

Coloquio

Casos editados em arritmologia



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Secretaria Executiva:



29º
CONGRESSO
DE CARDIOLOGIA
DO ESTADO DA BAHIA

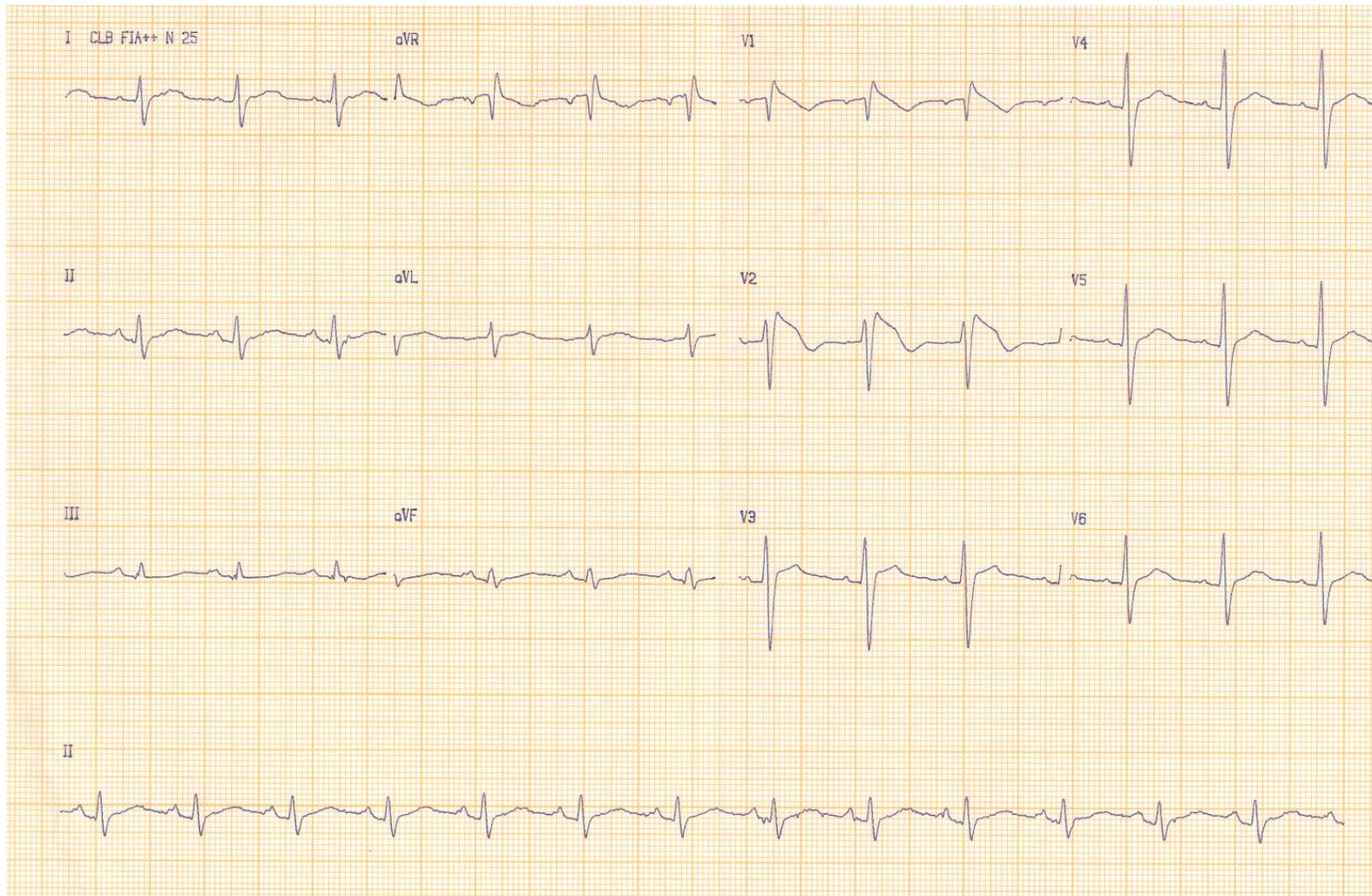
10 a 13 de maio de 2017
Bahia Othon Palace Hotel

Alexsandro Fagundes

alexsfagundes@cardiol.br

Caso 1

Paciente de 42 anos, masculino, assintomático, apresenta o seguinte traçado



Caso 1

A- Acompanhamento clínico apenas

B- Está indicado Estudo Eletrofisiológico

C- Implante de CDI profilático

D- Teste com Ajmalina

E- Coronariografia

Risk stratification and management in Brugada Syndrome

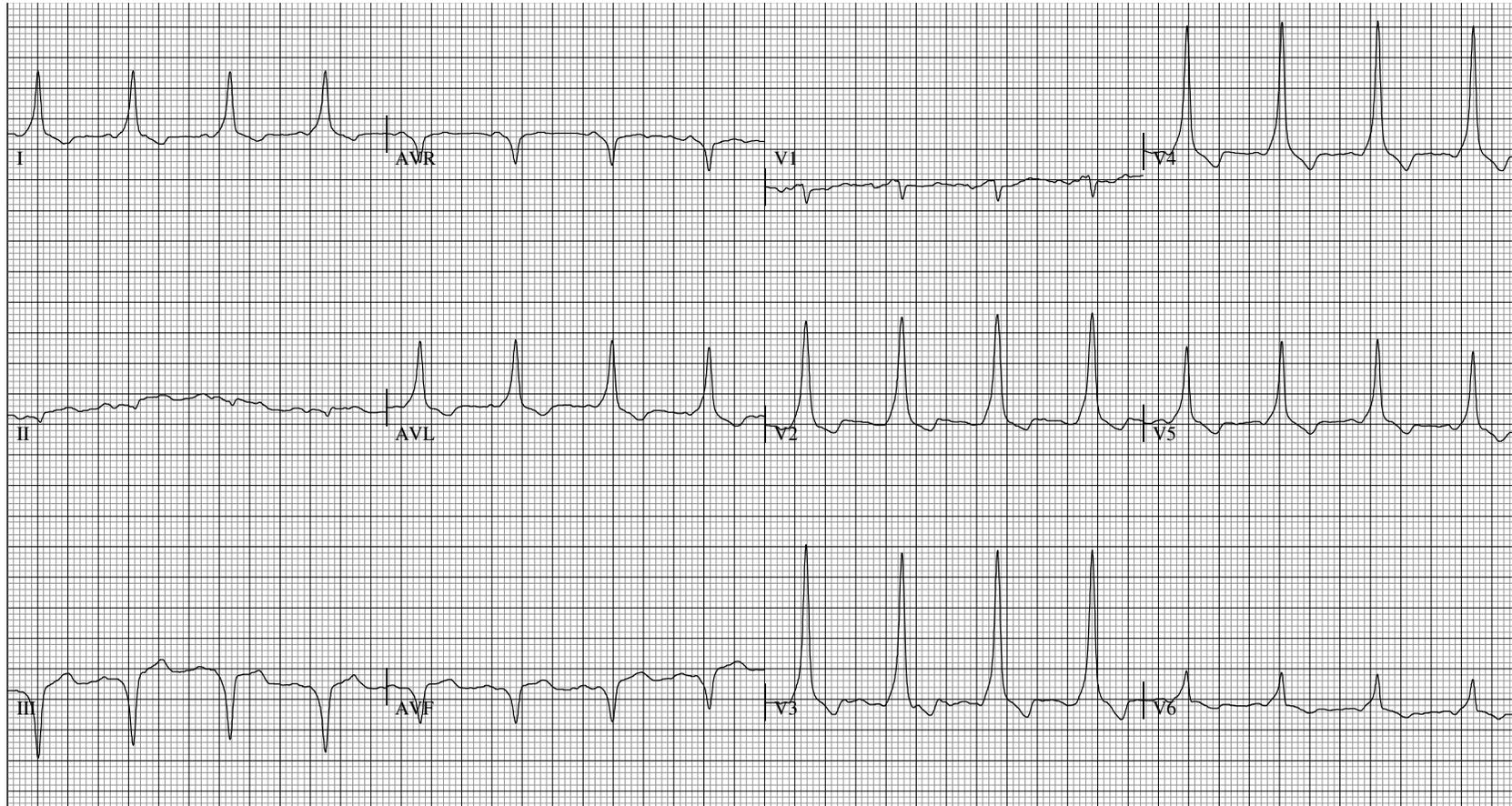
Recommendations	Class ^a	Level ^b	Ref. ^c
<p>The following lifestyle changes are recommended in all patients with a diagnosis of Brugada syndrome:</p> <p>(a) Avoidance of drugs that may induce ST-segment elevation in right precordial leads (http://www.brugadadrugs.org)</p> <p>(b) Avoidance of excessive alcohol intake and large meals</p> <p>(c) Prompt treatment of any fever with antipyretic drugs.</p>	I	C	This panel of experts
<p>ICD implantation is recommended in patients with a diagnosis of Brugada syndrome who</p> <p>(a) Are survivors of an aborted cardiac arrest and/or</p> <p>(b) Have documented spontaneous sustained VT.</p>	I	C	451

ICD implantation should be considered in patients with a spontaneous diagnostic type I ECG pattern and history of syncope.	IIa	C	451
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ICD implantation may be considered in patients with a diagnosis of Brugada syndrome who develop VF during PVS with two or three extrastimuli at two sites.	IIb	C	120
Catheter ablation may be considered in patients with a history of electrical storms or repeated appropriate ICD shocks.	IIb	C	201, 455

Caso 2

Paciente de 19 anos , assintomatico , procura avaliação para liberação de pratica de esportes.



Caso 2

A- Iniciar Propafenona

B- É obrigatória a ablação por cateter

C- Implante de CDI profilático

D- Holter e avaliação de função ventricular

E- Coronariografia

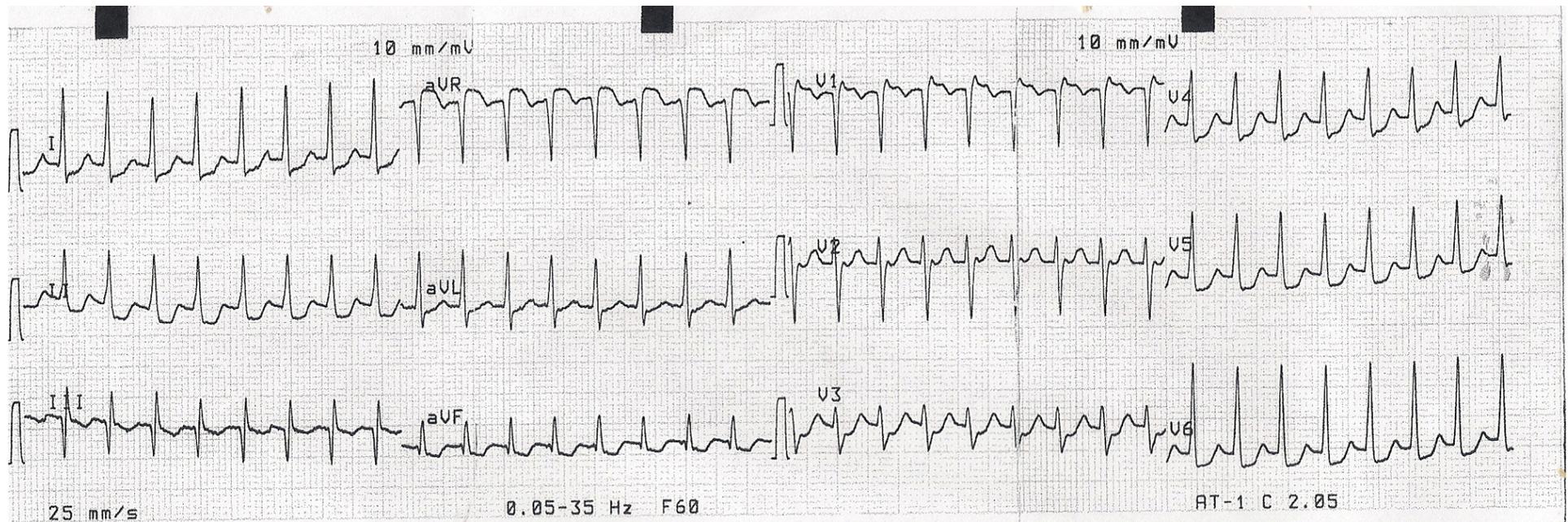
Management of patients with Wolff-Parkinson-White Syndrome

Recommendations	Class ^a	Level ^b	Ref. ^c
Ablation is recommended in patients with WPW syndrome resuscitated from sudden cardiac arrest due to AF and rapid conduction over the accessory pathway causing VF.	I	B	793
Ablation should be considered in patients with WPW syndrome who are symptomatic and/or who have accessory pathways with refractory periods ≤ 240 ms in duration.	IIa	B	793

Caso 3

- **Paciente de 42 anos, sem fatores de risco, refere episódios recorrentes de palpitações há 2 anos**
- **ECO e Teste ergométrico normais**
- **Em uso de metoprolol 100mg ao dia com melhora parcial**
- **Refere episódios de palpitações a cada 2 meses**

Caso 3



Caso 3

A- Trocar Metoprolol por Ivabradina

B- Ablação por cateter

C- Amiodarona

D- Marcapasso para suporte terapeutico

E- Anticoagulação oral e amiodarona

Caso 4

- 78 anos, masculino, revascularizado, 3 episódios de síncope nos últimos 3 meses,.
- 2 episódios nos últimos 15 dias. Relata que nos episódios estava ou sentado ou em pé, que em um dos episódios houve sudorese associada , sendo o último de forma súbita seguido de pequeno trauma em frente. Nega palpitações ou liberação esfinteriana
- AP: 2 RM (há 5 e 15 anos atrás); HAS
- AF: Nega relato de morte súbita da família
- Ao exame: PR: 64 bpm - rítmico PA: 120 x 80 mmHg
- Em uso de:
- Espironolactona 25 mg, Furosemida 40 mg, AAS 100mg,Vastarel MR 35mg 12h/12h, Losartana 50 mg, Selozok 25 mg,Lipitor 20 mg,Tegretol 200 mg

Caso 4



Caso 4

Eco: AE 48 S=PP= 9 mm VE 55/42 mm FE 44%
Hipocinesia infero-lateral e apical

Holter 24 h: Ritmo sinusal, FC 46 a 87 bpm (média 58 bpm)
Extrassístoles atriais ou ventriculares raras
ausência de pausas > 3 seg
BAV de primeiro grau

Caso 4

Como prosseguir na investigação?

A-Cardioestimulação transesofágica

B-Cateterismo cardíaco

C-Estudo eletrofisiológico

D-Ressonância magnética cardíaca

E-Monitor implantável (loop recorder)

Caso 4

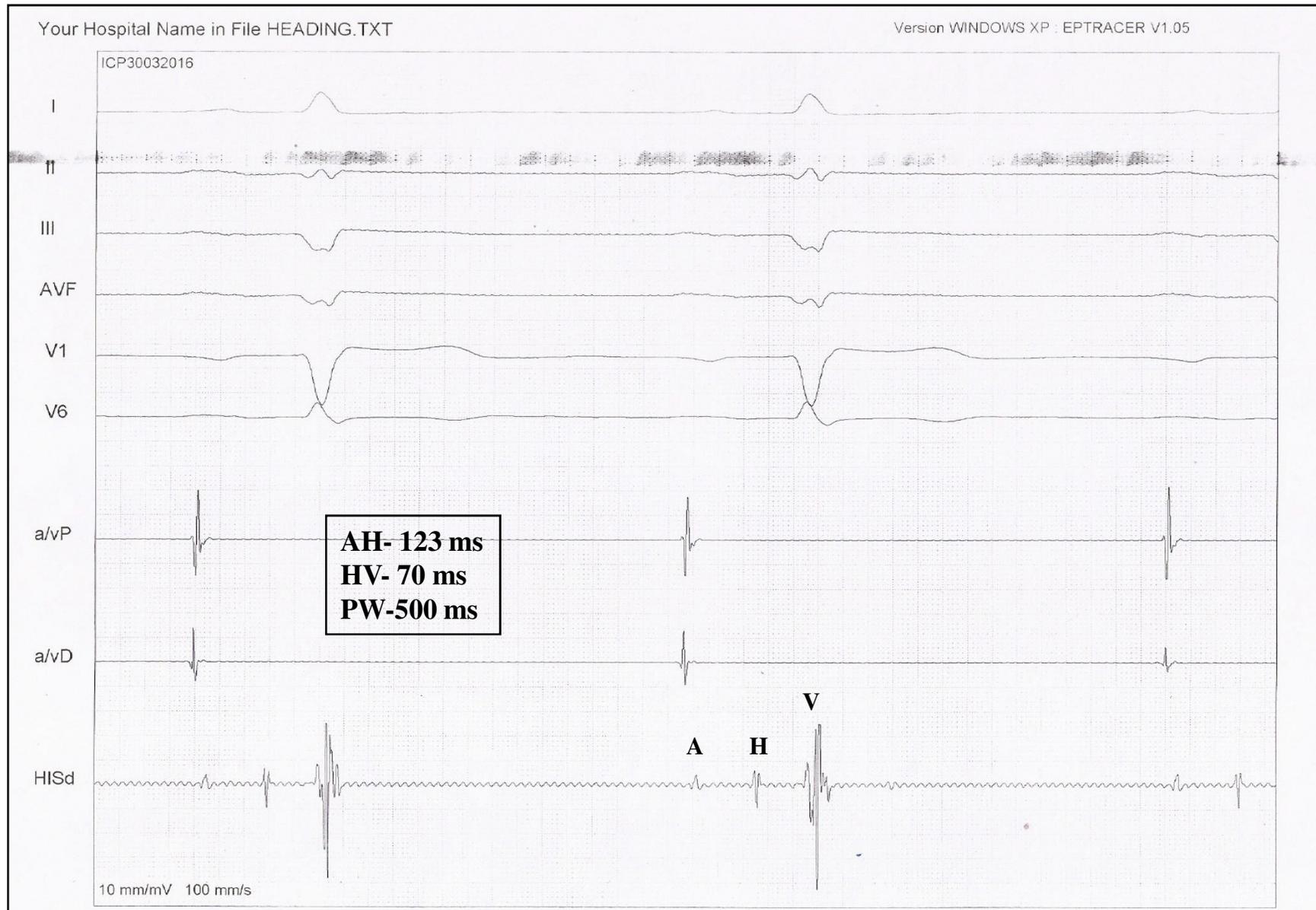
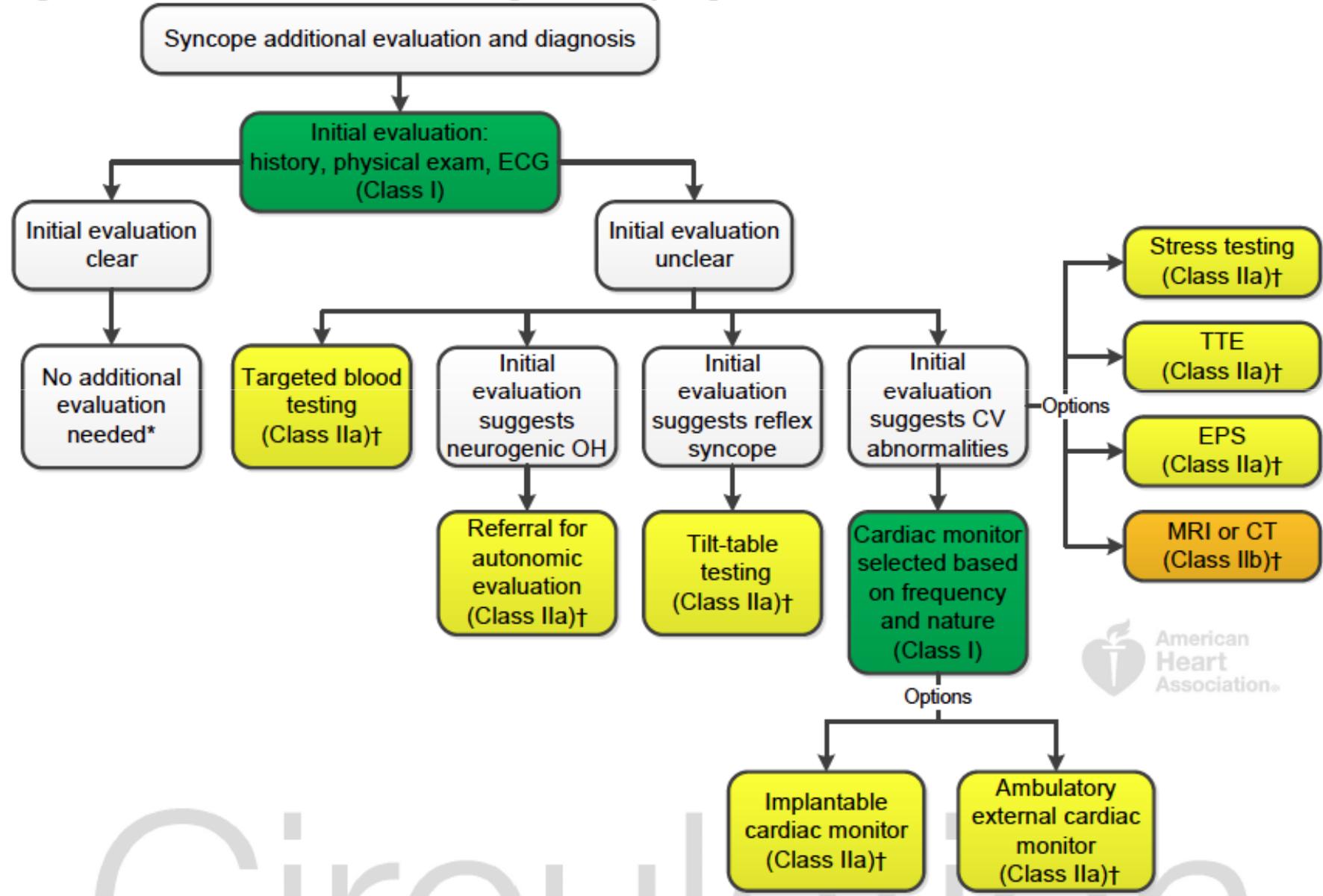
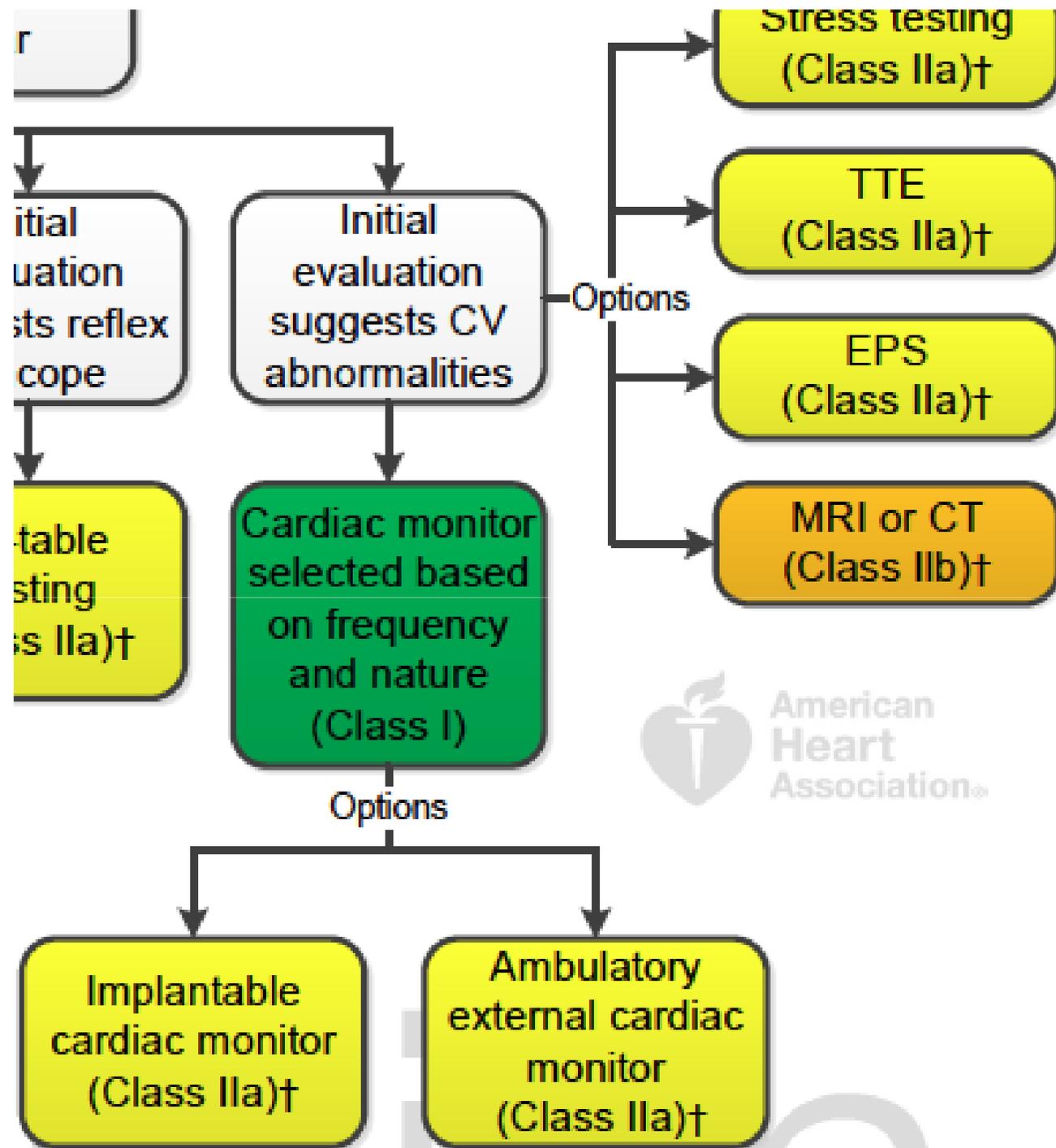


Figure 3. Additional Evaluation and Diagnosis for Syncope





Recommendations for EPS		
COR	LOE	Recommendations
IIa	B-NR	EPS can be useful for evaluation of selected patients with syncope of suspected arrhythmic etiology (91,151,199-205).
See Online Data Supplement 14.		Diagnostic results detected during EPS occur predominantly in patients who have cardiac disease (e.g., conduction system delay, coronary artery disease, cardiomyopathy, and valvular heart disease). Most of the literature evaluating EPS as a means to diagnose syncope is relatively old, and the data were obtained in referral centers where there was a high pretest probability of an arrhythmia. Eight of these small retrospective studies (91,199-205) (total n=625) found that, of the 406 patients with cardiac disease or an abnormal ECG, 41% had a positive result (of these, 21% had VT and 34% had a bradycardia) (151). Of 219 patients without evidence of heart disease, only 5% had a positive result (1% with VT and 10% with evidence of substrate for symptomatic bradycardia). Overall, the diagnostic yield of EPS was approximately 50% and 10% in patients with and without structural heart disease, respectively.
III: No Benefit	B-NR	EPS is not recommended for syncope evaluation in patients with a normal ECG and normal cardiac structure and function, unless an arrhythmic etiology is suspected (205-207).

Caso 5

- **Mulher de 40 anos, refere 2 episodios de palpitações de inicio e término súbitos com duração de cerca de 3 minutos**
- **Refere sensação de pulsação no pescoço**
- **Nega síncope**
- **Sem uso previo de medicações**
- **Antecedentes Medicos- ndn**
- **Exame físico normal**

Caso 5

Qual o próximo passo ?

A-Prescrever ansiolítico

B-Iniciar beta-bloqueador

C- ECO, Holter e considerar ablação

D-Holter de 7 dias

E-Monitor implantável (loop recorder)

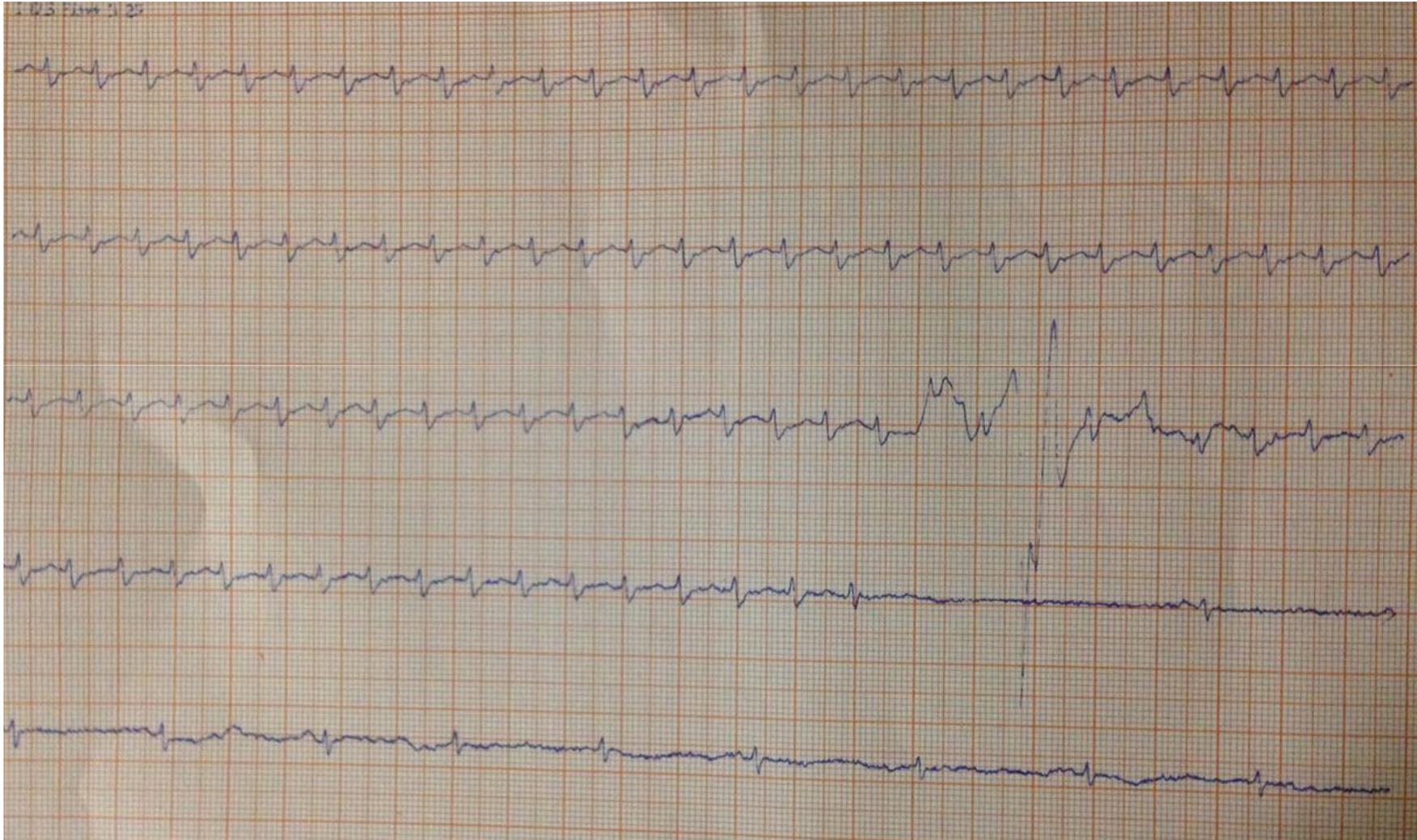
Caso 5

ECO normal

Holter sem alterações

**Recorreu sintomas sendo atendida em
emergência na vigência de sintomas**

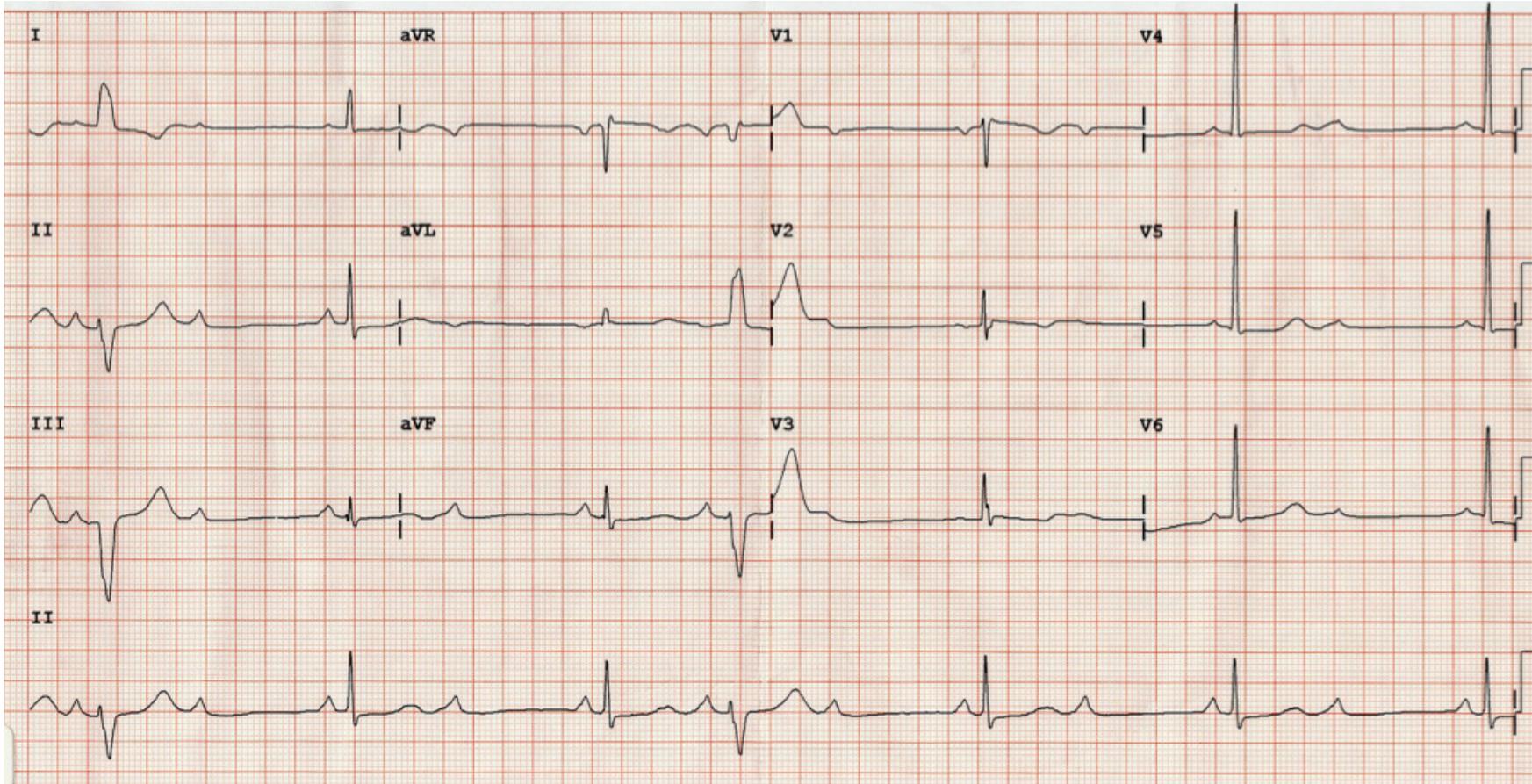
Caso 5



Caso 6

- **Paciente masculino, 65 anos , com historico de dispneia aos esforços habituais há cerca de 1 ano**
- **Refere piora do cansaço e tonturas ha 15 dias**
- **AM- HAS e DM em uso de Lantus, Ramipril, Carvedilol, Hidroclorotiazida e Espironolactona**
- **PA= 140 x 80 FC= 45 bpm**
- **Consciente , sem deficits motores**
- **Pulmões limpos, sopro sistólico em foco mitral grau III/VI**

Caso 6



- **ECO: hipocinesia difusa/ Ins mitral leve**
- **FE= 40%**

Caso 6

A- Suspende Carvedilol e observar

B- Implante de Marcapasso DDD

C- Implante de Marcapasso AAI

D- Implante de Marcapasso multissítio

E- Trocar Carvedilol por Bisoprolol

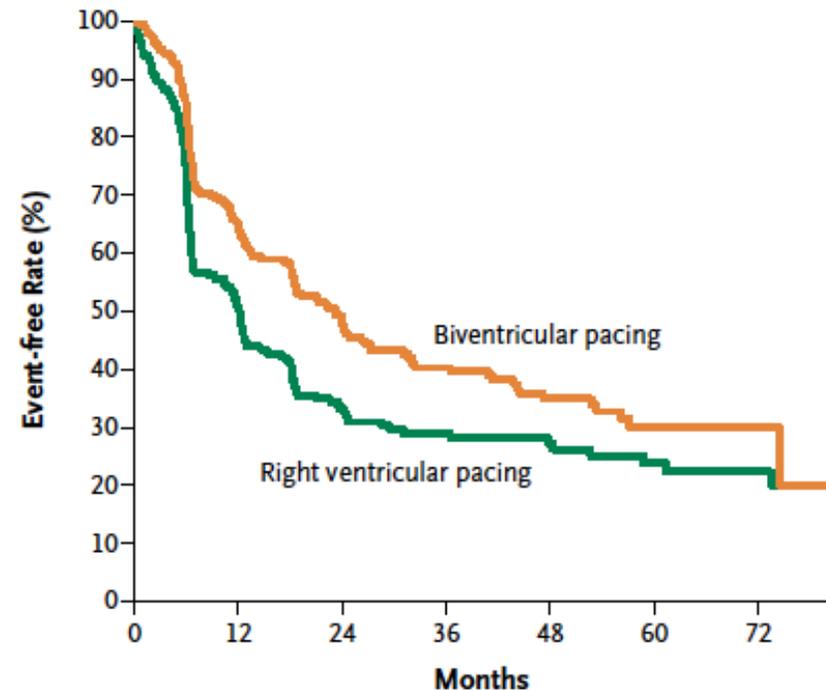
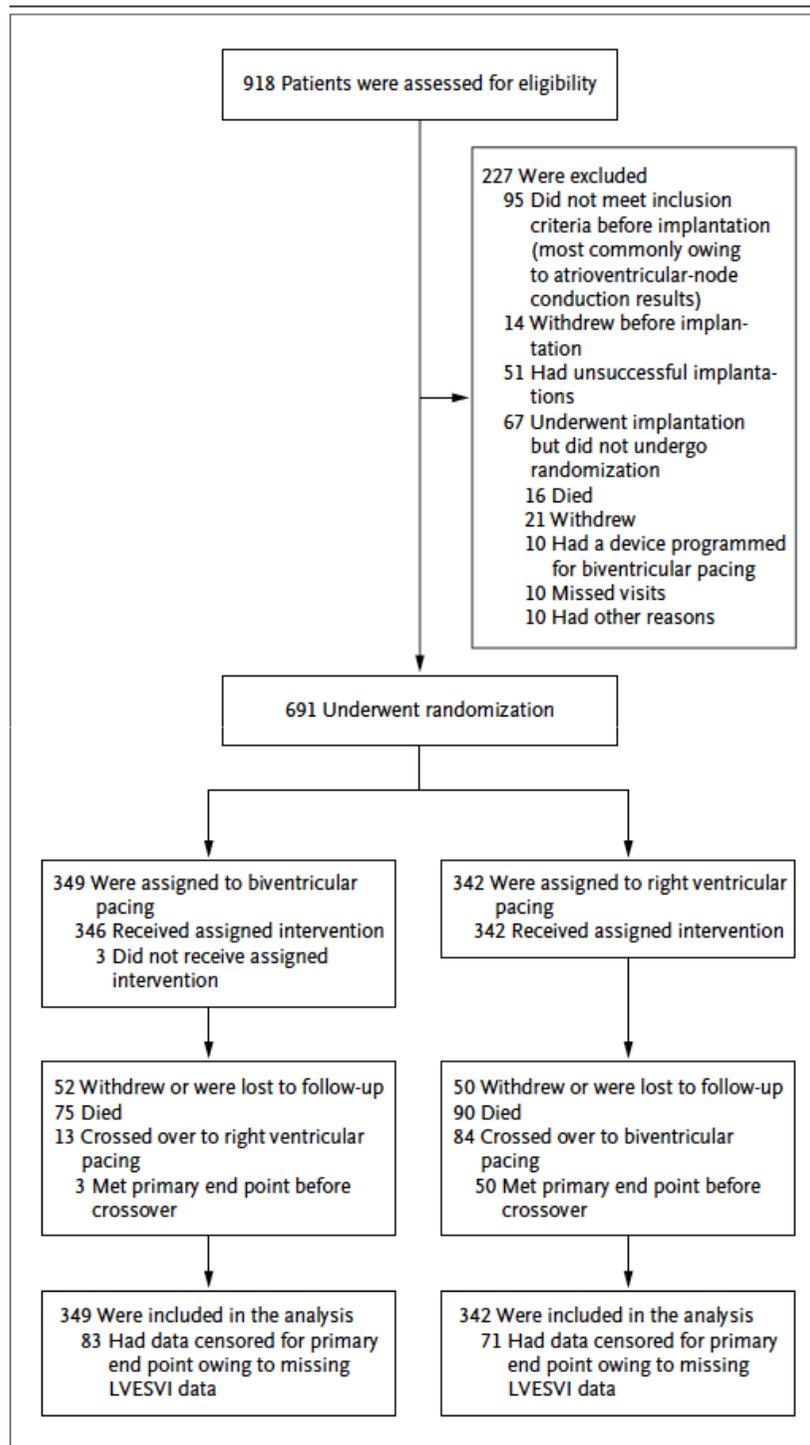
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Biventricular Pacing for Atrioventricular Block and Systolic Dysfunction

Anne B. Curtis, M.D., Seth J. Worley, M.D., Philip B. Adamson, M.D.,
Eugene S. Chung, M.D., Imran Niazi, M.D., Lou Sherfese, Ph.D.,
Timothy Shinn, M.D., and Martin St. John Sutton, M.D.,
for the Biventricular versus Right Ventricular Pacing in Heart Failure
Patients with Atrioventricular Block (BLOCK HF) Trial Investigators

N ENGL J MED 368;17 NEJM.ORG APRIL 25, 2013



No. at Risk

Biventricular pacing	349	161	87	62	38	17	3
Right ventricular pacing	342	126	59	39	28	18	10

- Pacientes com BAV e indicação de MP/CDI
- Biventricular X VD
- Redução de 26% no desfecho combinado

2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure

Recommendations for the management of bradyarrhythmias in heart failure

In patients with HFrEF who require pacing and who have high degree AV block, CRT rather than RV pacing is recommended.

I

A

In patients with HFrEF who require pacing who do not have high degree AV block, pacing modes that avoid inducing or exacerbating ventricular dyssynchrony should be considered.

IIa

C

Caso 7

- **Paciente de 19 anos , tem historico de parada cardiaca por TV polimórfica com QT normal . Foi implantado CDI para prevenção secundária.**
- **Função ventricular normal**
- **Retorna ao hospital 30 dias após o implante com varios episodios de choques.**

Caso 7



Arrhythmia Episode List

Device: **Protecta XT DR D354DRG** Serial Number: **PSC619411S** Date of Visit: **21-Sep-2016 11:14:06**
 Patient: **fylipe de brito** ID: Physician:

Arrhythmia Episode List: 07-Jul-2016 11:41:30 to 21-Sep-2016 11:14:06
 All collected episodes.

Type	ATP Seq	Shocks	Success	ID#	Date	Time hh:mm	Duration hh:mm:ss	Avg bpm A/V	Max bpm A/V	Activity at Onset
(No data since last session.)										
Last Programmer Session 05-Sep-2016										
VF	0	35J	Yes	113	03-Sep-2016	07:49	:15	75/333	—/333	Rest
VF	0	35J,35J	Yes	112	03-Sep-2016	07:40	:26	90/333	—/333	Rest
VF	0	35J	Yes	111	03-Sep-2016	07:38	:14	88/333	—/—	Rest
High Rate-NS				110	03-Sep-2016	07:38	:03	79/293		Rest
VF	0	35J	Yes	109	03-Sep-2016	07:34	:14	81/333	—/—	Rest
High Rate-NS				108	03-Sep-2016	07:34	:05	77/288		Rest
VF	0	35J	Yes	107	03-Sep-2016	07:30	:15	81/353	—/—	Rest
High Rate-NS				106	03-Sep-2016	07:30	:04	78/290		Rest
VF	0	35J	Yes	105	03-Sep-2016	07:21	:14	92/333	—/333	Rest
VF	0	35J	Yes	104	03-Sep-2016	07:19	:14	88/353	—/—	Rest
VF	0	35J	Yes	103	03-Sep-2016	07:16	:14	87/333	—/—	Rest
VF	0	35J	Yes	102	03-Sep-2016	07:12	:14	91/333	—/—	Rest
VF	0	35J	Yes	101	03-Sep-2016	07:10	:13	90/333	—/333	Rest
VF	0	35J	Yes	100	03-Sep-2016	07:07	:14	81/333	—/—	Rest
VF	0	35J	Yes	99	03-Sep-2016	07:02	:13	79/333	—/333	Rest
VF	0	35J	Yes	98	03-Sep-2016	06:56	:15	80/316	—/316	Rest
High Rate-NS				97	03-Sep-2016	06:56	:02	72/276		Rest
VF	0	35J	Yes	96	03-Sep-2016	06:44	:14	88/375	—/—	Rest
VF	0	35J	Yes	95	03-Sep-2016	06:42	:14	88/353	—/—	Rest
High Rate-NS				94	03-Sep-2016	06:41	:02	83/297		Rest
VF	0	35J	Yes	93	03-Sep-2016	06:39	:14	88/353	—/—	Rest
VF	0	35J	Yes	92	03-Sep-2016	06:36	:45	91/300	—/300	Rest
VF	0	35J	Yes	89	03-Sep-2016	06:34	:14	92/333	—/—	Rest
VF	0	35J	Yes	88	03-Sep-2016	06:32	:14	85/316	—/—	Rest
VF	0	35J	Yes	87	03-Sep-2016	06:28	:15	77/300	—/300	Rest
VF	0	35J	Yes	86	03-Sep-2016	06:19	:13	90/353	—/—	Rest
VF	0	35J	Yes	85	03-Sep-2016	06:17	:14	80/333	—/333	Rest
VF	0	35J	Yes	83	03-Sep-2016	06:09	:15	85/316	—/316	Rest
VF	0	35J	Yes	82	03-Sep-2016	06:00	:15	79/333	—/—	Rest
VF	0	35J	Yes	81	03-Sep-2016	05:51	:14	80/300	—/316	Rest
VF	0	35J	Yes	80	03-Sep-2016	05:42	:14	83/333	—/333	Rest
VF	0	35J	Yes	79	03-Sep-2016	05:34	:13	92/333	—/333	Active
VF	0	35J	Yes	78	03-Sep-2016	05:32	:14	77/353	—/—	Active
VF	0	35J	Yes	77	03-Sep-2016	05:23	:13	81/353	—/—	Active
VF	0	35J	Yes	76	03-Sep-2016	05:19	:15	83/333	—/—	Active
VF	0	35J	Yes	75	03-Sep-2016	04:59	:15	81/316	—/333	Active
VF	0	35J	Yes	74	03-Sep-2016	04:42	:15	84/316	—/—	Active
VF	0	35J	Yes	73	03-Sep-2016	04:29	:14	71/300	—/300	Active
VF	0	35J	Yes	72	03-Sep-2016	04:23	:15	84/353	—/—	Active
VF	0	35J	Yes	70	03-Sep-2016	04:09	:14	89/375	—/—	Active
VF	0	35J	Yes	69	03-Sep-2016	03:54	:14	74/333	—/333	Rest
VF	0	35J	Yes	68	03-Sep-2016	03:44	:14	75/316	—/316	Rest
VF	0	35J	Yes	67	03-Sep-2016	03:30	:15	78/333	—/—	Active
VF	0	35J	Yes	65	03-Sep-2016	03:13	:15	83/333	—/—	Active
VF	0	35J	Yes	64	03-Sep-2016	03:03	:14	81/353	—/—	Active
VF	0	35J	Yes	63	03-Sep-2016	02:54	:15	83/316	—/—	Active
VF	0	35J	Yes	61	03-Sep-2016	02:37	:15	81/333	—/—	Active
VF	0	35J	Yes	60	03-Sep-2016	02:20	:15	86/316	—/—	Active
VF	0	35J	Yes	59	03-Sep-2016	01:57	:15	75/316	—/316	Active
VF	0	35J	Yes	58	03-Sep-2016	01:36	:15	77/333	—/—	Active

Treated VT/VF Episode #112

Device: **Protecta XT DR D354DRG**

Serial Number: **PSC619411S**

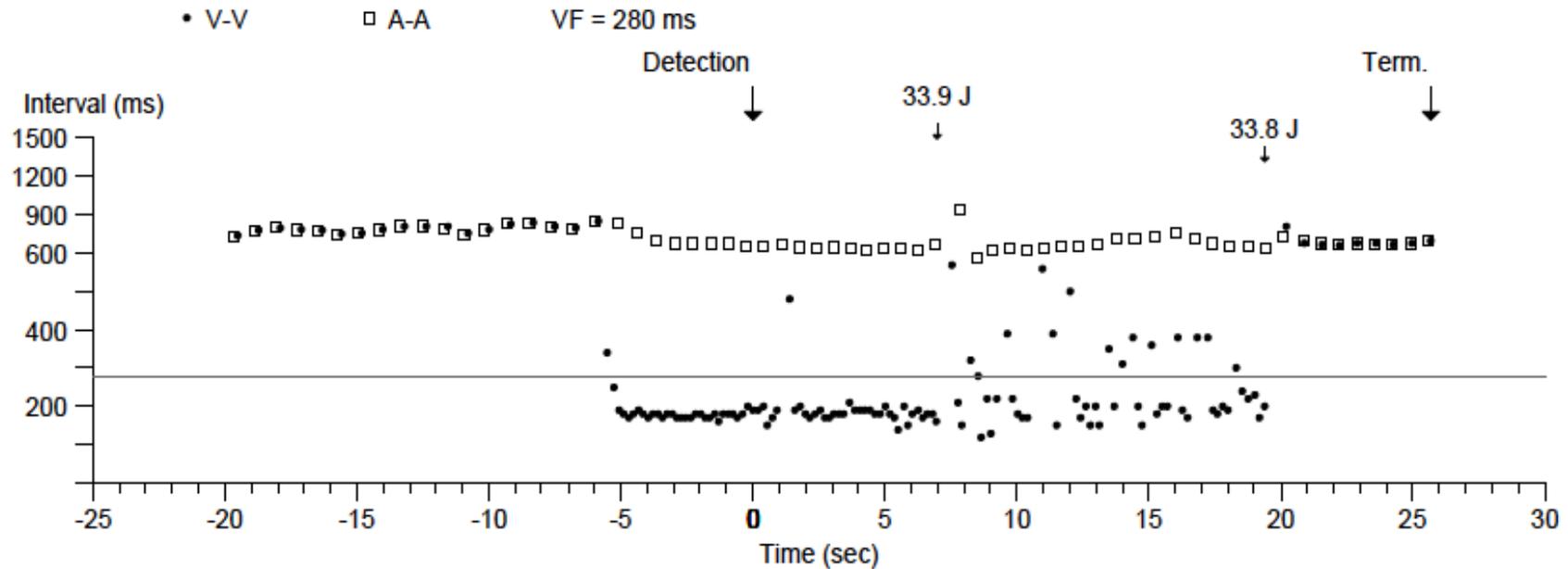
Date of Visit: **21-Sep-2016 11:14:06**

Patient: **fylipe de brito**

ID:

Physician:

Type	ATP Seq	Shocks	Success	ID#	Date	Time hh:mm	Duration hh:mm:ss	Avg bpm A/V	Max bpm A/V	Activity at Onset
VF	0	35J,35J	Yes	112	03-Sep-2016	07:40	:26	90/333	—/333	Rest



Caso 7

A- Simpatectomia

B- Beta bloqueador

C- Considerar aumento do tempo de detecção

D- Aumentar a zona de detecção de FV

E- Todas acima