Transposition des Gros Vaisseaux

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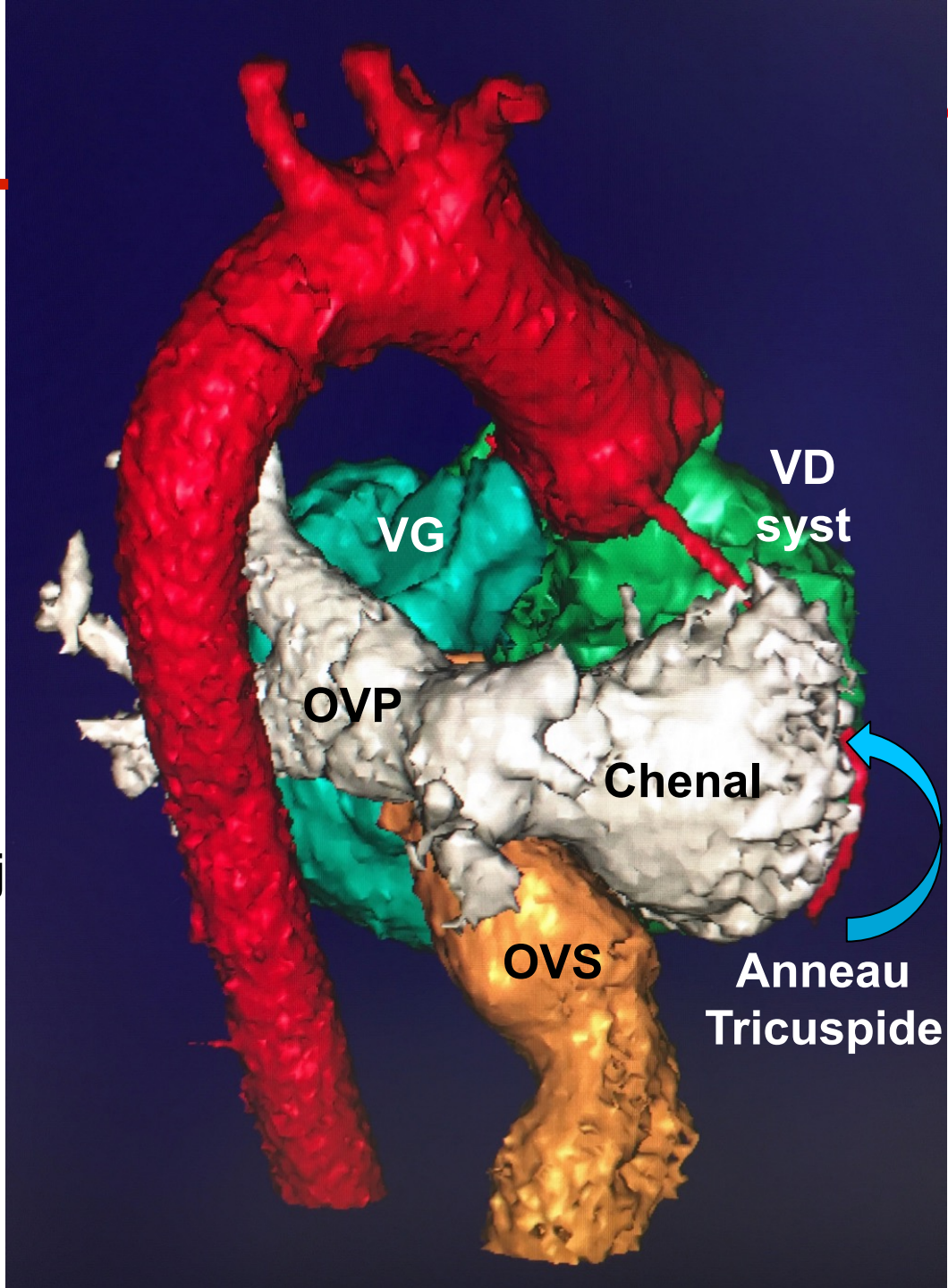
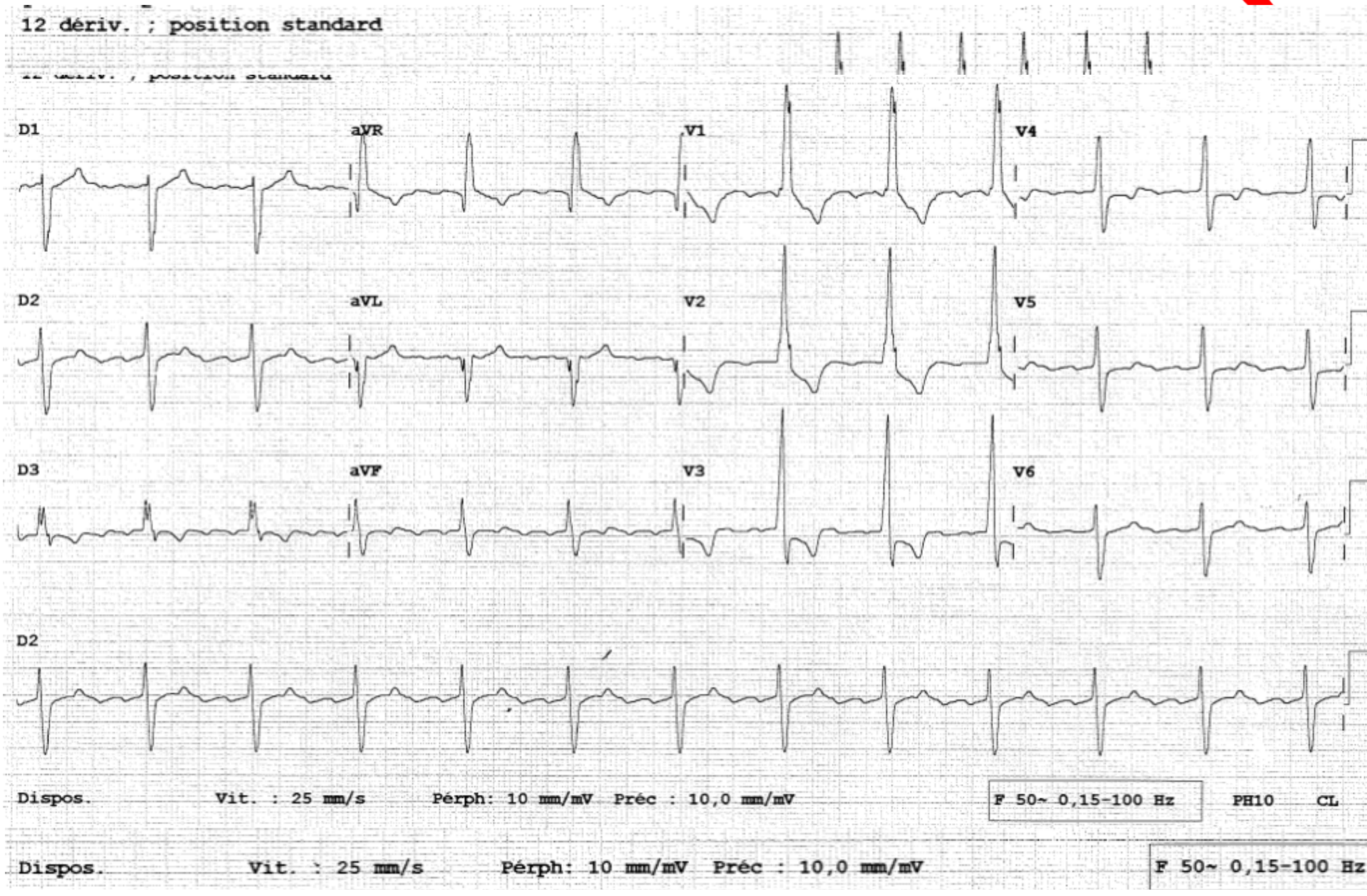
Mr H., 45 ans

- BLALOCK-HANLON puis **MUSTARD** (âge de 2 ans)
- **1986:** PM pour dysfonction sinusale (AAI)
- **1995:** Changement de boîtier
- **2007:** Dysfonction de sonde atriale/Echec d'implantion de nouvelle sonde/Occlusion VCS

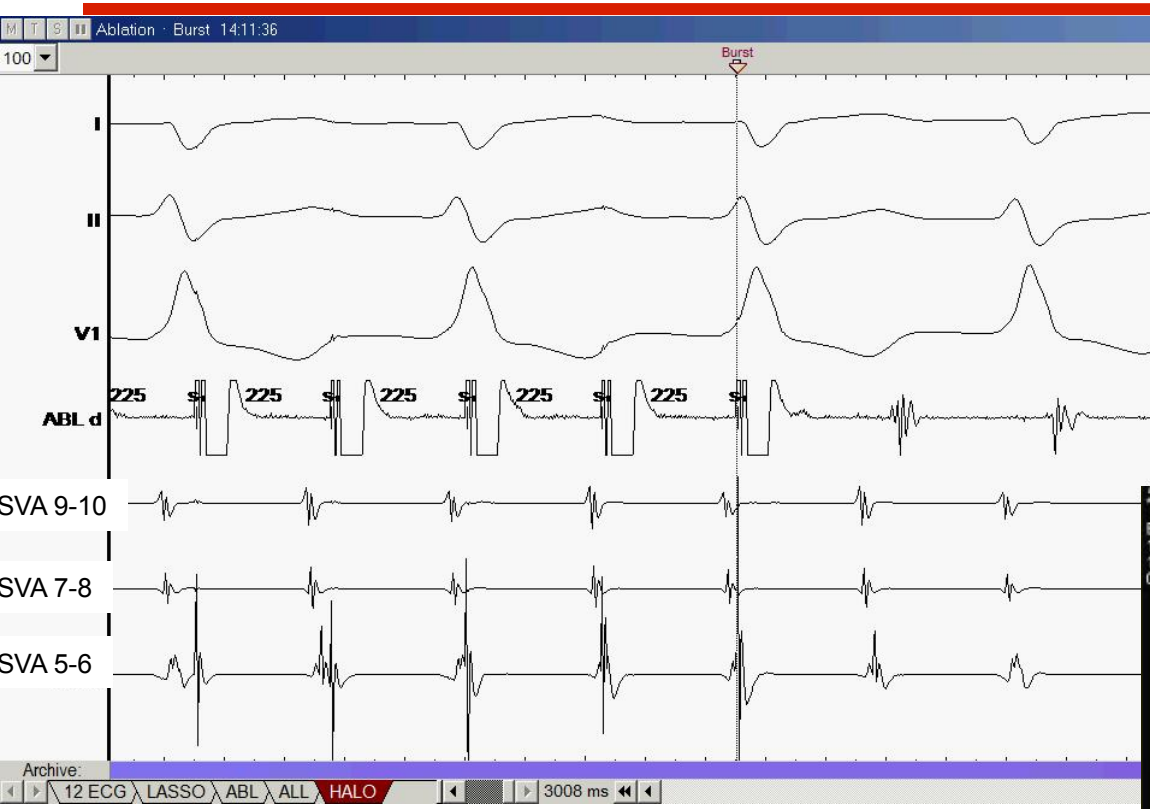
- Rivaroxaban 20 / Sotalol 80 mg/j

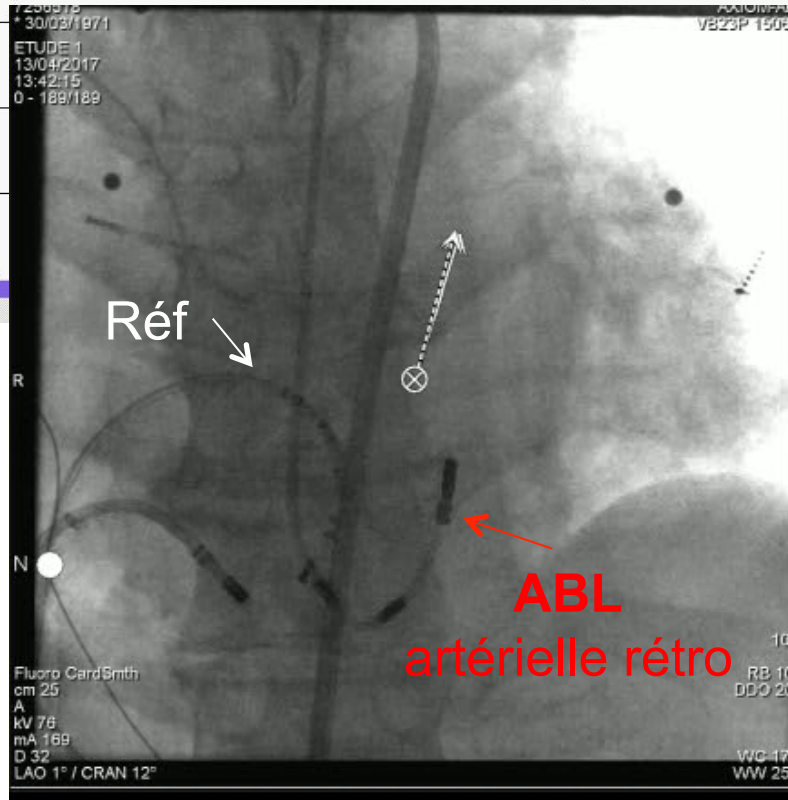


Mr H., 45 ans

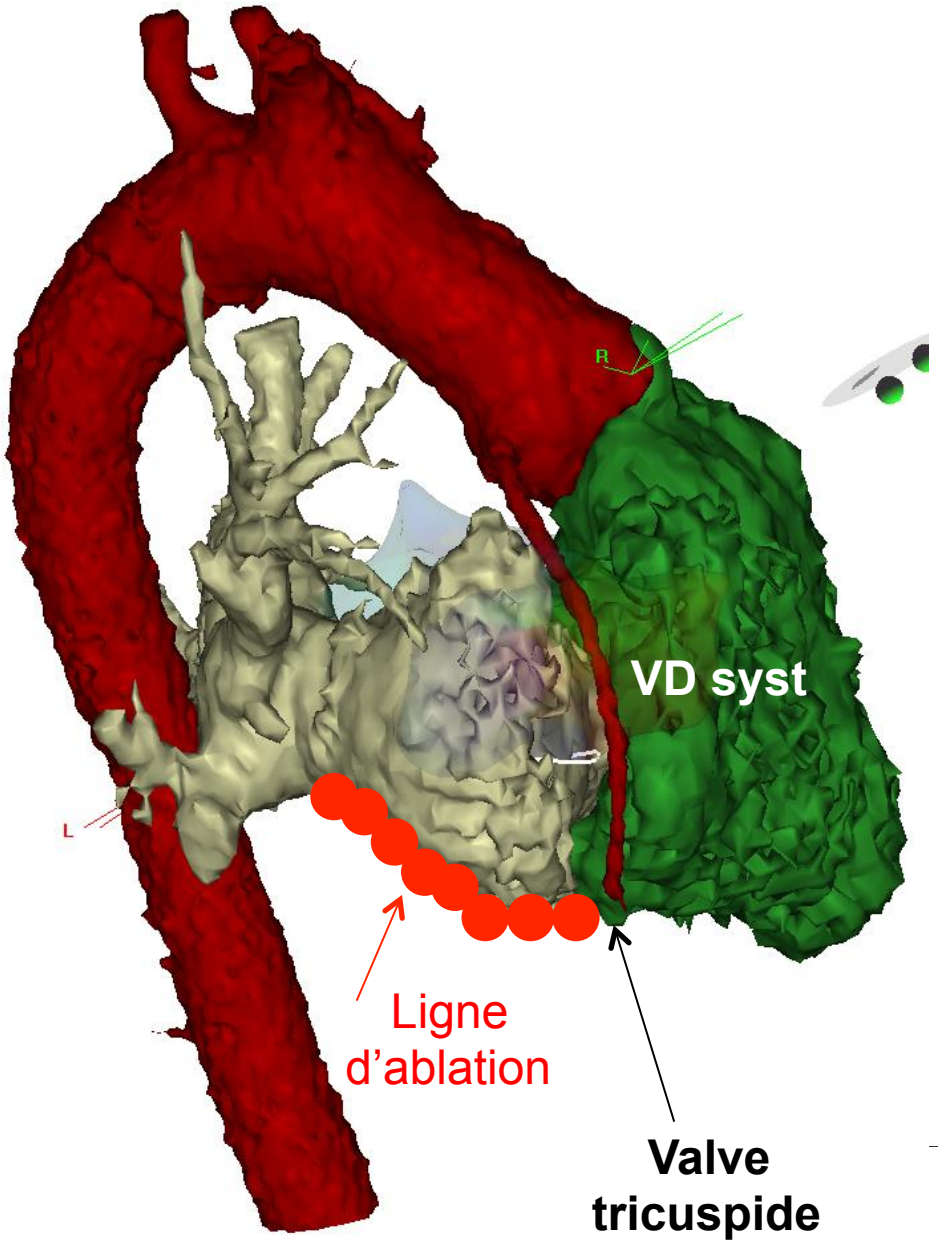

12 dériv. ; position standard
D1
aVR
V1
V4
D2
aVL
V2
V5
D3
aVF
V3
V6
D2
Dispos.
Vit. : 25 mm/s
Périph: 10 mm/mV
Préc : 10,0 mm/mV
F 50~ 0,15-100 Hz
PH10
CL
Dispos.
Vit. : 25 mm/s
Périph: 10 mm/mV
Préc : 10,0 mm/mV
F 50~ 0,15-100 Hz

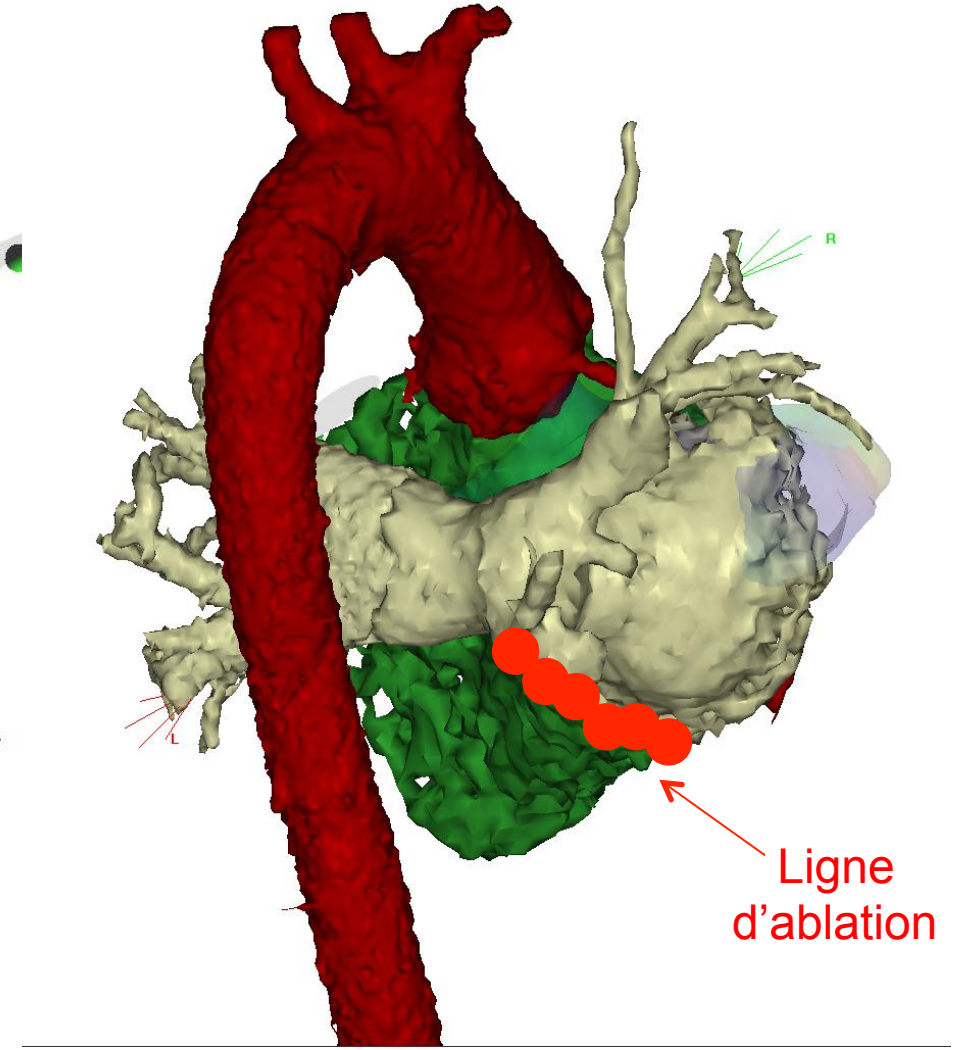
Flutter atrial (Cycle 240 ms)



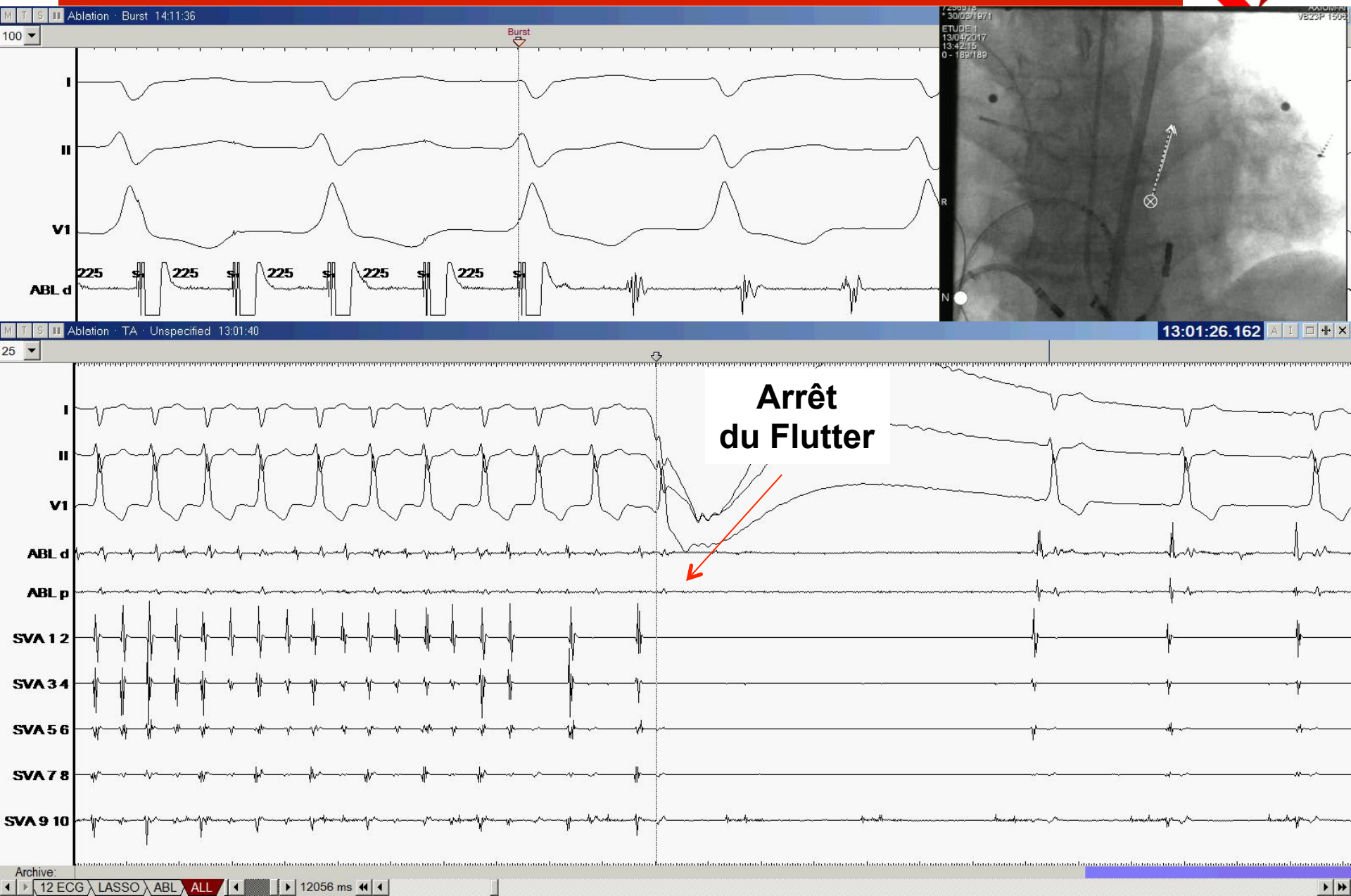


Ligne isthmique





Flutter atrial (Cycle 240 ms)



Merci pour votre attention

- 18 % des patients peuvent maintenir un rythme sinusal (arythmies atriales +++)

- Incidence de mort subite = 4.9 ‰ /an

Ablation:

- **Reconstruction 3D** avant la procédure

- **Navigation magnétique +++**