

Mr F. 47 ans

Yann DAGHER HAYECK

ACCA 3 janvier 2023



CENTRE HOSPITALIER
ANTIBES JUAN-LES-PINS



A.C.C.A.

Amicale des Cardiologues
de la Côte d'Azur

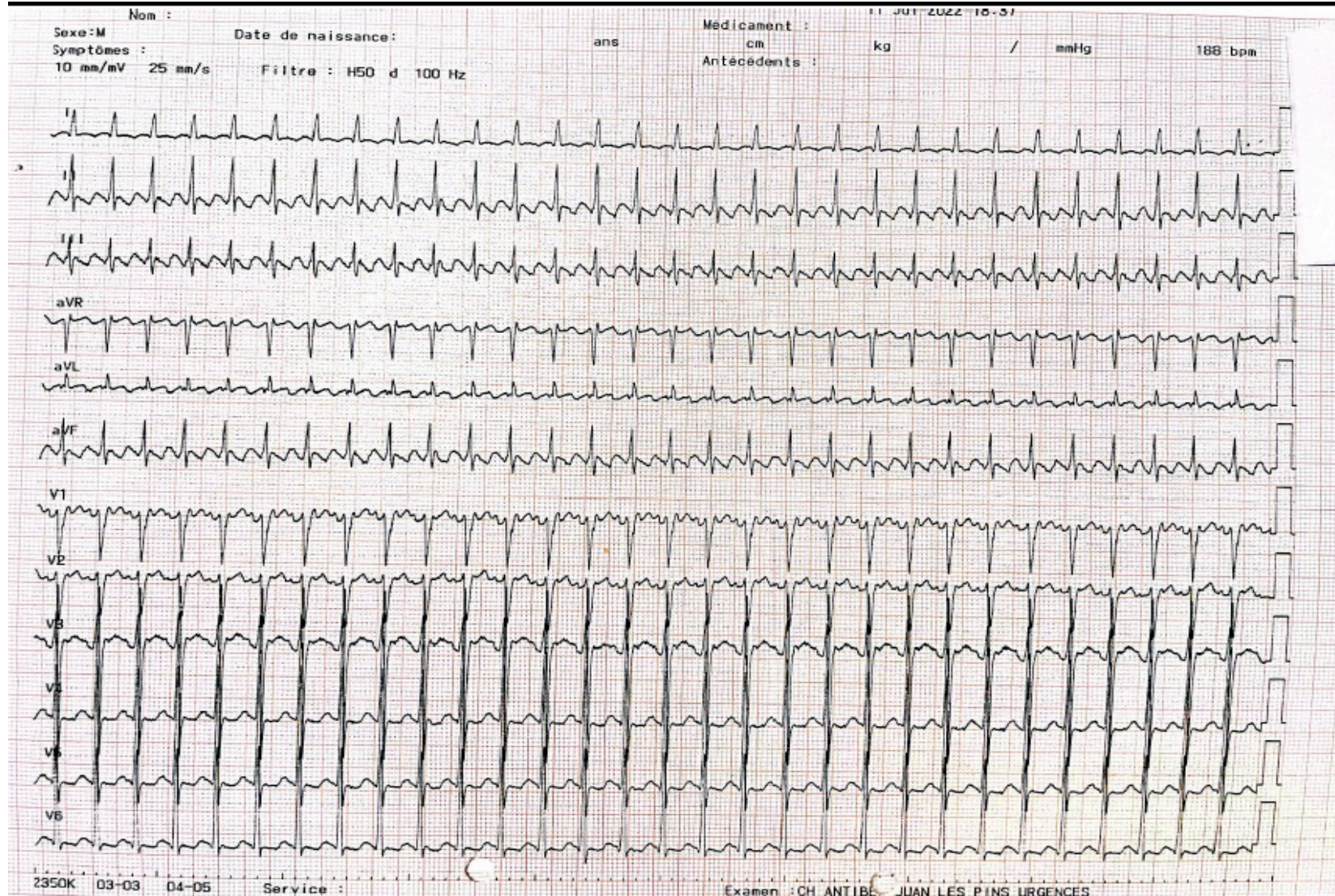
Contexte

- FDR CV : tabagisme actif à 30 PA
- Consommation de 2 verres de vin/j
- Ouvrier dans le Bâtiment

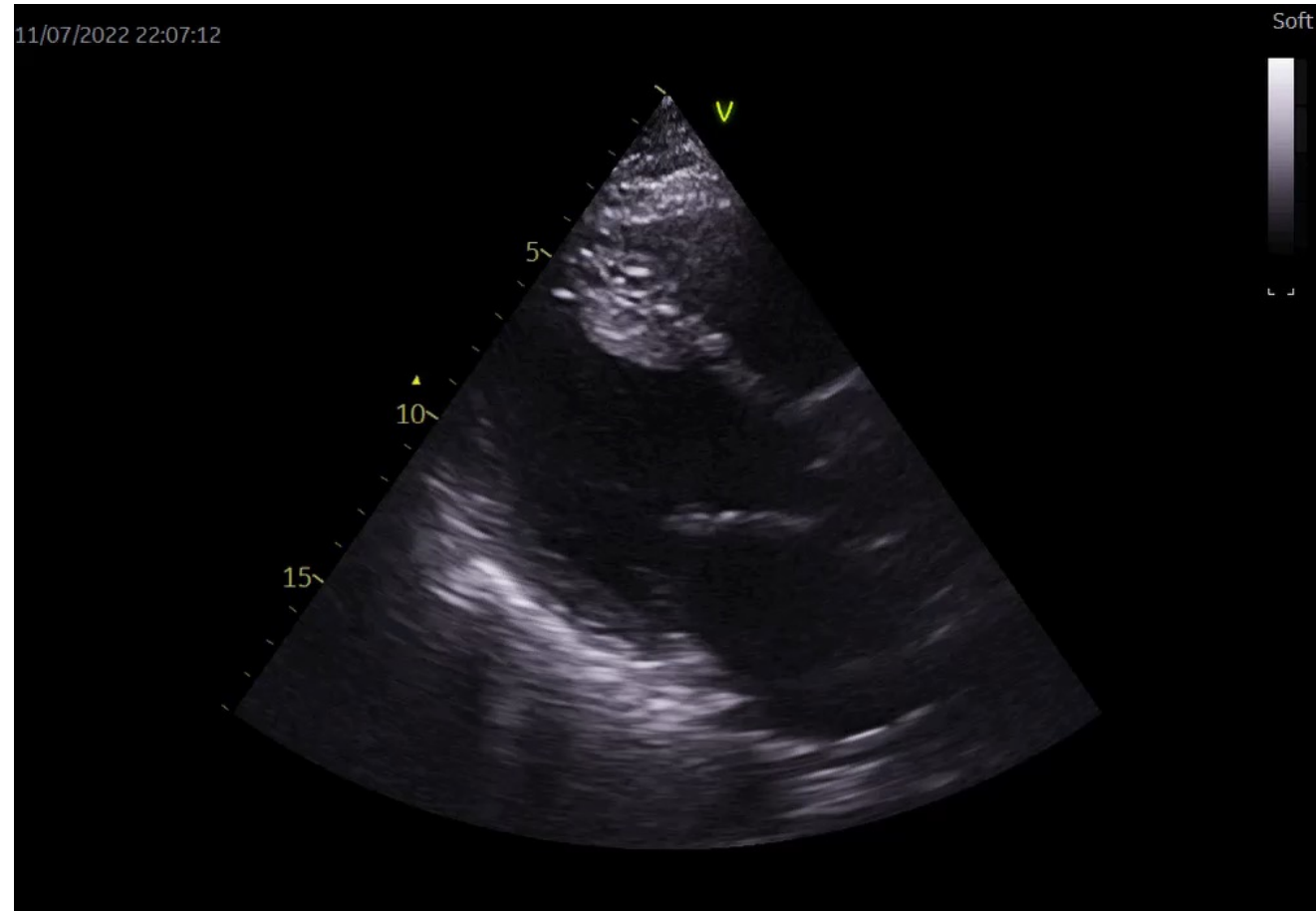
Histoire de la maladie

- Cs le 11/07/22 au SAU d'Antibes pour asthénie/dyspnée depuis plusieurs semaines
- Examen clinique : FC 183/min, TA 150/111, pas de signe d'insuffisance cardiaque
- NFS iono TSH normaux, NtproBNP 5100

ECG SAU



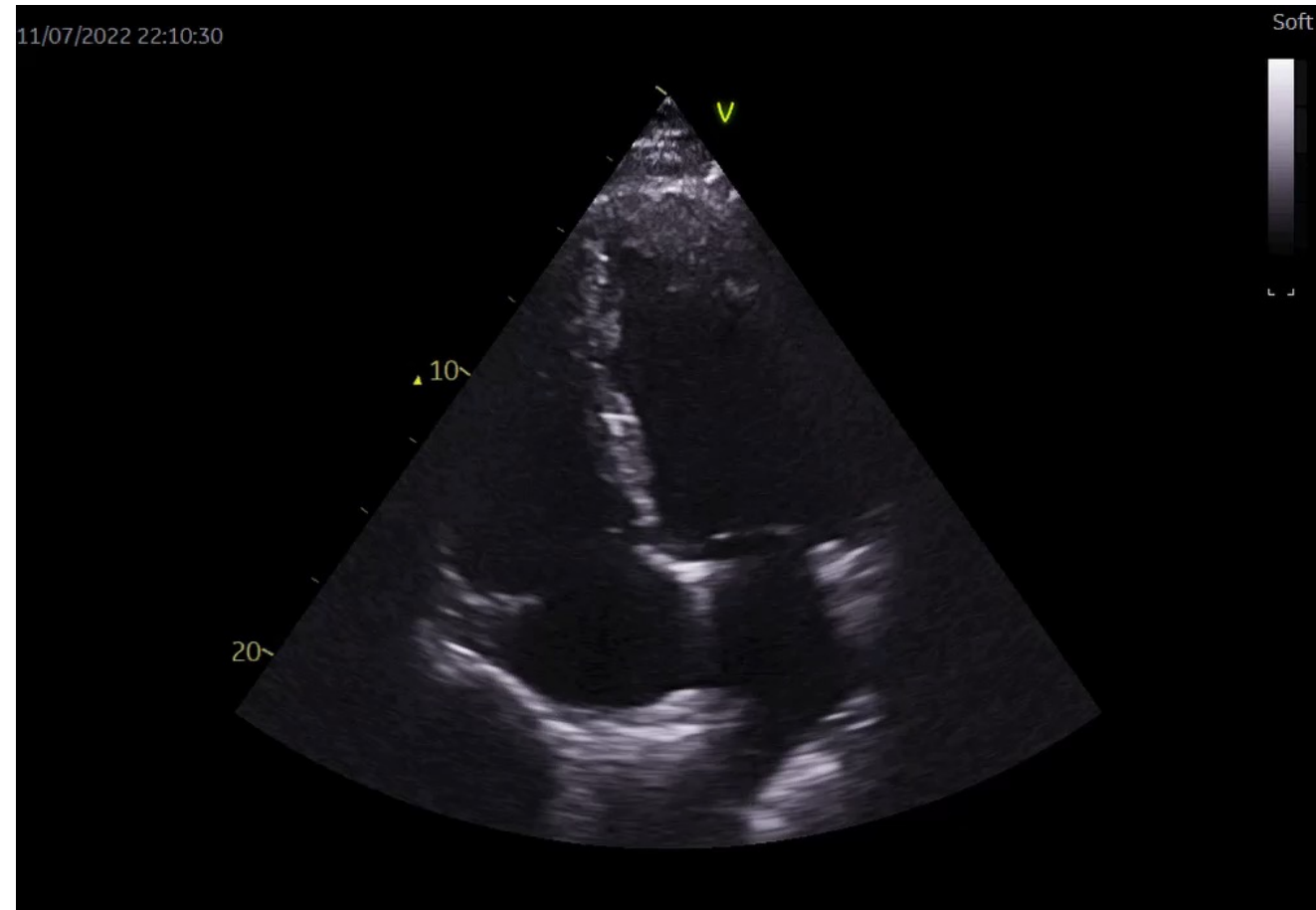
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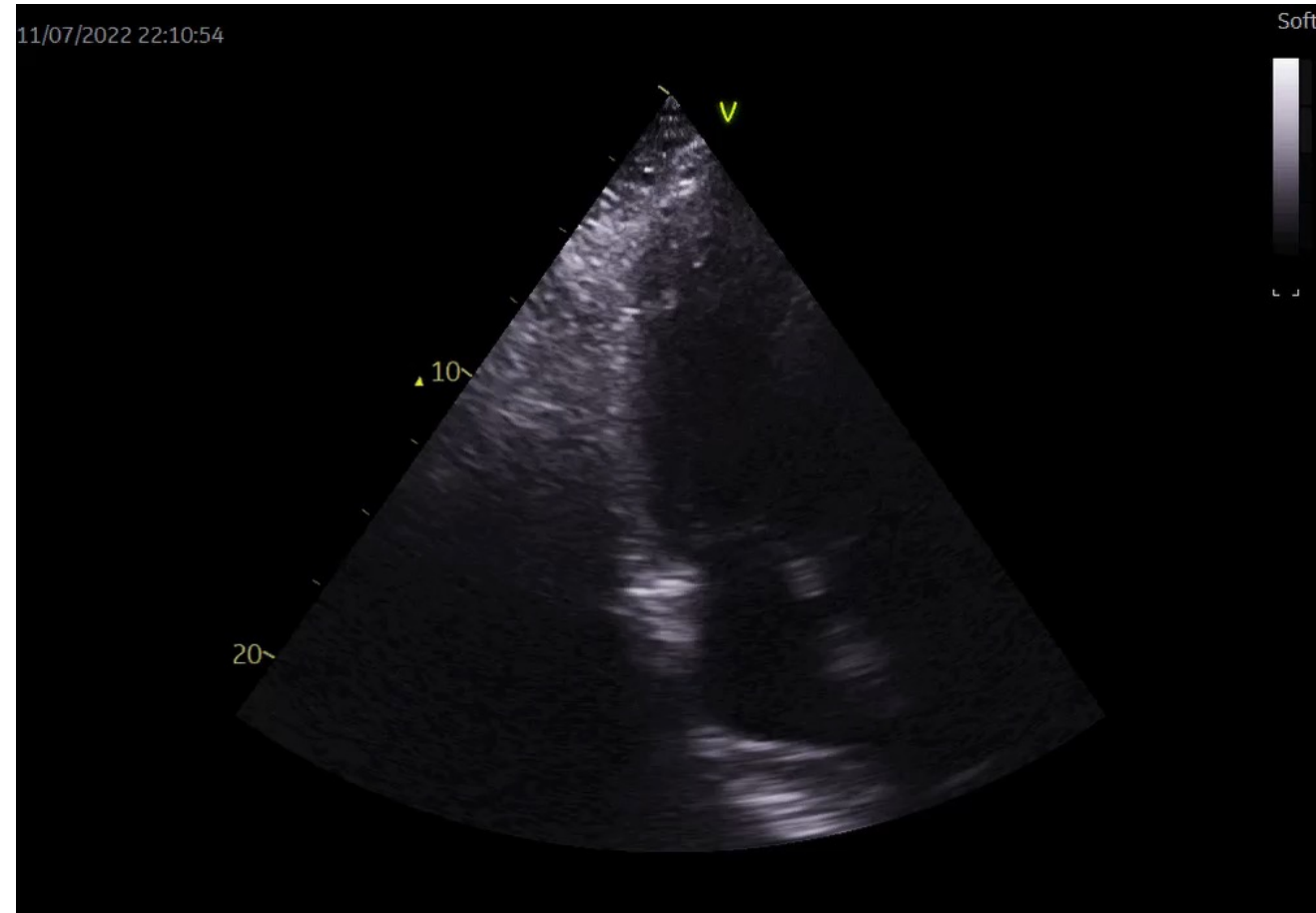
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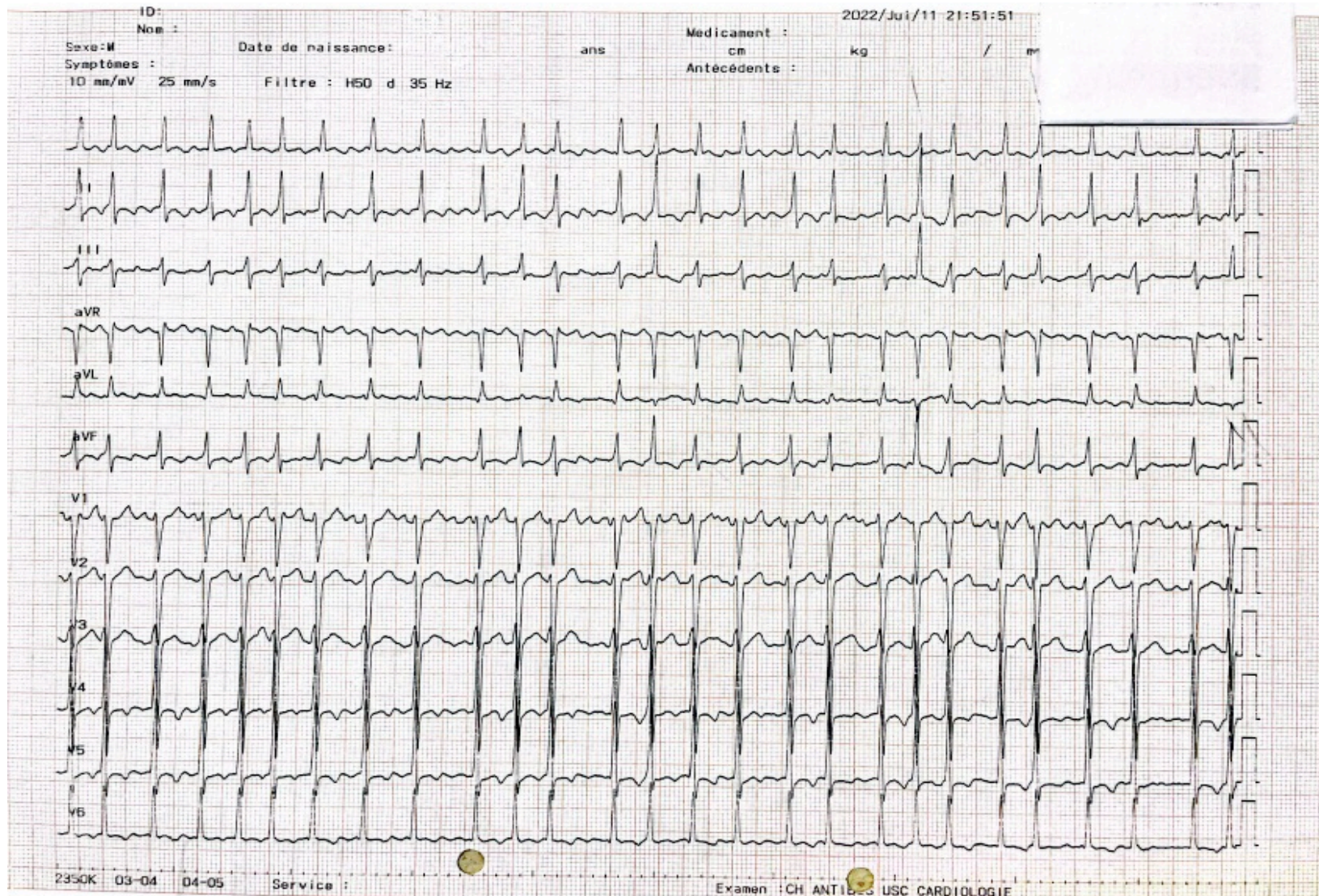
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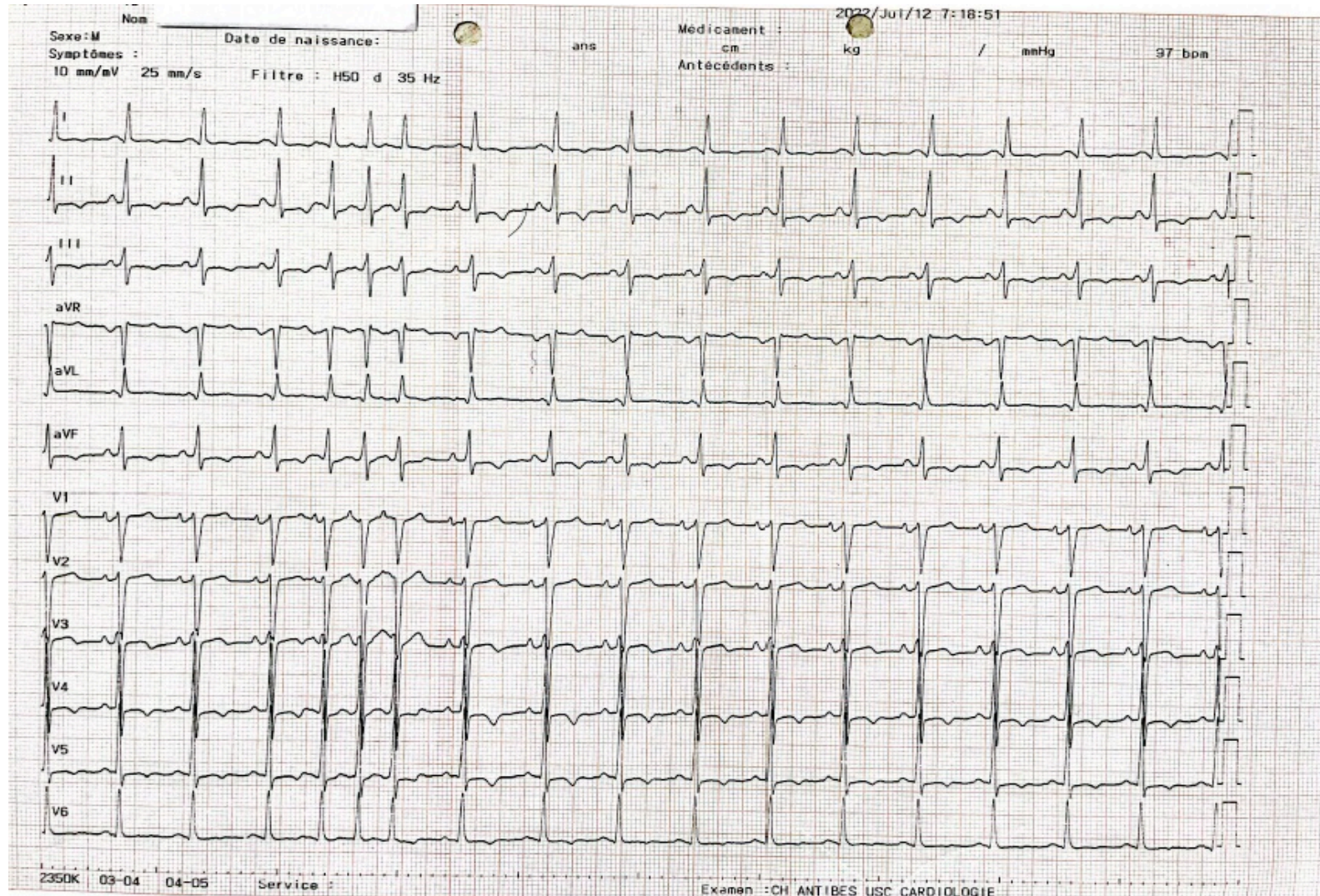
ECG USIC



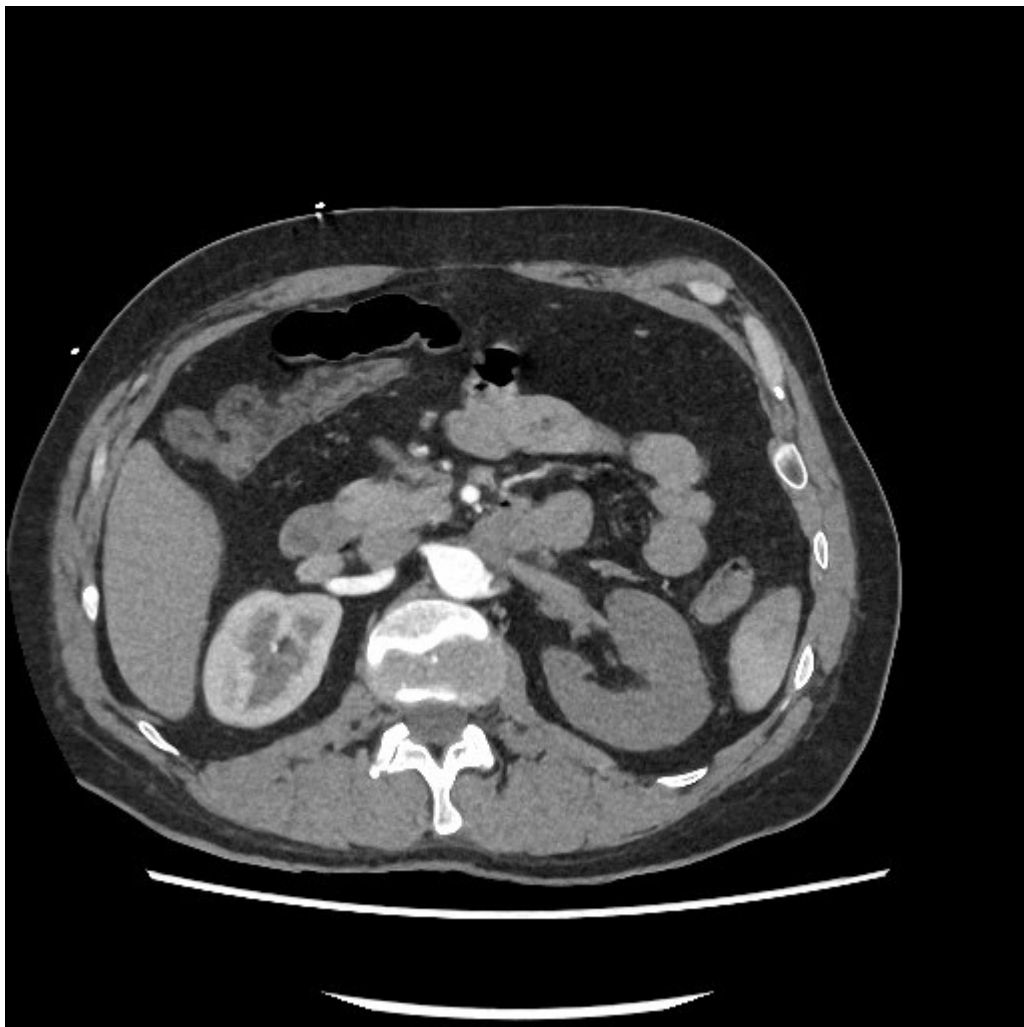
Stratégie thérapeutique

- Anticoagulation par Lovenox curatif
- Décision de ralentissement de la fréquence par bêtabloquant digoxine
- J3 : survenue d'une douleur abdominale diffuse prédominant au flanc gauche
- Coronarographie normale

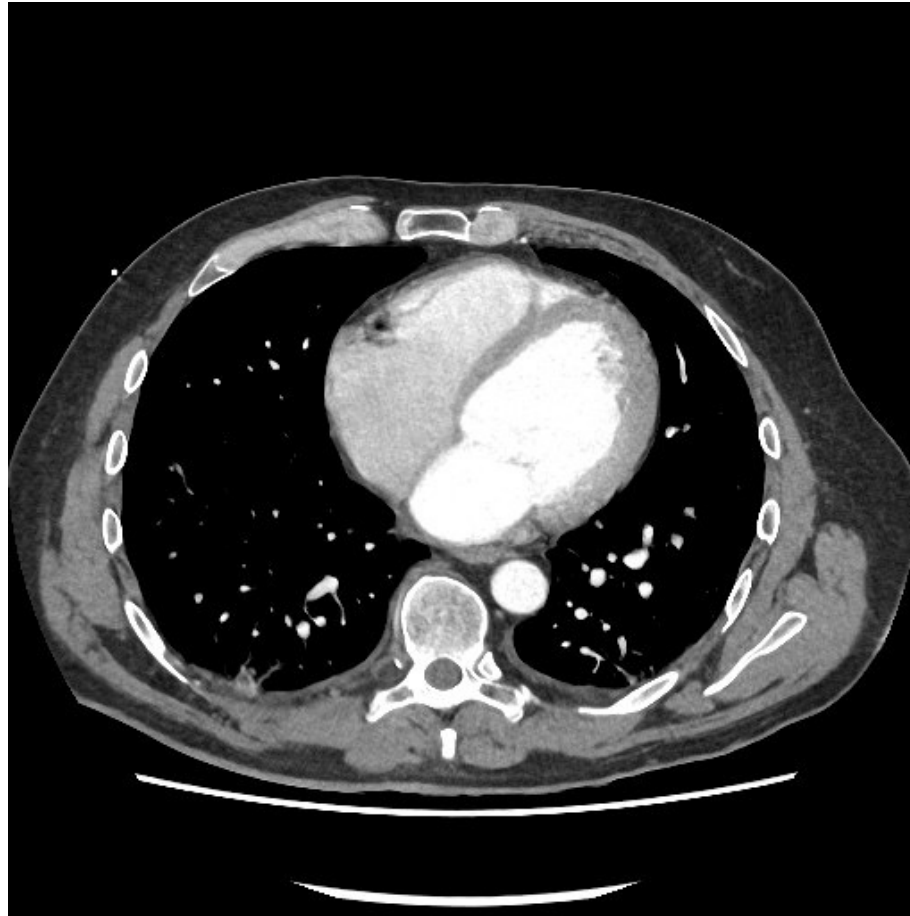
ECG J3



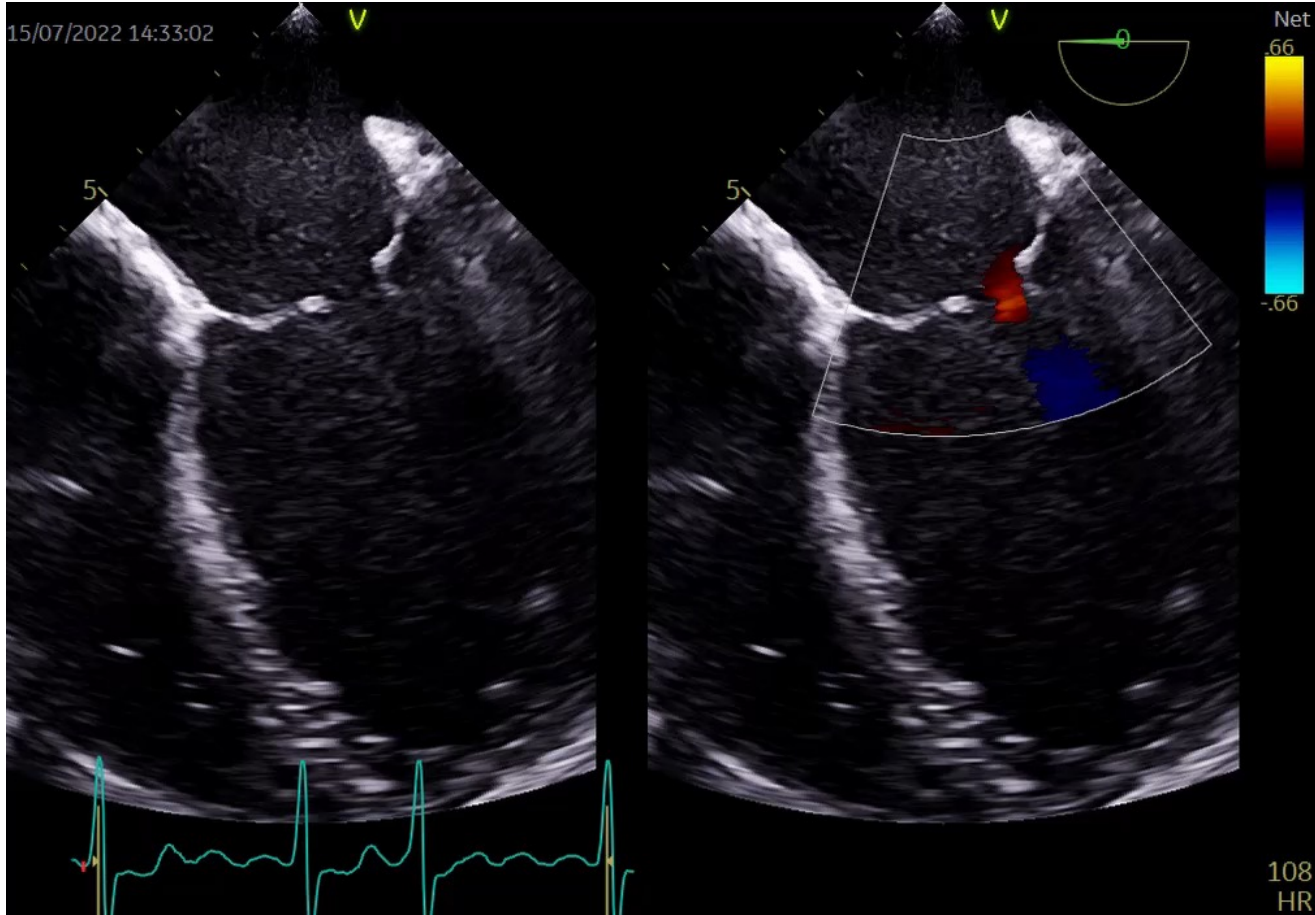
Scan TAP



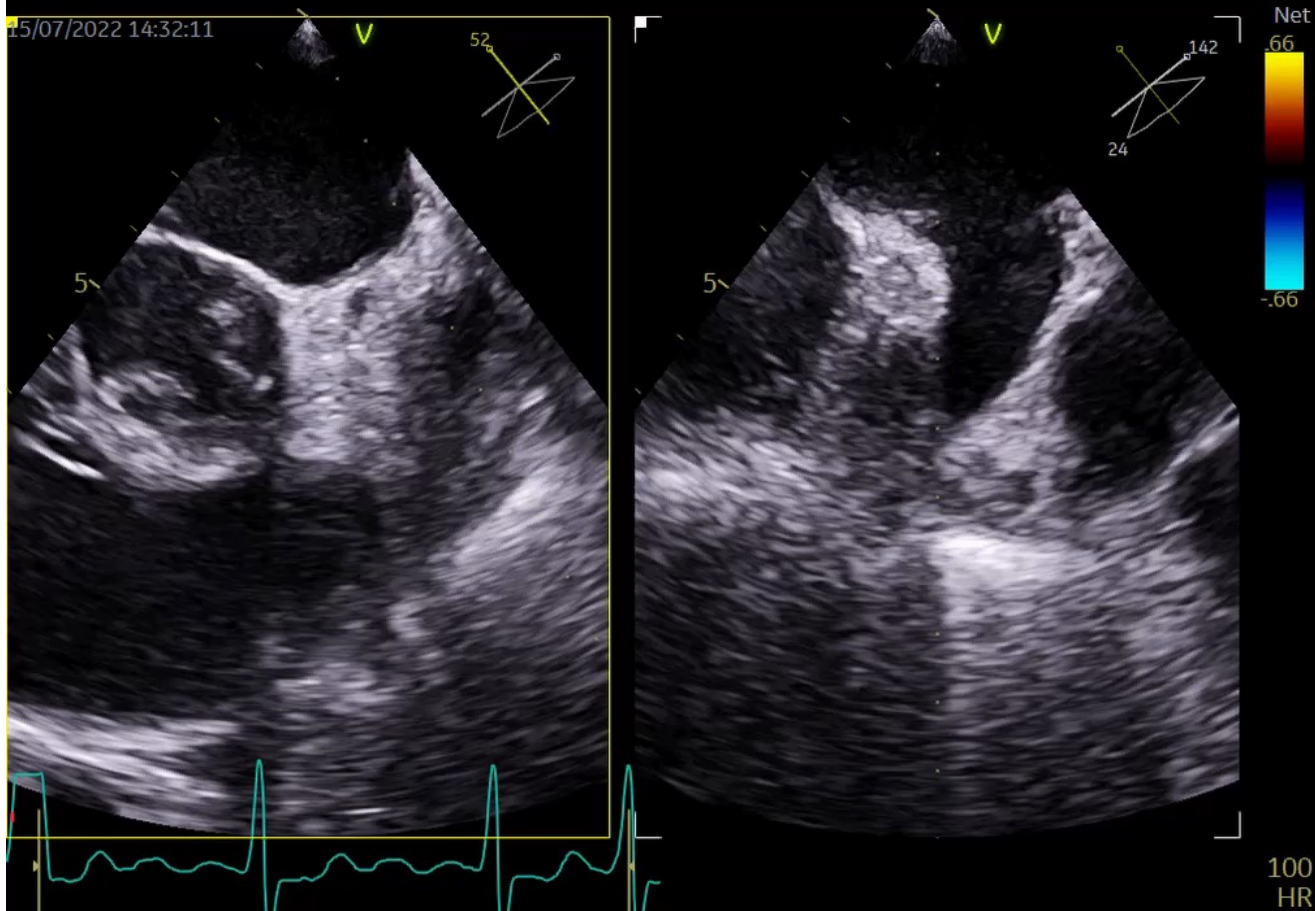
Scan TAP



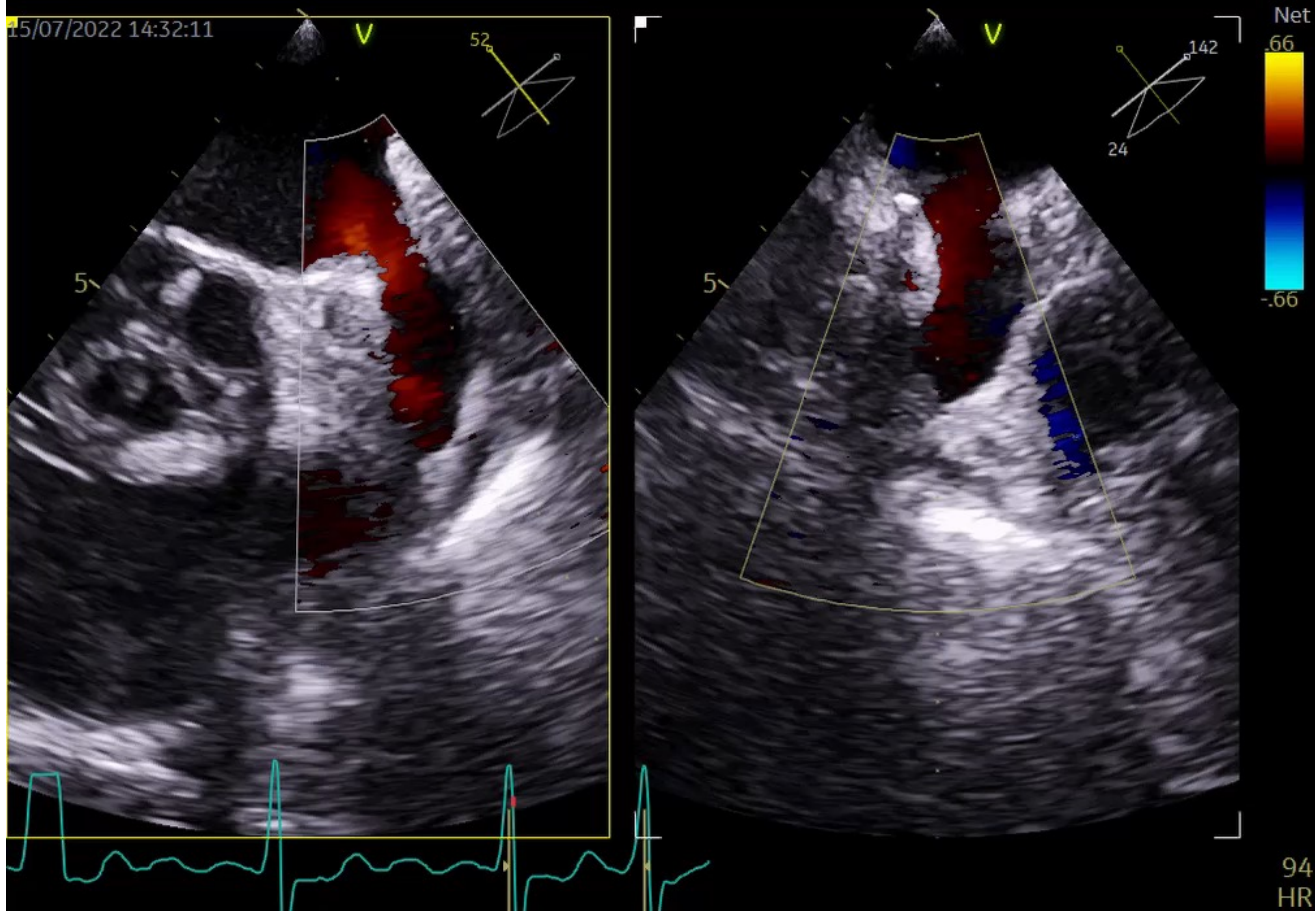
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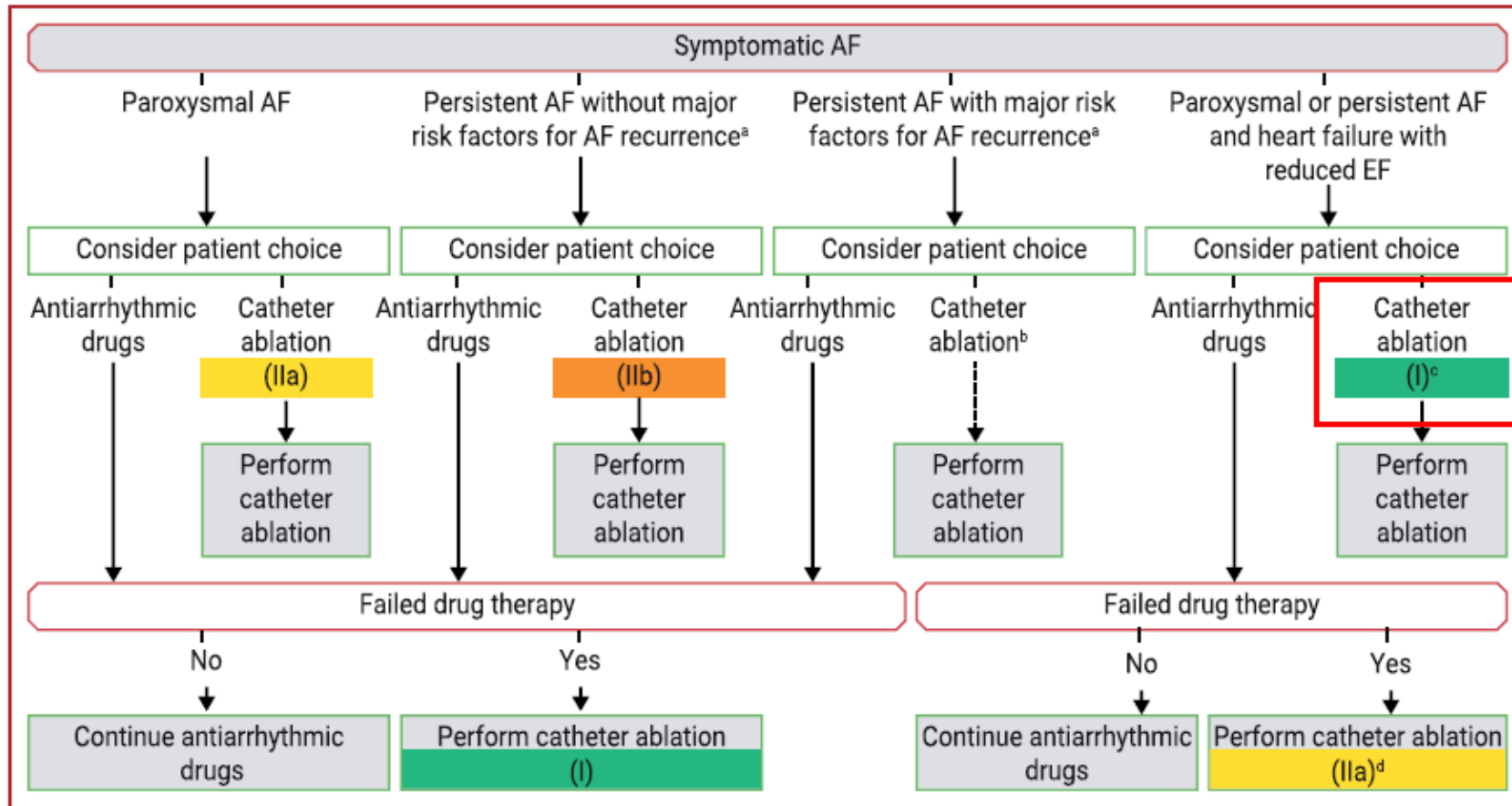
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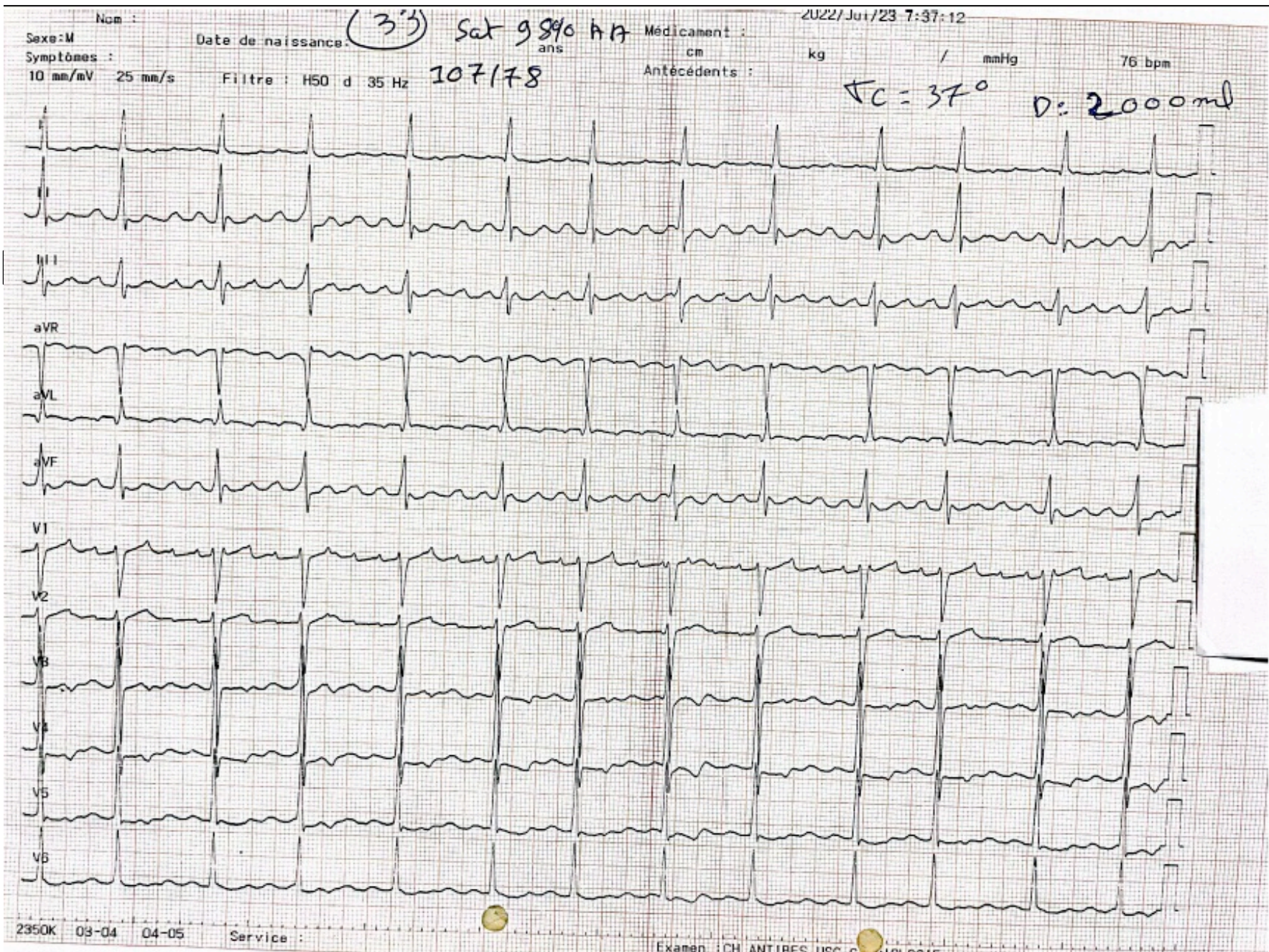
Changement de stratégie



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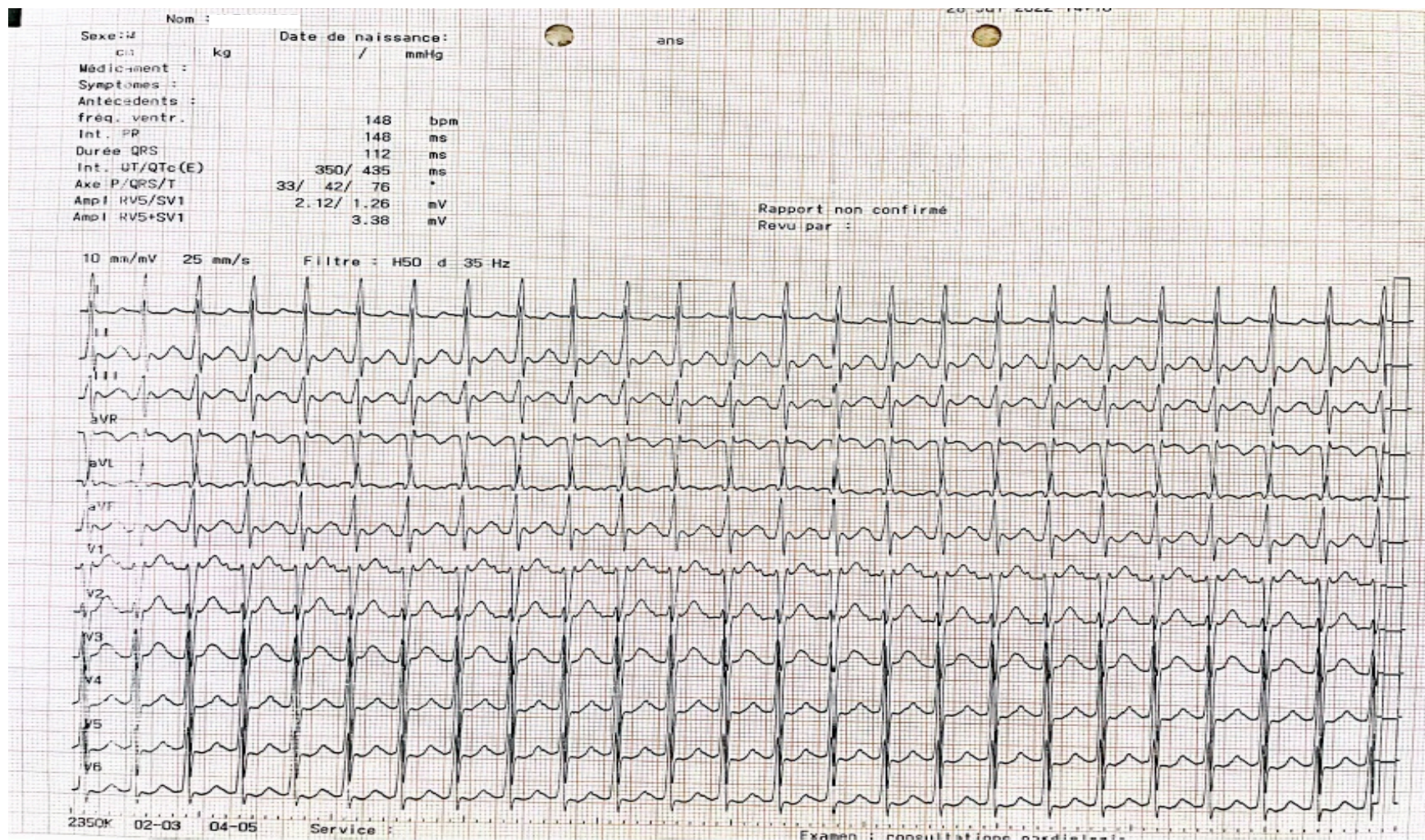
1^{ère} procédure d'ablation 20/07/22

- En sinusal, isolation VP + ligne du toit, isthme mitral et ICT
- ESA VP gauches dissociées de l'OG

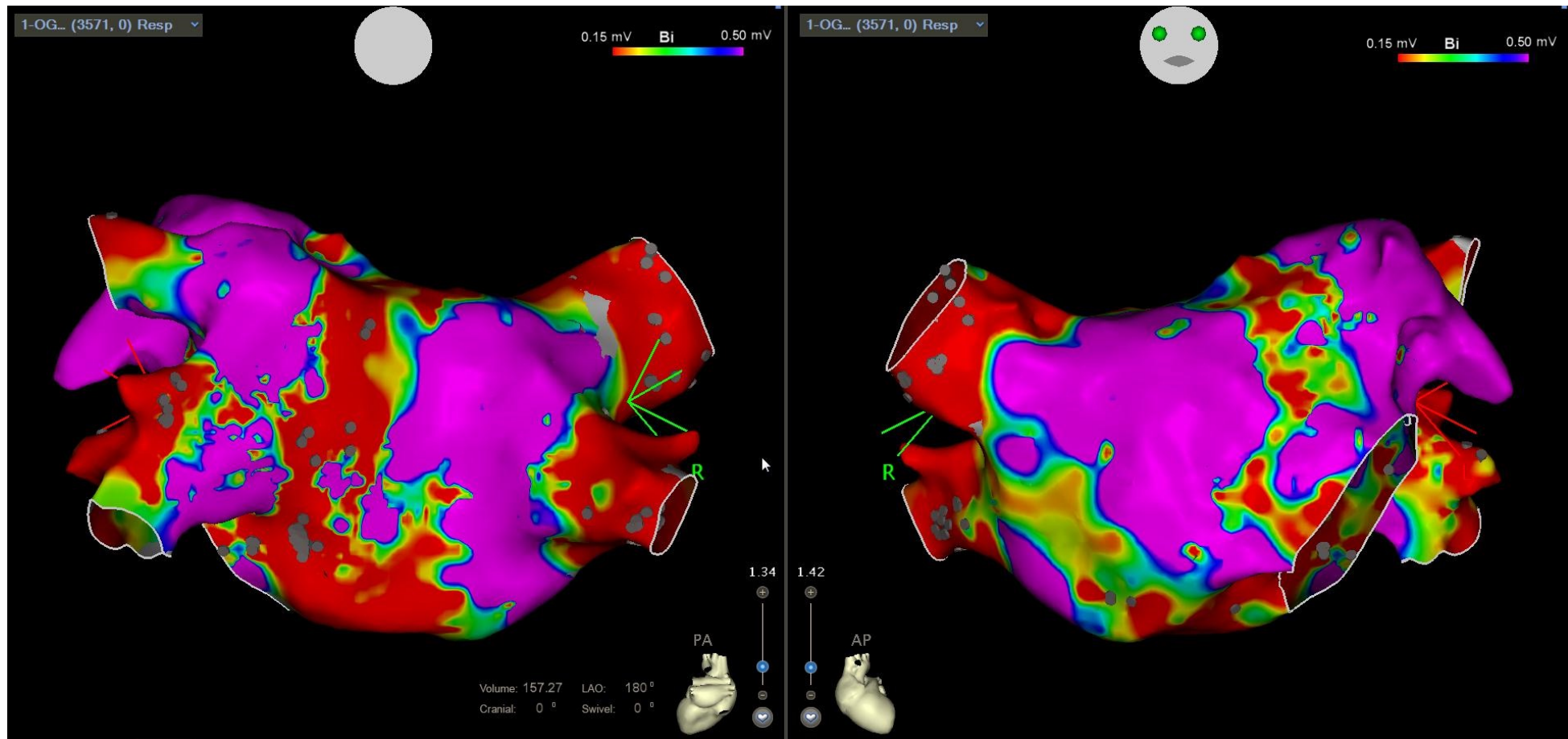


• Réa

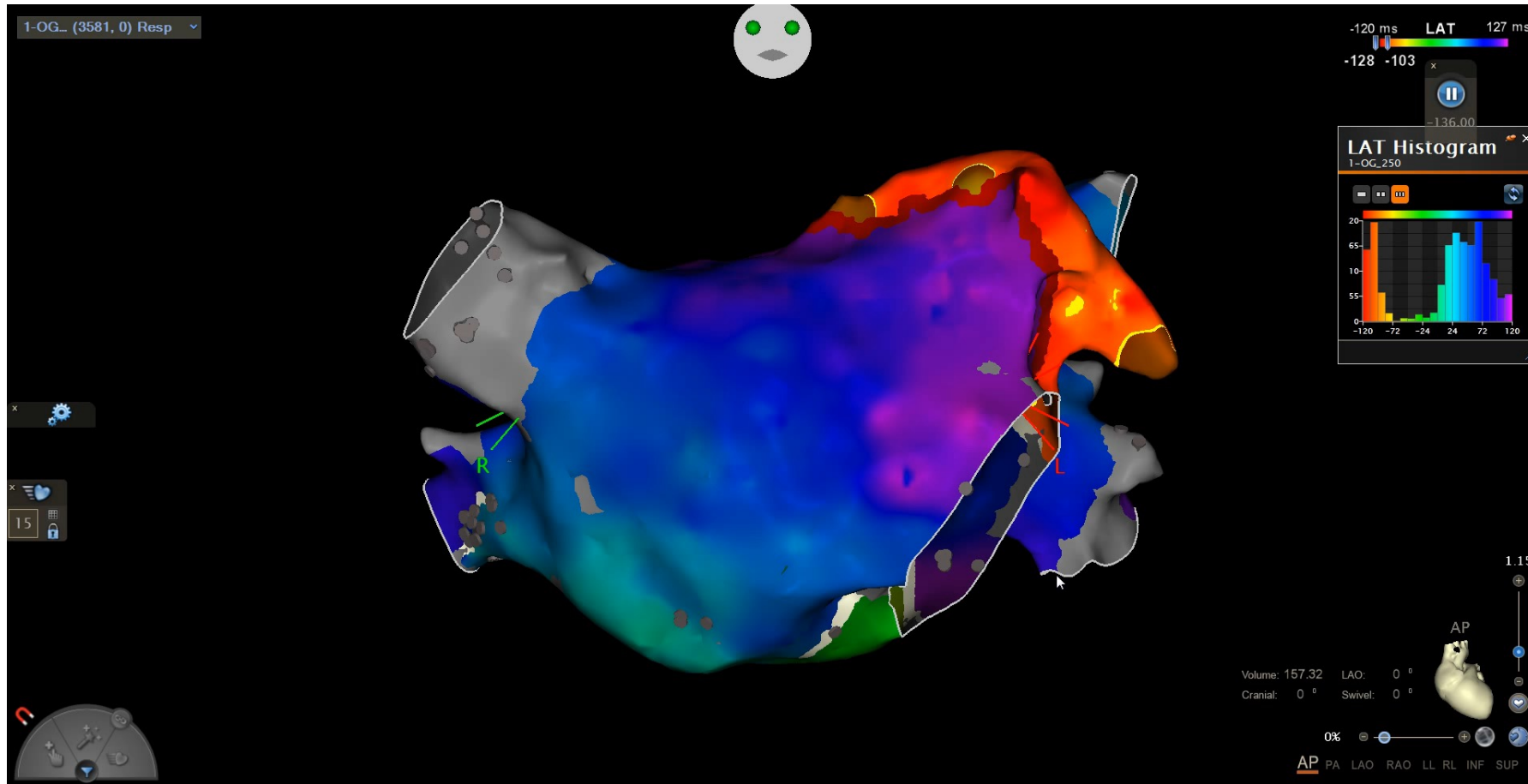
ECG de contrôle à J7



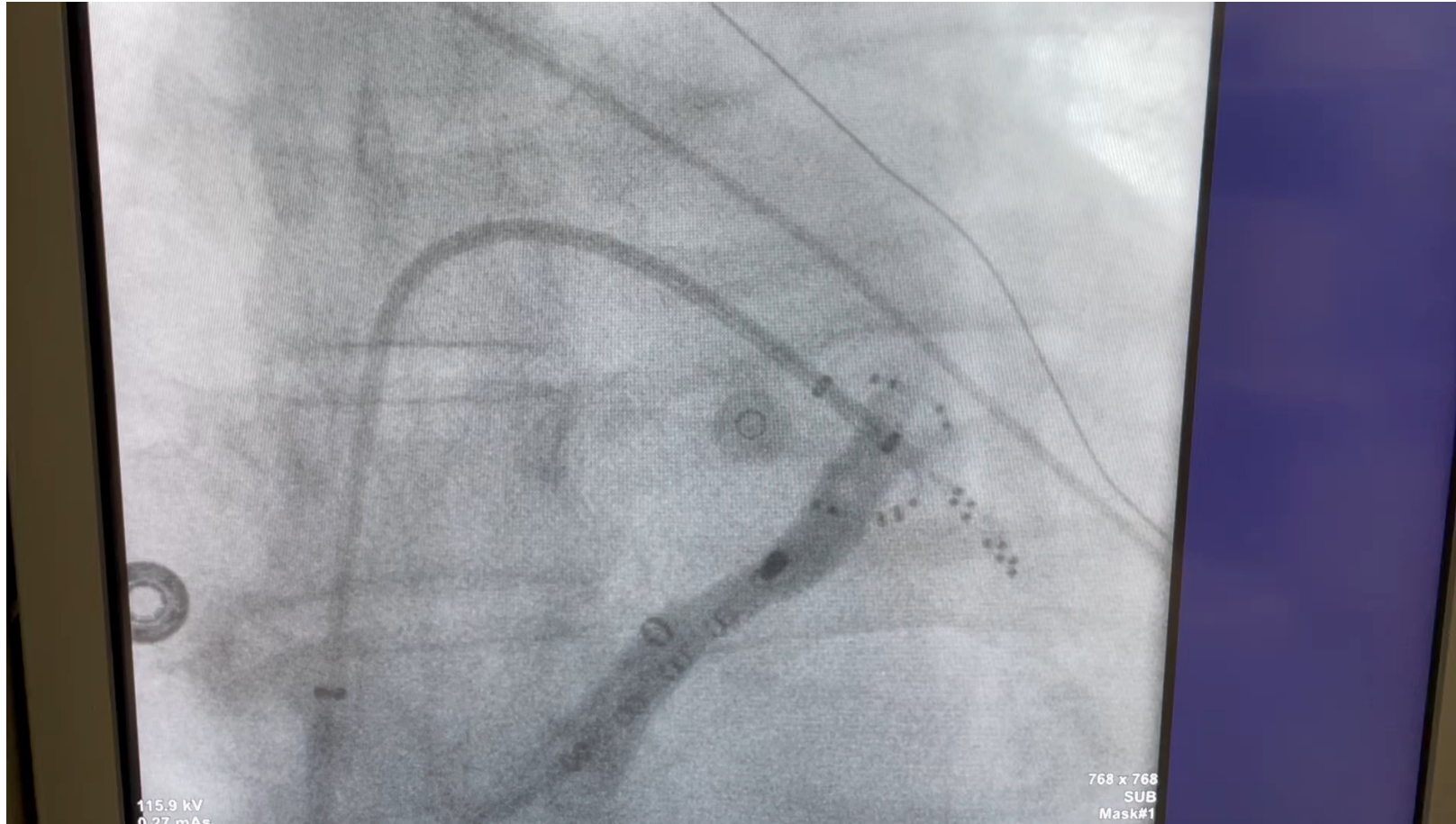
2^e procédure d'ablation



Propagation



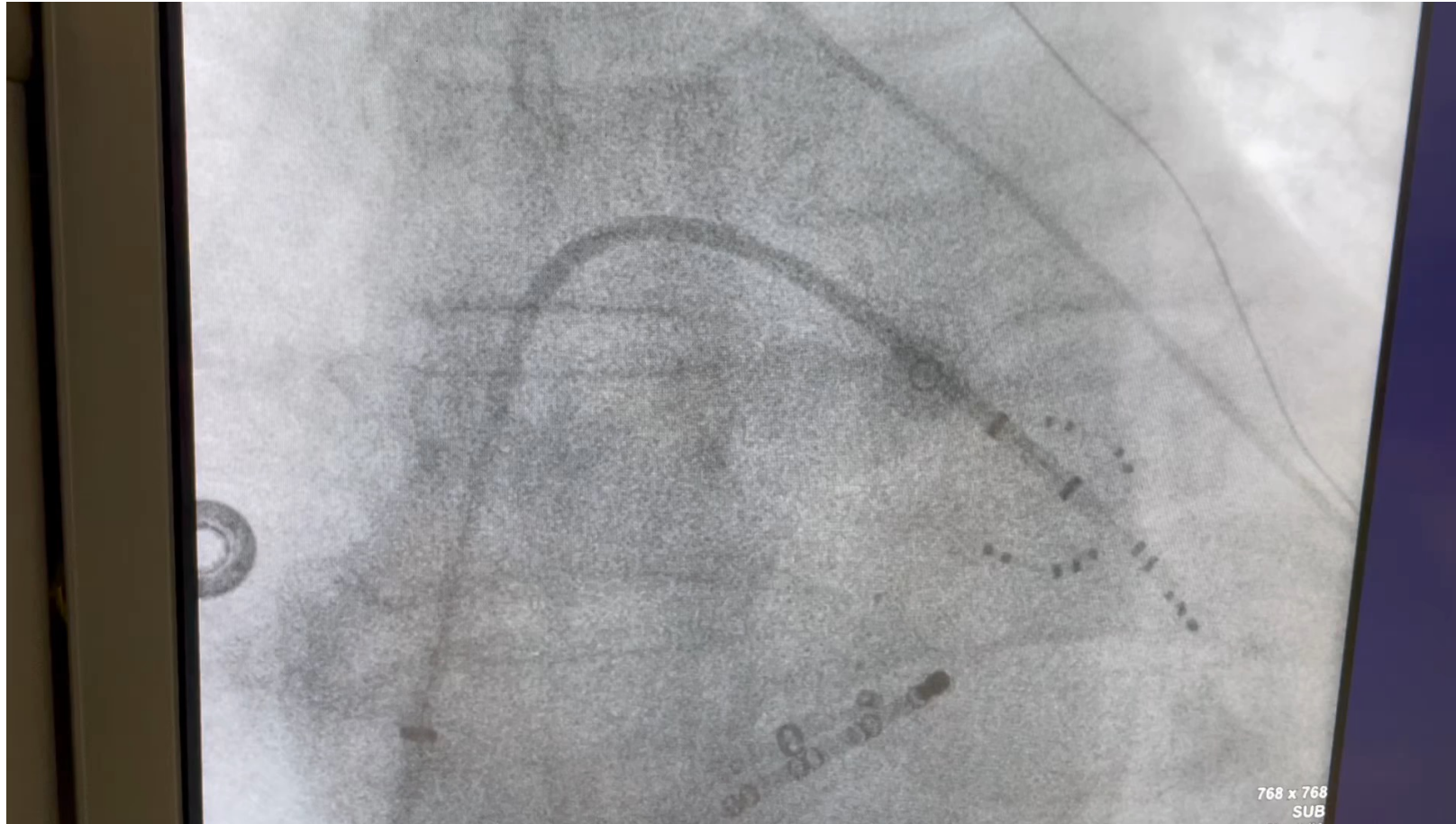
Alcoolisation de la veine de Marshall



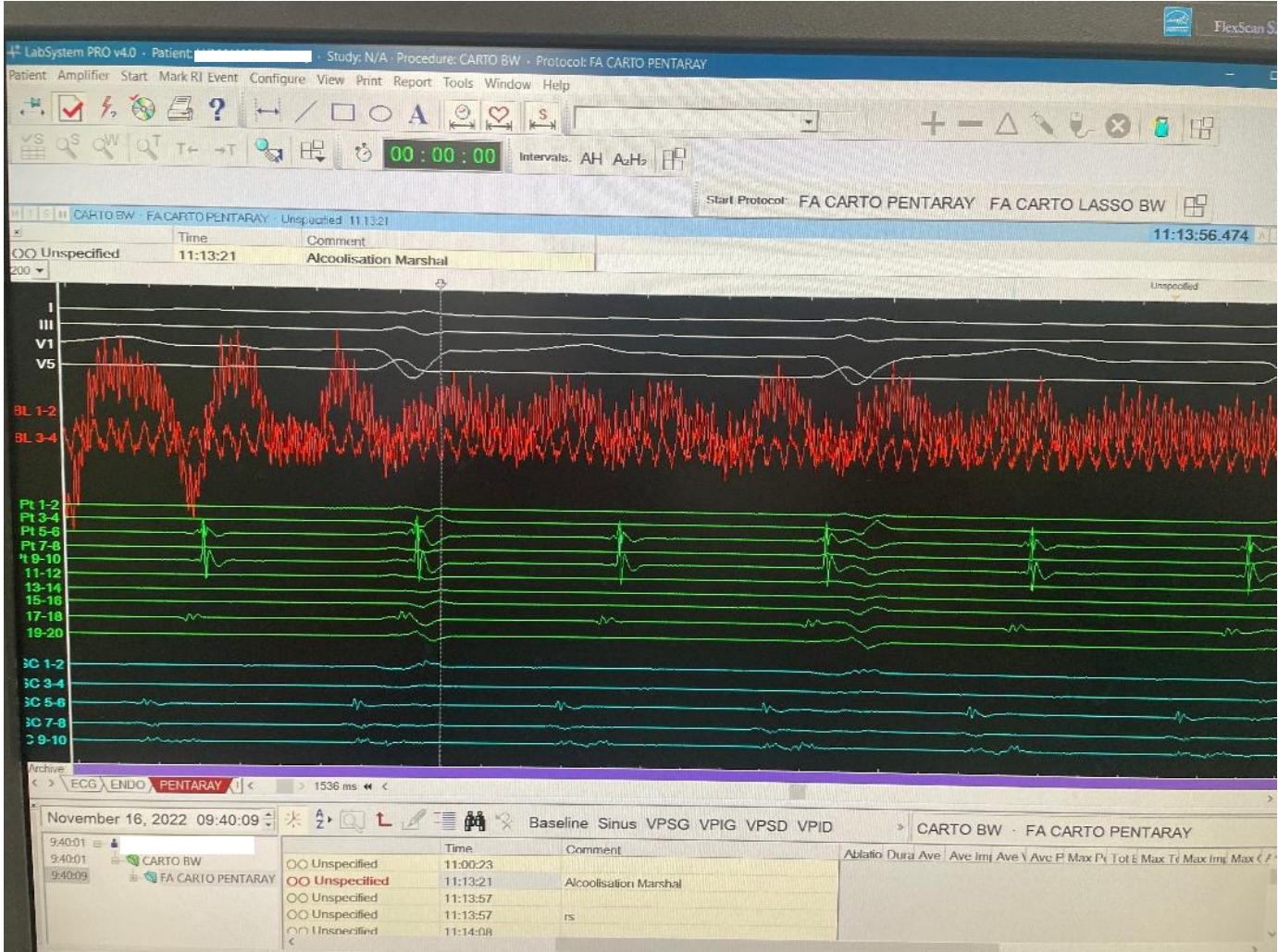
Alcoolisation de la veine de Marshall



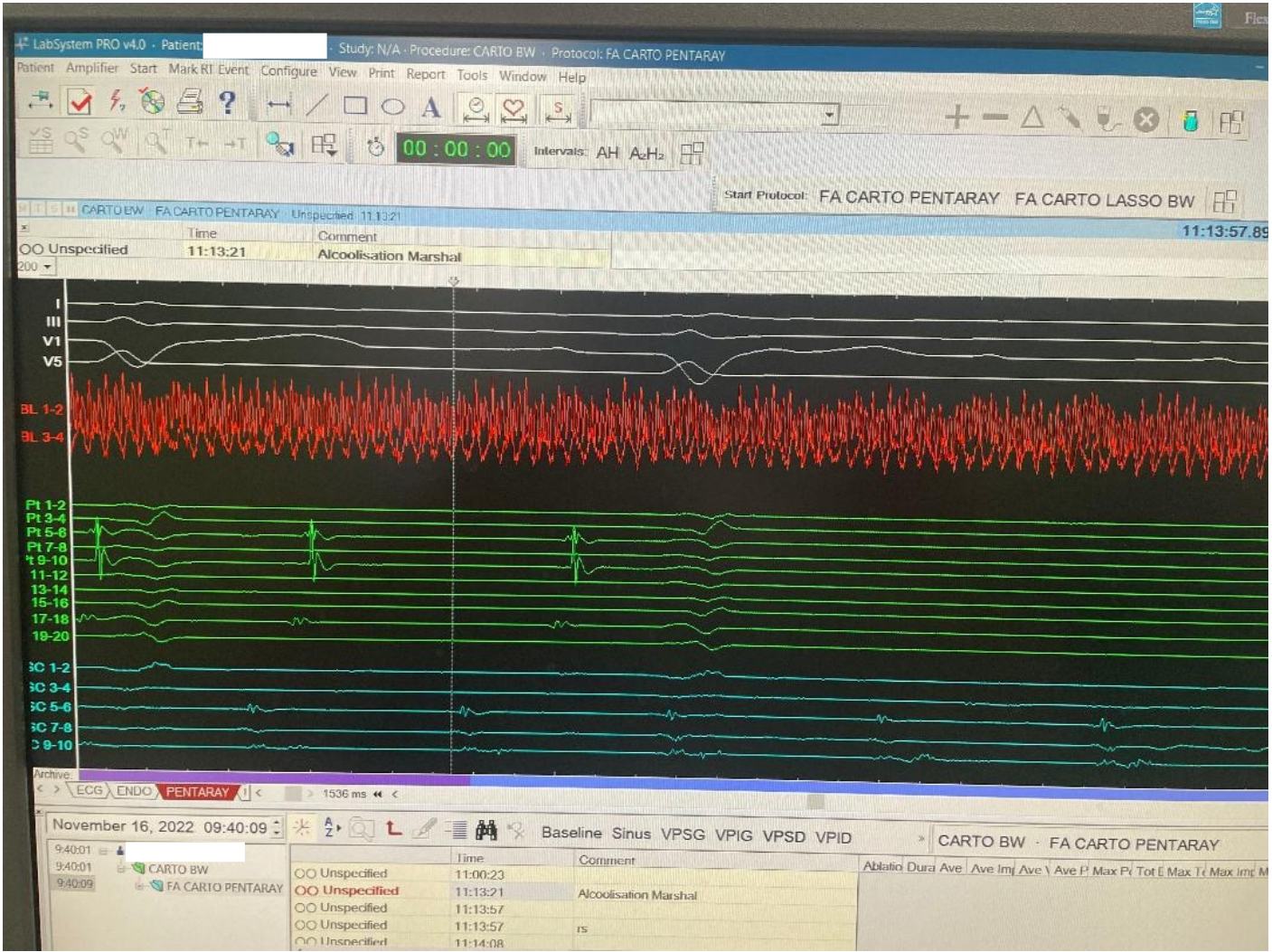
Alcoolisation de la veine de Marshall



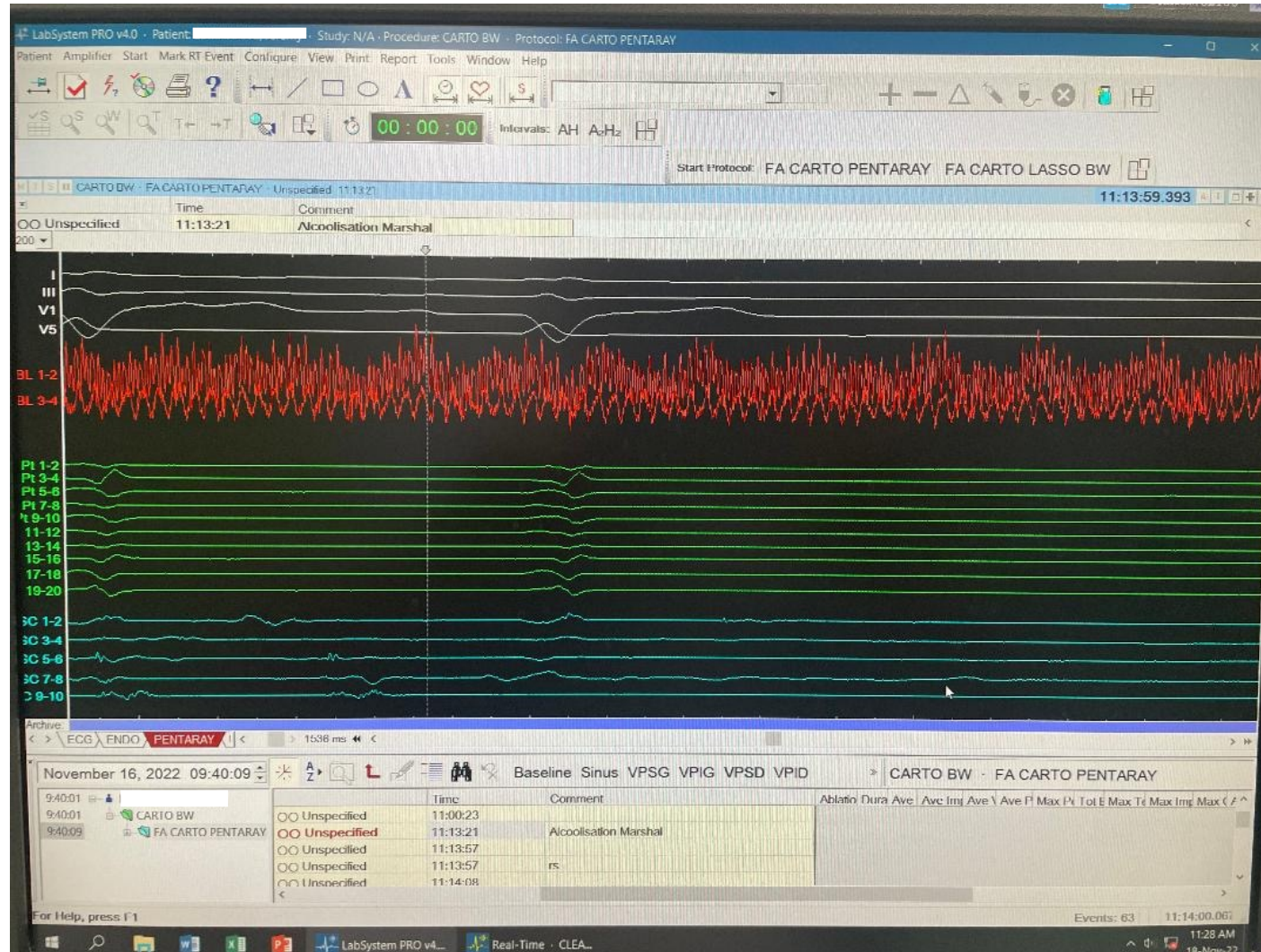
Alcoolisation de la veine de Marshall



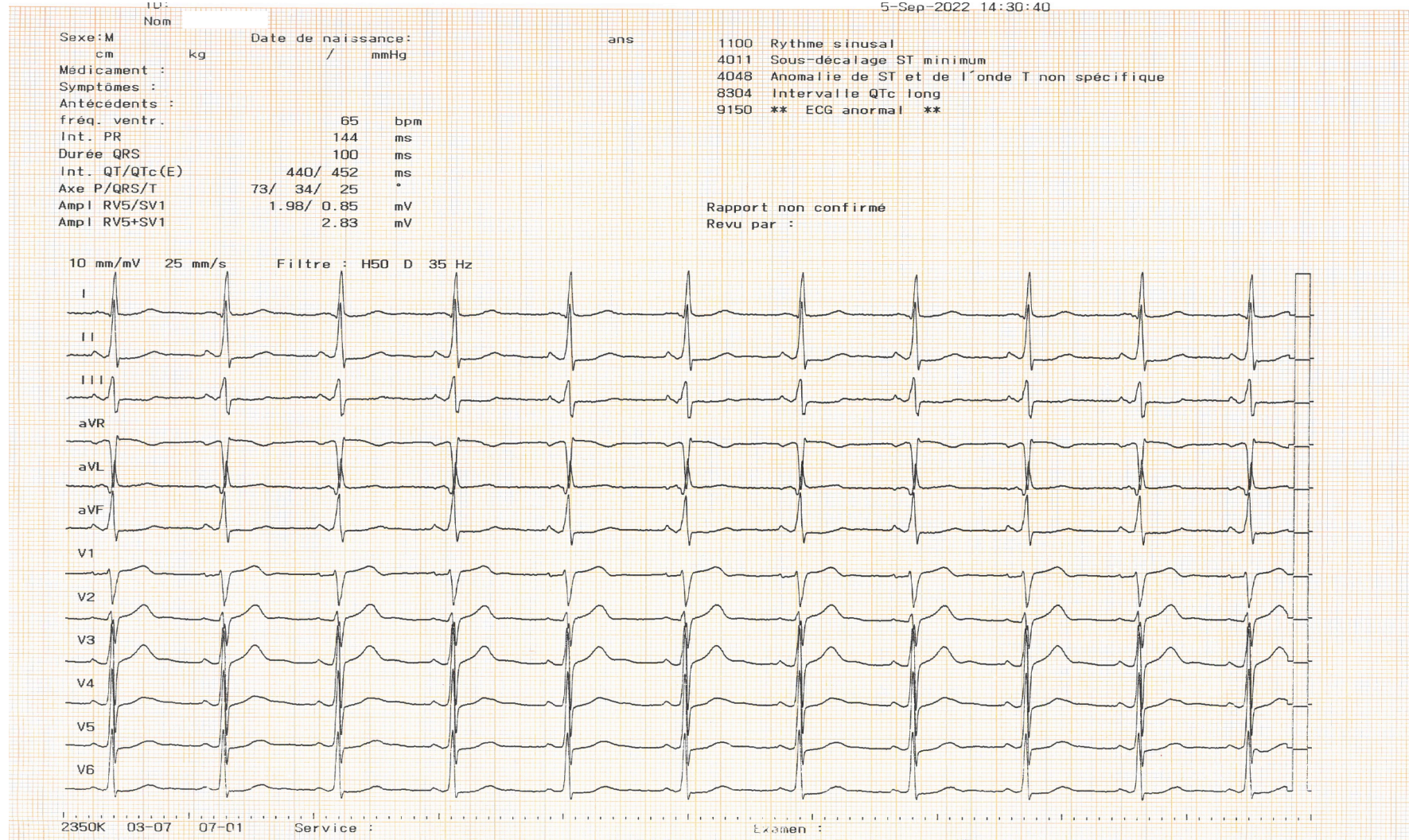
Alcoolisation de la veine de Marshall



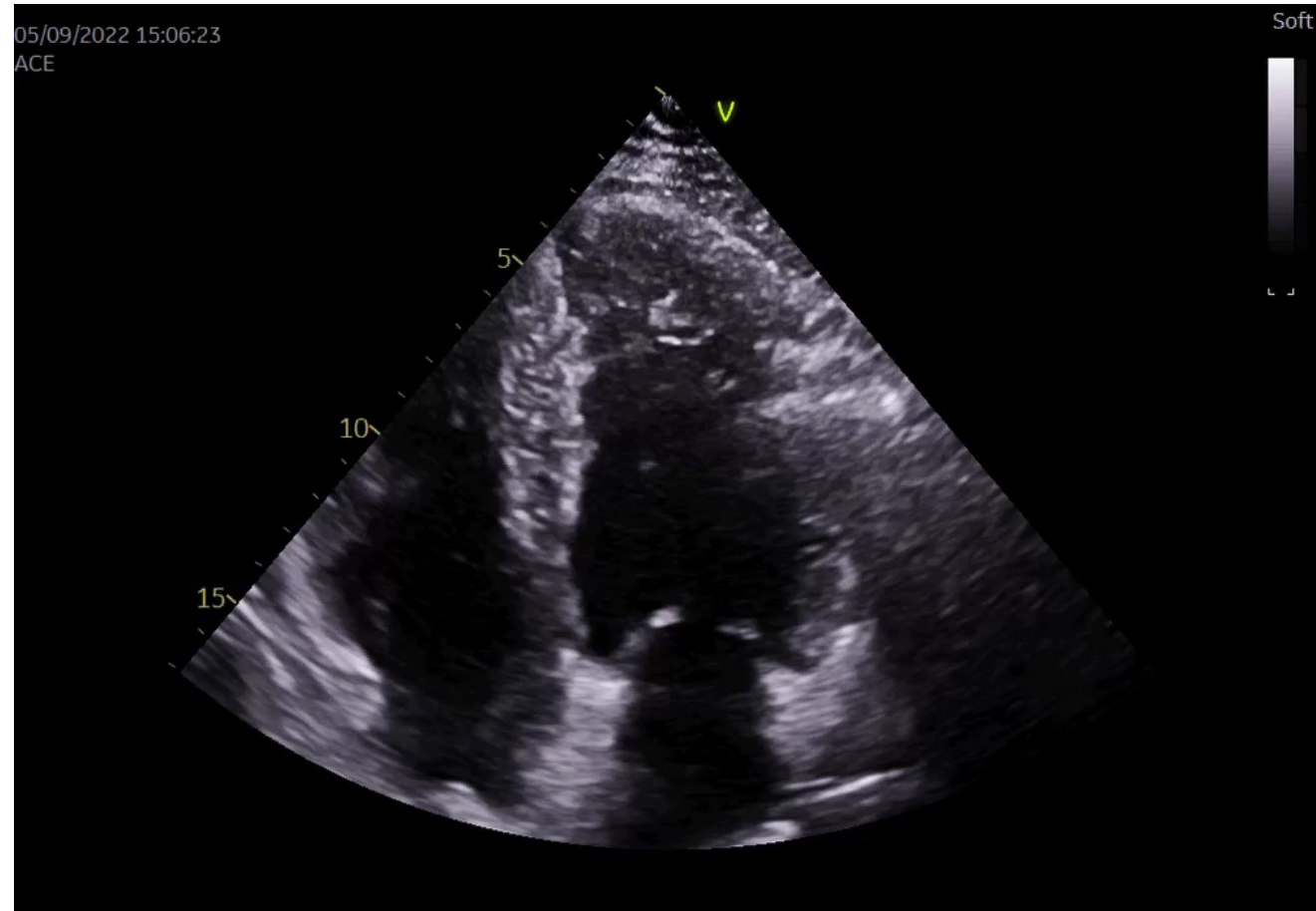
Retour en sinusal



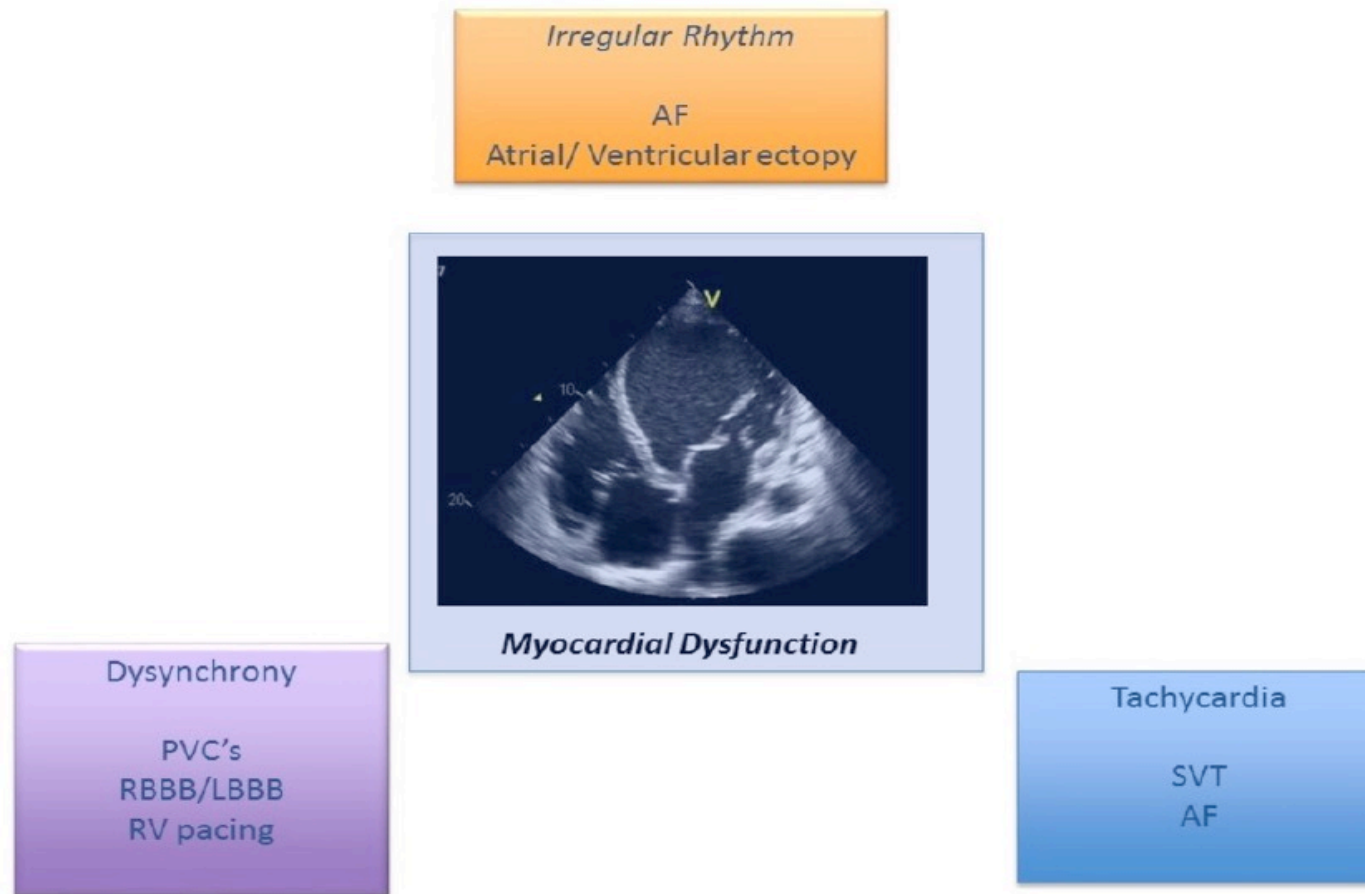
Contrôle à 6 semaines



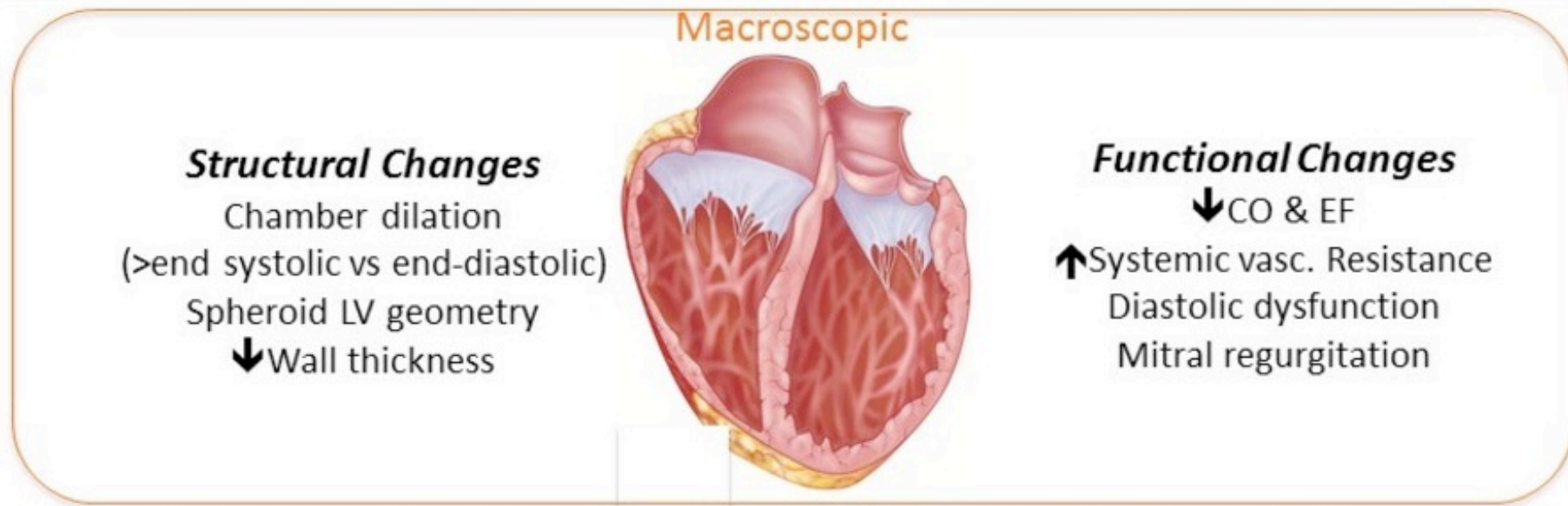
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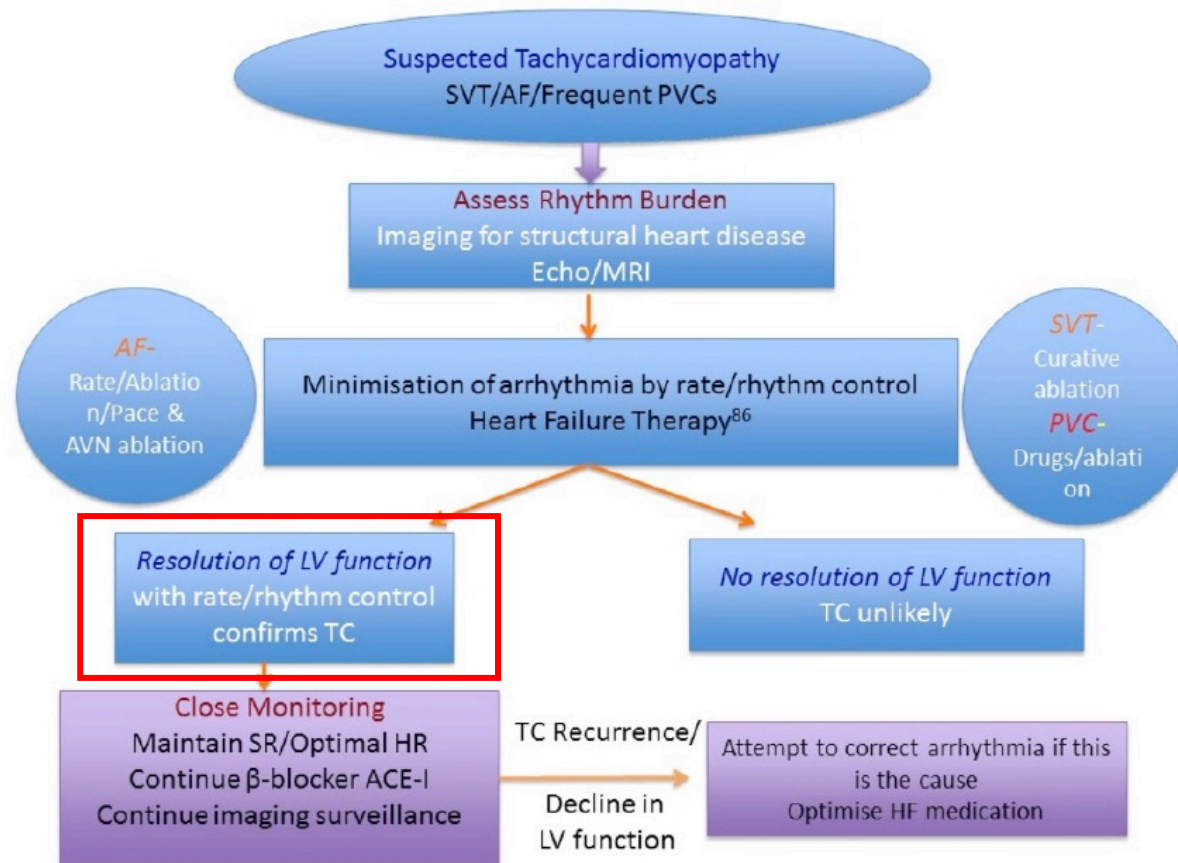


FA et CMD Rythmique



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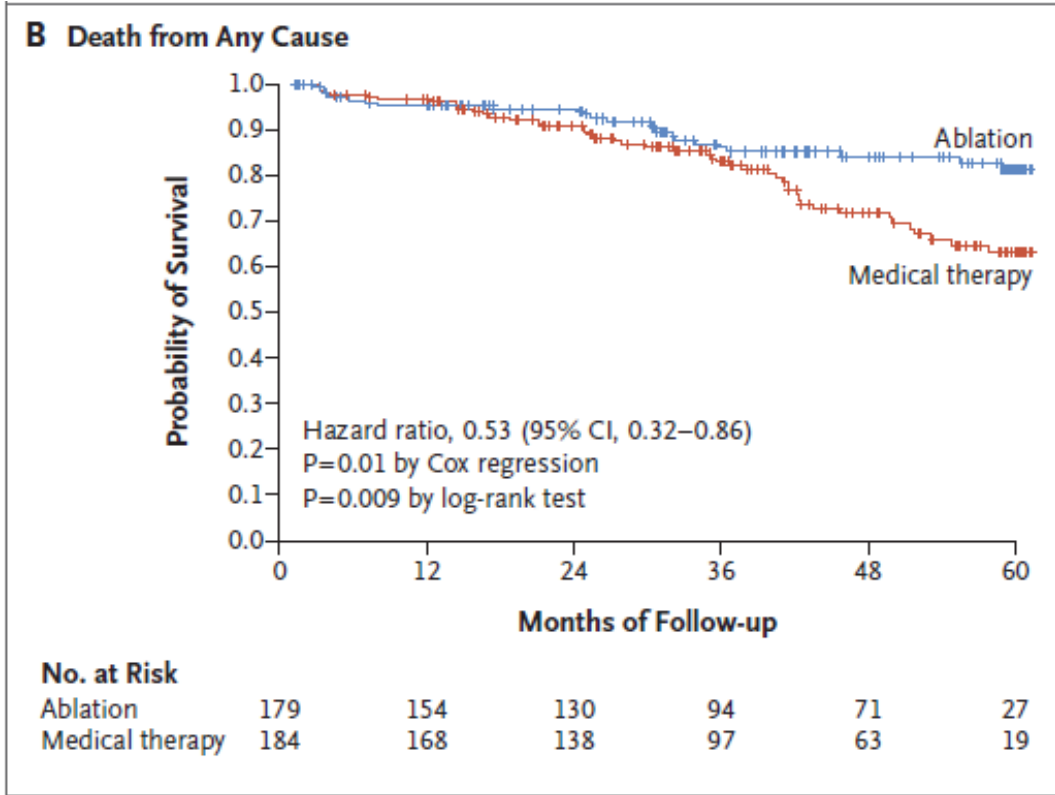
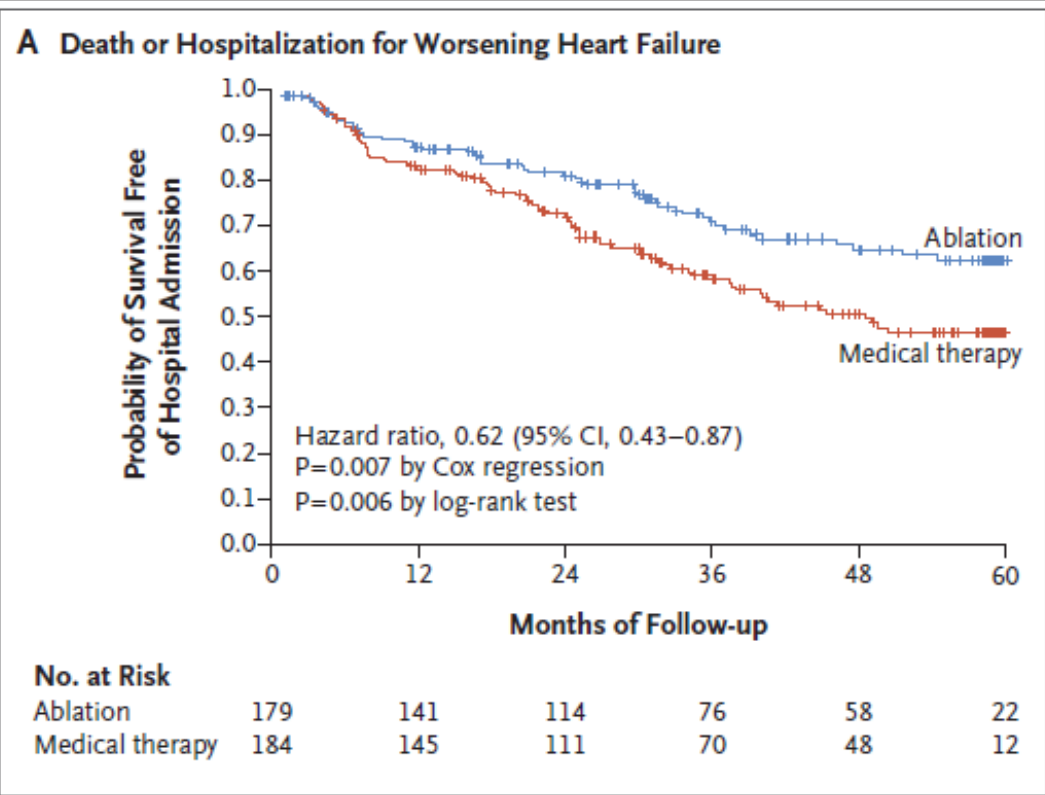
FEBRUARY 1, 2018

VOL. 378 NO. 5

Catheter Ablation for Atrial Fibrillation with Heart Failure

Nassir F. Marrouche, M.D., Johannes Brachmann, M.D., Dietrich Andresen, M.D., Jürgen Siebels, M.D.,
Lucas Boersma, M.D., Luc Jordaens, M.D., Béla Merkely, M.D., Evgeny Pokushalov, M.D.,
Prashanthan Sanders, M.D., Jochen Proff, B.S., Heribert Schunkert, M.D., Hildegard Christ, M.D.,
Jürgen Vogt, M.D., and Dietmar Bänsch, M.D., for the CASTLE-AF Investigators*

CASTLE AF



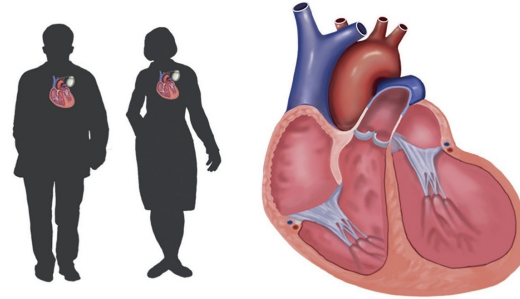
Quels sont les meilleurs répondeurs ?

- Stade 1-2 de la NYHA
- Absence de réhaussement tardif à l'IRM
- Coronaires saines

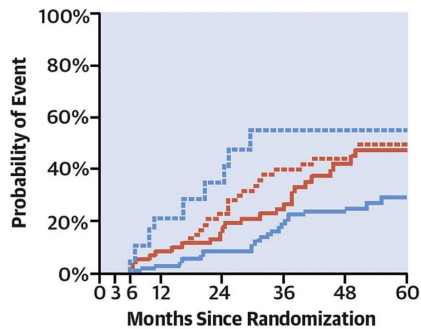
CENTRAL ILLUSTRATION: AF Burden is Predictive of Hard Clinical Outcomes in HF Patients With AF

HF Patients with AF and EF of 35% or Less

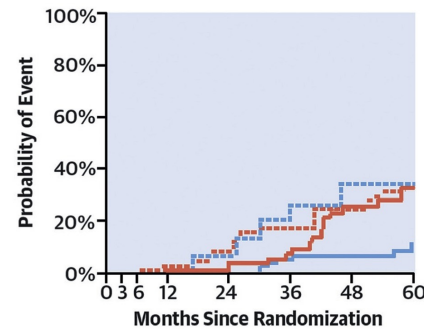
Patients with continuous rhythm monitoring



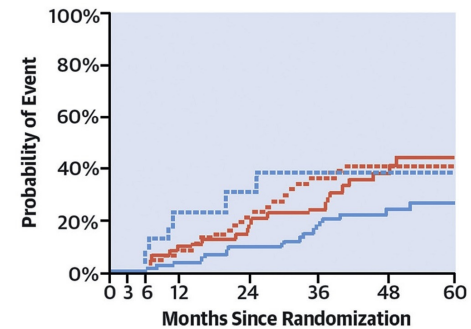
A. Primary Endpoint



B. All-Cause Mortality



C. wHF Hospitalization



AF burden at 6 months FUP <50%: Non-ablated — Ablated — AF burden at 6 months FUP ≥50%: Non-ablated — Ablated —

Brachmann, J. et al. J Am Coll Cardiol EP. 2021;7(5):594-603.

Merci de votre attention !

