

Bölüm 27

POSTİNFARKT VENTRİKÜLER TAŞIKARDİ ABLASYONU

Selçuk KANAT¹

ÖNEMLİ NOKTALAR

Mekanizma: Postinfarkt yada non-iskemik kardiyomyopati (NİKMP) hastalarında monomorfik ventriküler taşikardinin yaygın görülen sebebi, skar komşuluğundaki yavaş iletim özelliği gösteren yarı canlı bölgelerin sebep olduğu reentridir.

Tanı ve Haritalama: Hastanın klinik ve elektrokardiyografik özelliklerine bakılarak, geniş QRS kompleksli taşikardilerin supraventriküler aritmi sebepleri dışlanarak tanı konur. Aktivasyon, entrainment ve substrat haritalama teknikleri kullanarak kritik Ventriküler taşikardi (VT) yolları tespit edilir.

Ablasyon Hedefleri ve Teknikleri: Postinfarkt ve NİKMP sebebiyle VT ablasyonu için temel kritik hedef, esas olarak infarkt skarları ile sınırlanan yavaş iletim özelliği olan isthmus'tur. Taşikardi sırasında presistolik ve middiastolik elektrogramlar (EGM'ler) isthmus bölgelerinden kaydedilir ve entrainment haritalama ile tespit edilebilir. Hemodinamik açıdan tolere edilemeyen yada haritalanamayan VT'lerde sinüs ritminde yada ventrikül pace sırasında lokal anormal EGM'ler tespit edilebilir. Bu substrate haritalama olarak adlandırılır ve canlı, skar ve sınır bölgeleri tespit edilerek yavaş iletim özelliği olan ve aritmiden sorumlu olan bölgeler iyi bir şekilde belirlenir. Substratı tanımlamak, kritik hedef bölgeleri etiketlemek, prosedürel stratejiyi belirlemek ve ablasyon lezyonunu kaydetmek için üç boyutlu elektroanatomik haritalama sistemleri kullanılır. Yeni nesil irrigasyonlu ablasyon kateterleri daha büyük lezyonlar oluşturmak ve tromboembolizm riskini azaltmak için gereklidir. Papiller kaslar, skar yerleşimi, anevrizmalar ve trombus gibi intrakardiyak yapıları değerlendirmek için intrakardiyak ekokardiyografi kullanılması ek fayda sağlar.

¹ Dr. Öğr. Üyesi, Bursa Yüksek İhtisas Eğitim ve Araştırma Hastanesi, drselcukkanat@gmail.com

epikardiyal haritalama ve ablasyon işleminde en fazladır. Ek olarak; perikardiyal kanama, RV laserasyonu, abdominal kanama, frenik sinir paralizisi ve koroner arter travması gibi ek risklerler taşımaktadır.(Sarkozy A, . & ark. 2013)

SONUÇLAR

Postinfarkt VT için kateter ablasyonu, sustained VT ve/veya takrarlayan uygun ICD şoklamaları olan hastalar için tedavi seçeneği haline gelmiştir. Ancak işlemin zorlukları ve komplikasyon riskleri değerlendirildiğinde , periprosedural hazırlık ve olası komplikasyonlara karşı dikkatli olunmalıdır.

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