ΕΝΔΕΙΞΕΙΣ ΗΛΕΚΤΡΟΦΥΣΙΟΛΟΓΙΚΗΣ ΜΕΛΕΤΗΣ

ΤΖΩΡΤΖ ΔΑΔΟΥΣ
ΛΕΚΤΟΡΑΣ ΚΑΡΔΙΟΛΟΓΙΑΣ Α.Π.Θ.

4Ο ΣΥΝΕΔΡΙΟ ΕΠΕΜΒΑΤΙΚΗΣ ΚΑΡΔΙΟΛΟΓΙΑΣ
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ΗΛΕΚΤΡΟΦΥΣΙΟΛΟΓΙΑΣ

ΘΕΣΣΑΛΟΝΙΚΗ 2011

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ΒΡΑΔΥΑΡΡΥΘΜΙΕΣ

Η χρήση της ΗΦΜ σε ασθενείς με γνωστή ή ύποπτη βραδυαρρυθμία πραγματοποιείται για την εκτίμηση των ασθενών με :

Α) Δυσλειτουργία του φλεβόκομβου

Β) Κολποκοιλιακό αποκλεισμό

Γ) Διαταραχές – Καθυστέρηση της ενδοκοιλιακής αγωγής

Για την πλειοψηφία των ασθενών, η ΗΦΜ αποτελεί συμπλήρωμα της ανάλυσης των ηλεκτροκαρδιογραφικών καταγραφών, οι οποίες συνήθως είναι επαρκείς για την διάγνωση, καθώς και για τη λήψη των κλινικών αποφάσεων.

Η ΗΦΜ είναι χρήσιμη όταν τα ηλεκτροκαρδιογραφικά ευρήματα είναι μη διαγνωστικά ή μη διαθέσιμα.

ΤΑΧΥΑΡΡΥΘΜΙΕΣ

Ο ρόλος της ΗΦΜ σε ασθενείς με γνωστή ή ύποπτη ταχυαρρυθμία έχει διαγνωστική, καθώς και προγνωστική αξία σε ασθενείς με :

- **Ταχυκαρδία με στενό σύμπλεγμα QRS**
- **Ταχυκαρδία με ευρύ σύμπλεγμα QRS**
- **Παρατεταμένο διάστημα QT**
- **Σύνδρομο WPW**
- **Συγκοπή αγνώστου αιτολογίας**
- **Εκτίμηση της αποτελεσματικότητας της αντιαρρυθμικής αγωγής**

Γενικά, η ΗΦΜ αποτελεί την χρυσή μέθοδο επιλογής όταν δεν είναι εφικτή η ακριβής διάγνωση μιας ταχυαρρυθμίας.

Ο ρόλος της ΗΦΜ έχει επεκταθεί με την πρόοδο και την επιτυχία της Ηλεκτροθερμικής Κατάλυσης για την αντιμετώπιση και την θεραπεία ΠΥΤ, Σύνδρομο προδιεγέρσεως VT, καθώς και κολπικές ταχυαρρυθμίες, όπως η κολπική ταχυκαρδία, ο κολπικός πτερυγισμός και η κολπική μαρμαρυγή.

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Evaluation of sinus node function	Symptomatic patients—SND suspected but unproved	Patients with documented SND in whom evaluation of AV or VA conduction can aid choice of pacing modality Sinus bradycardia—intrinsic versus autonomic or drug effects Symptomatic patients with sinus bradycardia, to rule out other causes of symptoms	Symptomatic patients with documented association between rhythm and symptoms; therapy would not change with EP testing Asymptomatic sinus bradycardia only with sleep, including sleep apnea

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Acquired AV block	Symptomatic patients with HPS block suspected but unproved Paced patients with AV block who are still symptomatic and in whom another arrhythmia is suspected as cause of symptoms	Patients with second- or third-degree AV block in whom site of block or response to measures (e.g., drugs) could affect therapy Suspected concealed premature junctional depolarizations causing pseudo-AV block	Symptomatic patients with symptoms and AV block correlated by ECG findings Asymptomatic patients with transient AV block associated with sinus slowing (e.g., nocturnal type I second-degree AV block)

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Chronic intraventricular conduction defects	Symptomatic patients, cause unknown	Asymptomatic patients with BBB in whom pharmacological therapy that could cause block is contemplated	Asymptomatic patients with intraventricular conduction defects Symptomatic patients in whom symptoms can be correlated with or excluded by ECG

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Narrow QRS complex tachycardia	Patients with poorly tolerated tachycardia that does not respond adequately to drugs Patients who prefer ablation to pharmacological therapy	Patients with frequent episodes requiring drug treatment, in whom there is concern about proarrhythmia or drug effects on sinus node or AV conduction	Patients whose tachycardias are well controlled by vagal maneuvers or drugs, who are not candidates for nonpharmacological treatment

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Wide QRS complex tachycardia	Correct diagnosis needed for treatment, but unclear on ECG	None	Definitive diagnosis of SVT or VT is made from ECG, and invasive EP data would not influence therapy

Major Indications For Electrophysiology Testing			
Indication	**Class I**	**Class II**	**Class III**
Prolonged QT interval syndrome	None	To identify proarrhythmic effects of a drug in patient with sustained VT or cardiac arrest while on the drug Patients with syncope or symptomatic arrhythmias and equivocal long-QT duration or TU wave configuration, in whom catecholamine effects can unmask distinct QT abnormality	Manifest congenital QT prolongation, with or without arrhythmias Acquired long-QT syndrome with symptoms closely correlated to identifiable cause or mechanism

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
WPW syndrome	Patients being evaluated for catheter ablation Patients with preexcitation who have had arrest or unexplained syncope Symptomatic patients in whom EP testing data could affect treatment	Asymptomatic patients with family history of sudden death or who engage in high-risk activities Patients with WPW pattern undergoing cardiac surgery for other reasons	Asymptomatic patients, except those in Class II

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
PVCs, couplets, nonsustained VT	None	Patients with other risk factors for future arrhythmic events (e.g., low ejection fraction, abnormal signal-averaged ECG, nonsustained VT on Holter) in whom EP testing will be used to guide treatment if sustained VT is inducible Highly symptomatic patients considered for catheter ablation	Asymptomatic or mildly symptomatic patients without other risk factors for sustained arrhythmias

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Unexplained syncope	Patients with suspected structural heart disease and unexplained syncope	Patients with recurrent unexplained syncope, without structural heart disease and with negative tilt test	Patients with unexplained syncope whose treatment will not be altered by EP testing findings

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Cardiac arrest survivors	Survivors without evidence of acute Q wave MICardiac arrest occurring > 48 hr after acute MI	Cardiac arrest caused by bradyarrhythmia Cardiac arrest possibly caused by congenital long-QT syndrome when results of noninvasive tests are equivocal	Cardiac arrest within first 48 hr after acute MI Cardiac arrest from clear cause (e.g., acute ischemia, aortic stenosis, long-QT syndrome)

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Unexplained palpitations	Rapid pulse felt by medical personnel, without ECG documentation Palpitations followed by syncope	Patients with clinically significant palpitations in whom symptoms are sporadic and cannot be documented, for whom EP testing can help in diagnosis, risk assessment, treatment	Palpitations documented to have noncardiac cause (e.g., hyperthyroidism)

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Guiding drug therapy	Patients with sustained VT or cardiac arrest, especially those with prior MI Patients with AVNRT, AVRT, or AF with preexcitation in whom chronic drug therapy is involved	Sinus node reentrant tachycardia, AT, AF, or AFL, without preexcitation, in whom drug therapy is planned Patients with arrhythmias not inducible at baseline EP testing, for whom drug therapy is planned	Isolated PACs or PVCsVF with clearly identified reversible cause

Major Indications For Electrophysiology Testing

Indication	Class I	Class II	Class III
Related to implantable devices	In patients with tachycarrhythmias, before and during device implantation and final (predischarge) programming to confirm performance Patients with prior ICD implant in whom changes in status or therapy may have altered the performance of the device Test interactions if two devices are to be used	In patients with documented indications for pacing, to optimize pacing mode and sites	Patients who are not device therapy candidates


Thank You