

IICE



ΚΑΡΔΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ
ΒΟΡΕΙΟΥ ΕΛΛΑΔΟΣ

24 | 25 | 26 ΝΟΕΜΒΡΙΟΥ 2011

ELECTRA PALACE HOTEL

ΘΕΣΣΑΛΟΝΙΚΗ

INNOVATIONS IN
INTERVENTIONAL
CARDIOLOGY &
ELECTROPHYSIOLOGY



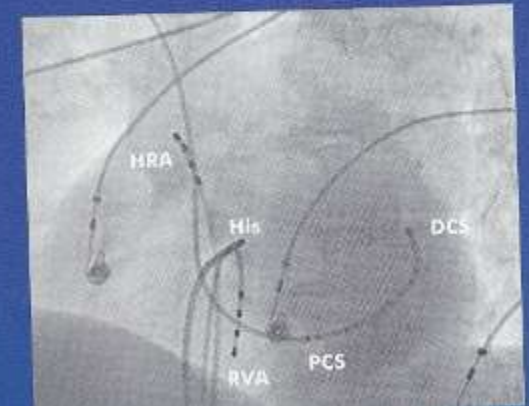
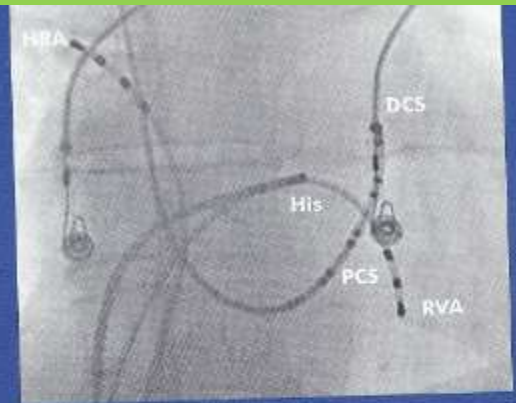
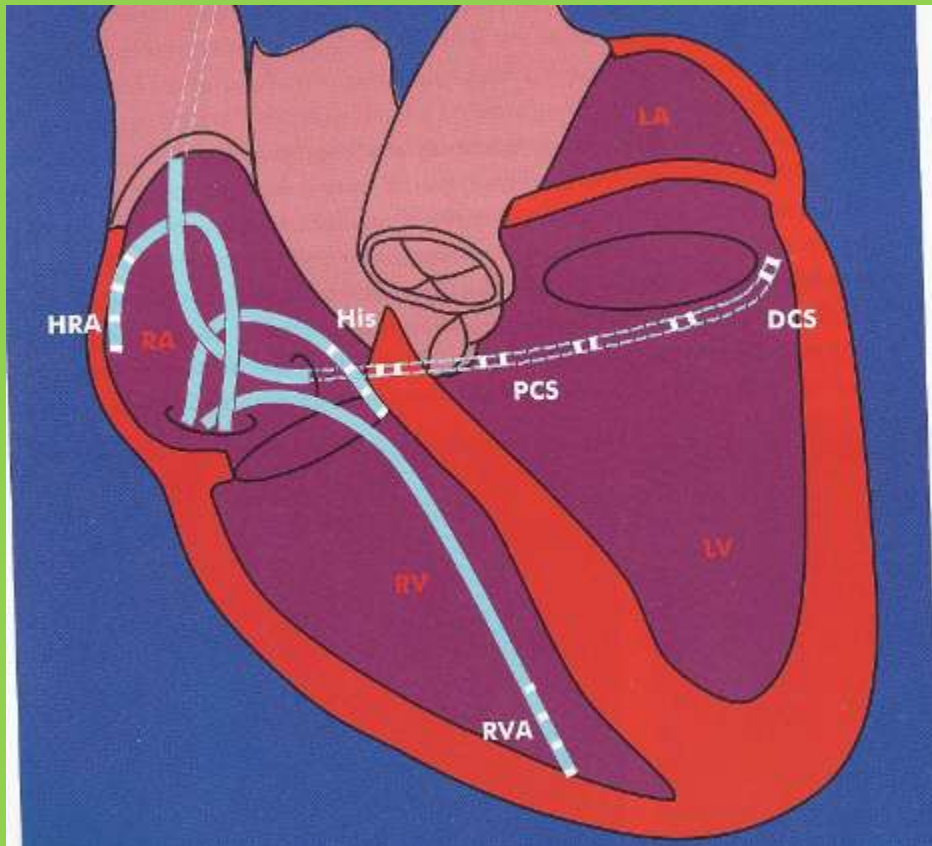
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ΕΠΕΜΒΑΤΙΚΗΣ
ΚΑΡΔΙΟΛΟΓΙΑΣ &
ΗΛΕΚΤΡΟΦΥΣΙΟΛΟΓΙΑΣ**

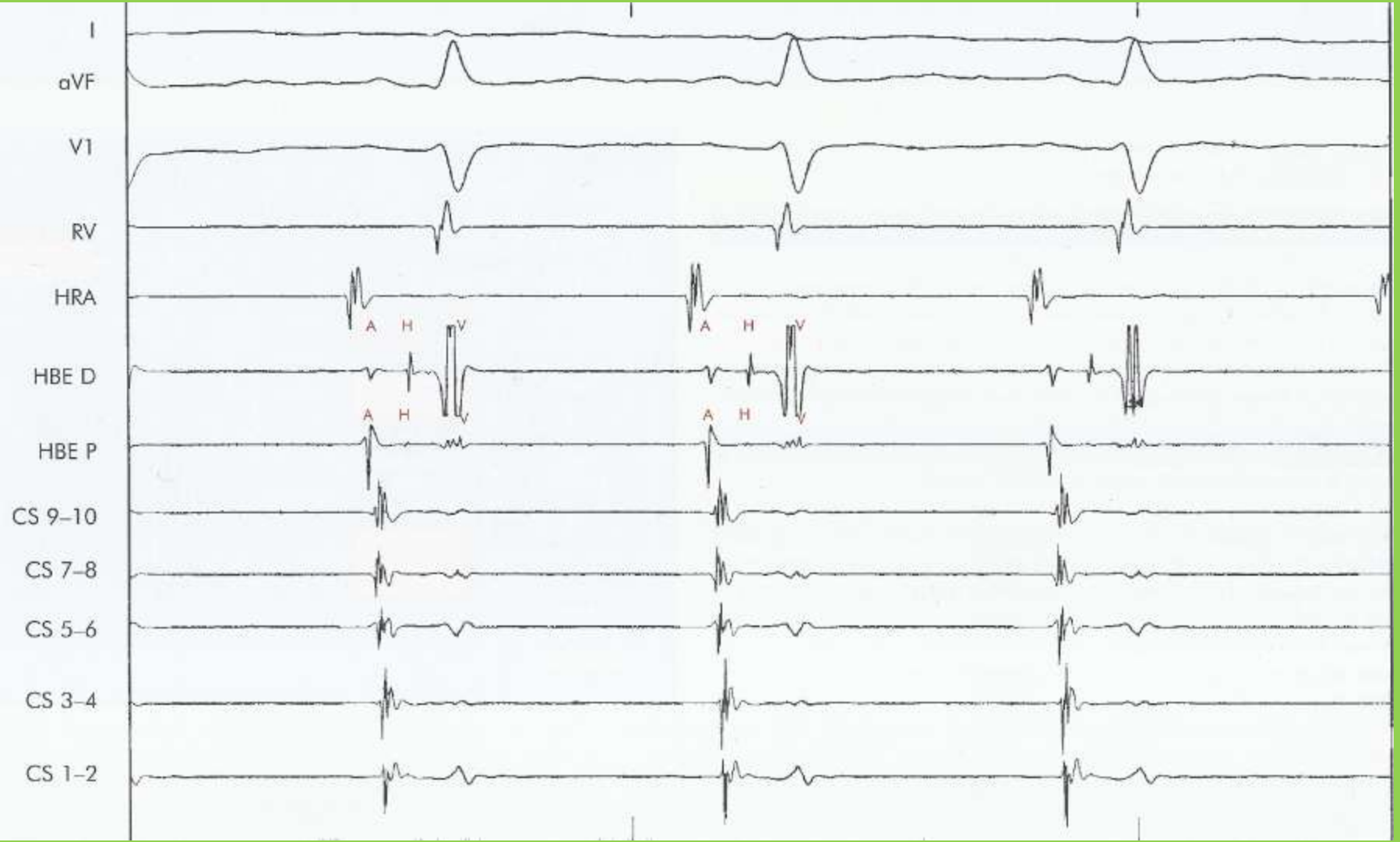
ΠΡΟΓΡΑΜΜΑ / PROGRAMME

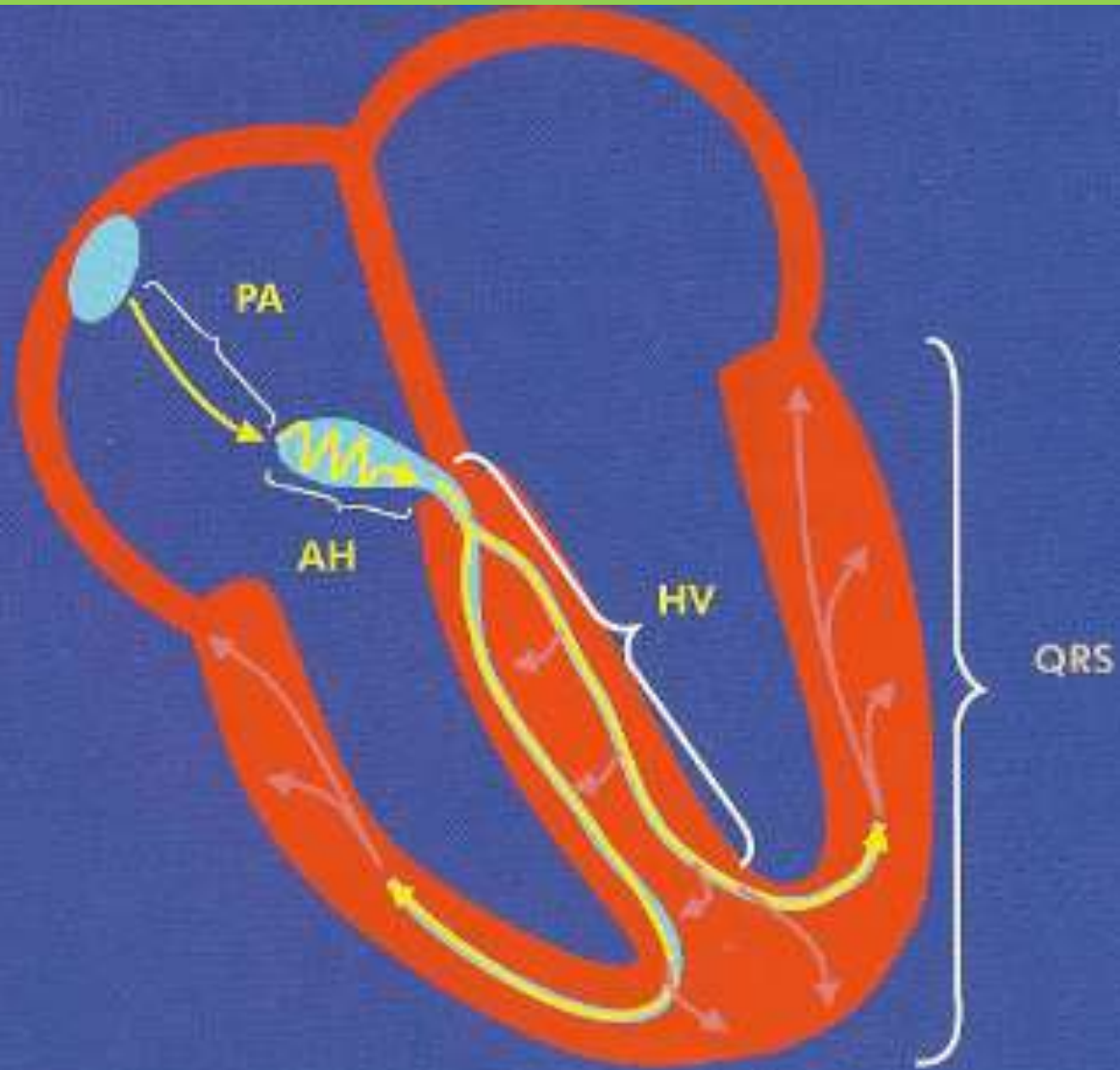


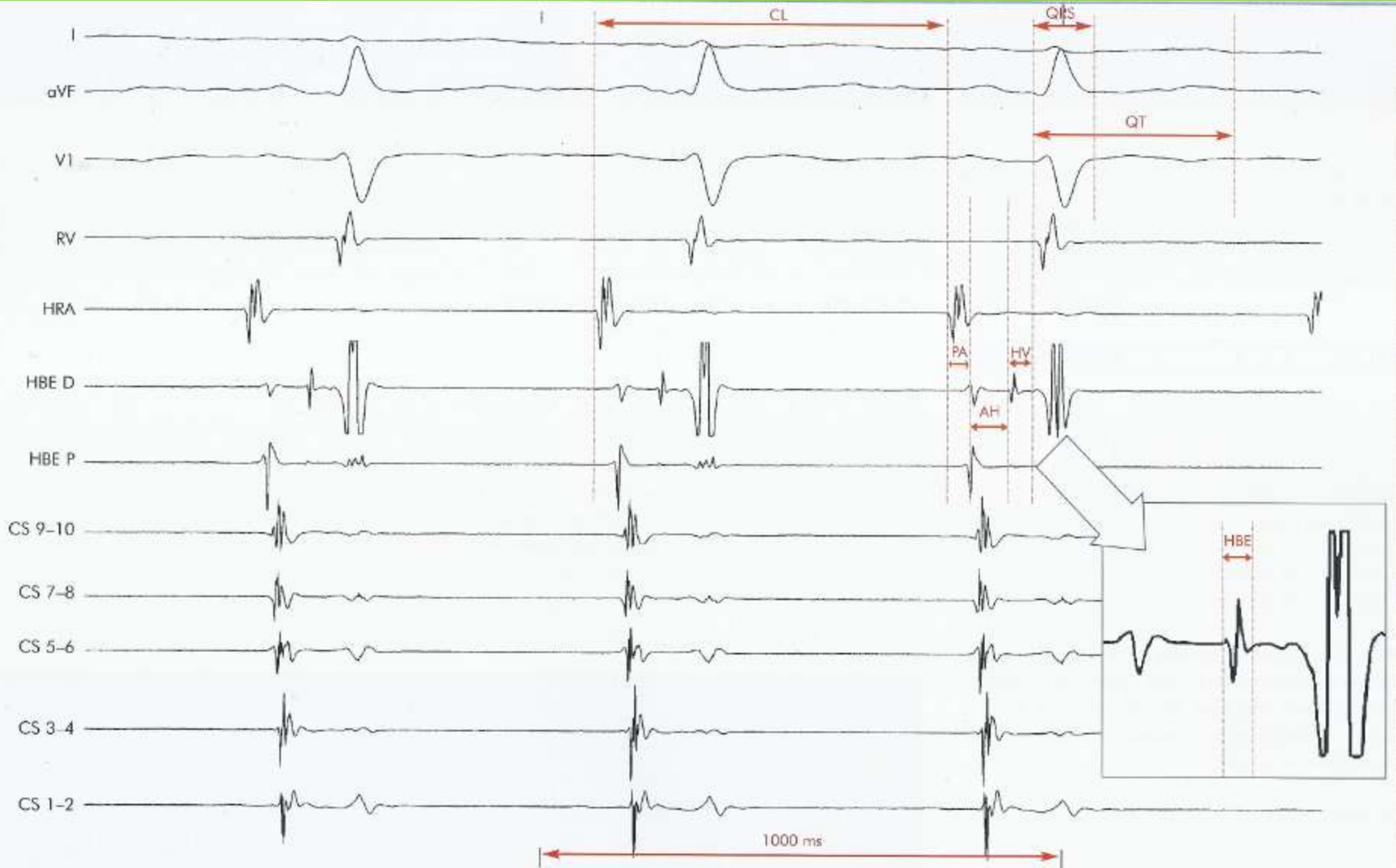
**Βασικές αρχές
Ηλεκτροφυσιολογίας**

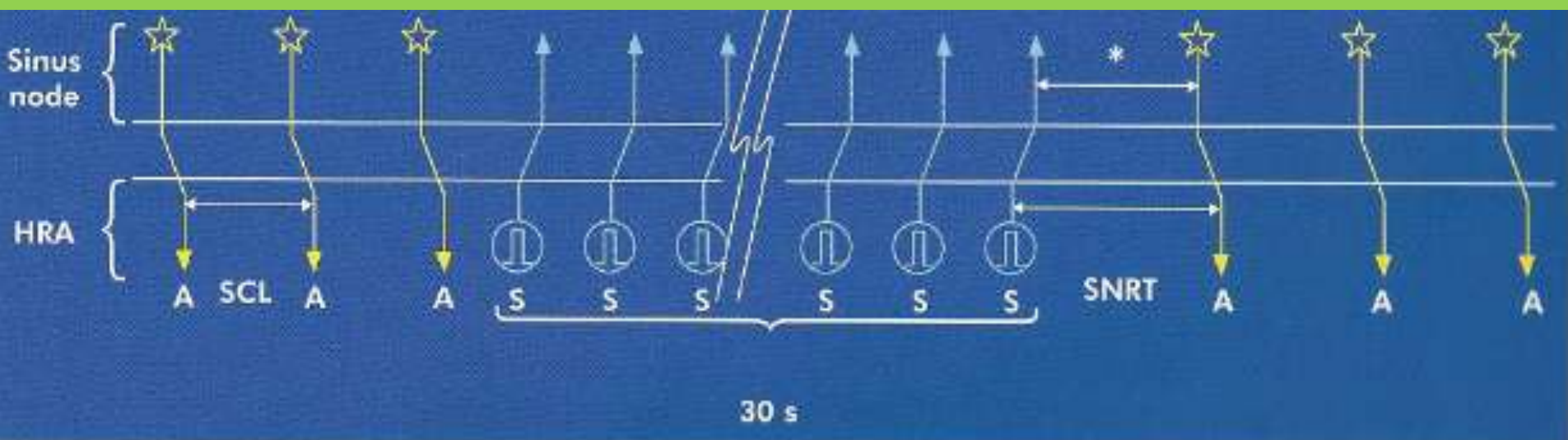
**Βασίλης Σκέμπερης
FESC
Γ' Καρδιολογική
Κλινική Α.Π.Θ.**

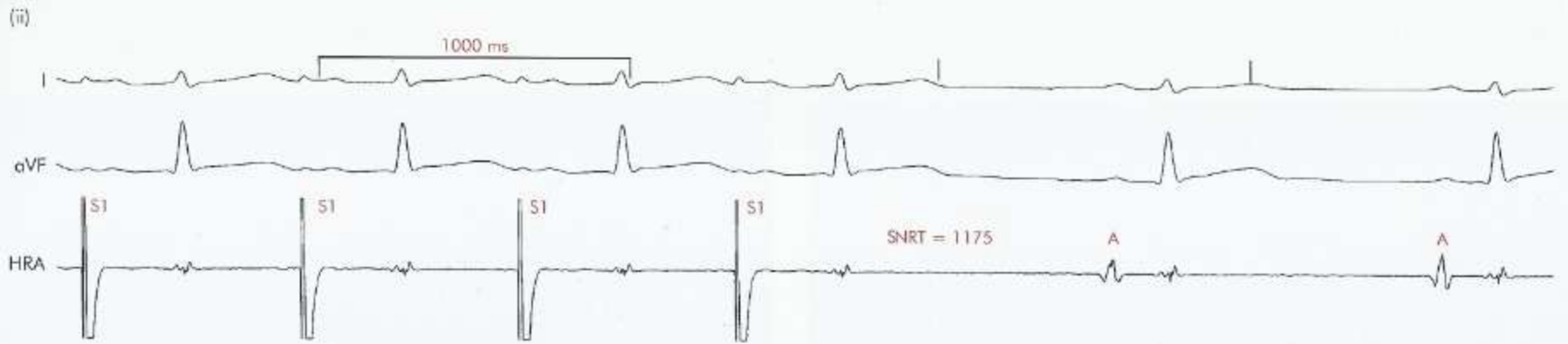
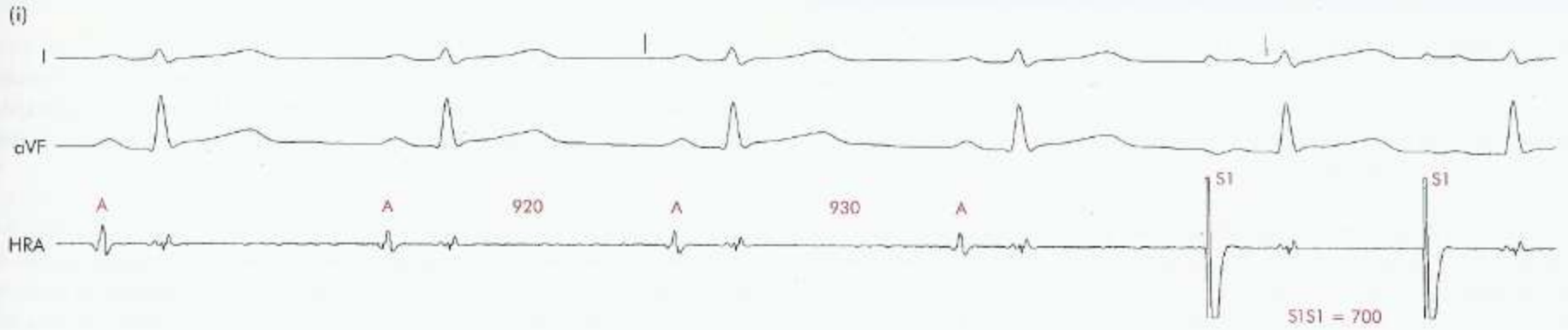


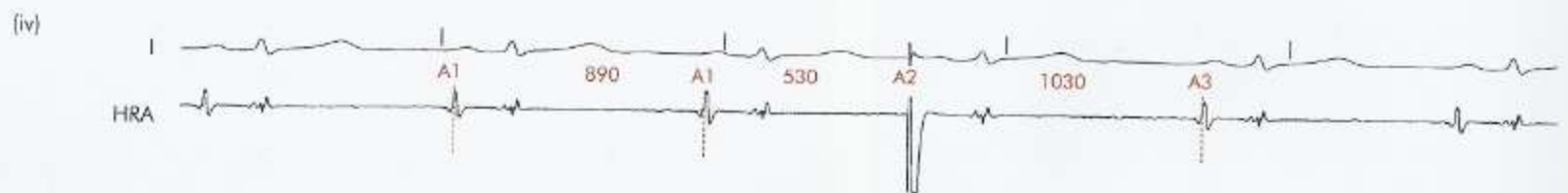
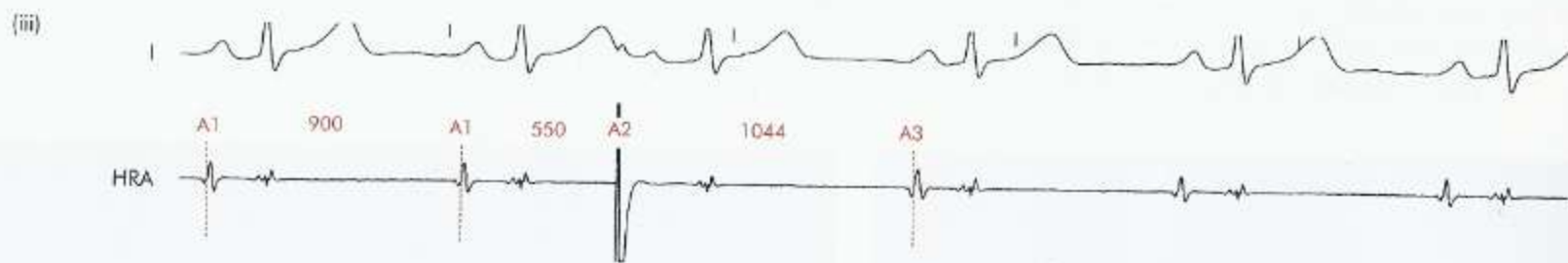


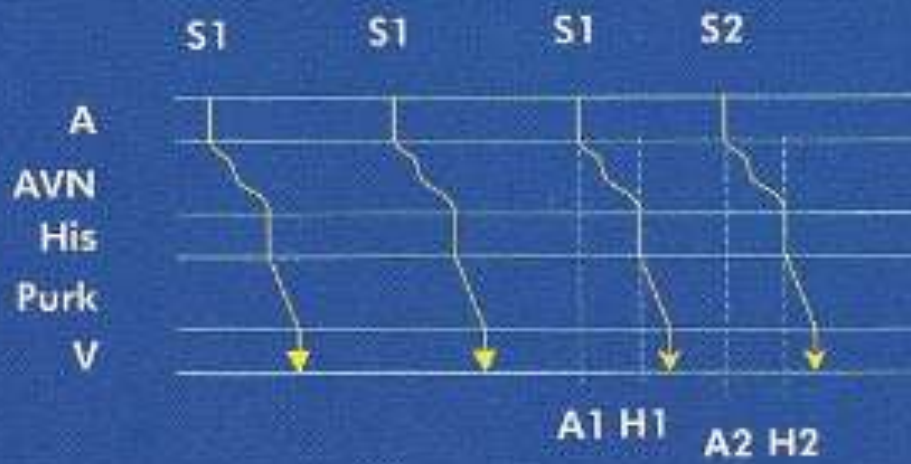
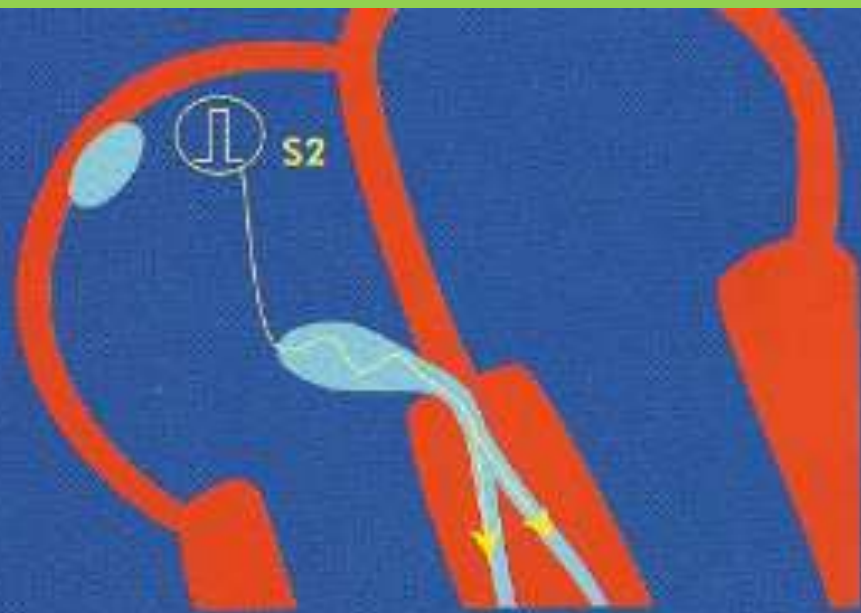


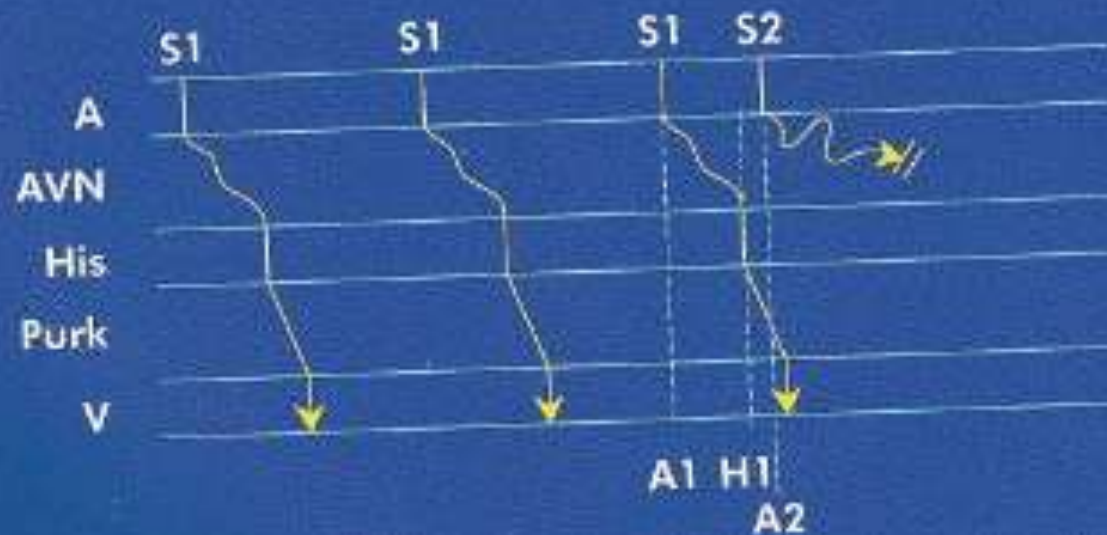


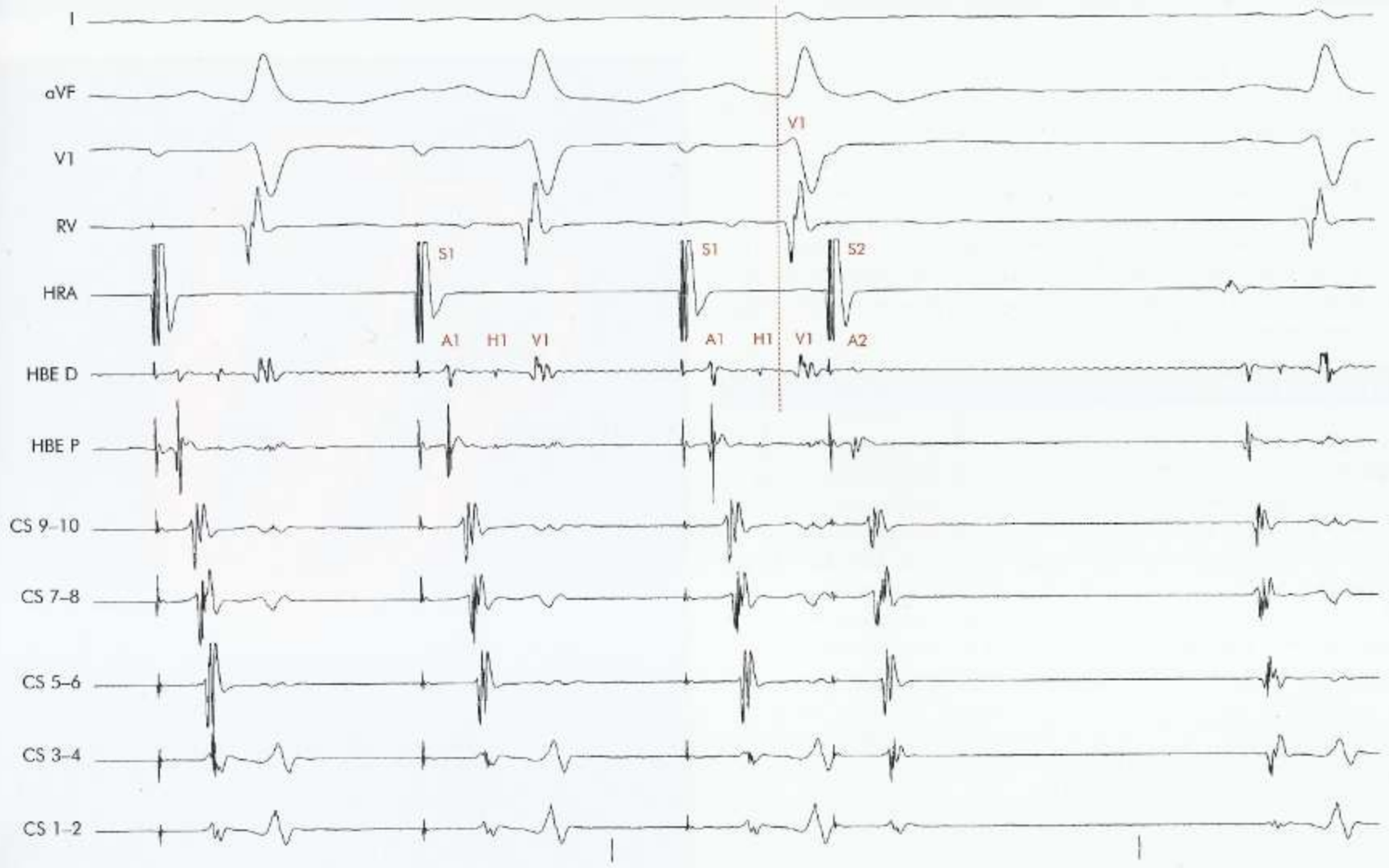


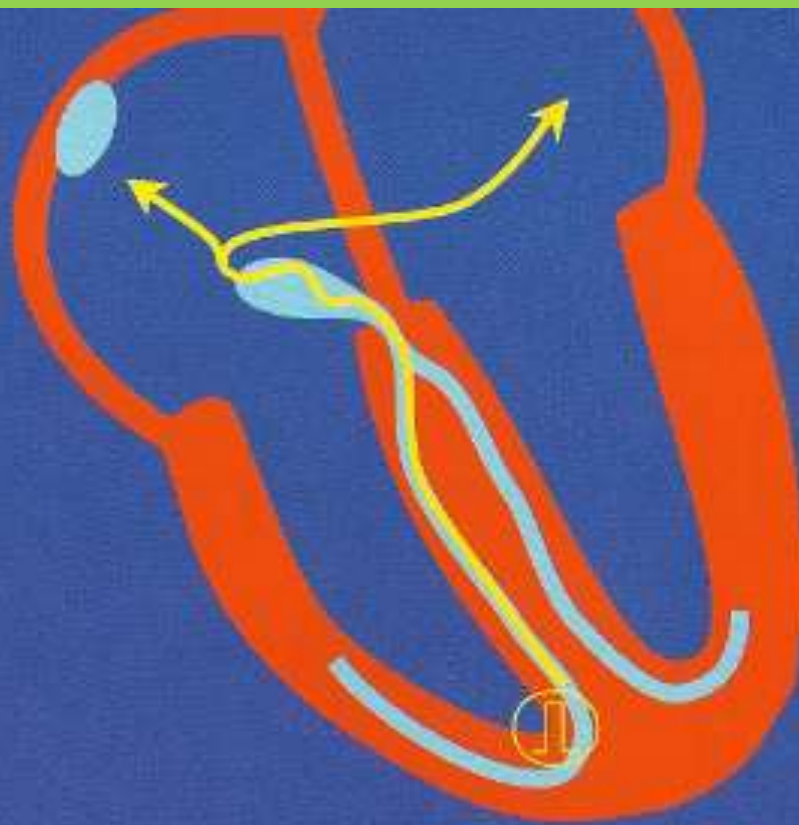




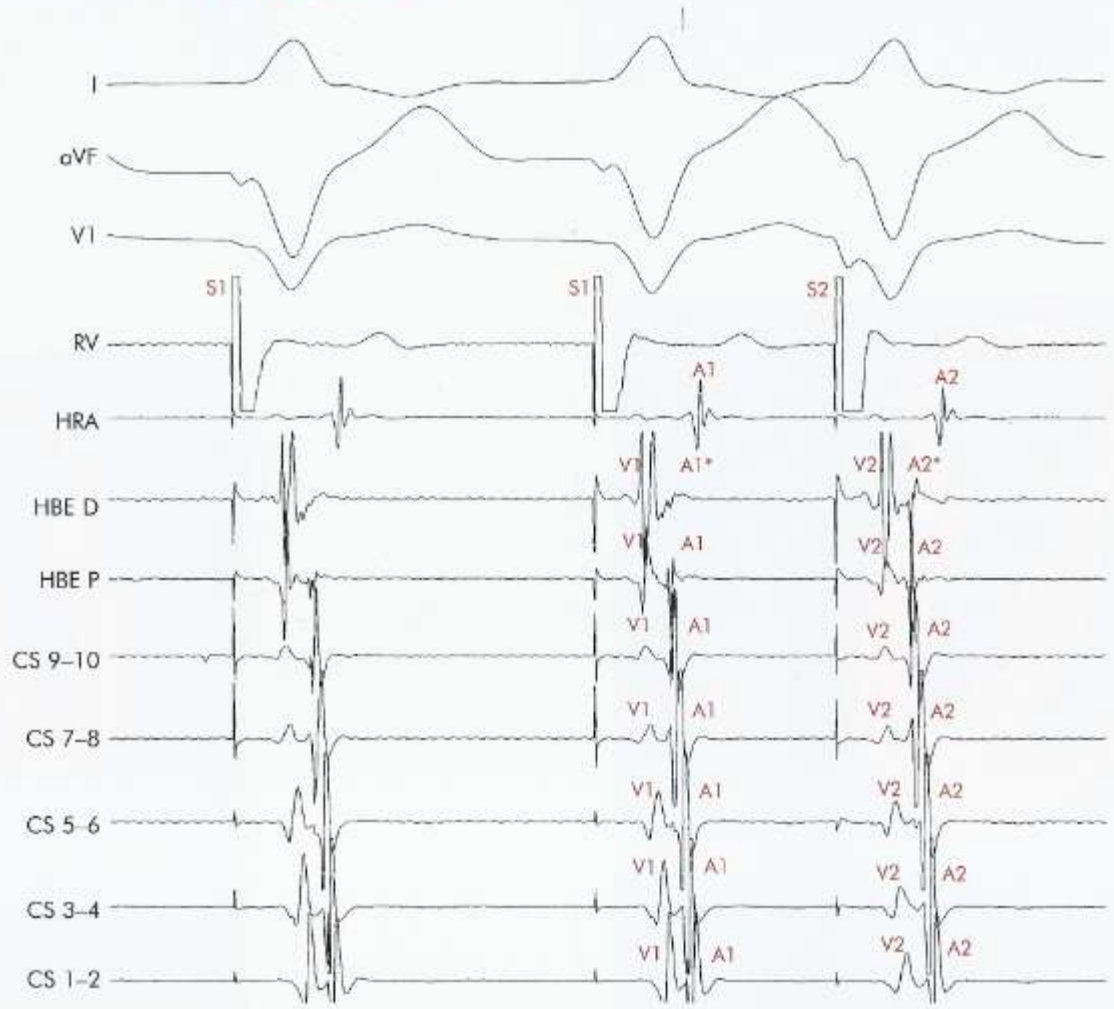






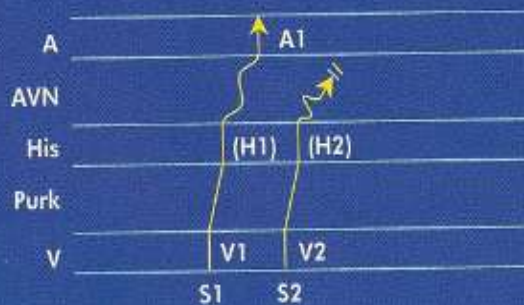


3131 = 600 3132 = 400

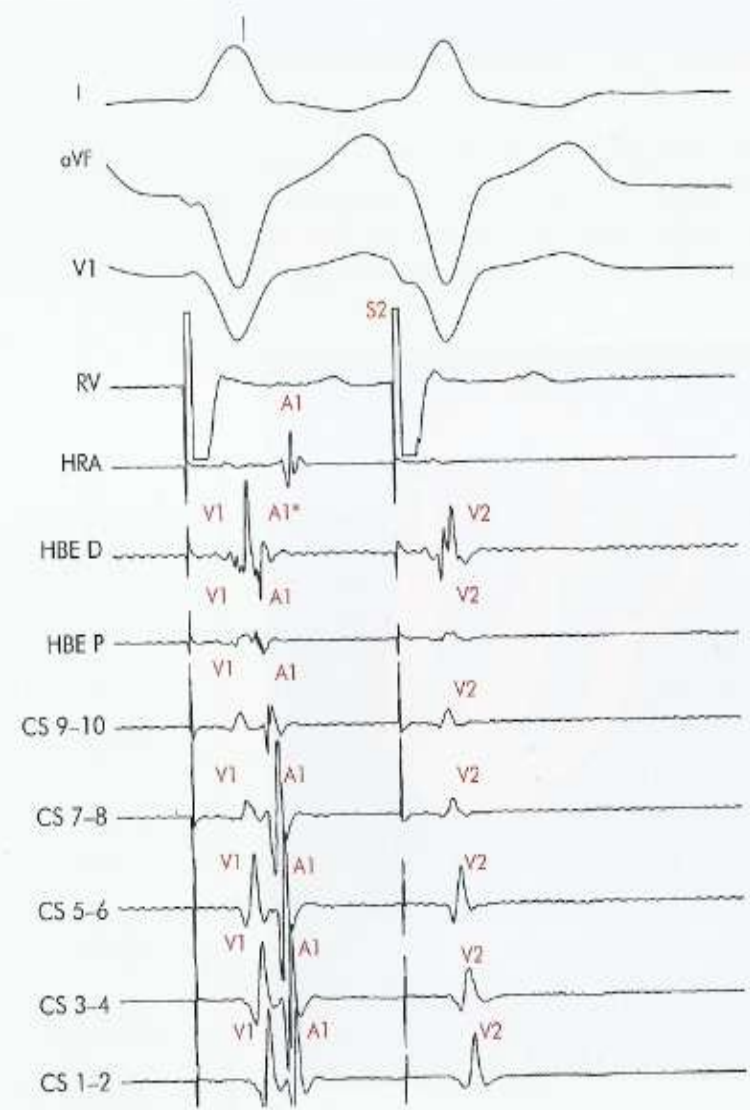


Eventually, retrograde conduction is blocked when the His-Purkinje system or AV node becomes refractory. This point is often highly dependent on the drive cycle length (Figure 2.4a-iv).

2.4a-iv



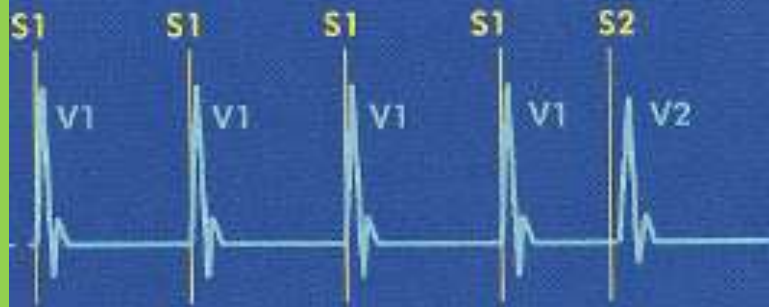
S1S1 = 500 S1S2 = 360



Tracing 2.4a-iv In the same patient, using a basic cycle length of 500 ms, VA block now occurs with extrastimulus coupling intervals of 360 ms and below. This illustrates the observation that the refractoriness of the retrograde conduction system can vary markedly with the basic cycle length.



No latency
 $V1V1 = S1S2$



Onset of latency
 $V1V2 > S1S2$



Marked latency
 $V1V2 \gg S1S2$



Refractoriness
No V2

