ATYPICAL ATRIAL FLUTTER AGAINST HUMANS

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NO CONFLICTS OF INTEREST

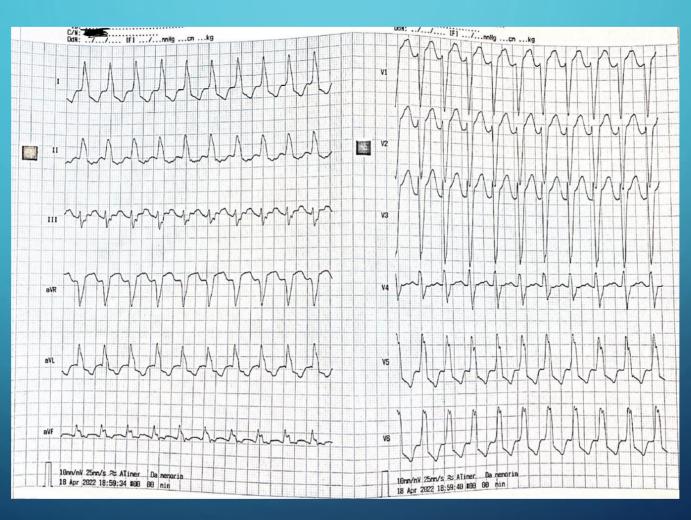
MRS R.W.P

ADMITTED FOR ACUTE DECOMPENSATION OF CHRONIC HF AND ATYPICAL ATRIAL FLUTTER

Clinical History:

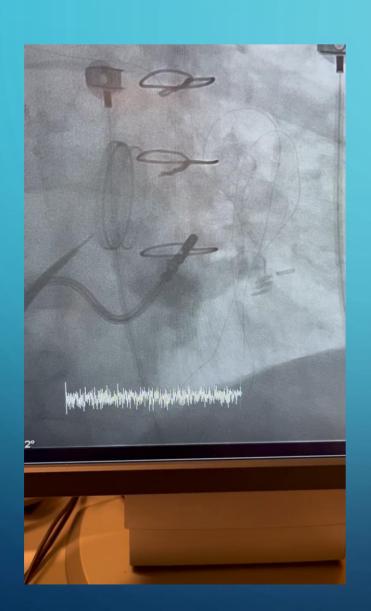
- Obstructive Hypertrophic Cardiomyopathy
- Mitral valve replacement (mechanical prosthetic valve) + CABG + septal myectomy in 2014
- Secondary Hypotyroidism following amiodarone treatment
- 2019 persistent atrial fibrillation treated with electric cardioversion
- 2020 atrial flutter 2:1
- 2021 SCA-NSTEMI
- Echo: LVEF 55%, severe left atrial dilatation (area 40cm²), IVS 15 mm, normal function of the mechanical valve

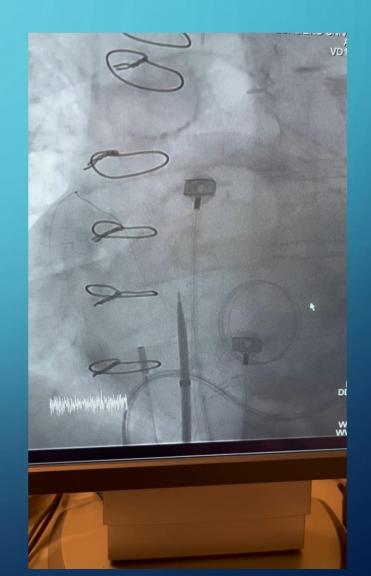
SURFACE ECG



A TOUGH TRANSSEPTAL PUNCTURE

RAO 45°

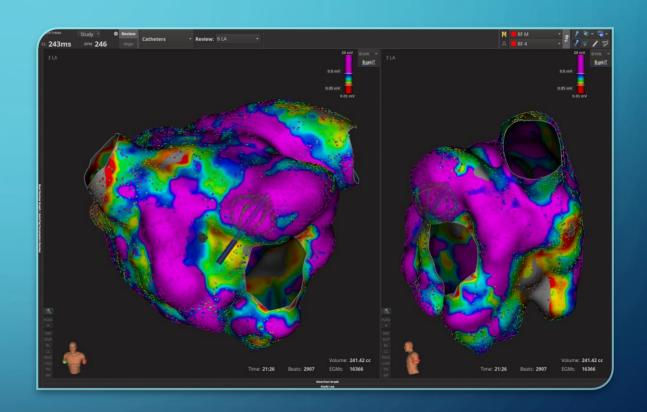


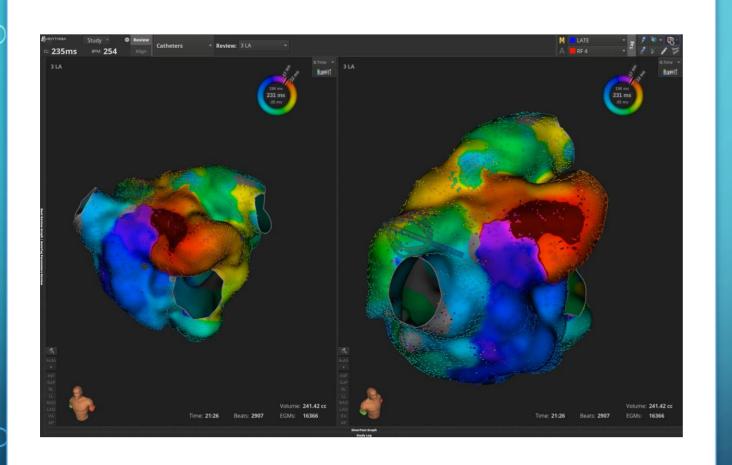


LAO 30°

ELECTROANATOMIC MAP

 We performed electroanatomic map with the Rhythmia HDX mapping system (Boston Scientific), using the ORION catheter.



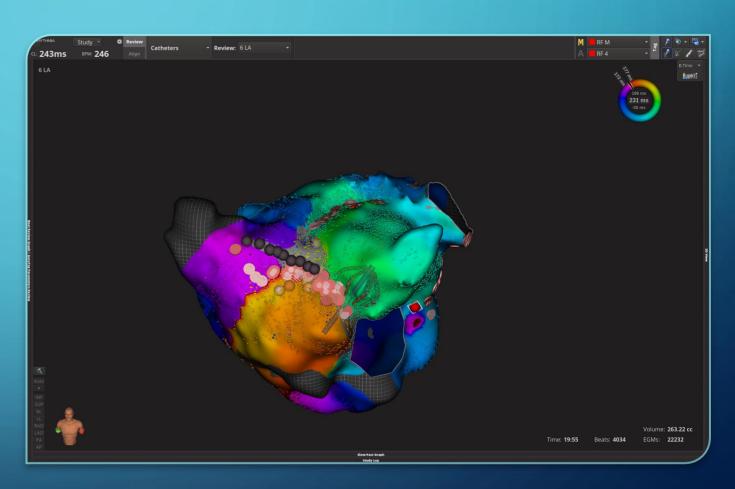


ACTIVATION MAP

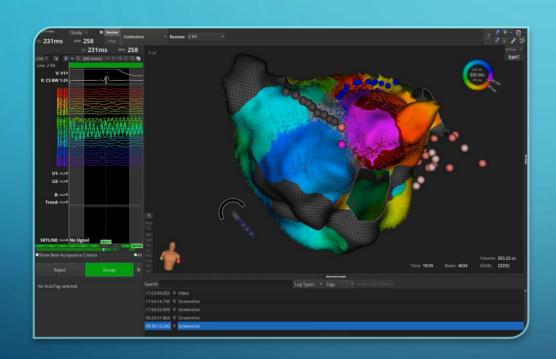
- We found a LA MRAT with a dual-loop reentry (figure of eight):
 - One loop around the mitral valve anulus
 - The other loop around right pulmonary veins
 - Critical isthmus → anterior part of interatrial septum

ABLATION STRATEGY

WE MADE A LINE BETWEEN THE RSPV
AND THE MITRAL VALVE ANULUS
BUT WE DID NOT OBTAIN SINUS
RHYTHM

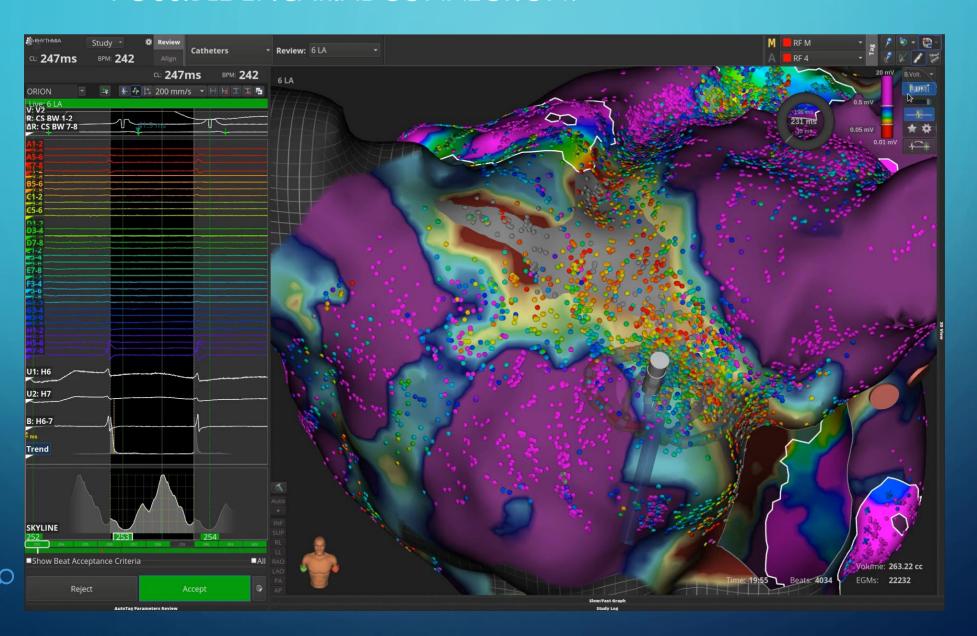


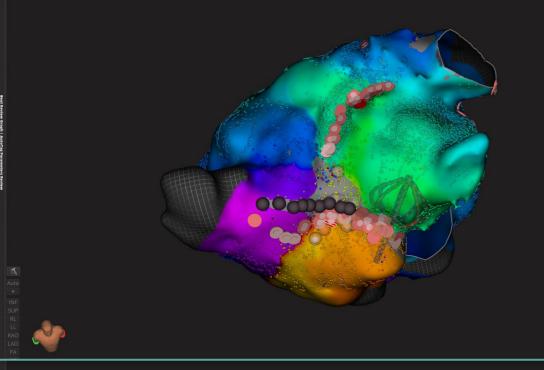
ABLATION STRATEGY



 During re-mapping we still found the dual-loop reentry.

POSSIBLE EPICARIAL CONNECTION?



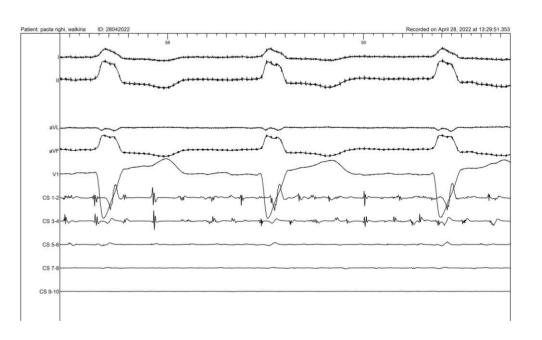


Volume: **263.22 c**

ABLATION STRATEGY

- Line on the LA roof → to block the upper loop reentry
- Line on the Mitral Isthmus
 to block lower loop
 reentry.





ABLATION STRATEGY

DURING LATERAL MITRAL VALVE ISTHMUS ABLATION SOMETHING HAPPENED...



- Probably we failed the ablation at the first attempt because of epicardial connection

 we changed our strategy.
- After one month the patient is still on sinus rhythm

THANKS FOR YOUR ATTENTION

