



CAS CLINIQUE RHYTHM 2019

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Centre Hospitalier Sud Francilien

M. C..., 36 ans

- Absence d'antécédent
- Absence de FDRCV
- Pas de traitement

- 12/09/19: palpitations au cours d'un effort soutenu, persistant à l'arrêt de l'effort, absence d'autre signe associé.
- Notion d'un épisode de palpitations 1min il y a 5 ans
- Consultation au SAU

FC 259 bpm

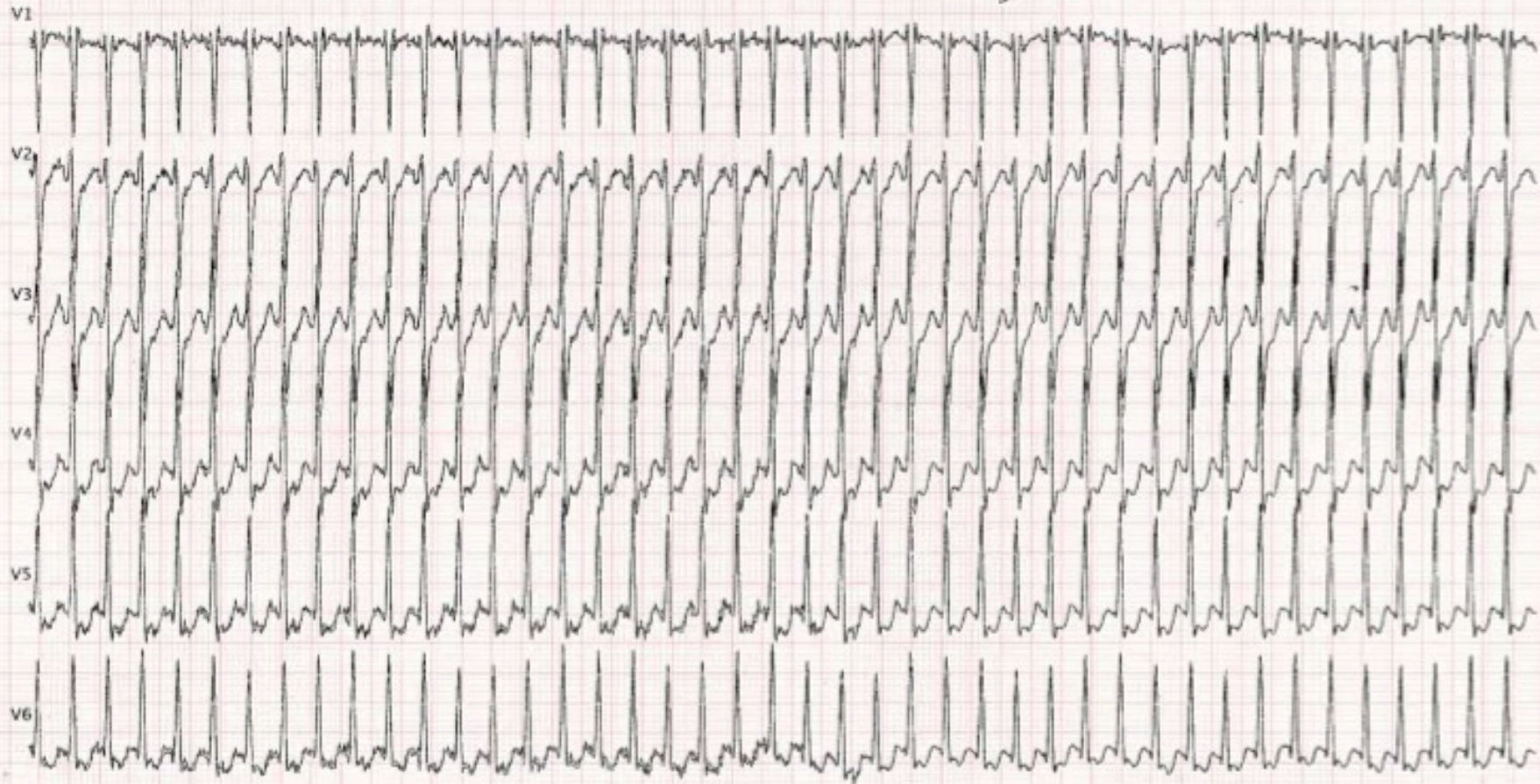
visite
nombre
aitement
requête
netteur de L.
ot. requ.

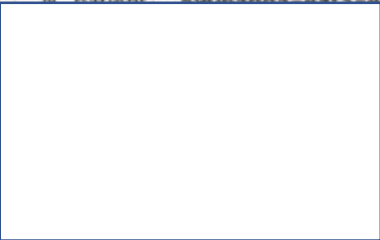
RR 232 ms
P 106 ms
PR 121 ms
Axe P 73°
Axe QRS 65°
Axe T 203°
QRS 81 ms
QT 223 ms
QTcB 463 ms

Rapport non confirmé

Méd. réf.
Méd. traitant

Handwritten signature and notes:
Dr. [Signature]
Dr. [Signature]





* visite
* chambre
* rythme
* requête
* secteur de L.
* ot. requ.

FC 259 bpm RR 232 ms
P 106 ms
PR 121 ms
Axe P 73 ° QRS 81 ms
Axe QRS 65 ° QT 223 ms
Axe T 203 ° QTcB 463 ms

Rapport non confirmé

Réduction par Adénosine



18.09.2019 11:35:03

(mm) (mV/s) (mm) (mV/s)

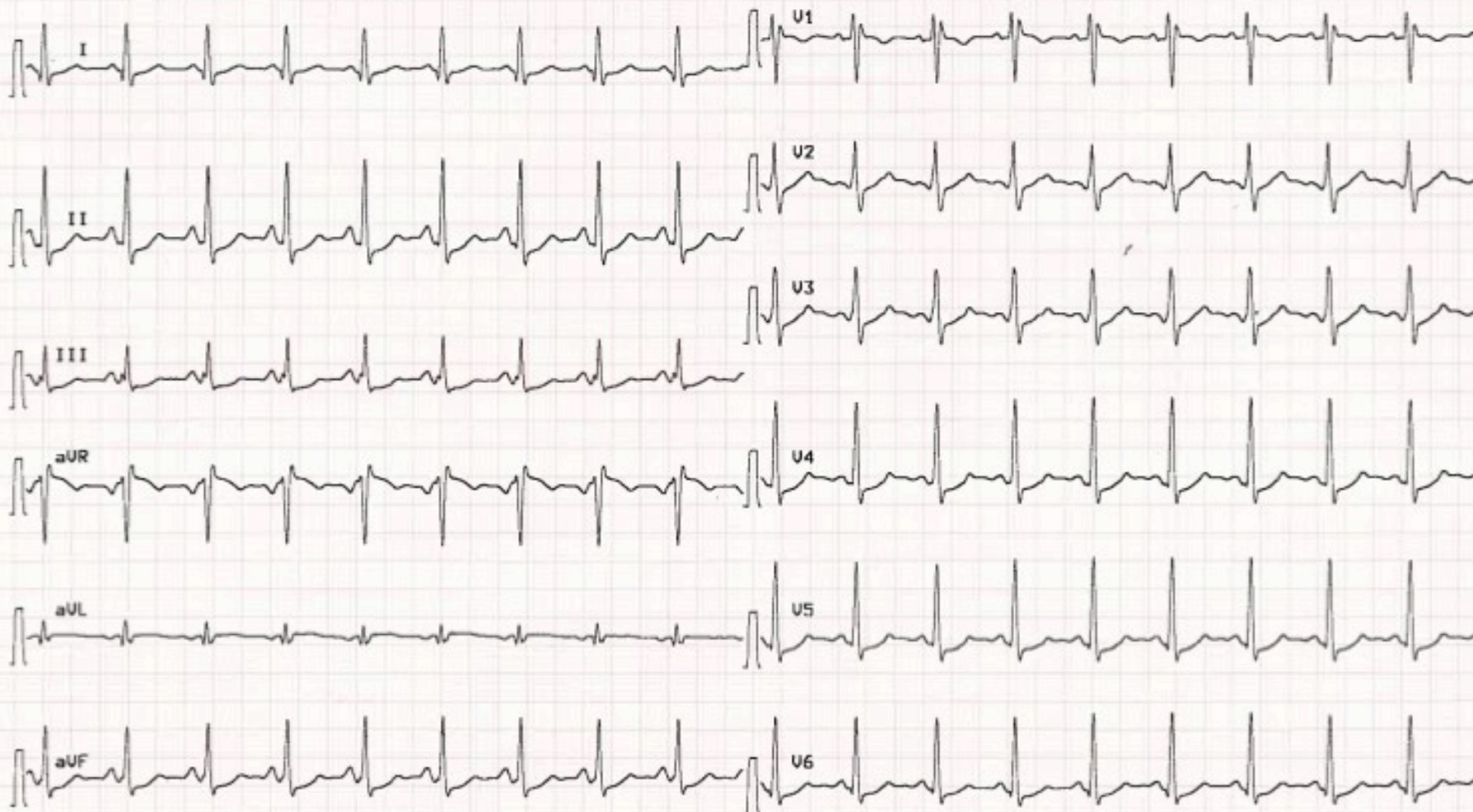
Temps charge
Palier Cou 0:44
Charge 0 M

I	-0.2	0.6	V1	0.4	0.0
II	-0.9	0.8	V2	0.2	1.2
III	-0.6	0.2	V3	-0.1	1.1
aUR	0.5	-0.7	V4	-0.8	0.7
aUL	0.1	0.1	V5	-0.9	0.6
aUF	-0.7	0.5	V6	-0.8	0.5

ST (mm) @ J+40ms
Pente ST (mV/s)

10 mm/mV

10 mm/mV



HYPOTHÈSES

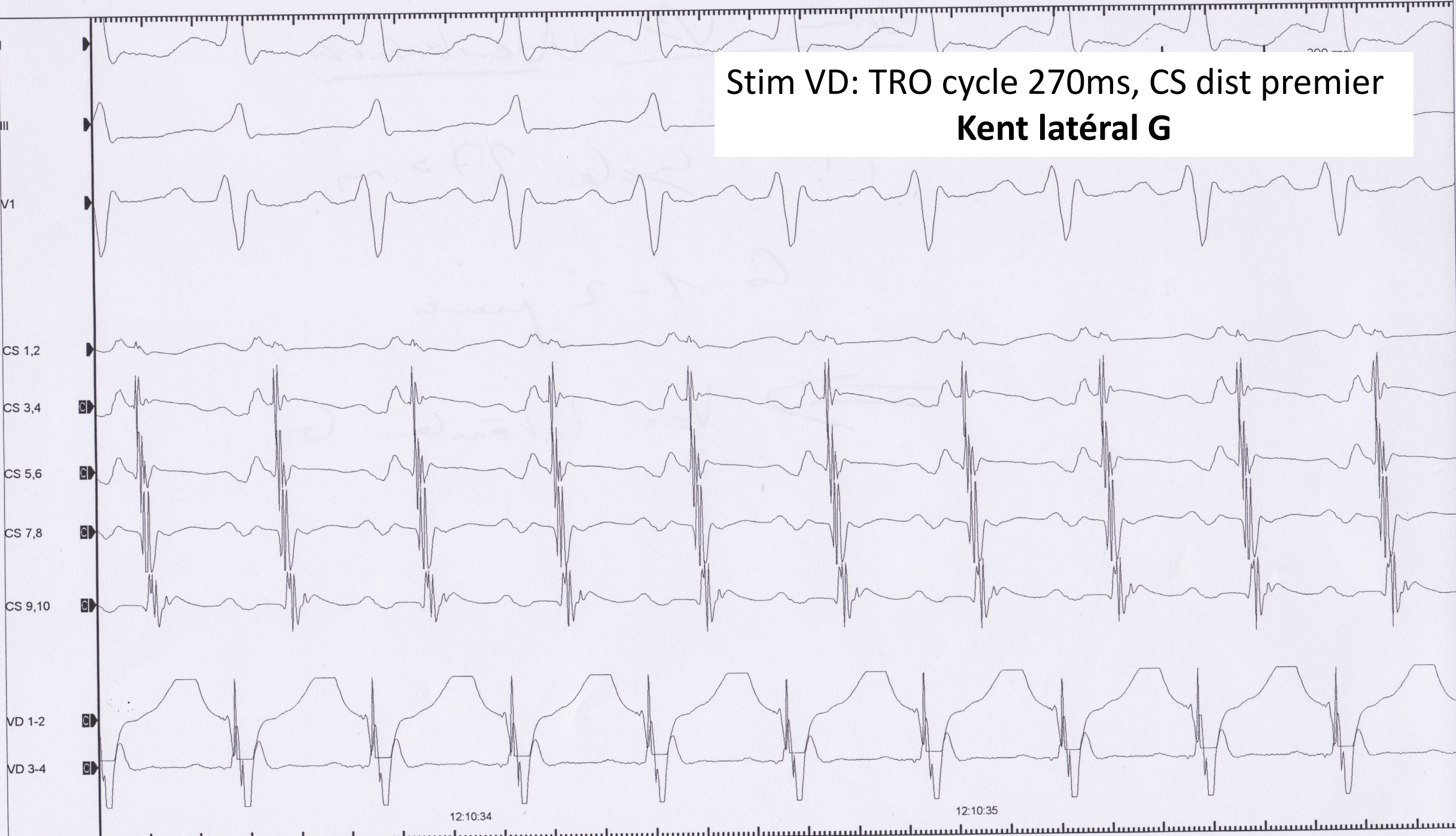
• WPW : TRO avec conduction hyperdromique par le NAV

- TRIN

- TA/flutter

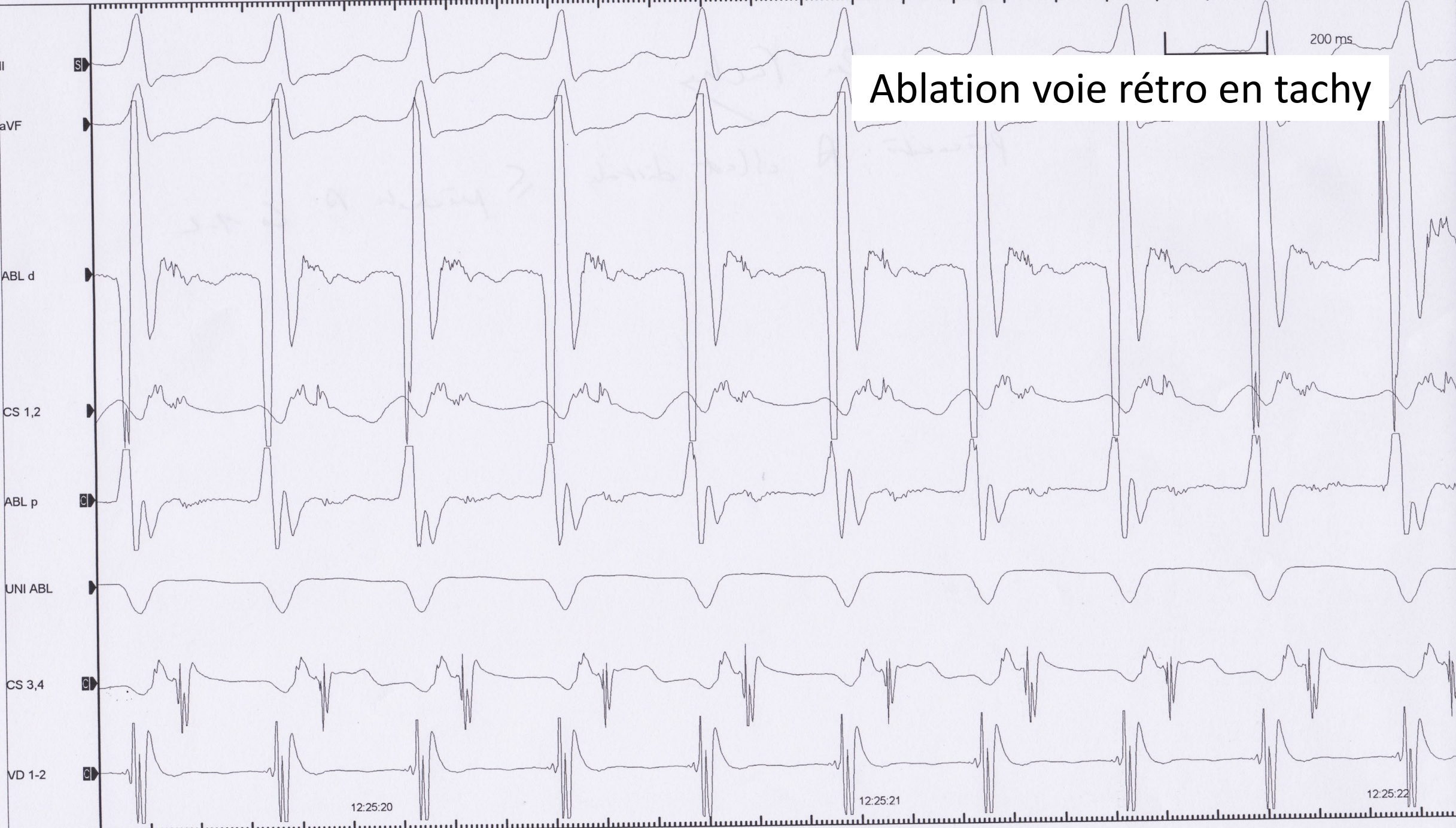
EEP +/- ABLATION

Stim VD: TRO cycle 270ms, CS dist premier
Kent latéral G



Ablation voie rétro en tachy

200 ms



Abl : NON

500 ms

Arrêt tachy 13sec

ECG inchangé

A-V CS distal collé

12:25:34

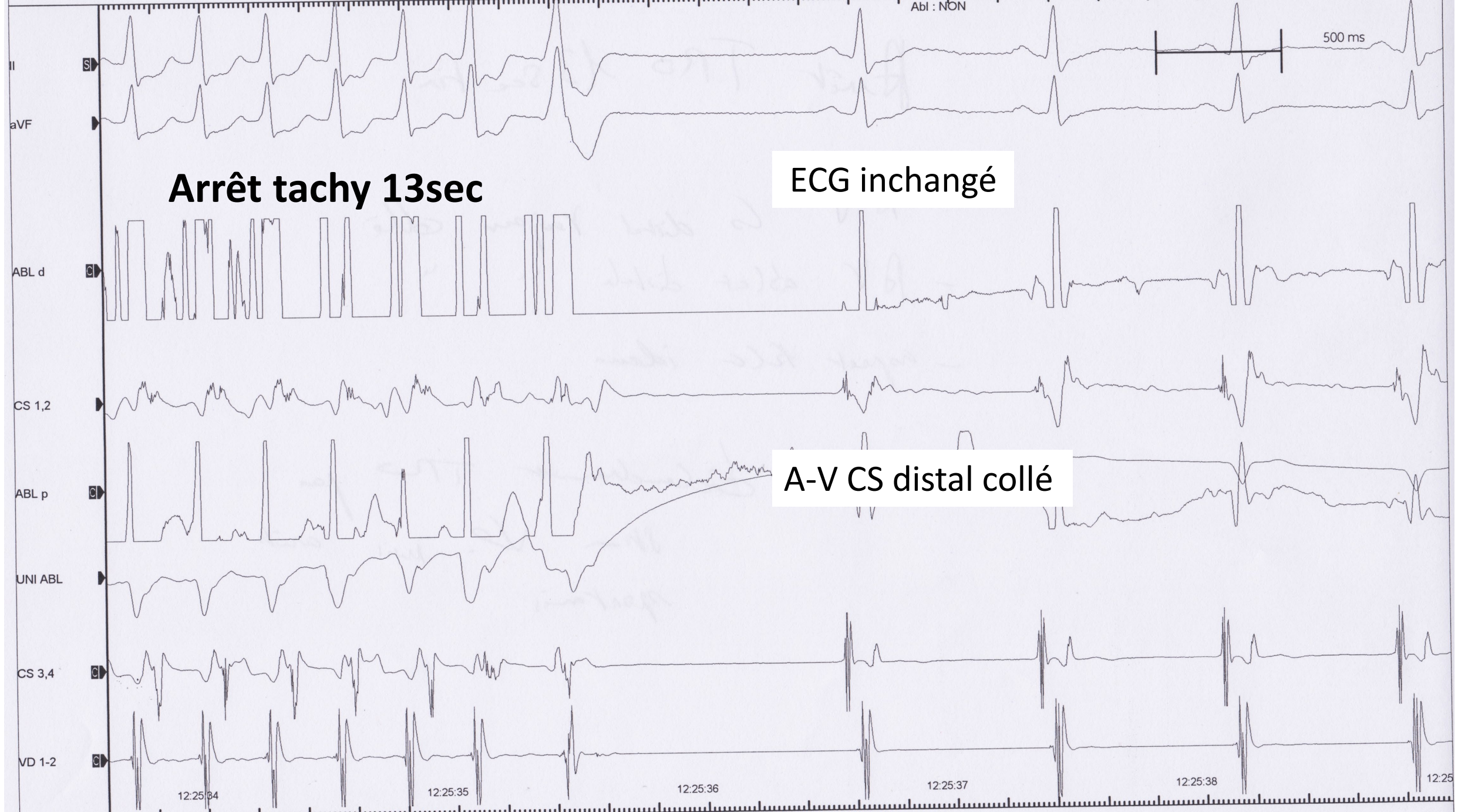
12:25:35

12:25:36

12:25:37

12:25:38

12:25



Mapping en RS

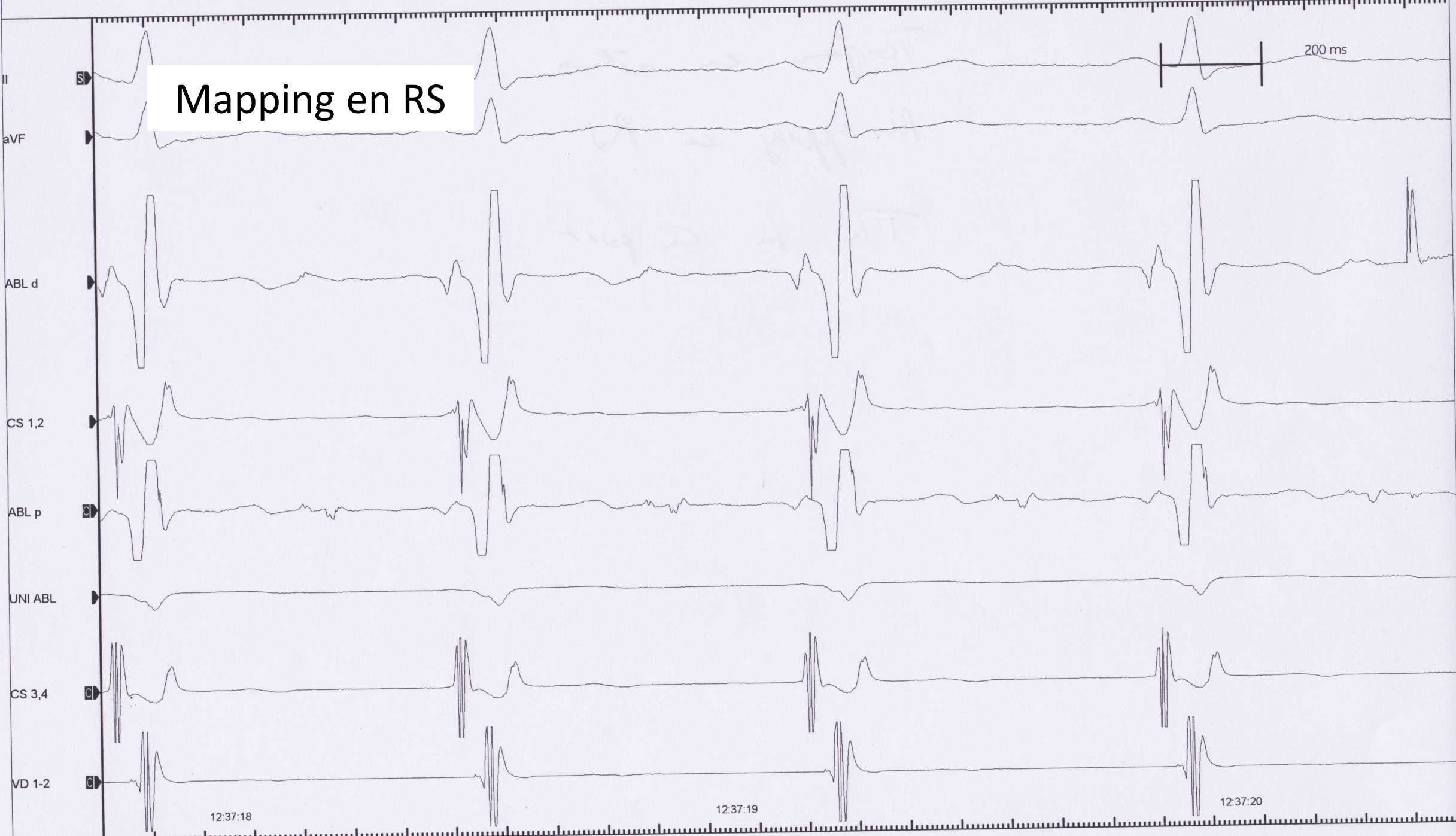
200 ms

II
aVF
ABL d
CS 1,2
ABL p
UNI ABL
CS 3,4
VD 1-2

12:37:18

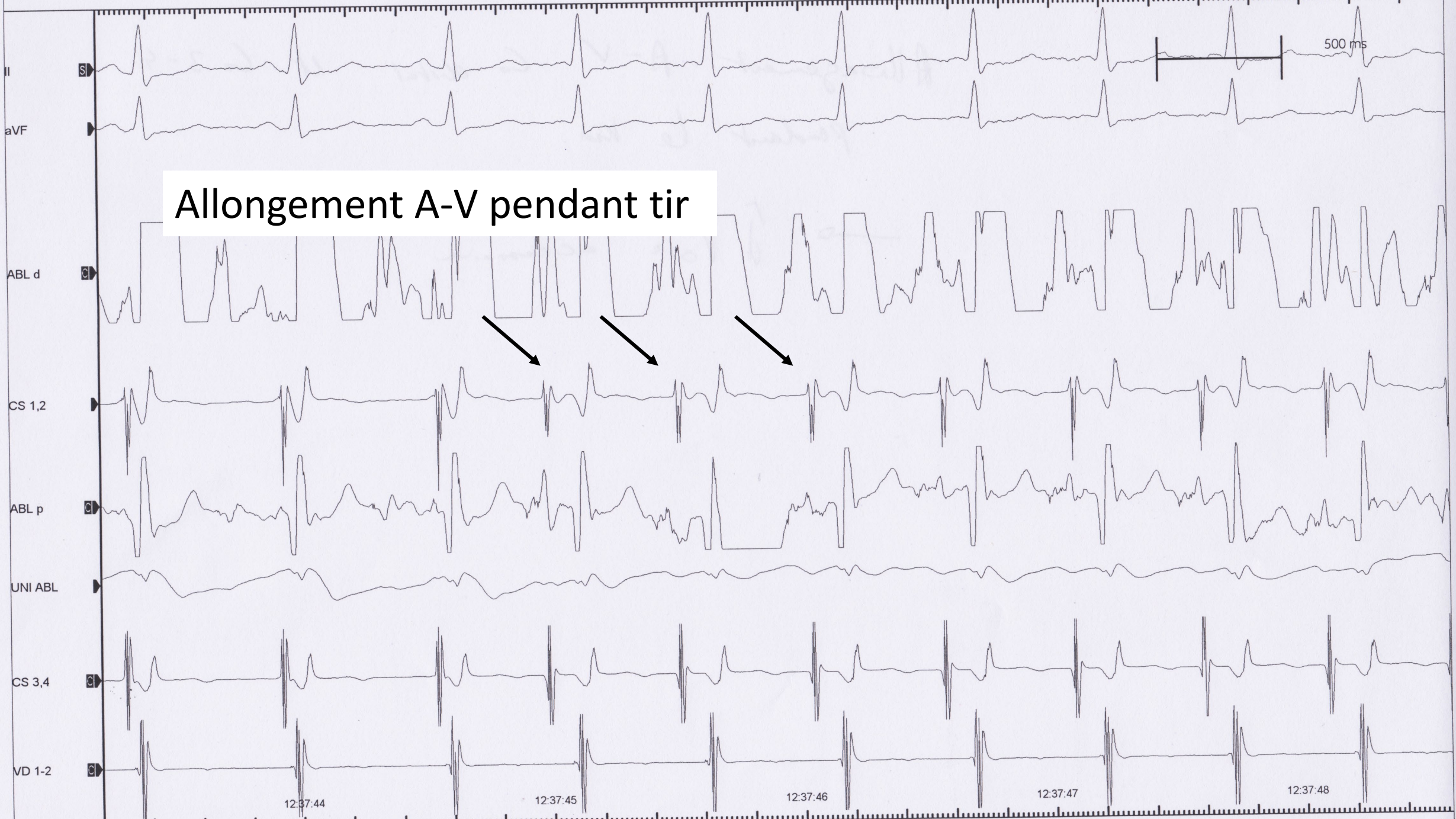
12:37:19

12:37:20

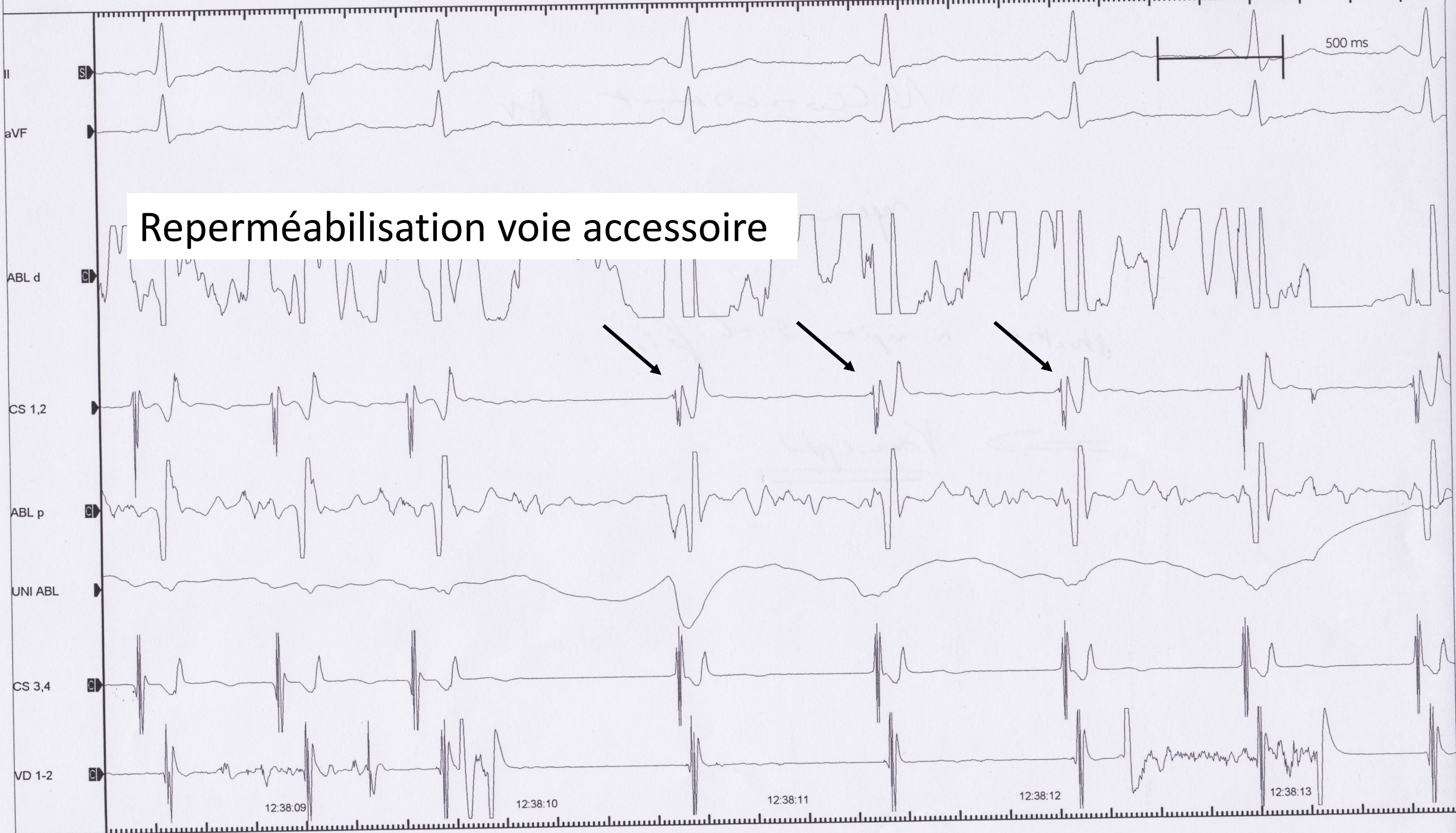


Allongement A-V pendant tir

500 ms

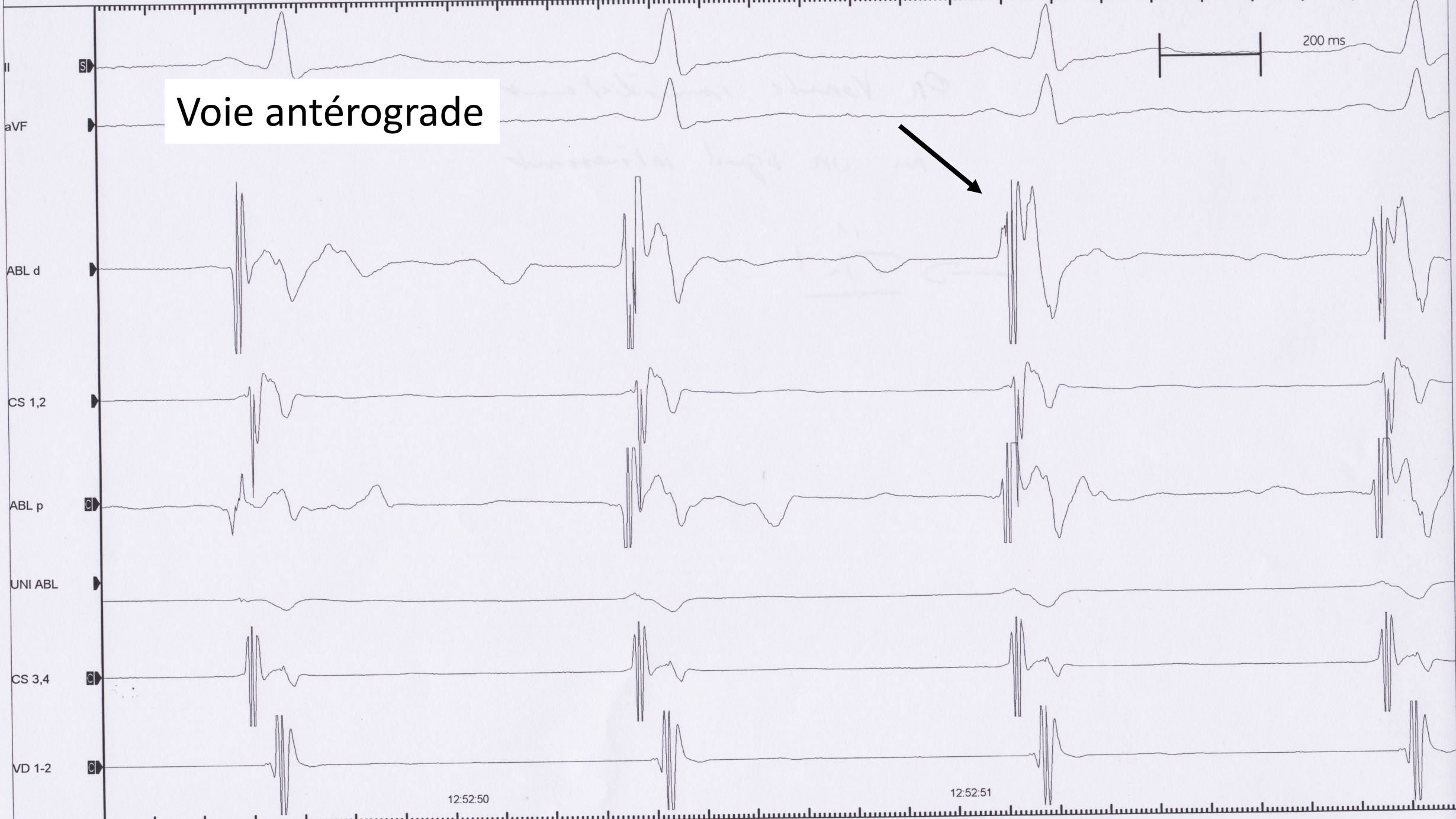


Reperméabilisation voie accessoire

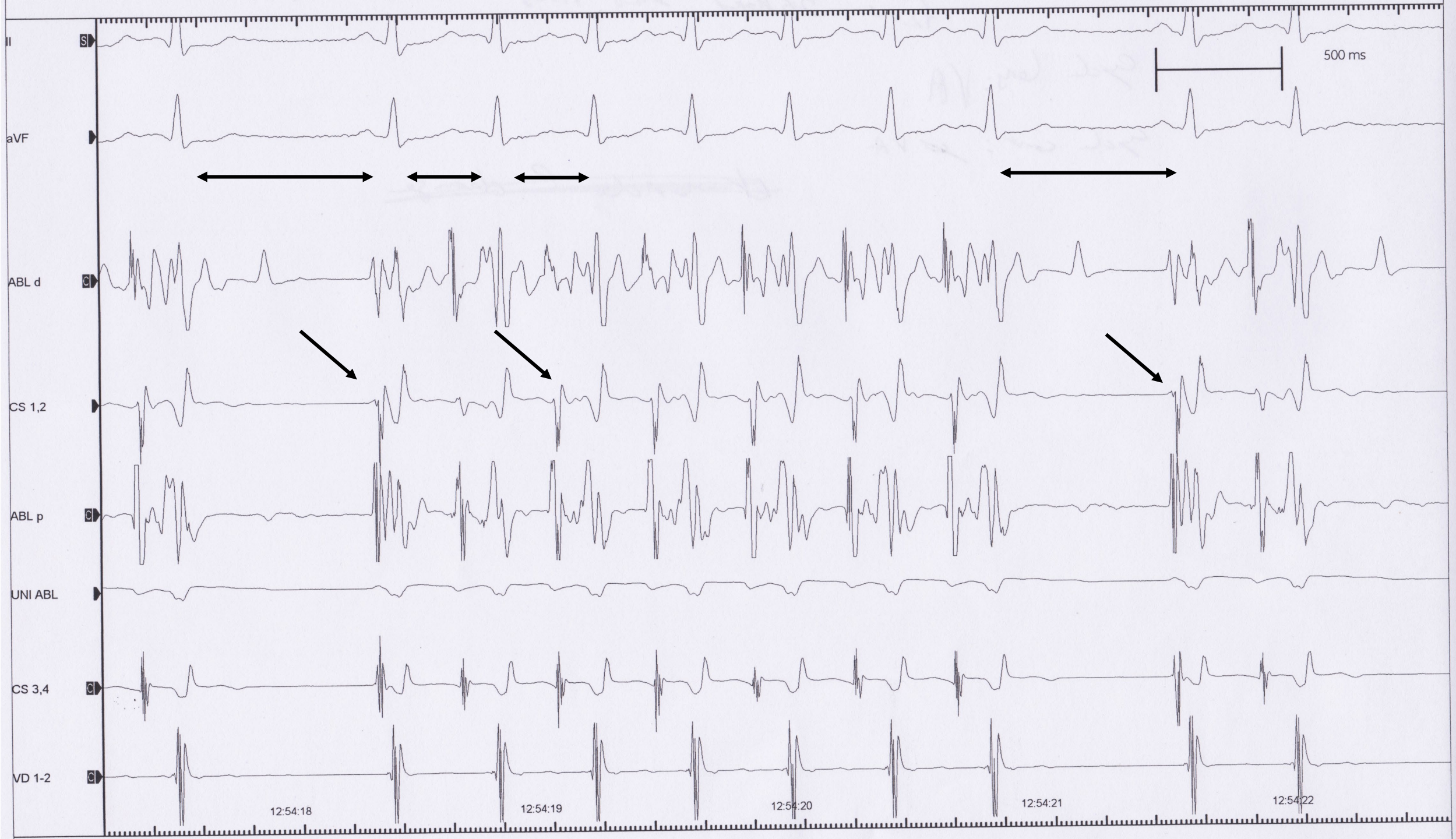


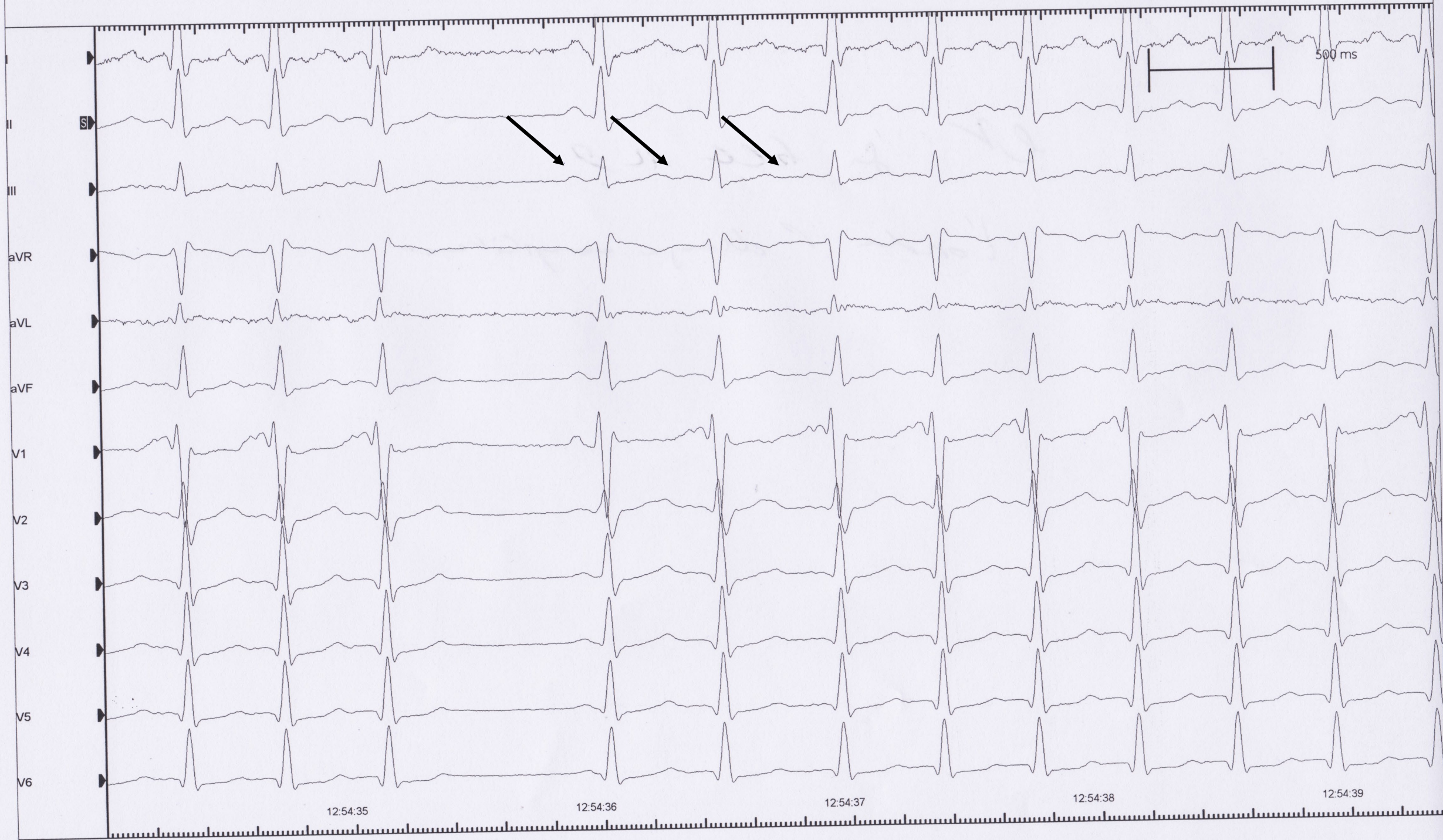
Voie antérograde

200 ms

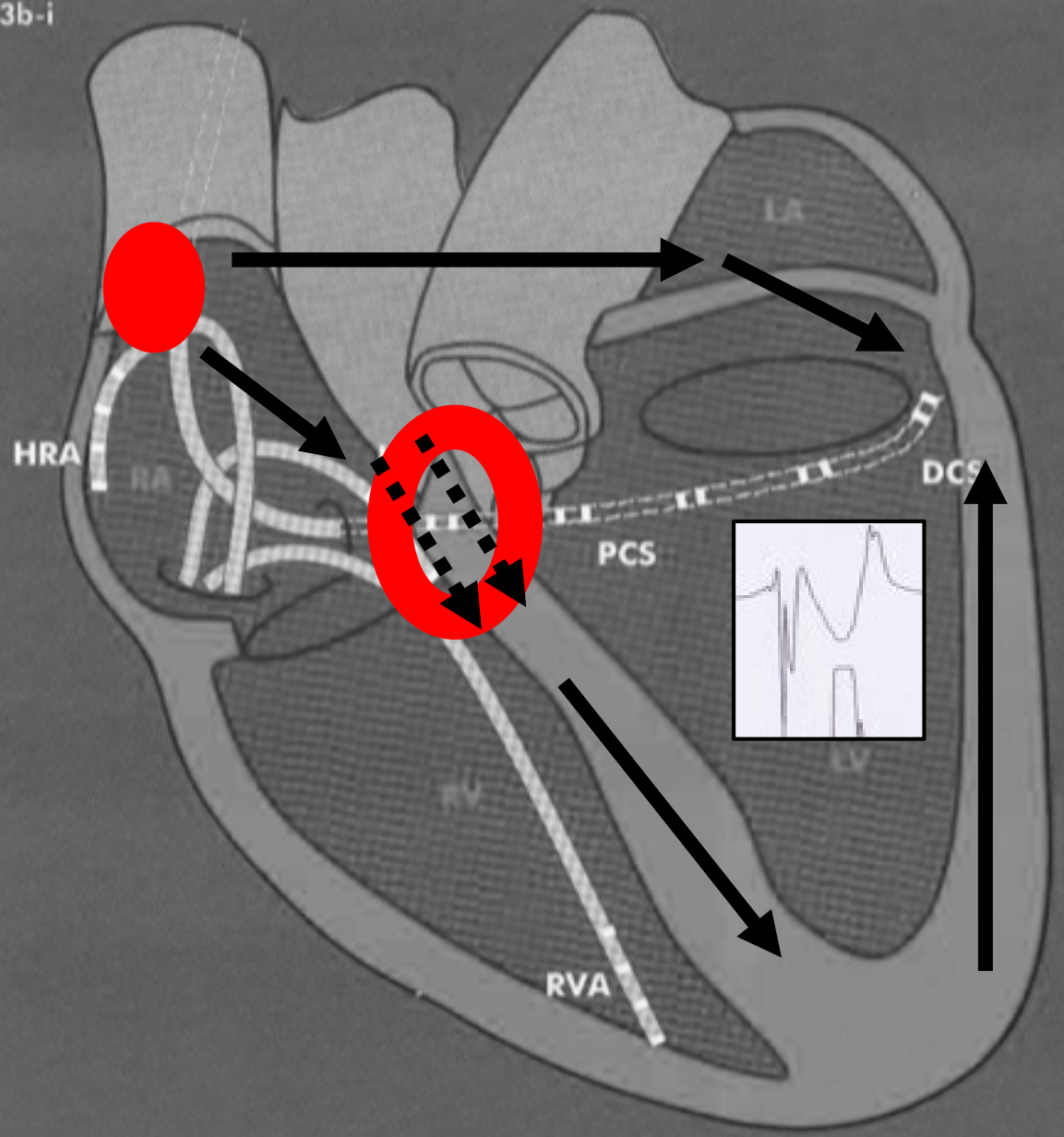






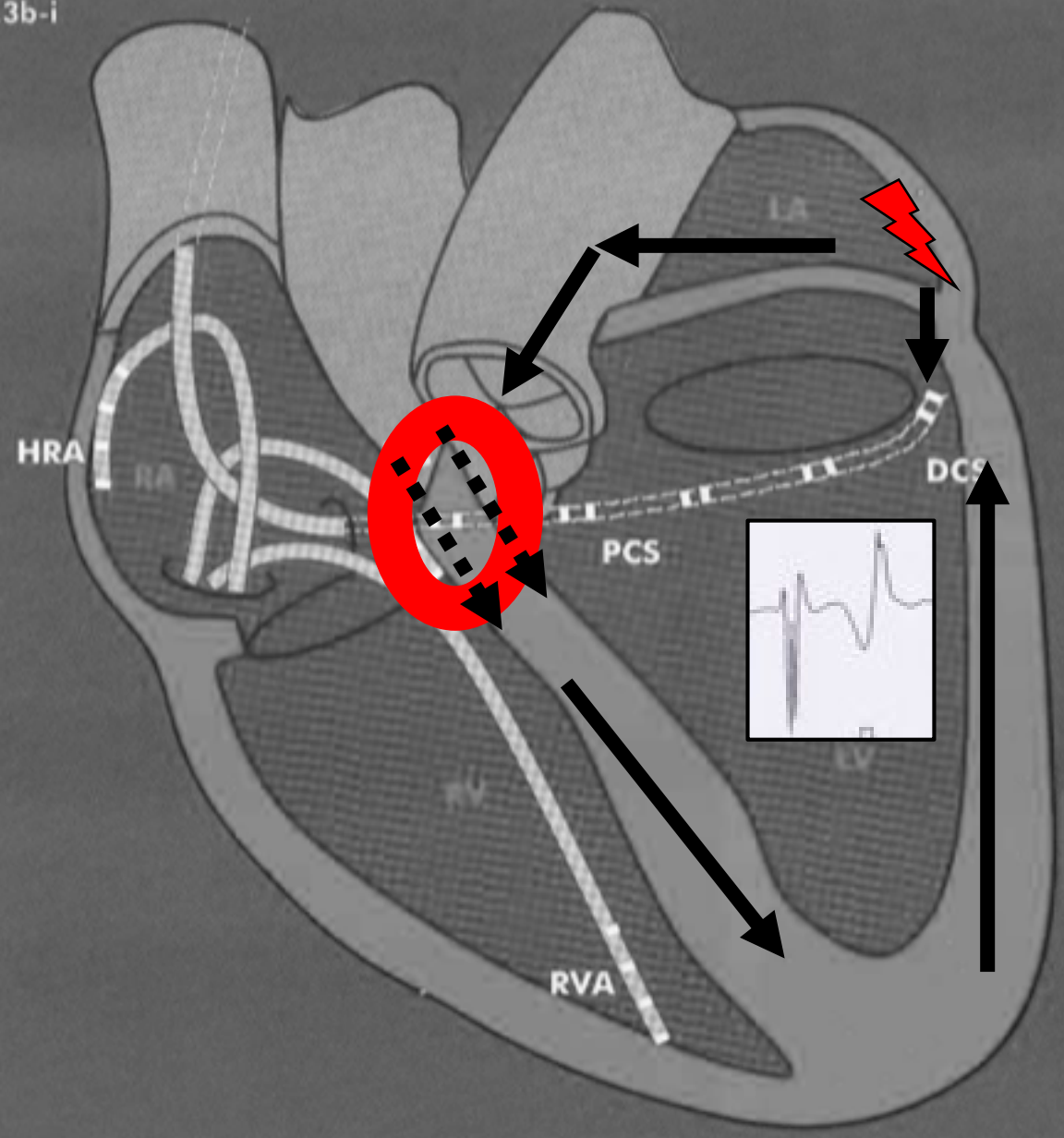


1.3b-i



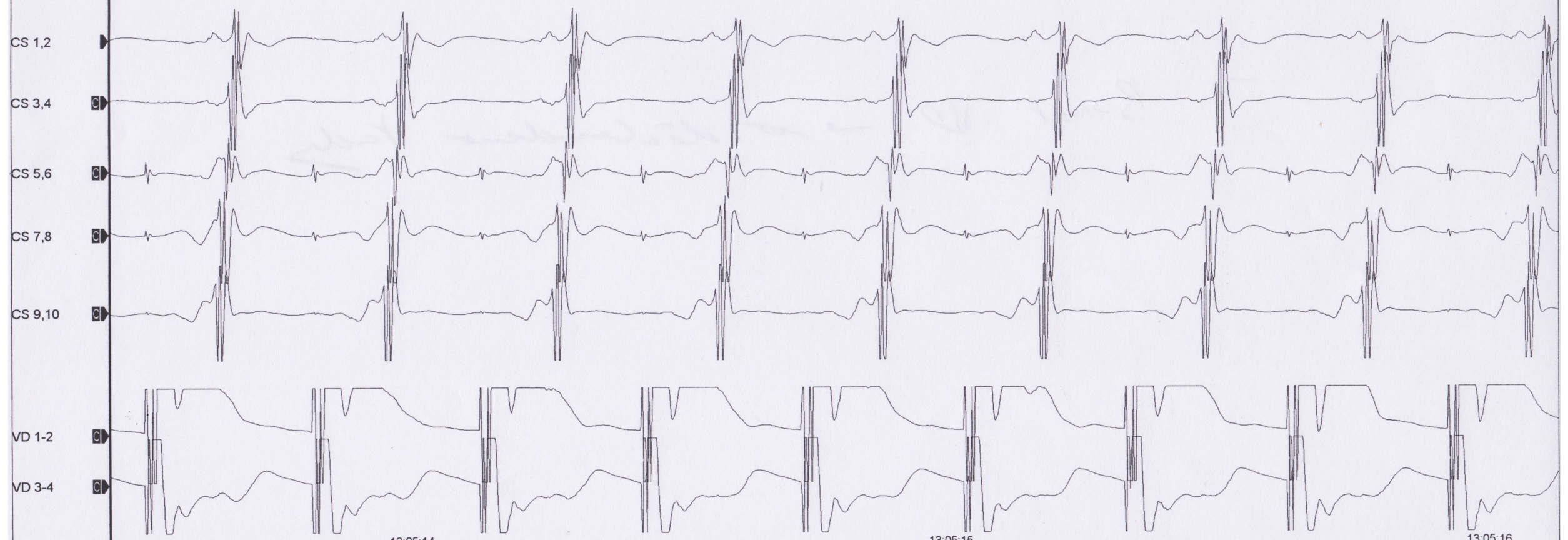
HRA = high right atrium; His = His bundle; DCS, PCS = distal and proximal coronary sinus; RVA = right ventricular apex.

1.3b-i



HRA = high right atrium; His = His bundle; DCS, PCS = distal and proximal coronary sinus; RVA = right ventricular apex.

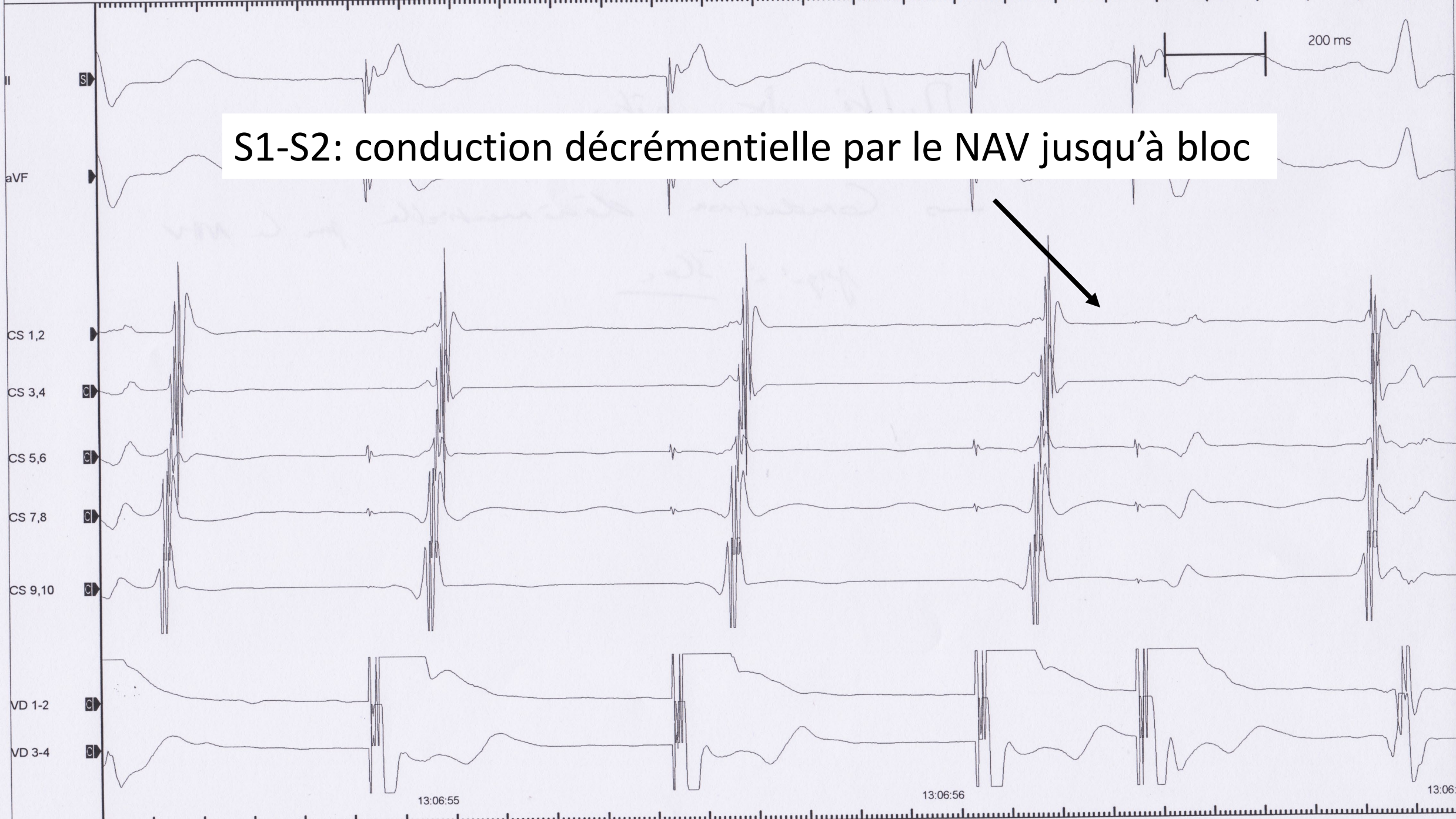
Stim VD: conduction rétro par le NAV centrifuge
Tachy non déclenchable

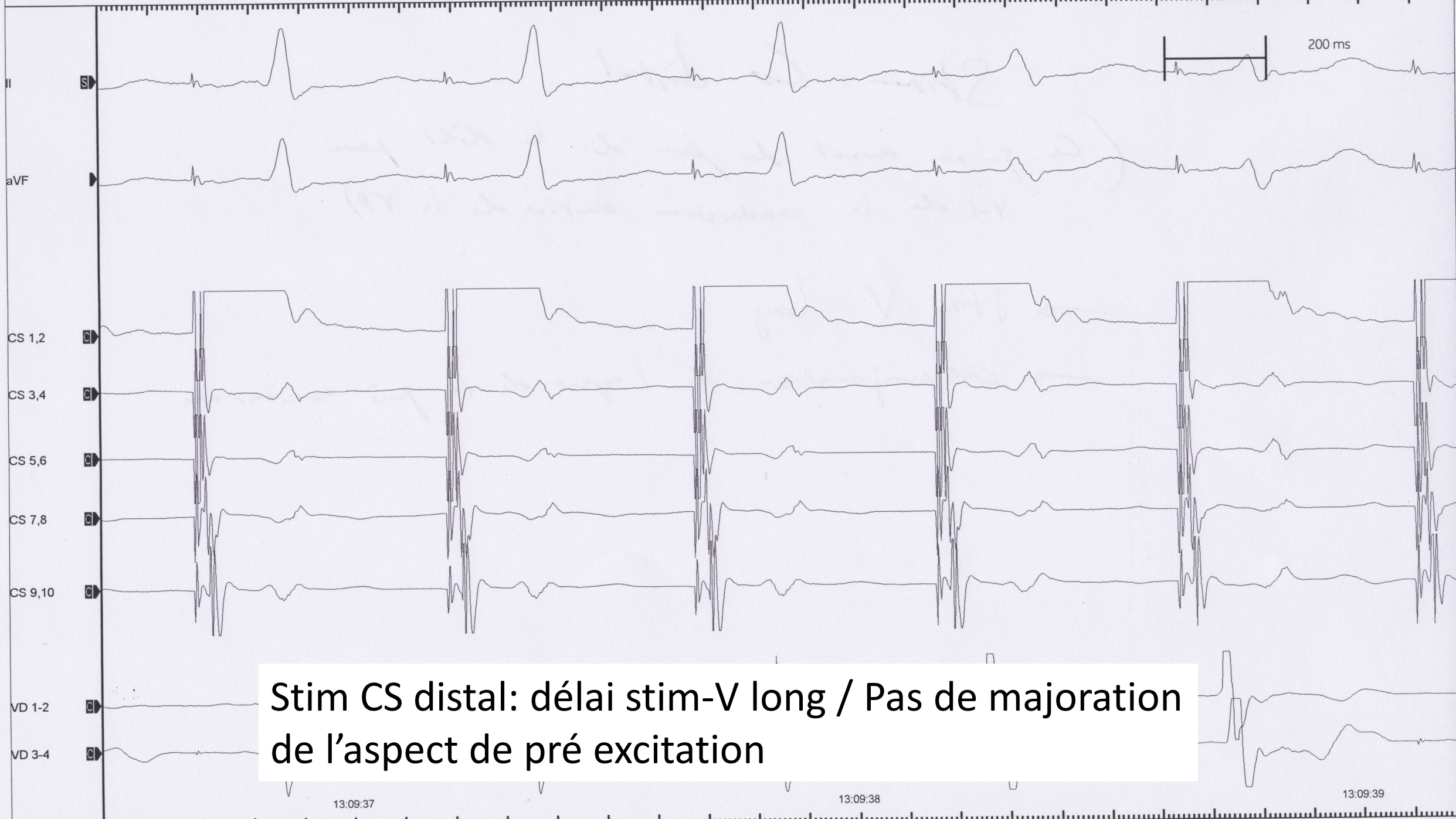


13:05:14

13:05:15

13:05:16





Stim CS distal: délai stim-V long / Pas de majoration de l'aspect de pré excitation