

Fallvorstellung

Kammertachykardien

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KSBL Liestal



Herr T.H. 66j

Reguläre Verlaufskontrolle

Diagnosen

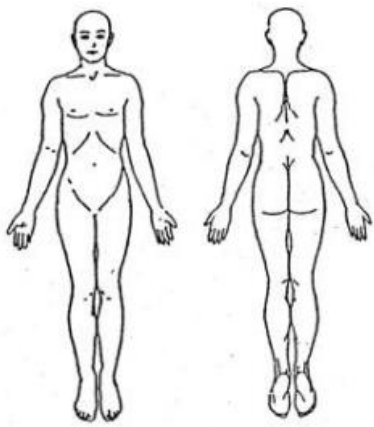
1. Koronare Herzkrankheit mit ischämischer Kardiomyopathie
 - cvRF: St.n. Nikotnabusus, positive FA, Dyslipidämie
 - St.n. Vorderwandinfarkt 1999
 - St.n. AKBP LIMA-RIVA, Vene an RCX 1999
 - Primärprophylaktische ICD Implantation (St. Jude 1377-36C)
 - TTE: LVEF 20-25%, Ausdünnung des Myokards anterior und anteroseptal Apikales Aneurysma.

Sy

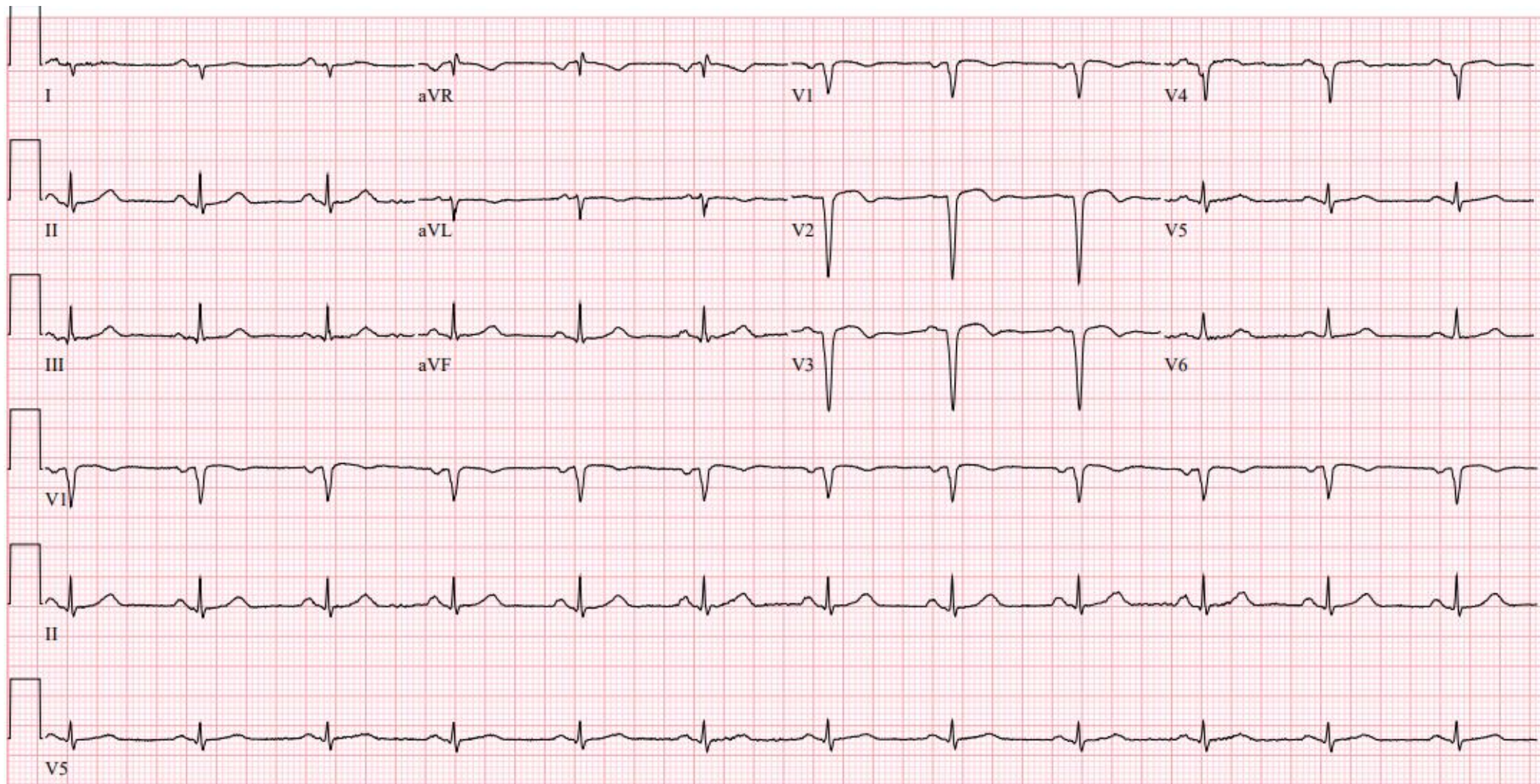
- Stabile Dyspnoe NYHA II

Med: Cordarone 200mg, ASS 100mg, Forxiga 10mg, Torasemid 15mg, Carvedilol 75mg, Entresto 200mg, Eplerenon 50mg, Crestor 20mg

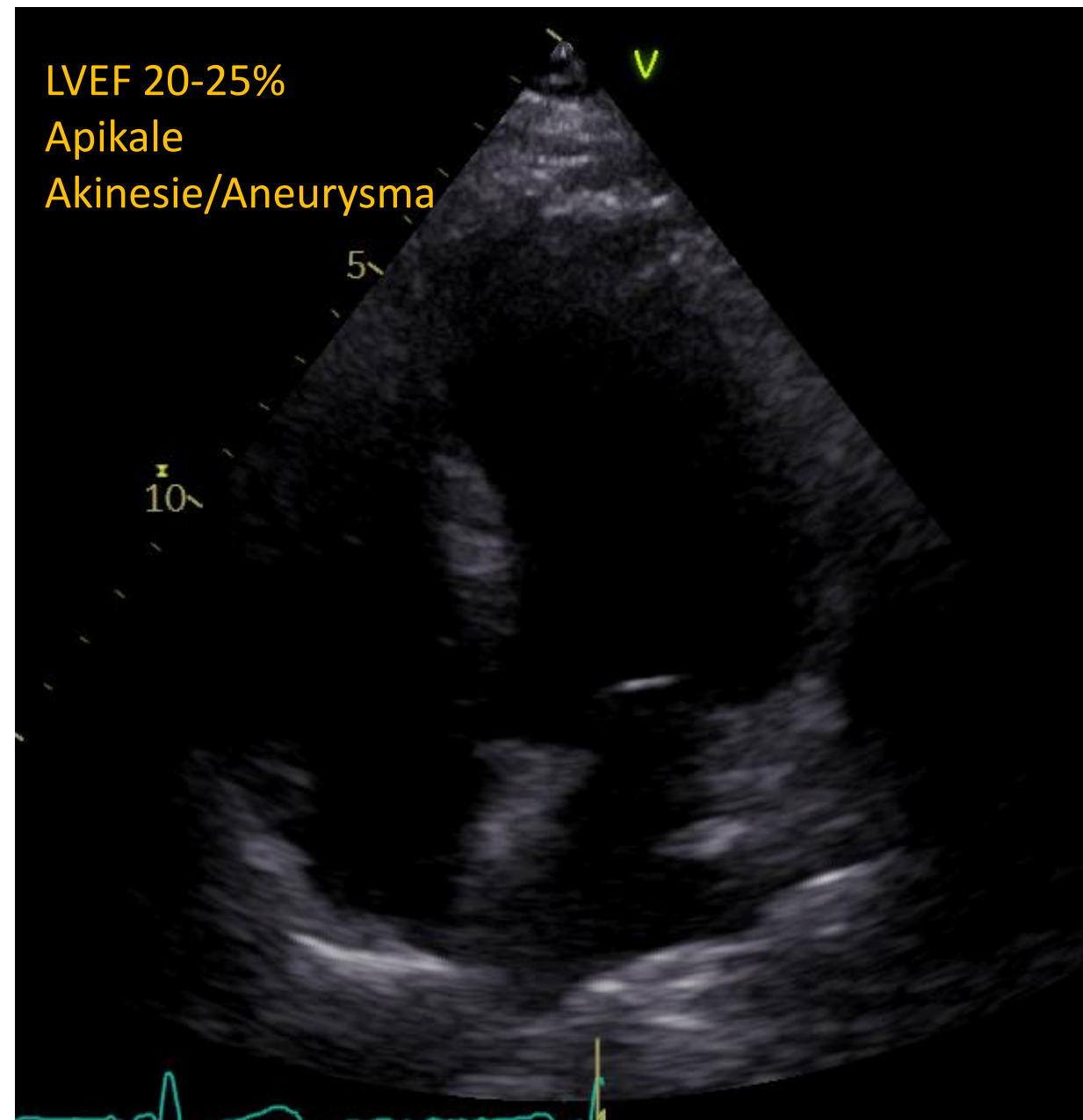
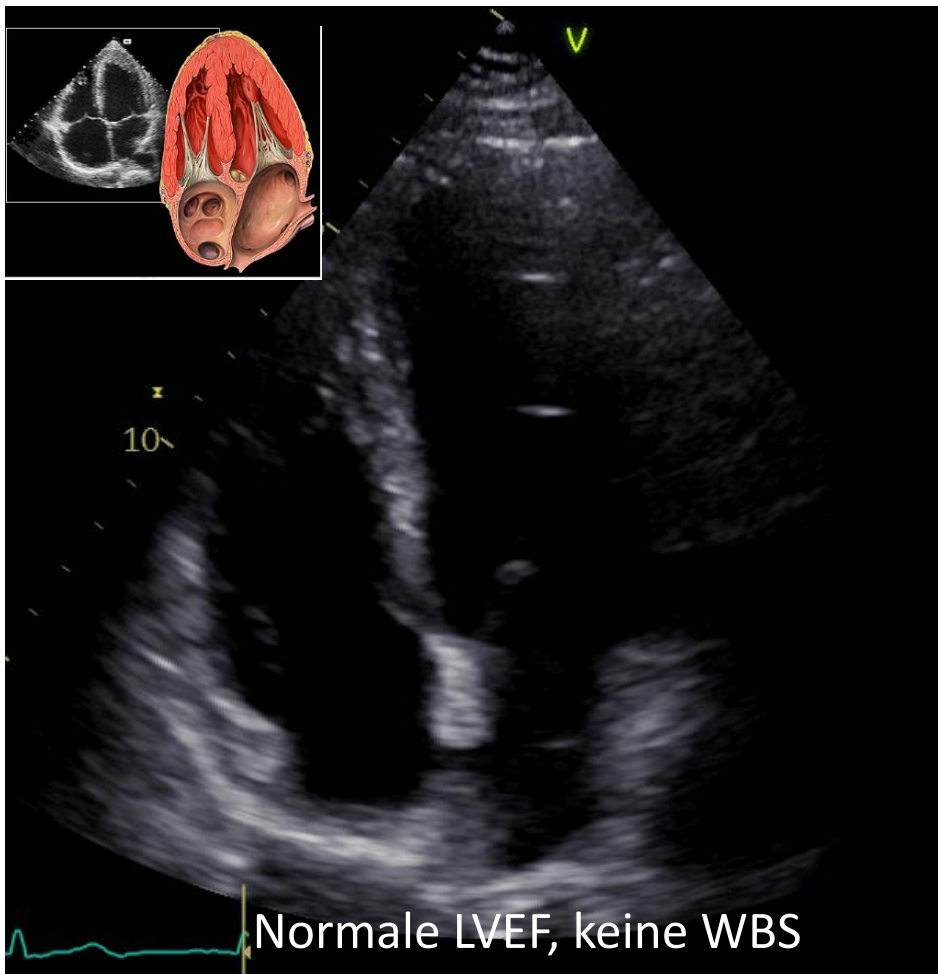


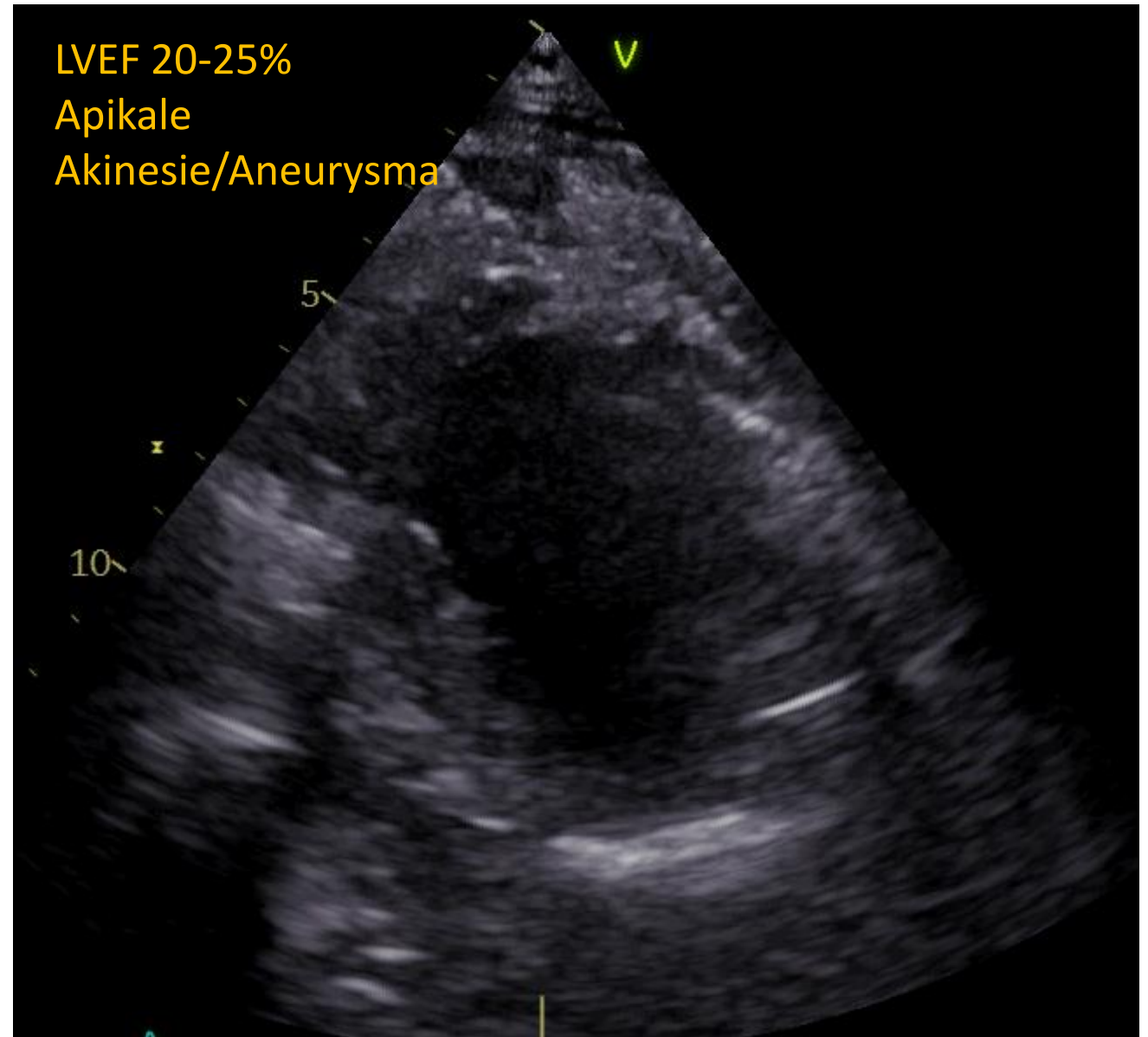
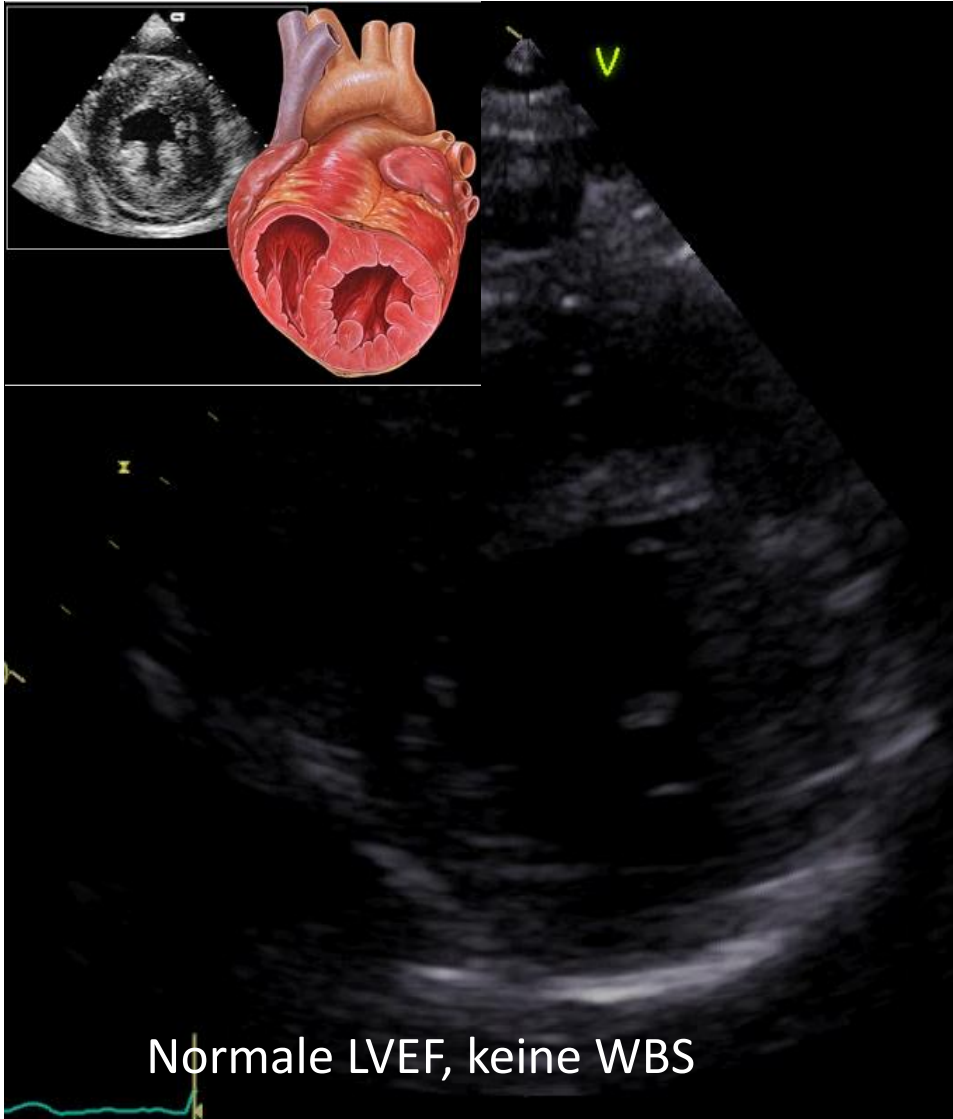


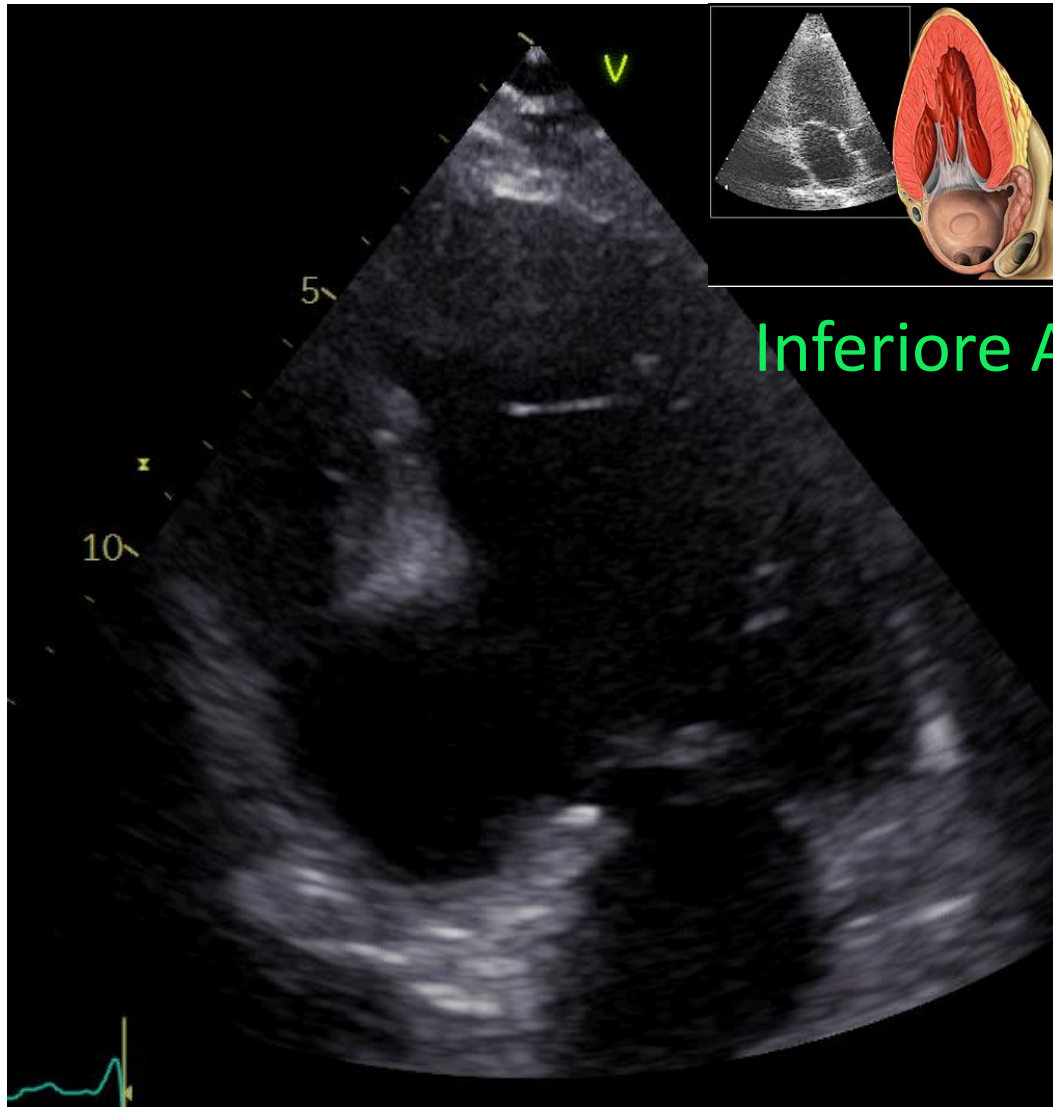
- Kreislaufstabil,
- kardiopulmonal kompensiert



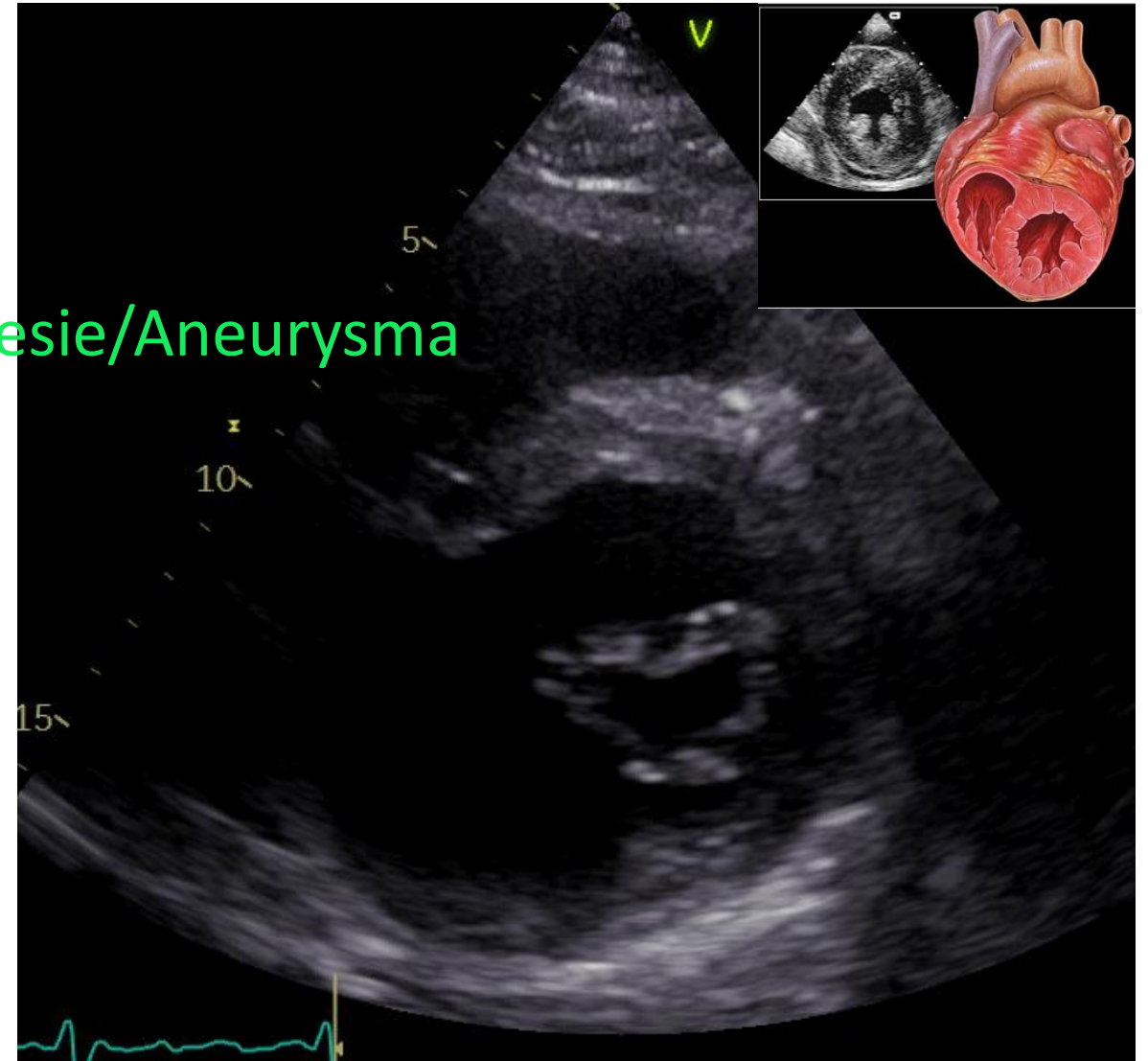
Nc SR, Q-Zacken über V2-V4, T-Negativierungen







Inferiore Akinesie/Aneurysma



Grafik 1



Remodeling → Kontraktilität \searrow → Hypertrophie und Dilatation des Restmyokards

→ Rhythmusstörungen, Ventrikelruptur, Kardiomyopathie, Thromben, sek. Klappenvitien

Grafik 2



DOR-Plastik
Ventrikelrekonstruktion → *Aneurysmektomie, Patchplastik*

Grafik 1



Remodeling → Kontraktion
und Dilatation des Rests

→ Rhythmusstörungen,
Kardiomyopathie, Thromben, SKL,
Klappenventien



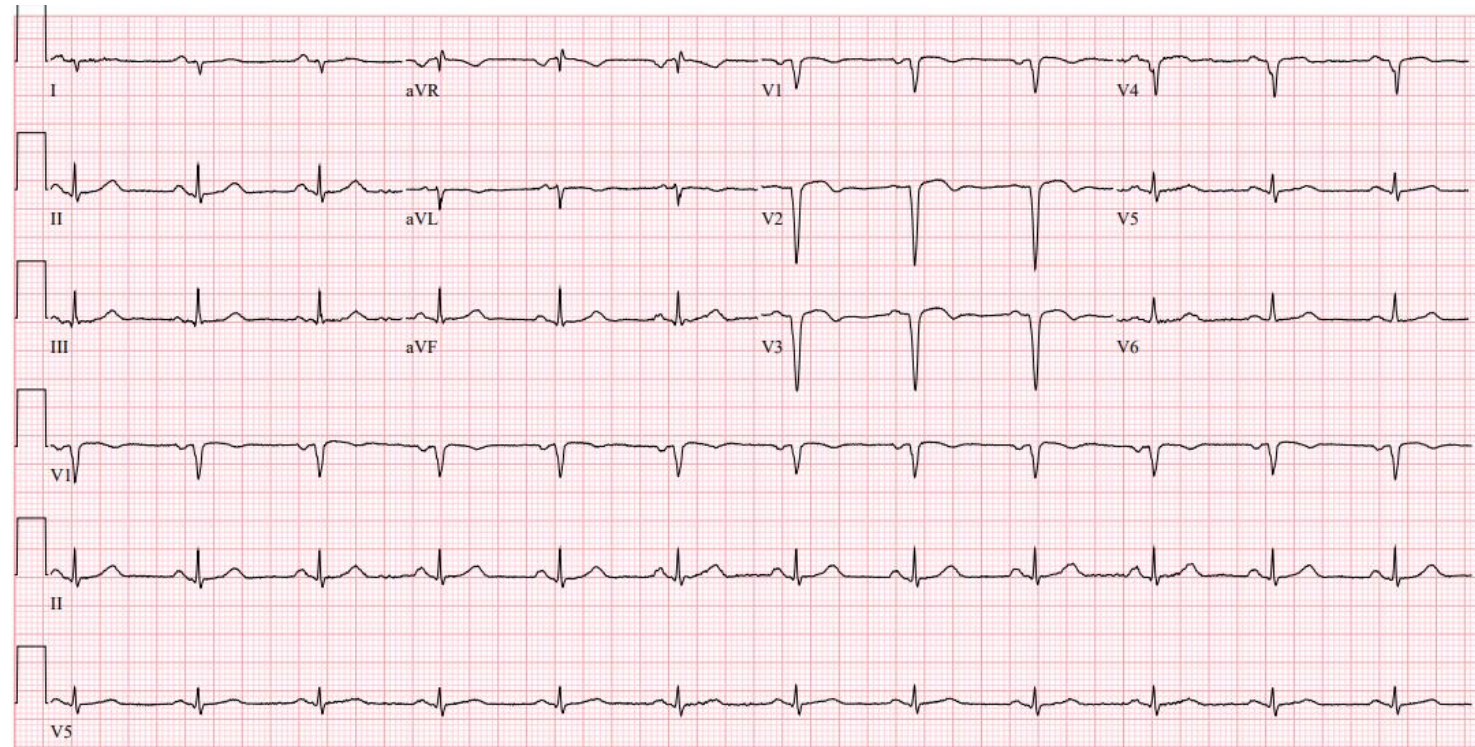
NO T. HANKS

neurysmektomie,

***Jährliche Kontrollen unter ausgebauter
medikamentöser Herzinsuffizientherapie***

Im Verlauf....

- Synkope
- Dyspnoe NYHA II
- Keine akute Ischämiezeichen
→ *Stationäre Aufnahme*





Episode: VT (218 min⁻¹ / 275 ms)

VT/VF Episode 4 of 4

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Duration

01:13 (M:S)

Alerts



At least one shock unsuccessful

Duration over 1 minute

Therapy accelerated rhythm

ATP therapy unsuccessful

Therapy

- 1) ATP
- 2) Defib 30.0 J (798V)
- 3) Defib 36.0 J (875V)
- 4) Defib x 2
36.0 J (875V)

Results

- 1) Accel to VF
- 2) VF
- 3) VF
- 4) Below Rate Detection
(CL 645 ms)

HV Therapy

Last HV Lead Impedance	49 Ω
First Charge Time	7.8 sec
Last Charge Time	9.8 sec
Delivered PW	+5.6 ms, -5.6 ms

Parameters

			VT	VF
Mode	VVI	Zone Configuration	176 min ⁻¹	222 min ⁻¹
Base Rate	40 min ⁻¹	Detection Criteria	ATP x3	ATP x1
		Therapy (ENABLED)	ATP x3	30.0 J
			30.0 J	36.0 J
			36.0 J x2	36.0 J x4

Capture & Sense

AutoCapture	V
Pulse Amplitude (Margin)	Off
Pulse Width	2.0 V (2.6:1)
AutoSense	0.4 ms
Sensitivity	On
	Auto A

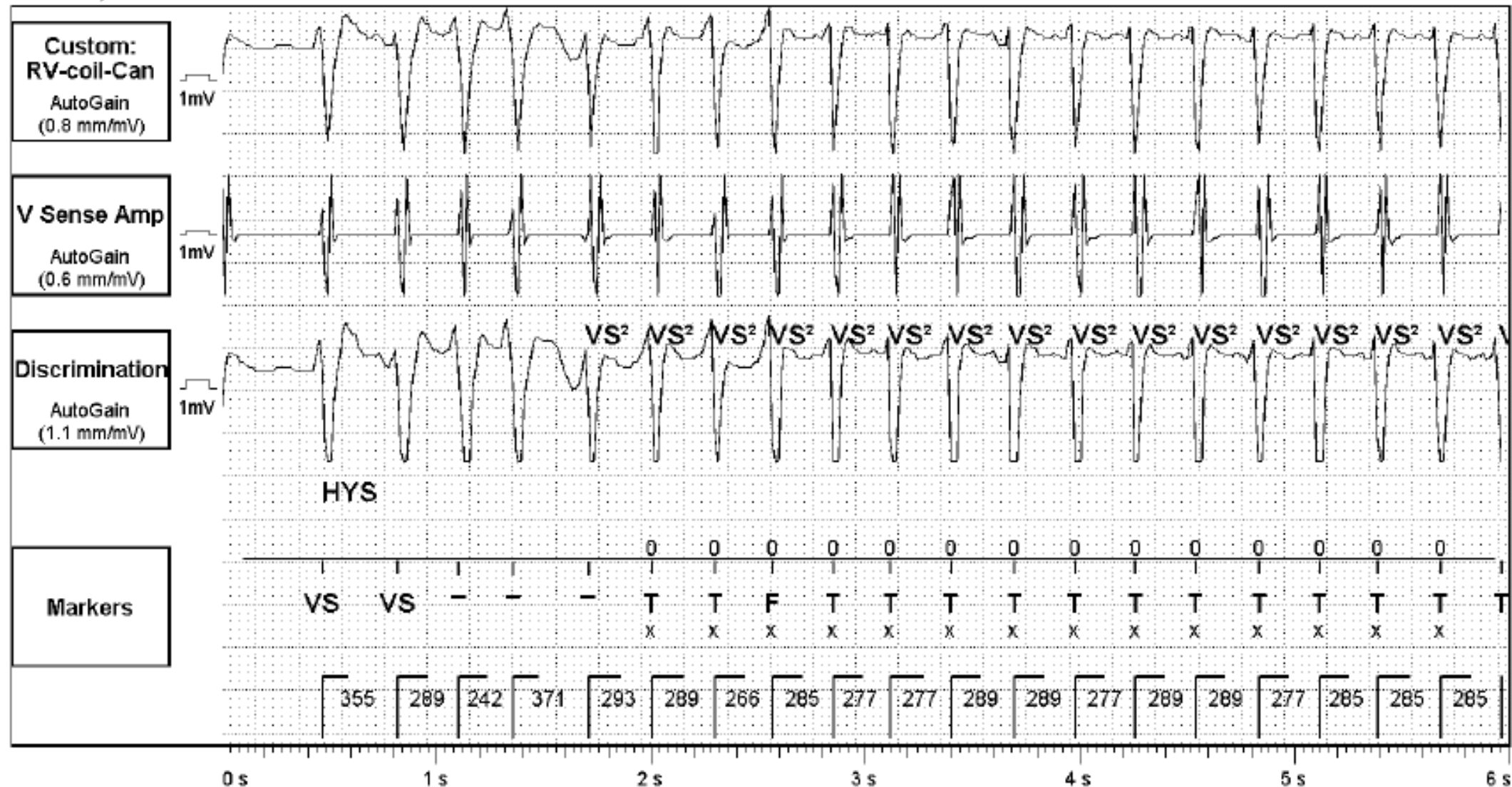


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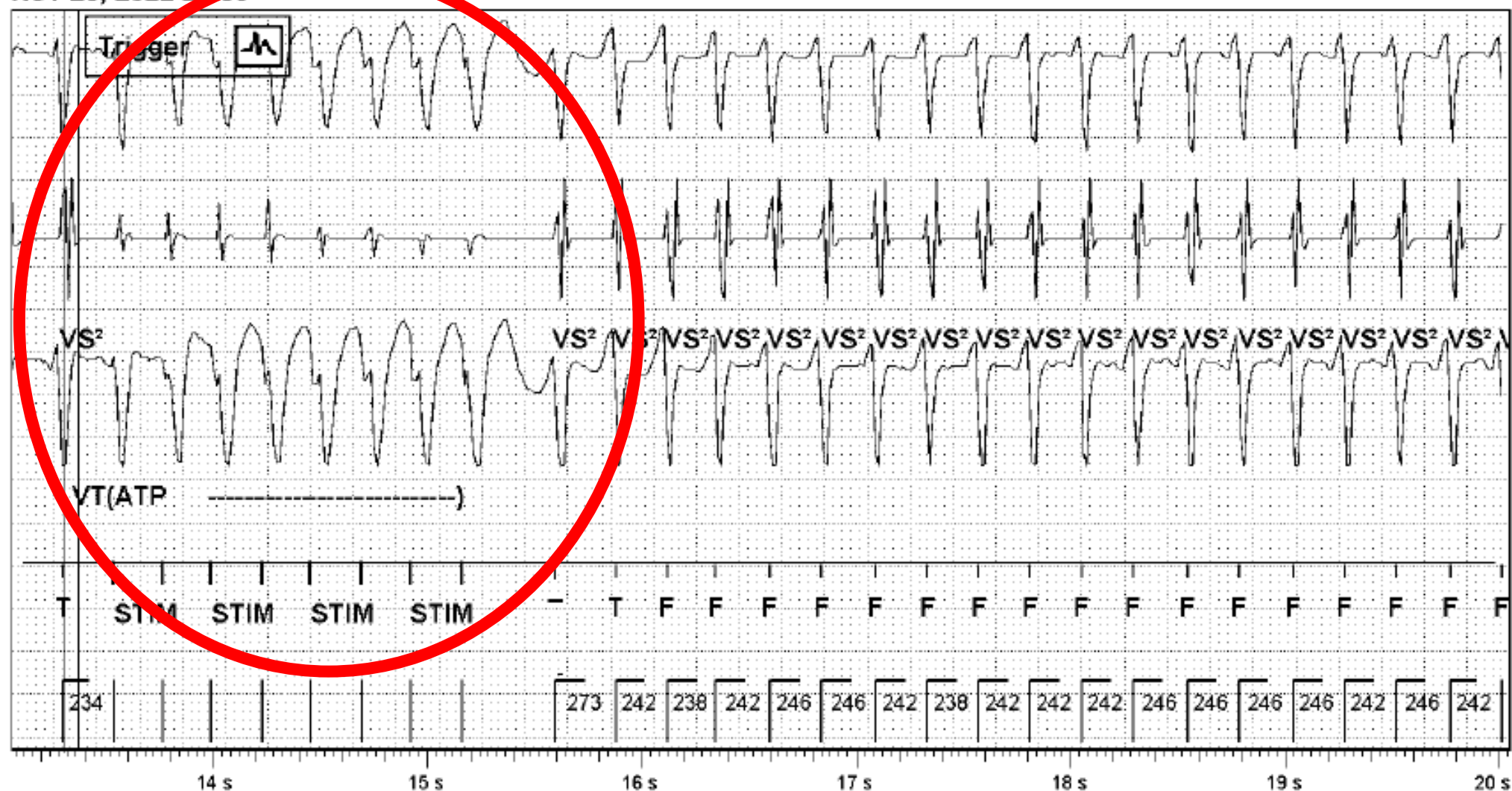


Episode: VT (218 min⁻¹ / 275 ms) (Continued)

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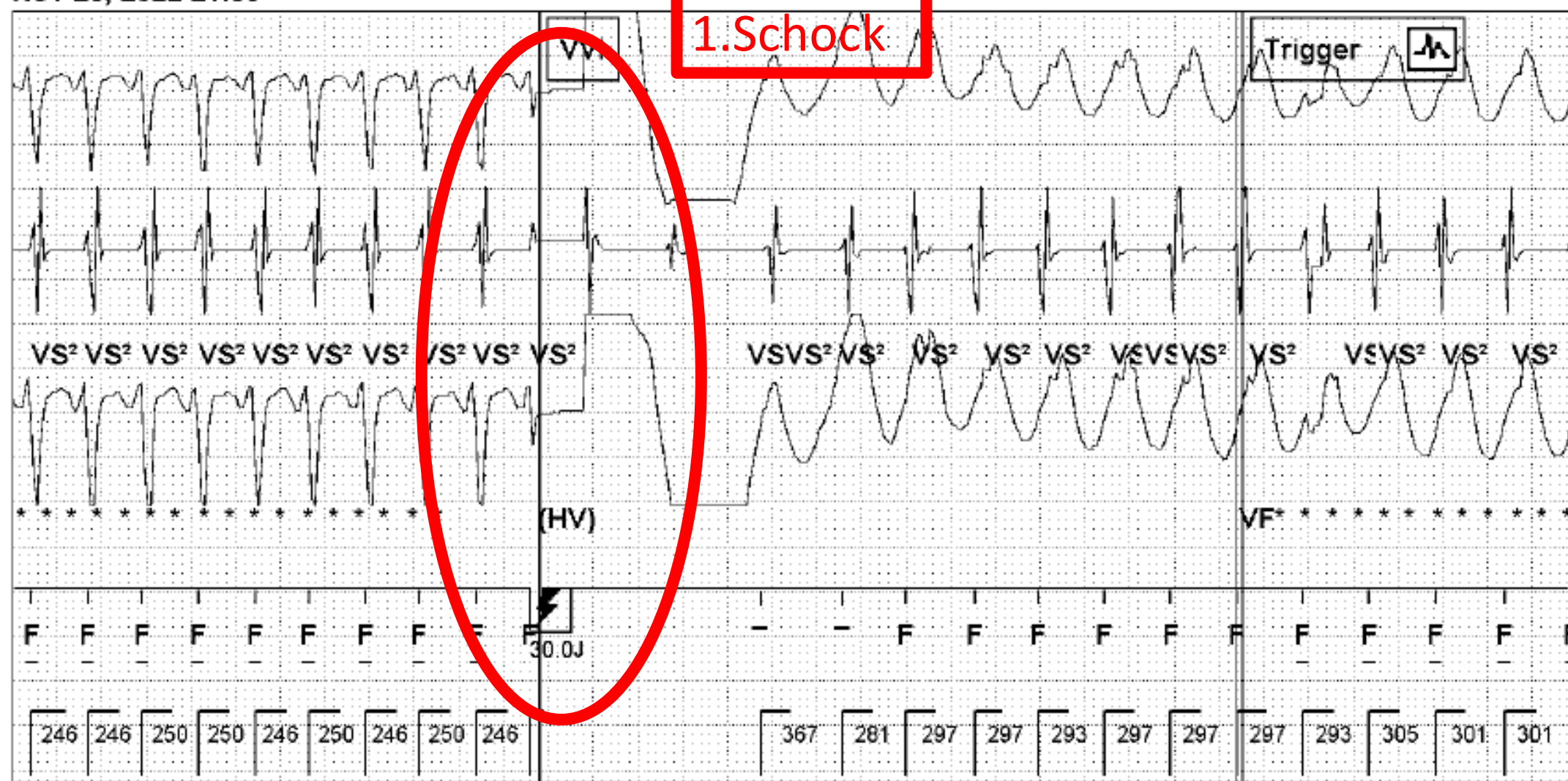


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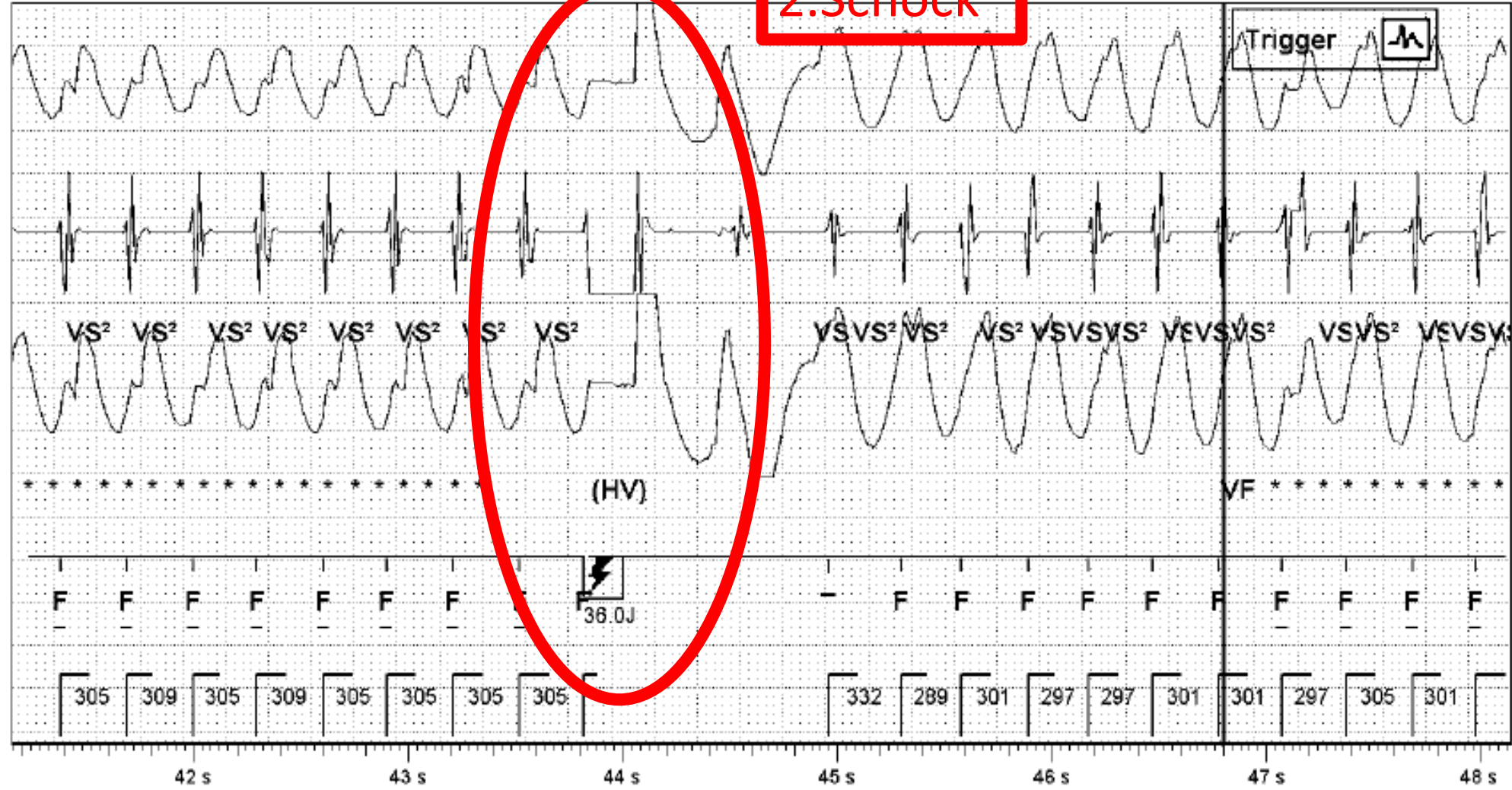
Episode: VT (218 min⁻¹ / 275 ms) (Continued)

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2.Schock

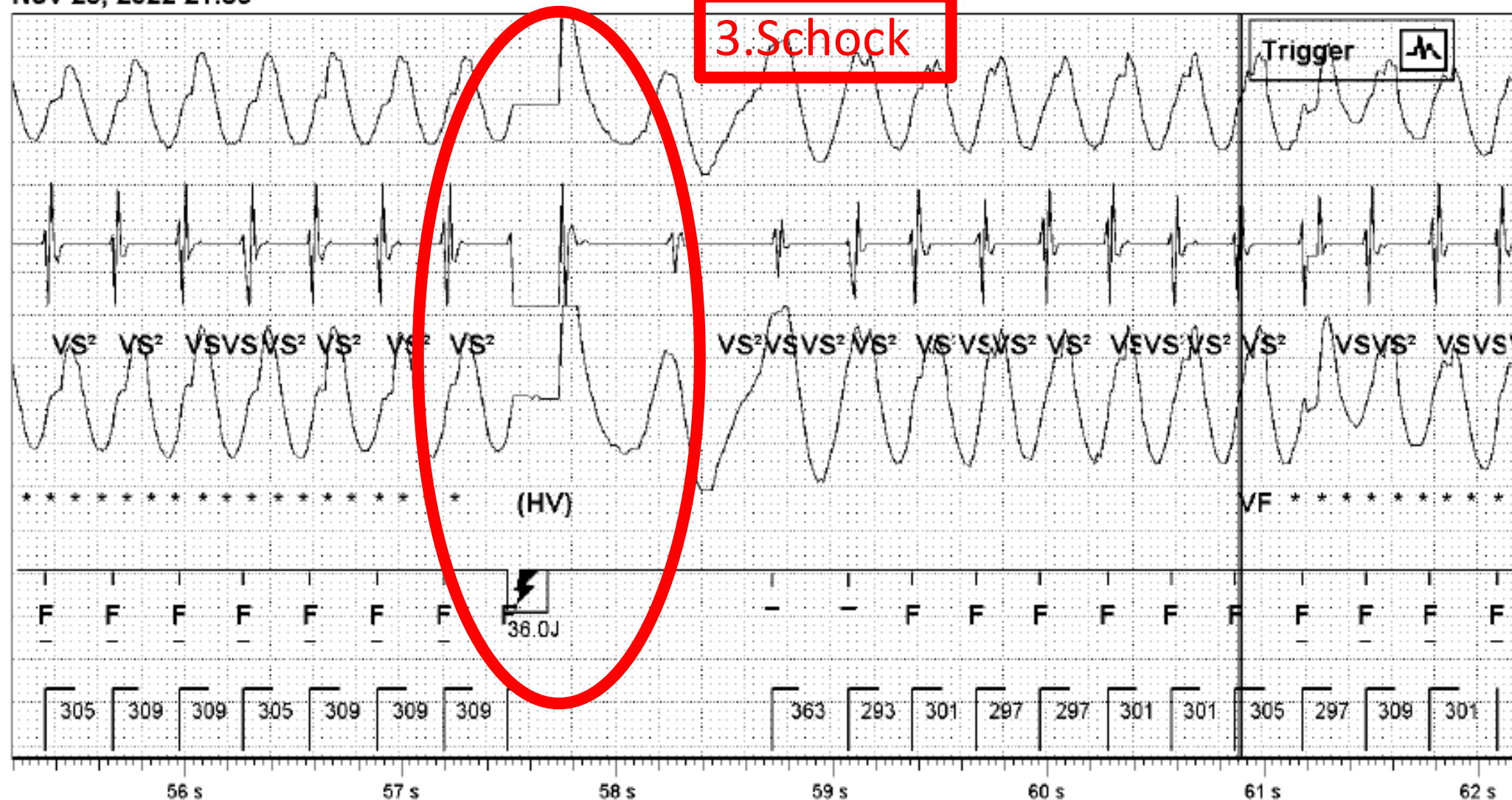


Episode: VT (218 min⁻¹ / 275 ms) (Continued)

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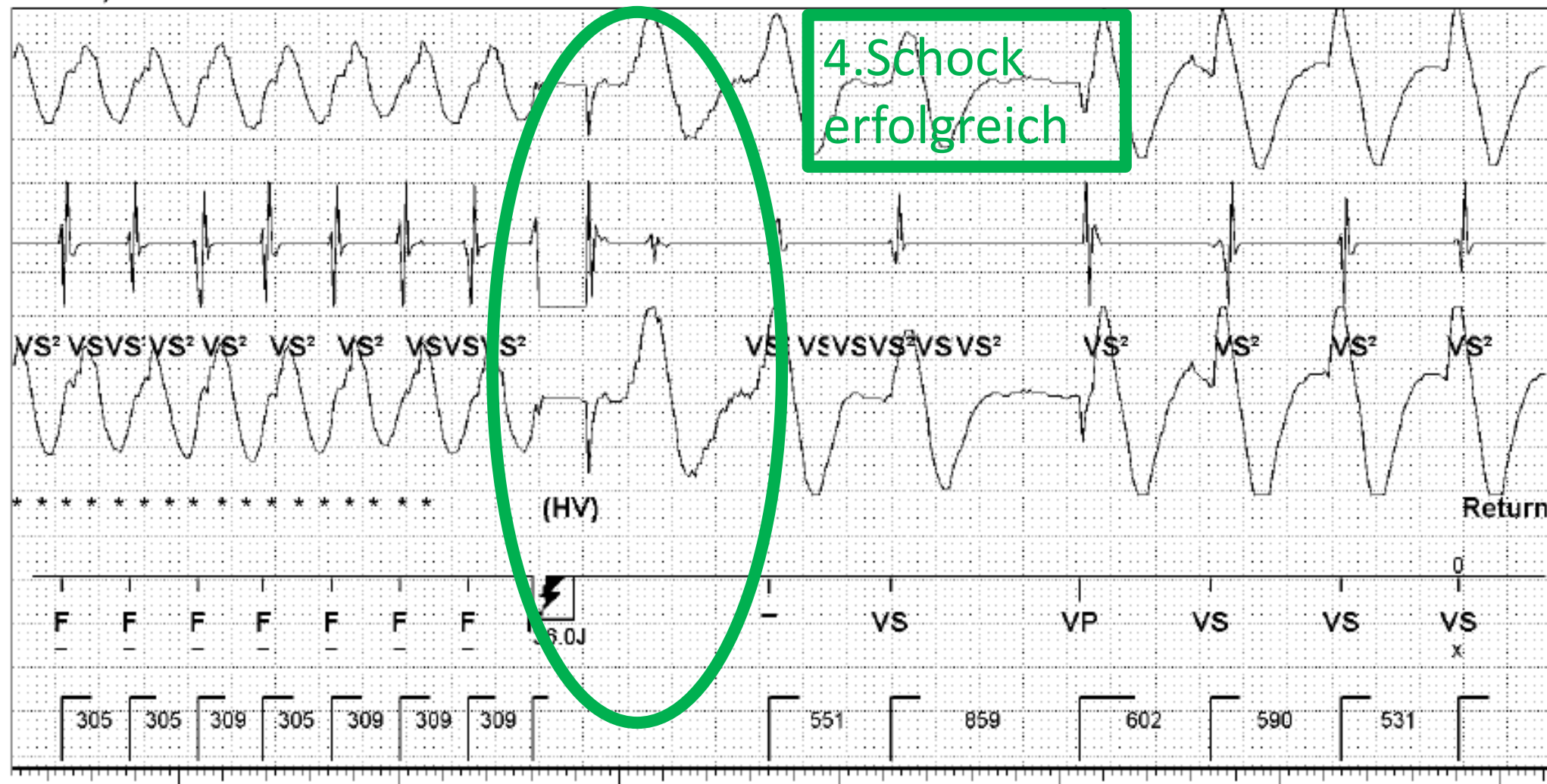


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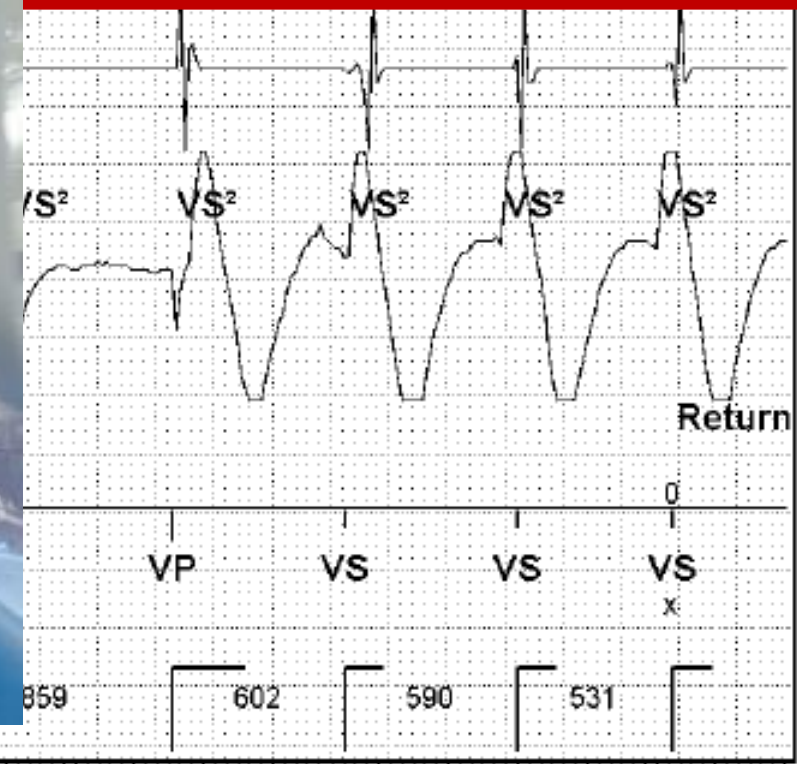
Episode: VT (218 min⁻¹ / 275 ms) (Continued)

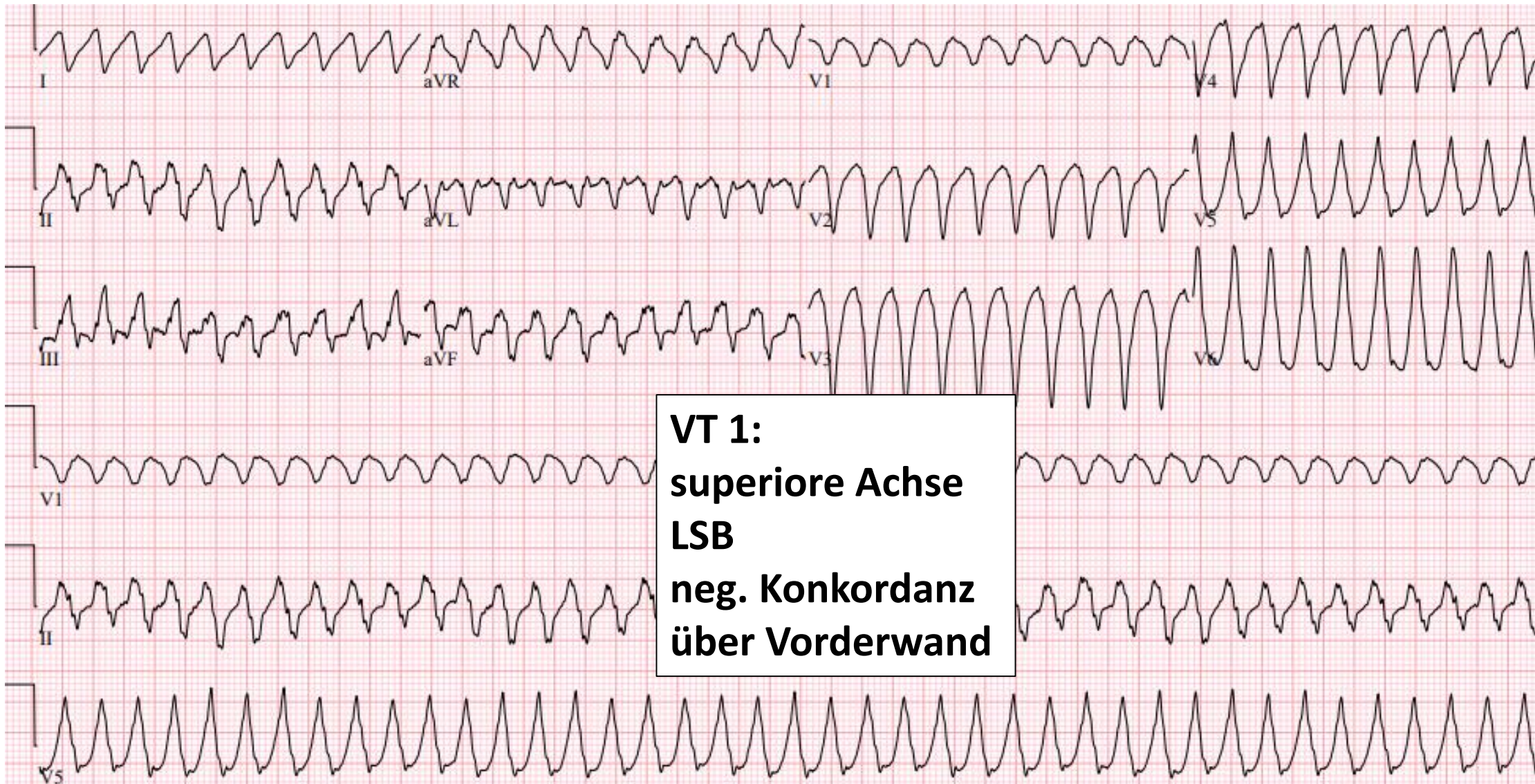
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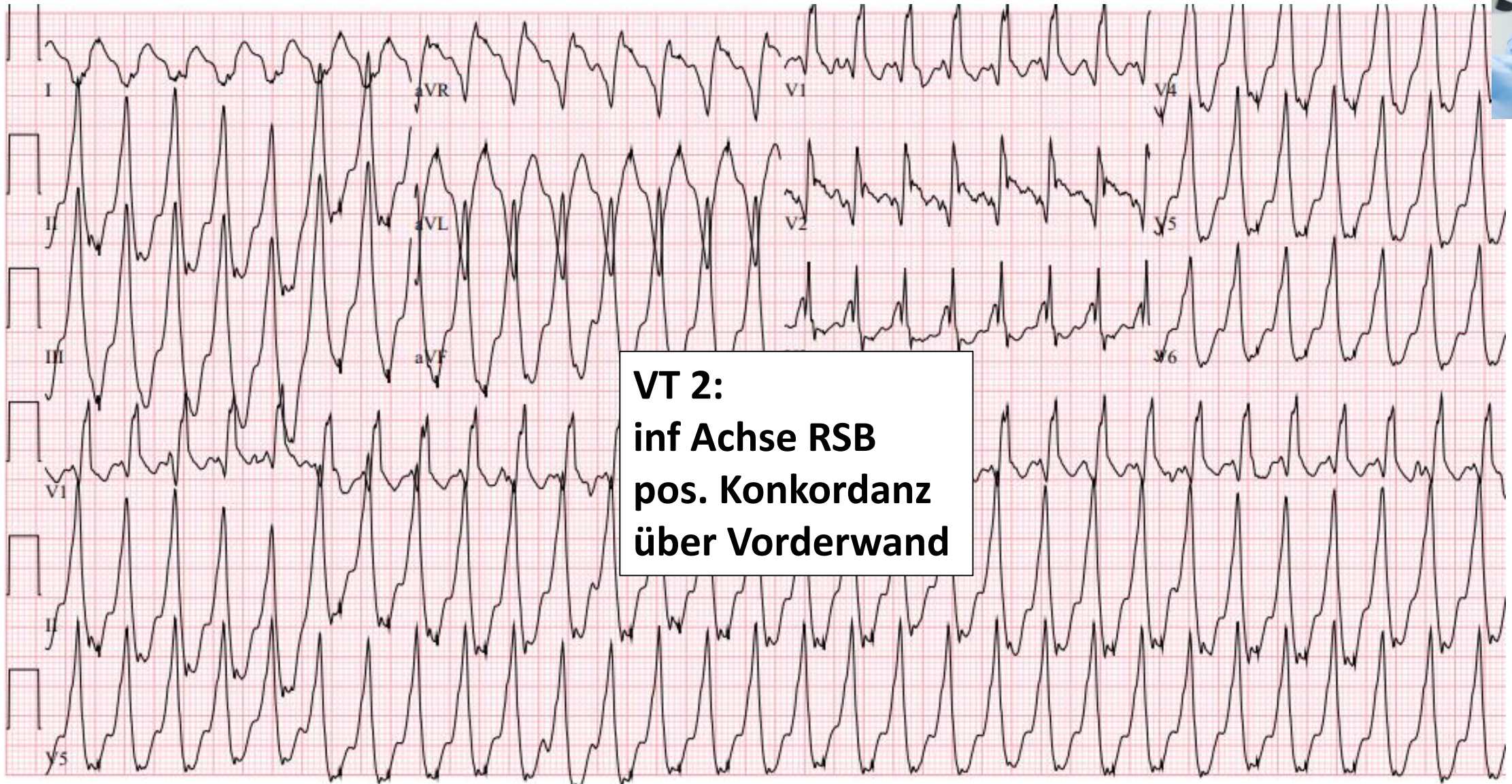


1 Kammertachykardie (korrekt erkannt)

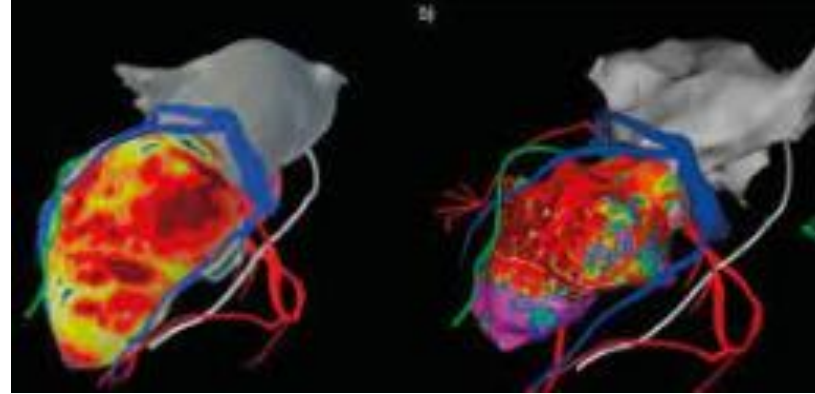
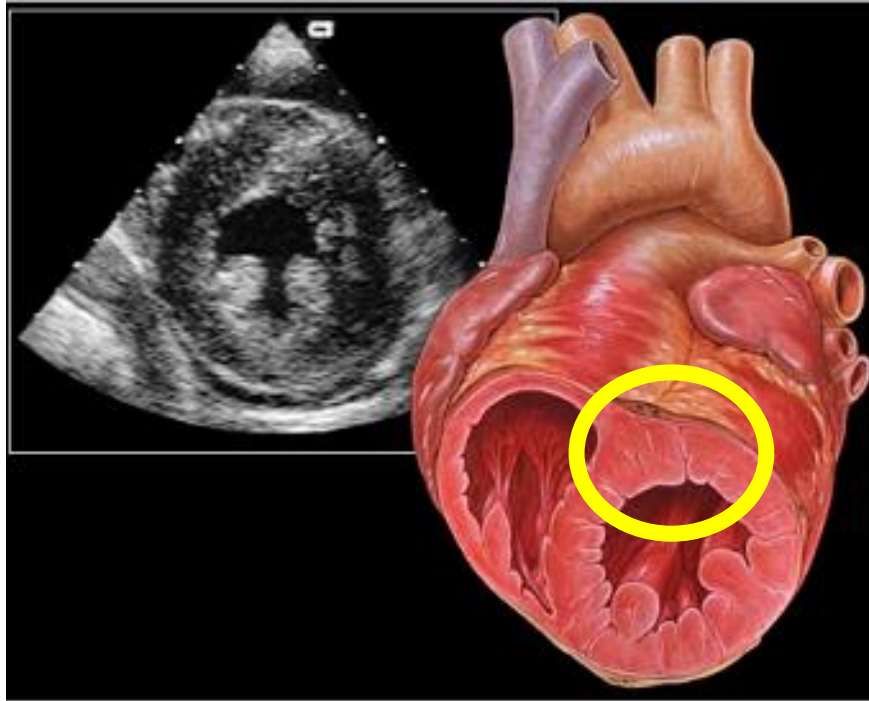
- 1x ATP erfolglos
- → Akkzeleration in Flimmerzone
- Konversion in den Sinusrhythmus nach 4 Schockabgaben







VT 2:
inf Achse RSB
pos. Konkordanz
über Vorderwand



«Low Voltage Narbe anterior, Bereich des ausgedehnten Anuerysma, mit hoch-fraktionierten Signalen und Late Potentials mit zusätzlicher Verzögerung bei Extraschlägen»

→ *Ausgedehnte Radiofrequenzablation*

→ «Homogenisierter Narbe, ohne fraktionierte Potentiale und ohne VT-Induktion»



→ Fortsetzung Cordarone 200mg/d für 3 Monate

→ Eliquis 2x5mg/d für 2 Monate

→ Ambulante Weiterbetreuung, Termin folgt

