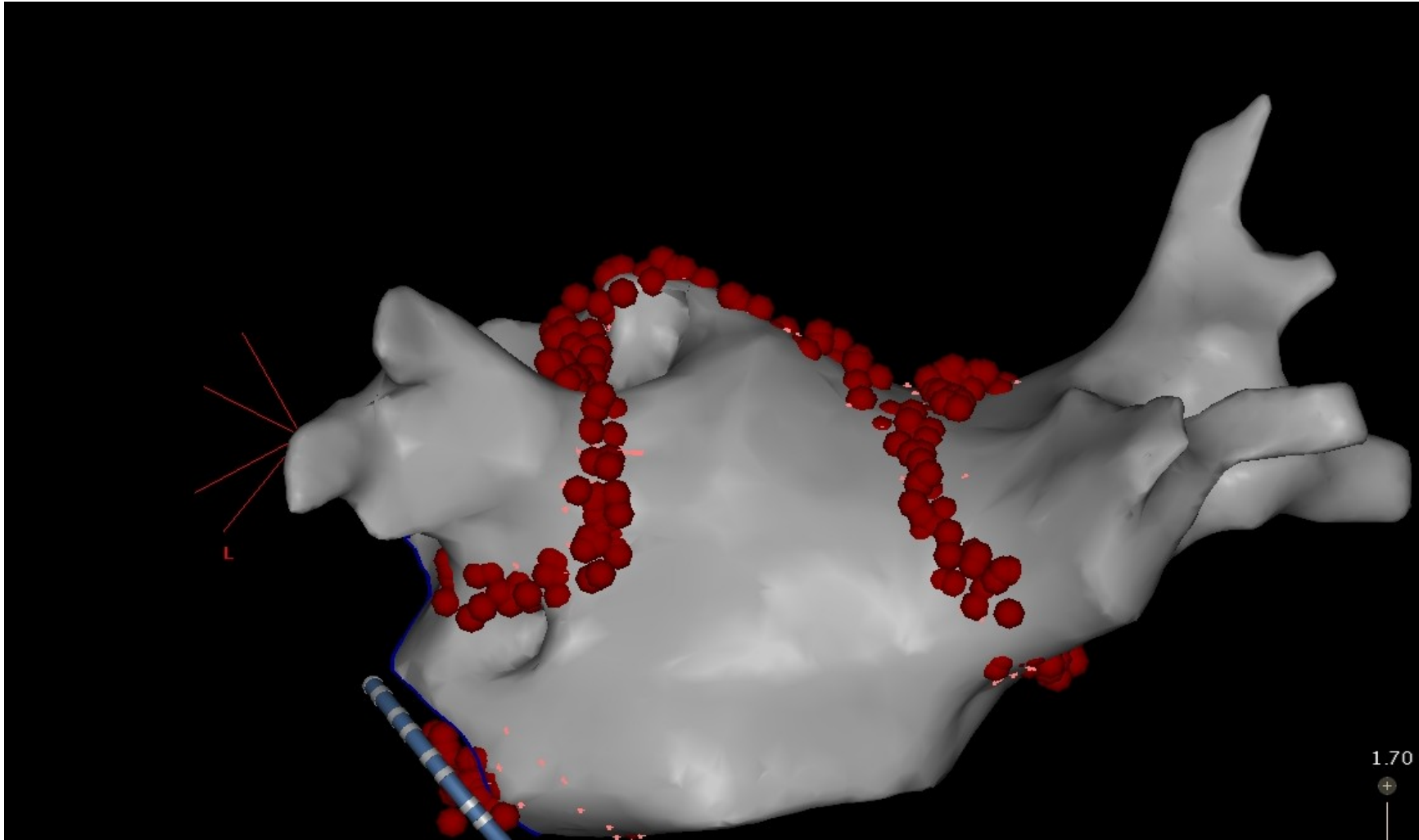


Map (280, 0)

0.06 mV Bi 3.86 m



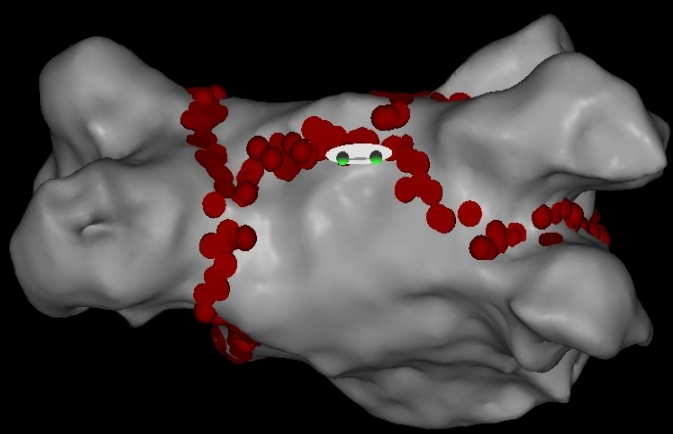






1-Map (292, 0)

X: Errors (1 error)  
(!) No communication with the PIU is detected. Details...  
!: Alerts - No Alerts



17

Acquire

	CL	LAT	Bi	Imp
	559	N/A	N/A	N/A

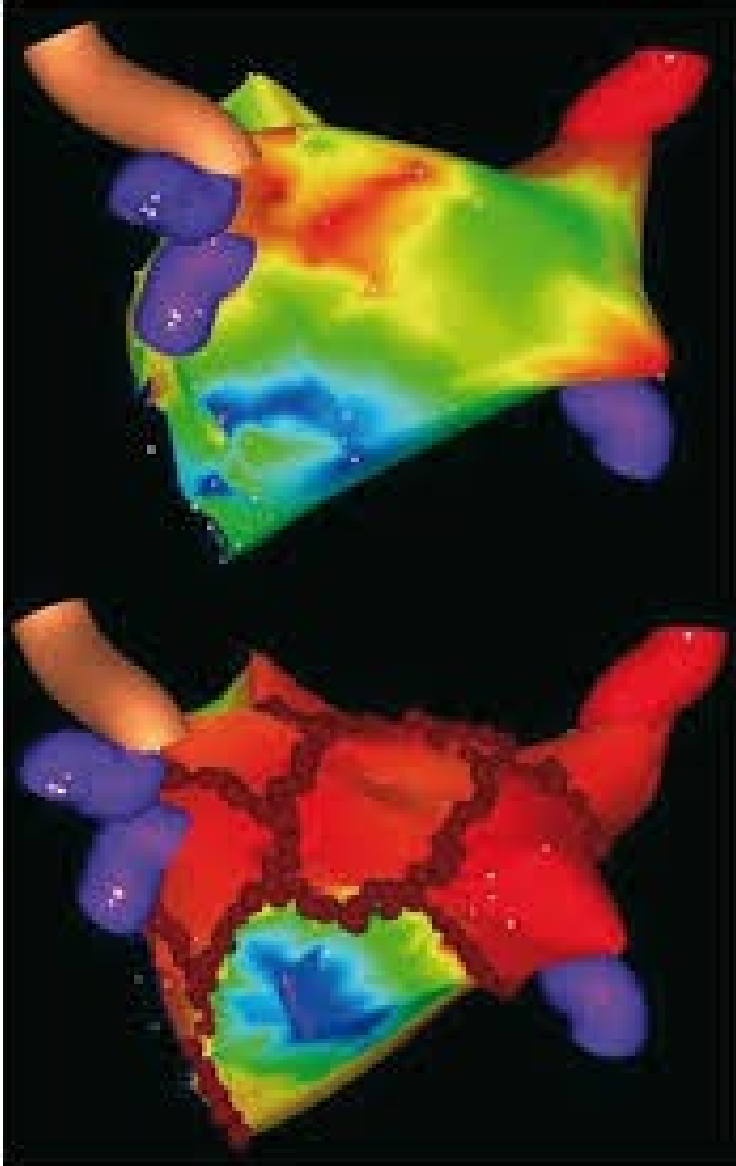
20A 1-2 (N/C)  
20A 3-4 (N/C)

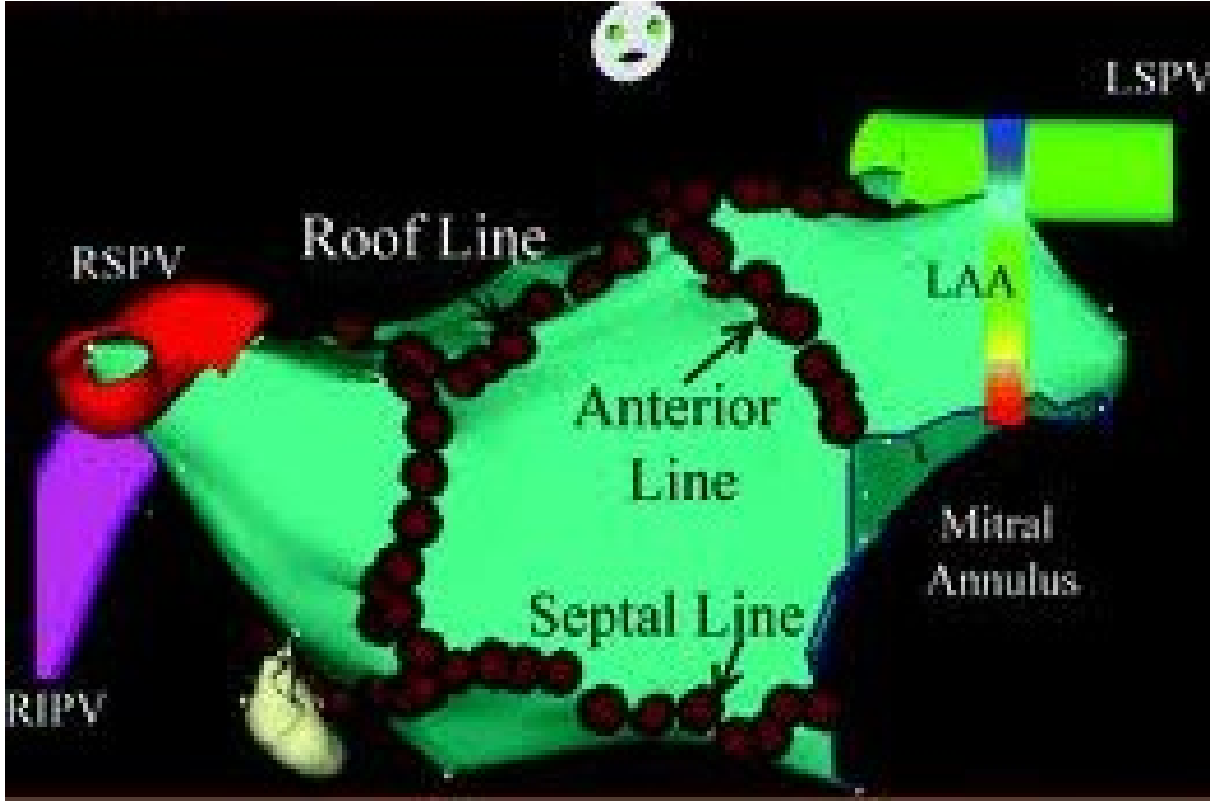
200,0 mm/sec

1.10

AP PA LAO RAO LL RL INF SUP

Detailed description: This is a screenshot of a medical software interface. The main area shows a 3D anatomical model of a heart, possibly a pig, with a series of red dots forming a path around it. A small white and green marker is visible on the model. The interface includes a top-left dropdown menu, a toolbar with various icons, and a top-right status panel with error and alert messages. At the bottom, there is a table with columns for 'CL', 'LAT', 'Bi', and 'Imp', and a row of data. The bottom-most section contains technical specifications and a speed indicator.





# Özet

- Anatomik ablasyon stratejisini belirlemede AF subtipi (paroksizmal vs persistan) yeterli değildir.
- Atriyal substrat (fibrozis varlığı) uygulanacak ek ablasyonlar açısından kritik önemdedir.
- Substrat analizinde altın standart MRI olmakla birlikte ablasyon sırasında yapılan voltaj haritalaması da benzer bilgiler vermektedir.
- Mitral ve roof line yapılırken tamamlanmamış ablasyon çizgilerinin daha problemlili klinik durumlara (atipik flutter) yol açabileceği unutulmamalıdır.