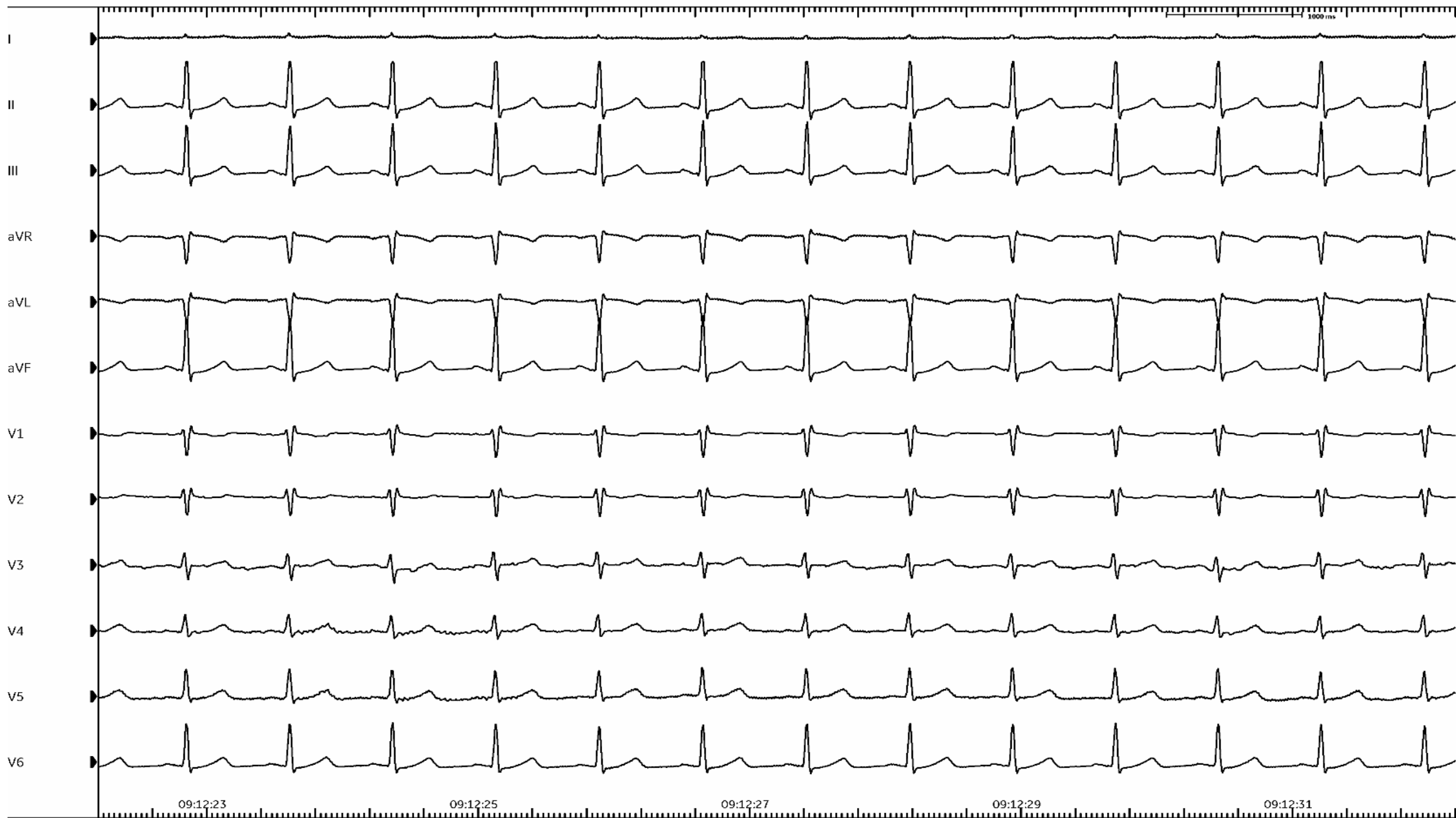


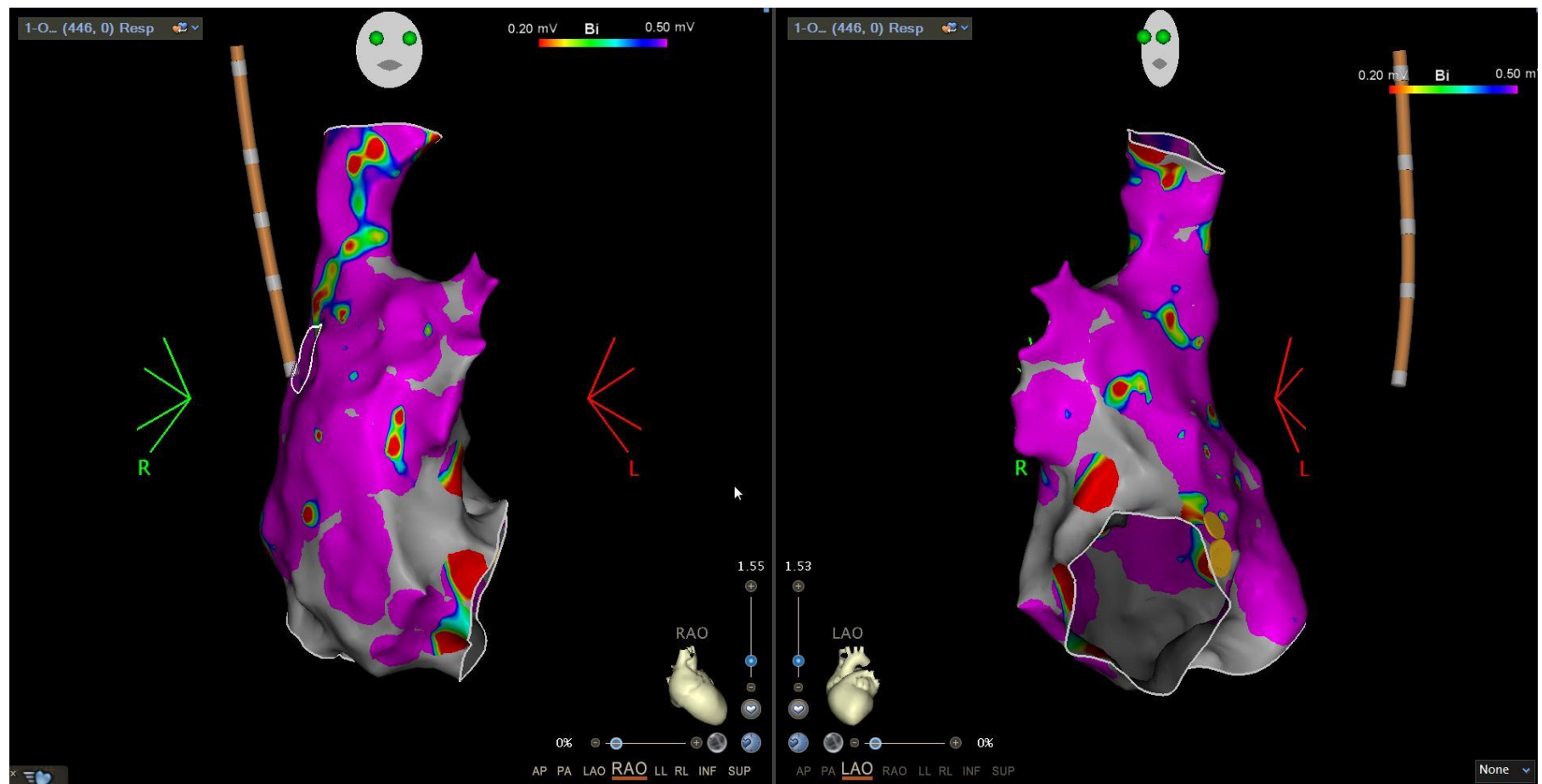
HOW TO MANAGE RECURENT PAROXISMAL AF?

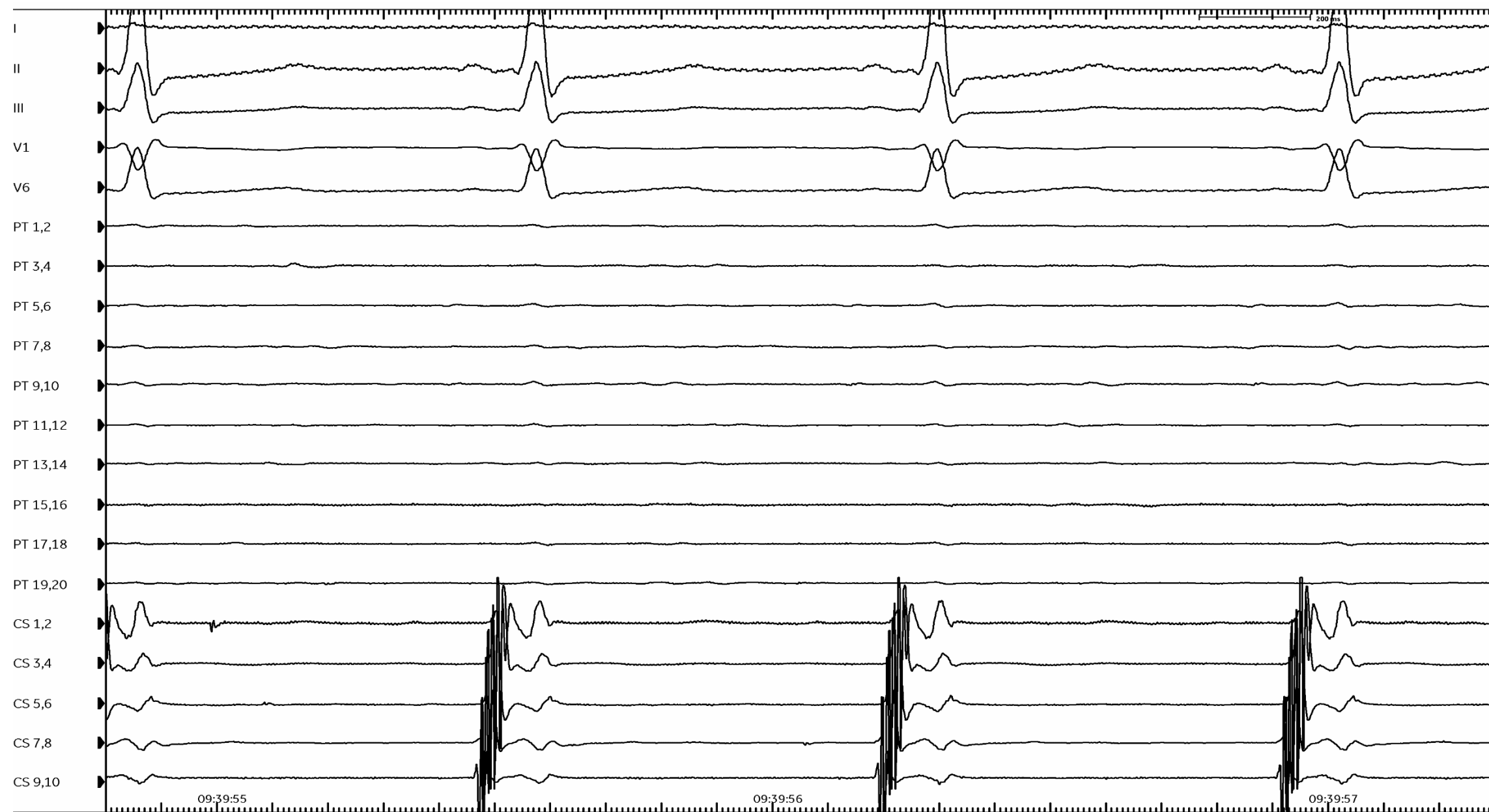
RYTHM 2022

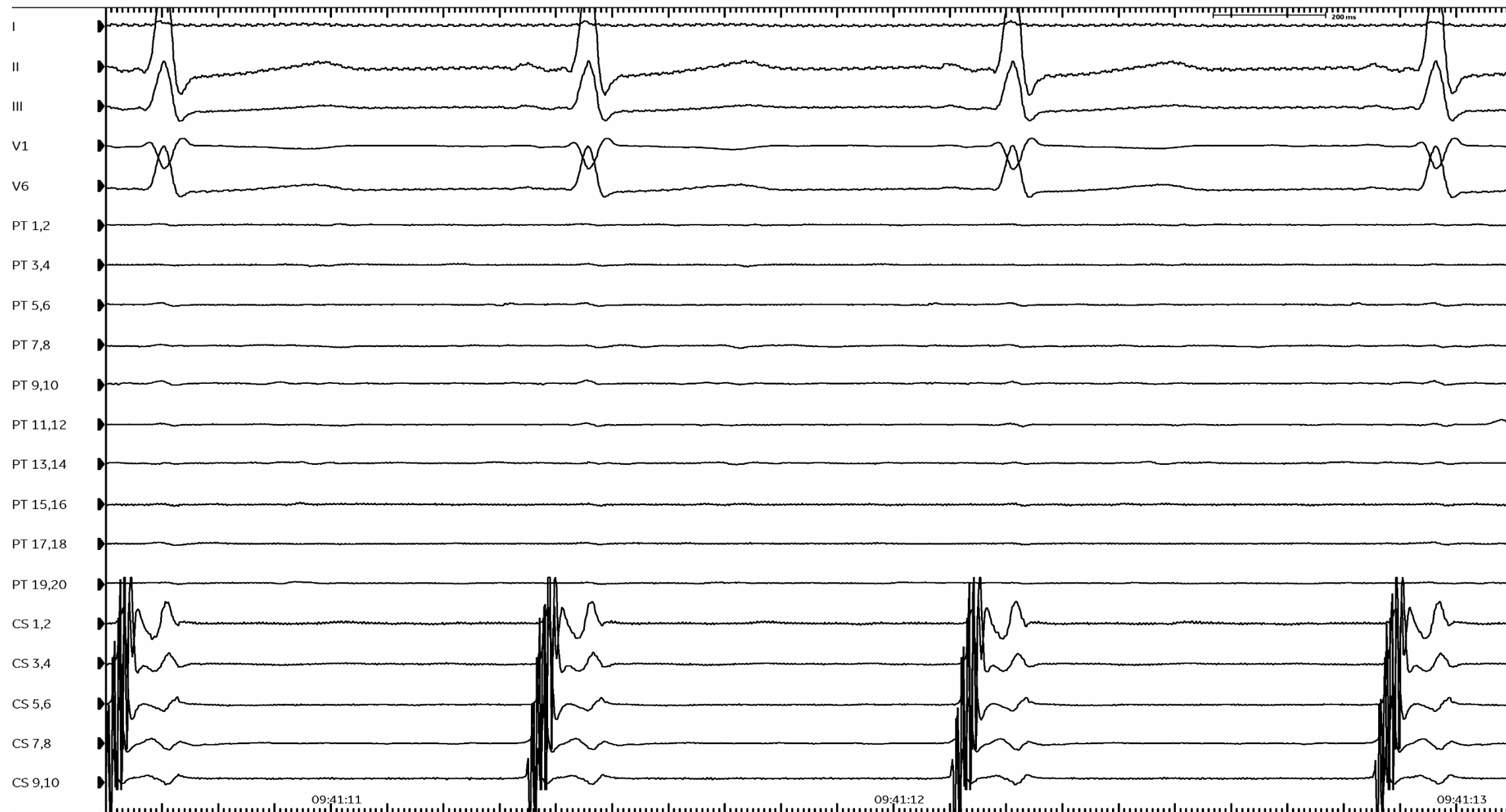
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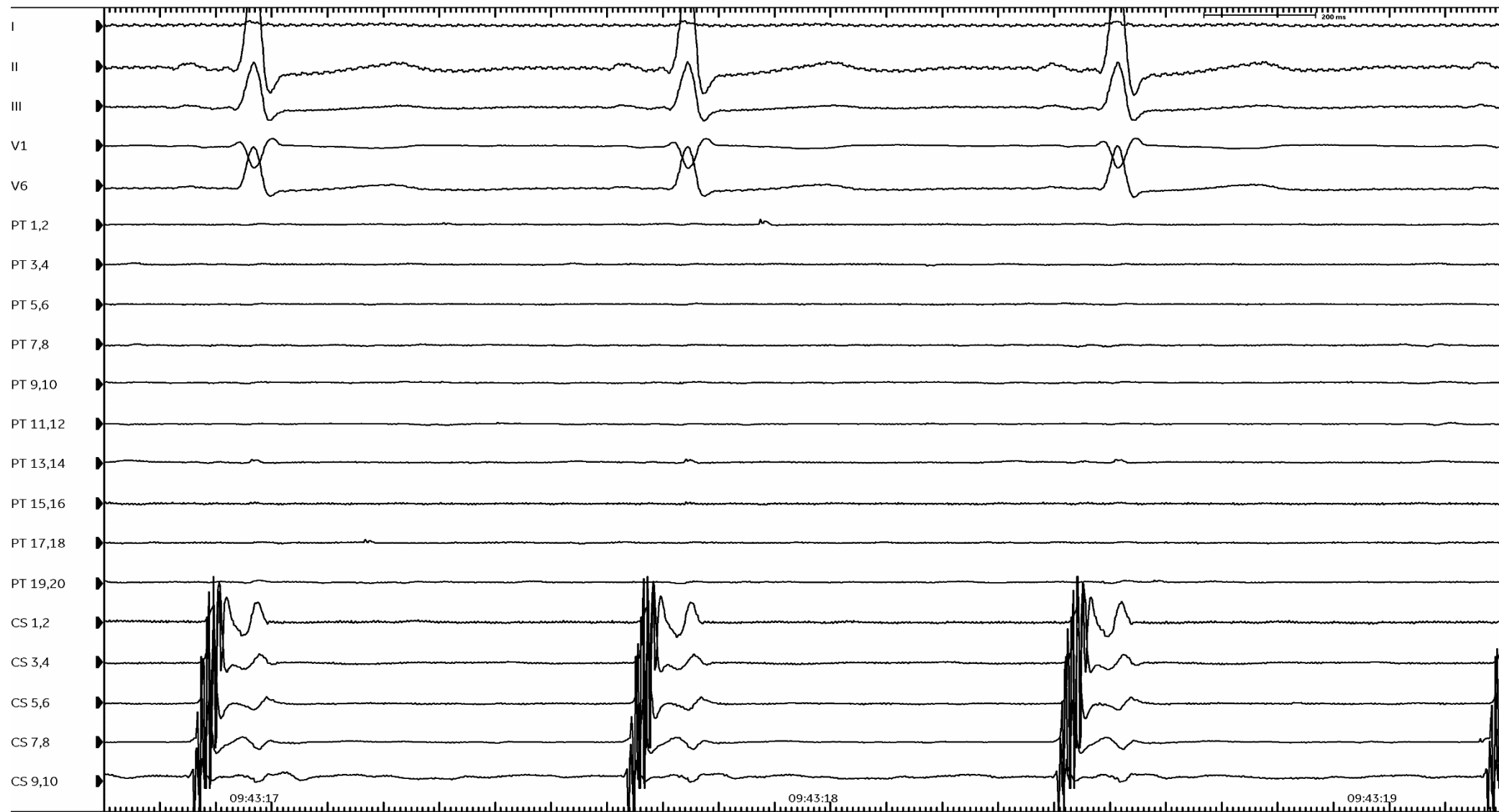
- Reason : Paroxysmal AF recurrence
- Ablation history:
 - 2019: PVI,
 - 2020: VP isolated, isolation SVC + RI
 - 03/2021: ESA ridge + RI + RPSV ant + dispersion septal
 - 10/2021: No Left trigger, Dispersion on the R lateral wall
- 0 cardiopathie, 0 cardiovascular risk factor
- TTT: perioperative anticoagulation, BB inefficient, intolerance medicine (Flecaine: no tolerance, Amiodarone: anaphylactic shock, Quinolone: EKG troubles)

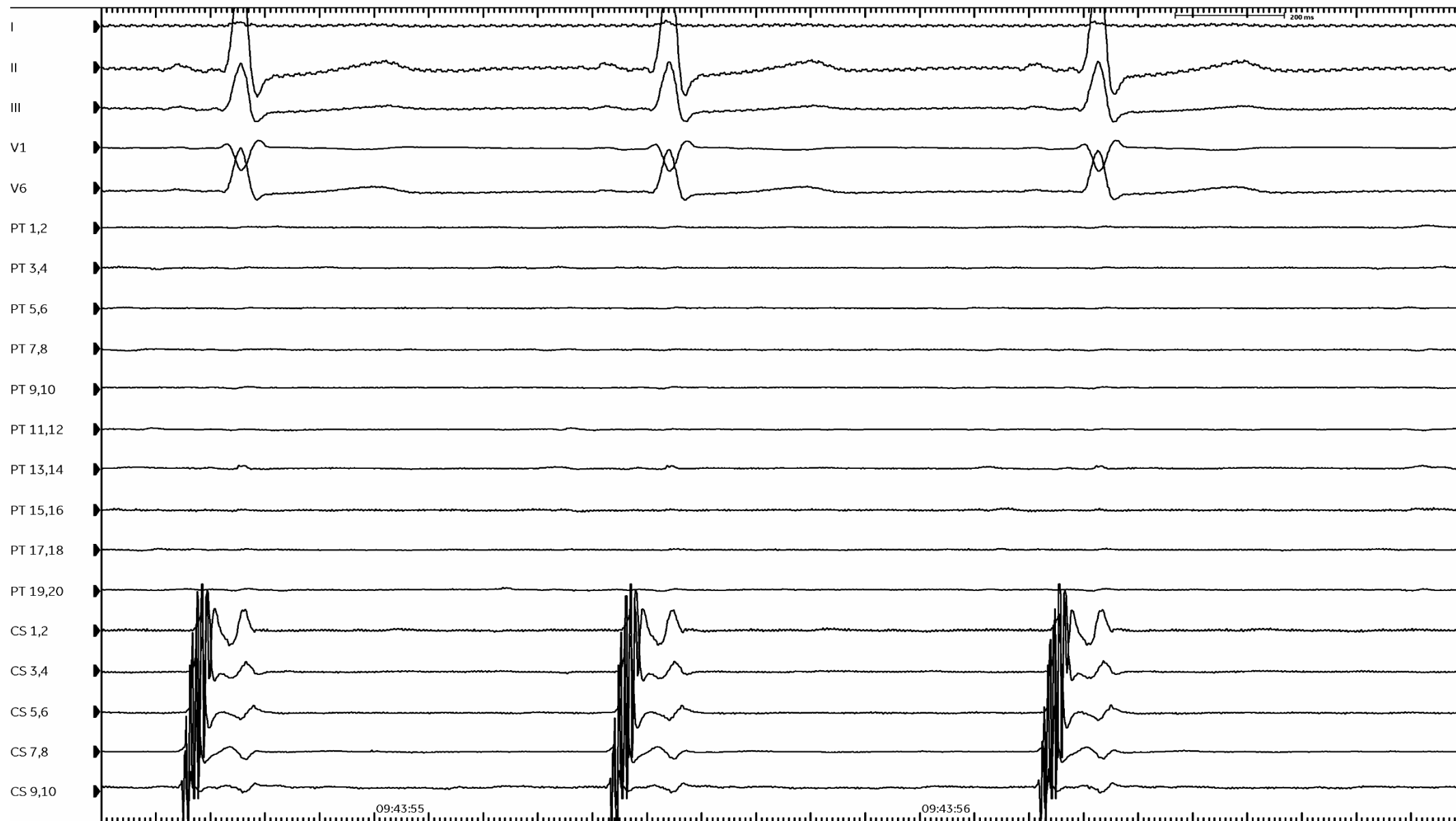














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Wholly Patient-tailored Ablation of Atrial Fibrillation Guided by Spatio-Temporal Dispersion of Electrograms in the Absence of Pulmonary Veins Isolation

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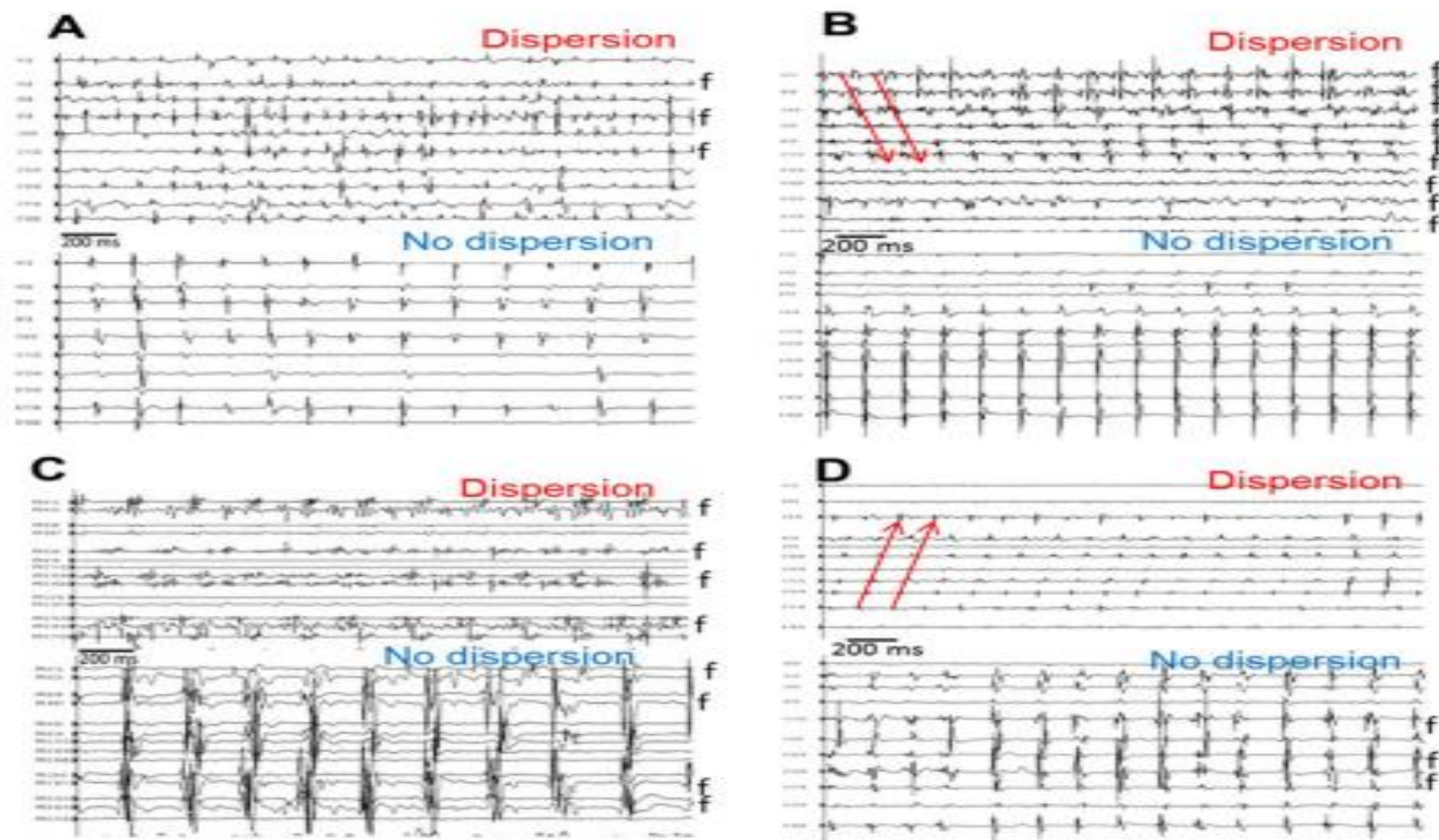


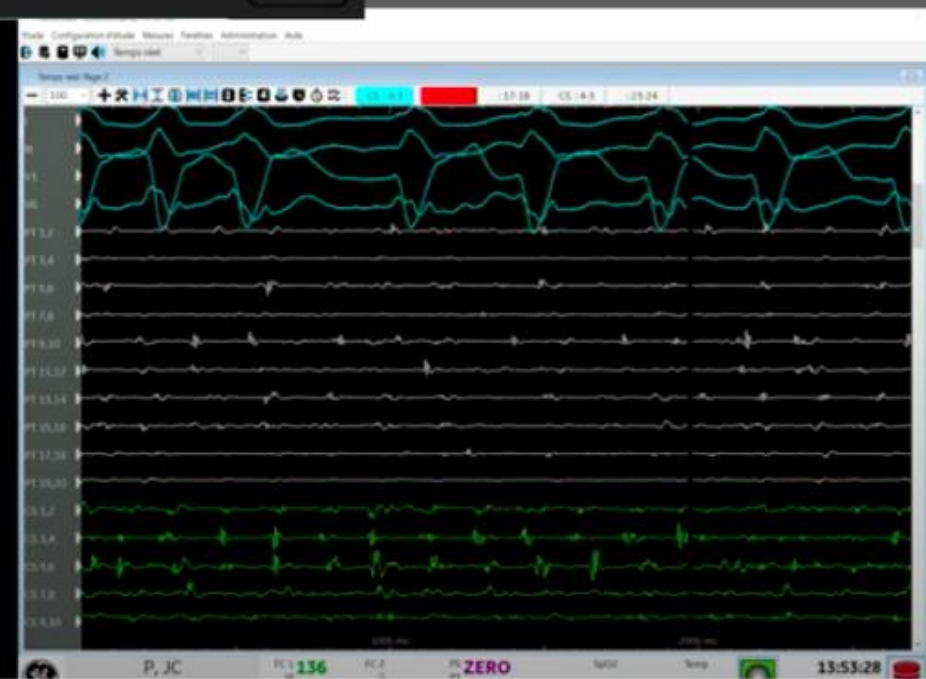
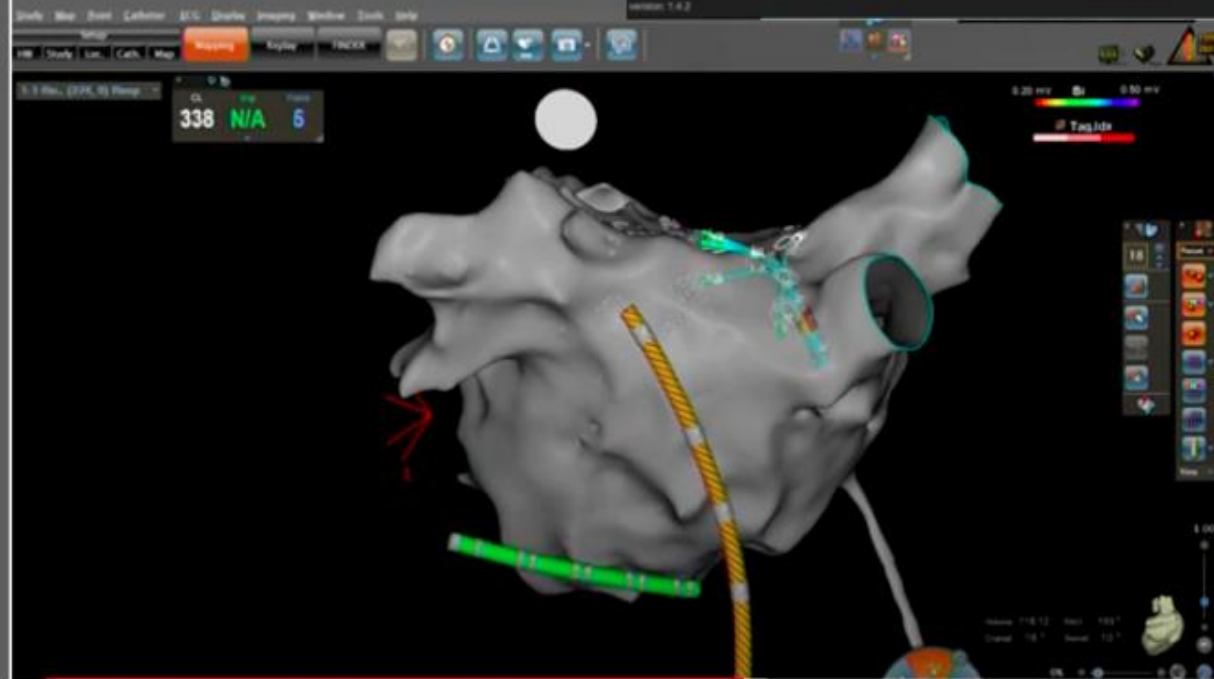
Figure 2. Examples of Spatio-temporal Dispersion

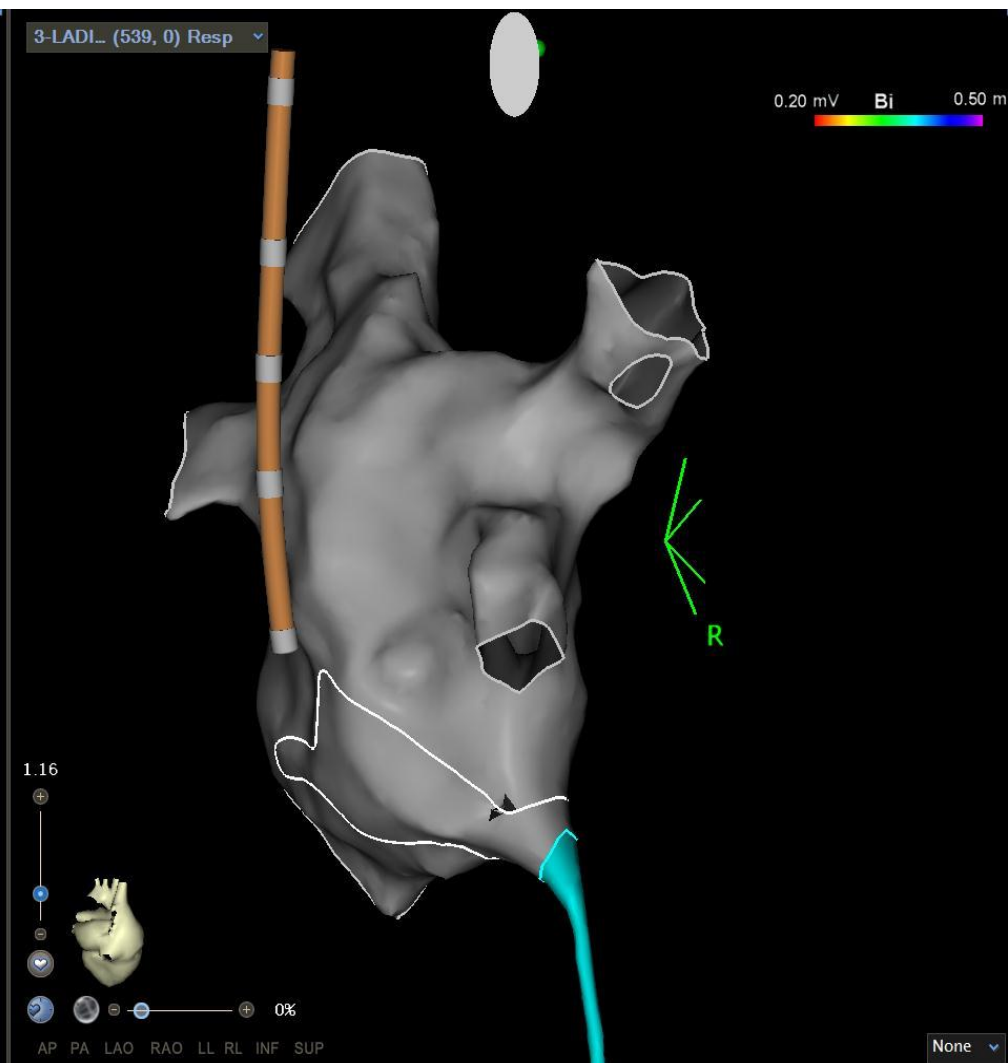
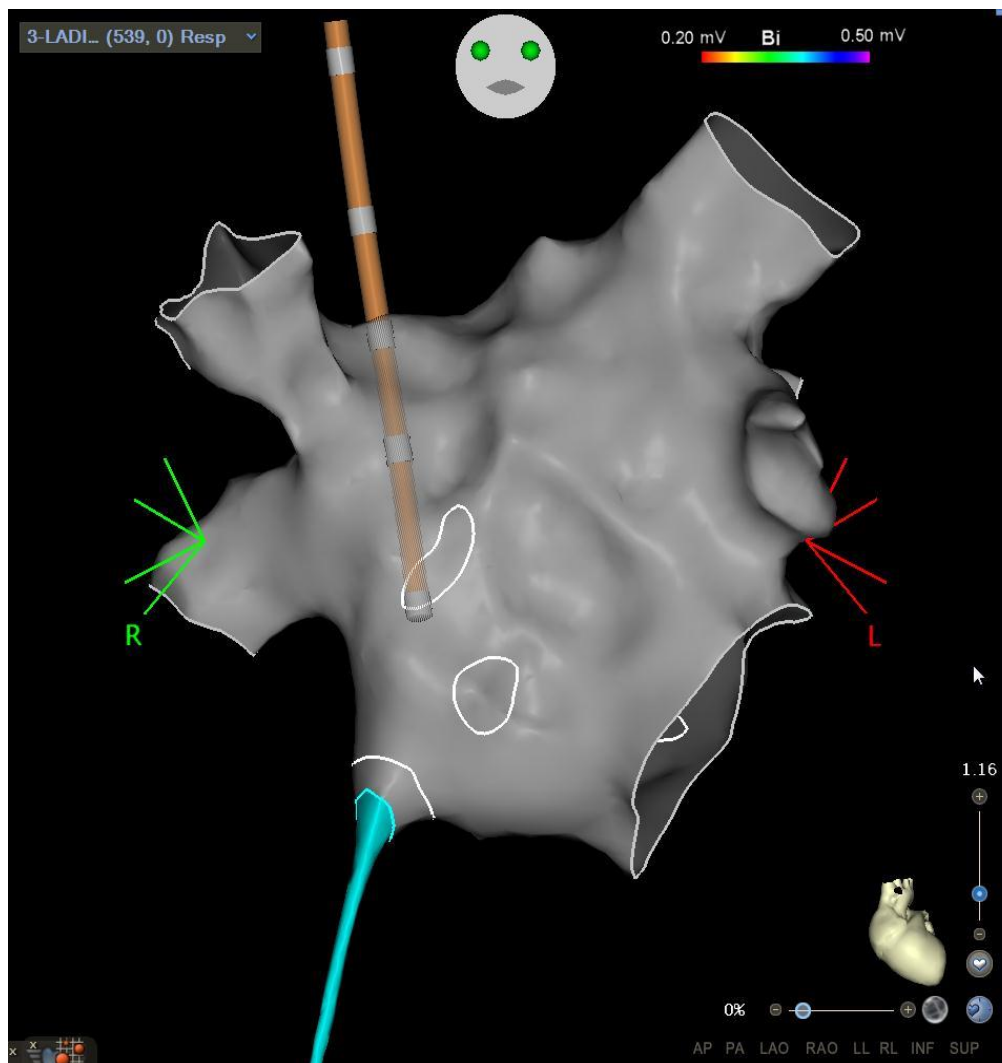
panels A–D: *Representative examples of the multipolar electrograms (clusters of electrograms) recorded in dispersion and in non-dispersion regions in four patients.*

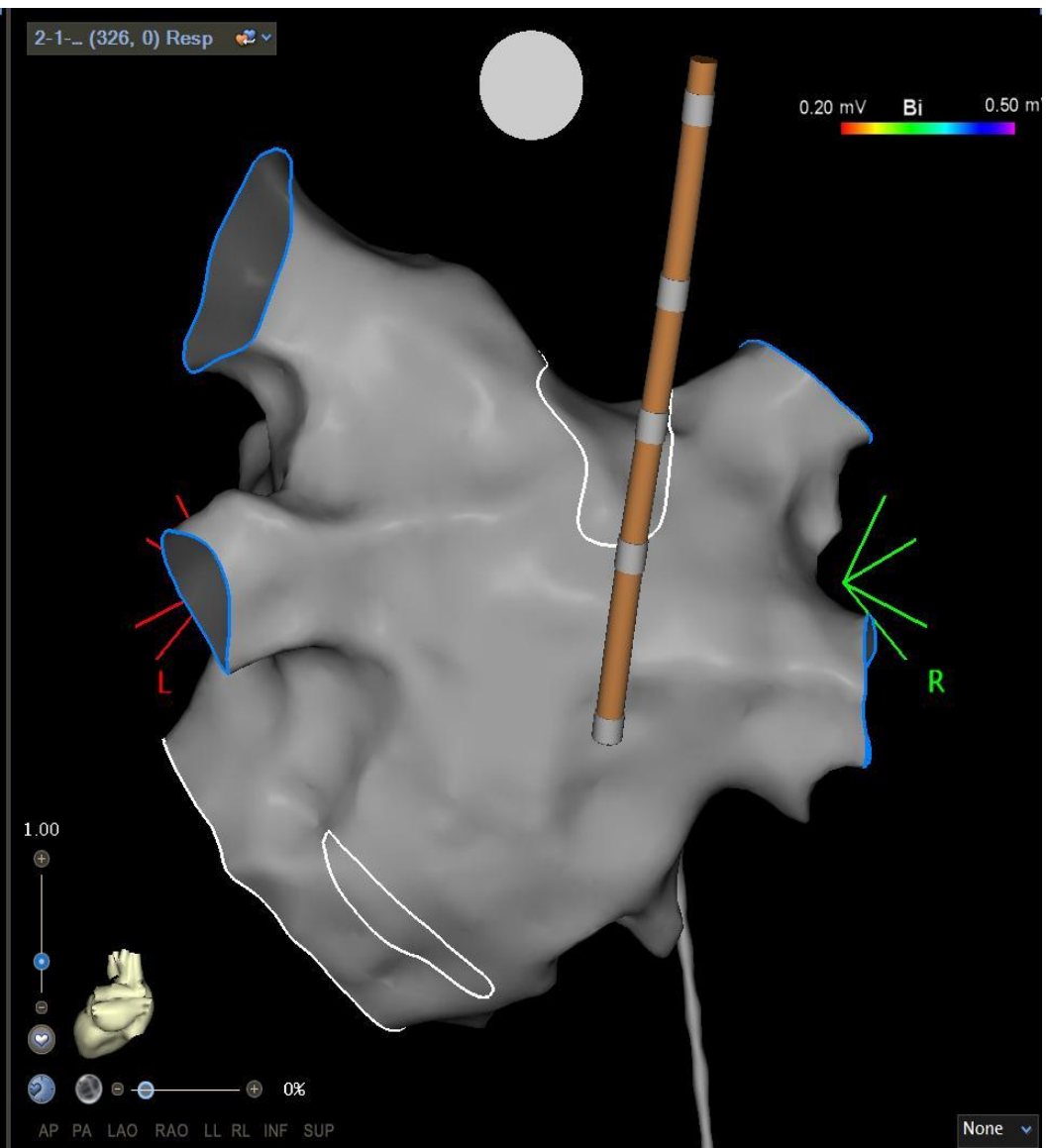
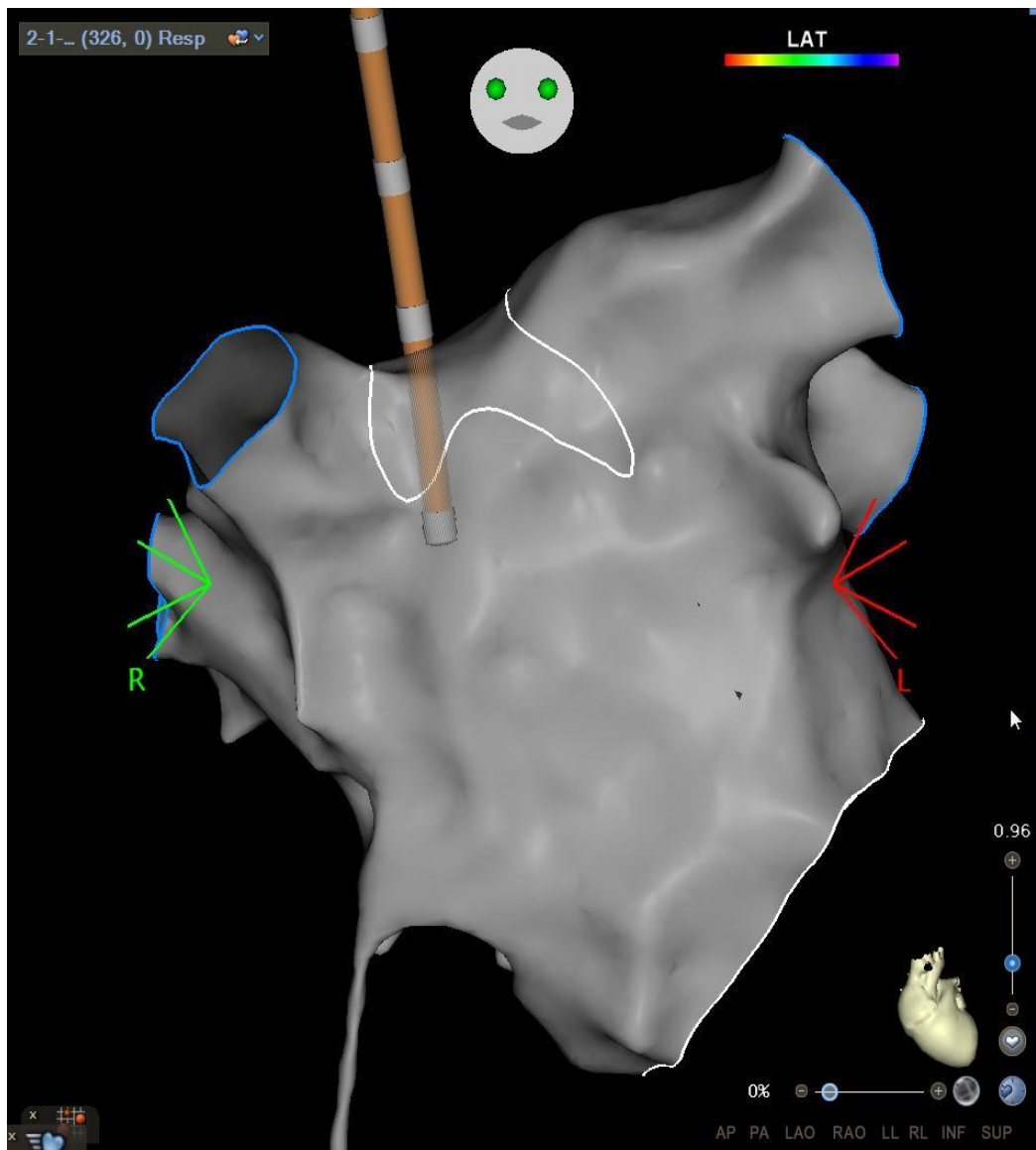
Fractionated electrograms are marked by an “f”. In the dispersion regions, it was common to find bipoles exhibiting continuously fractionated signal as shown in panels B and C. Red arrows show the sequential activation of consecutive bipoles of multielectrode catheter spanning 100% of the AF cycle length.

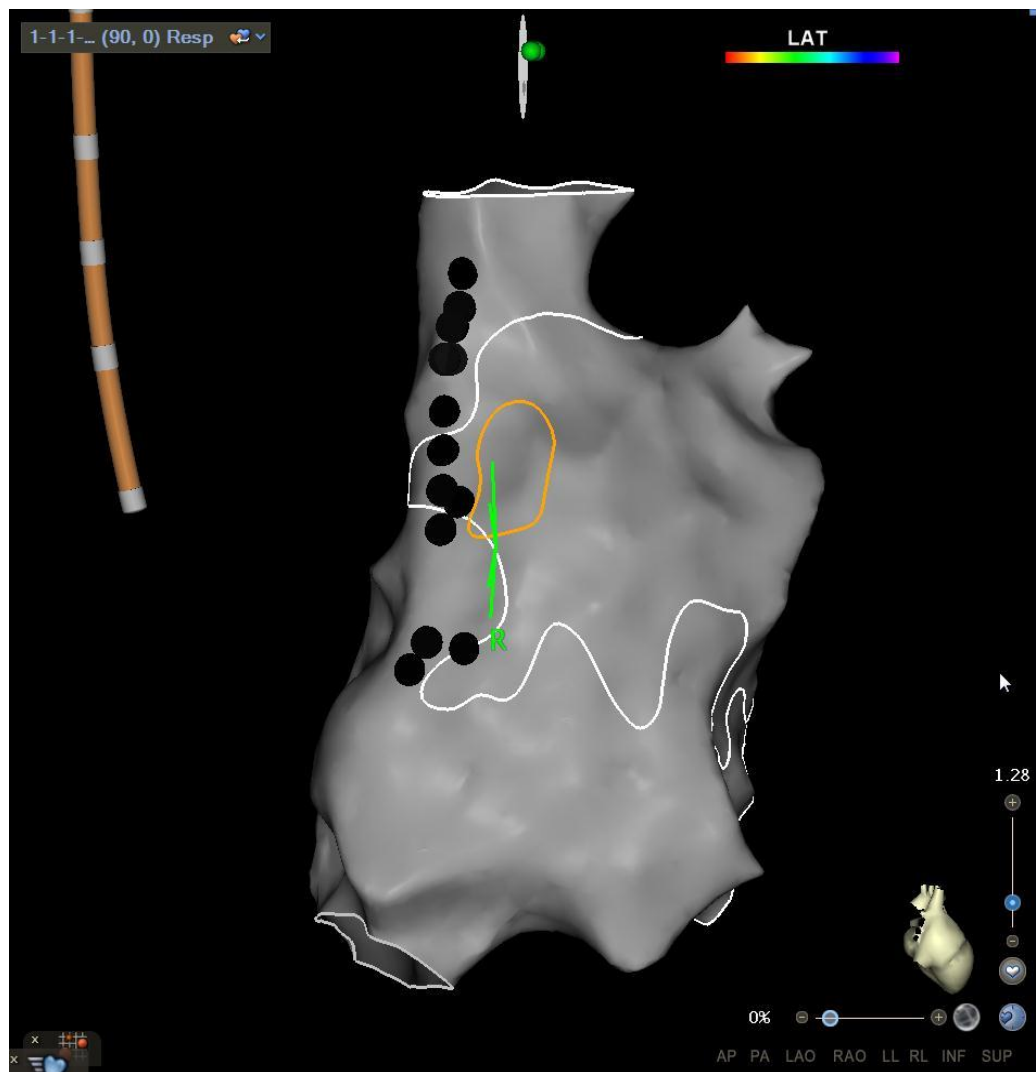


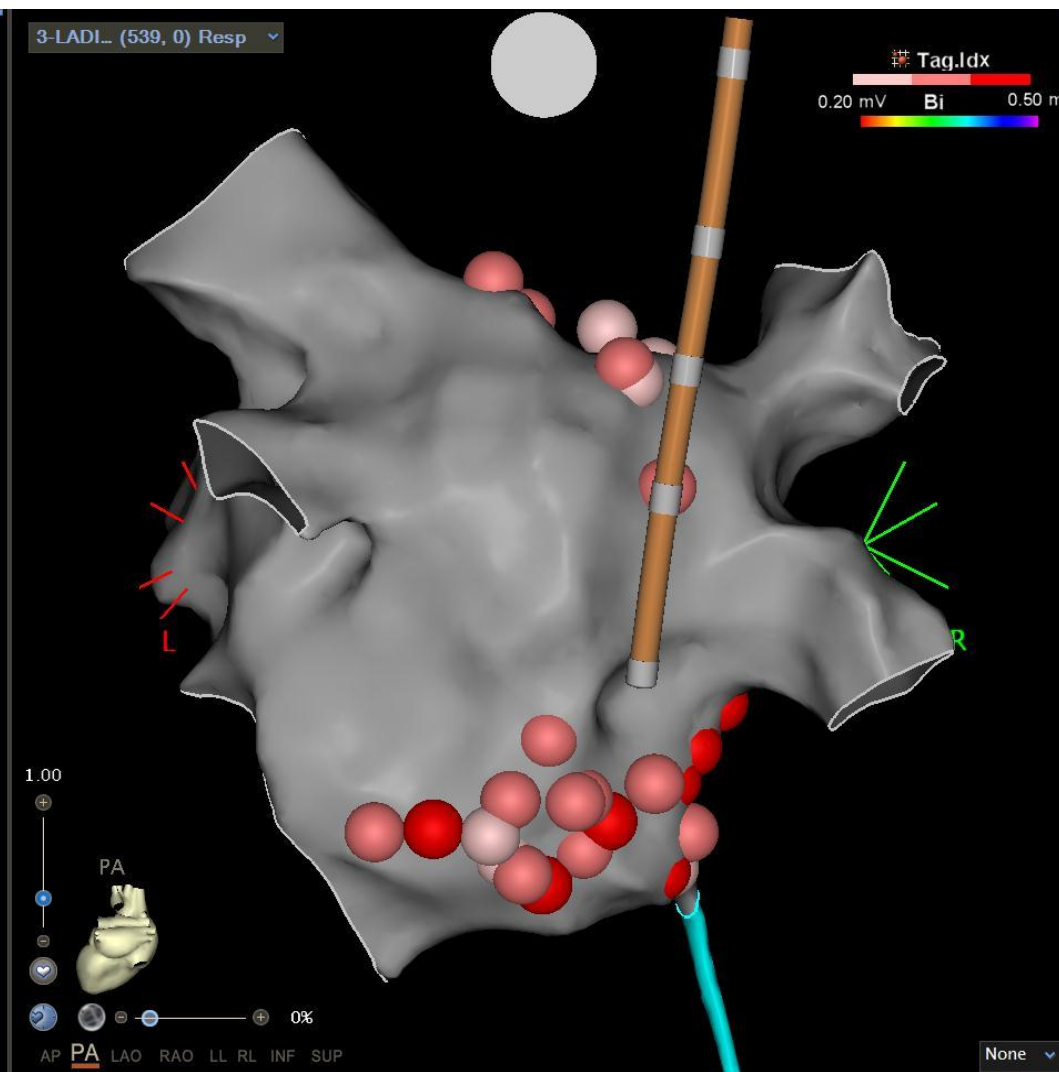
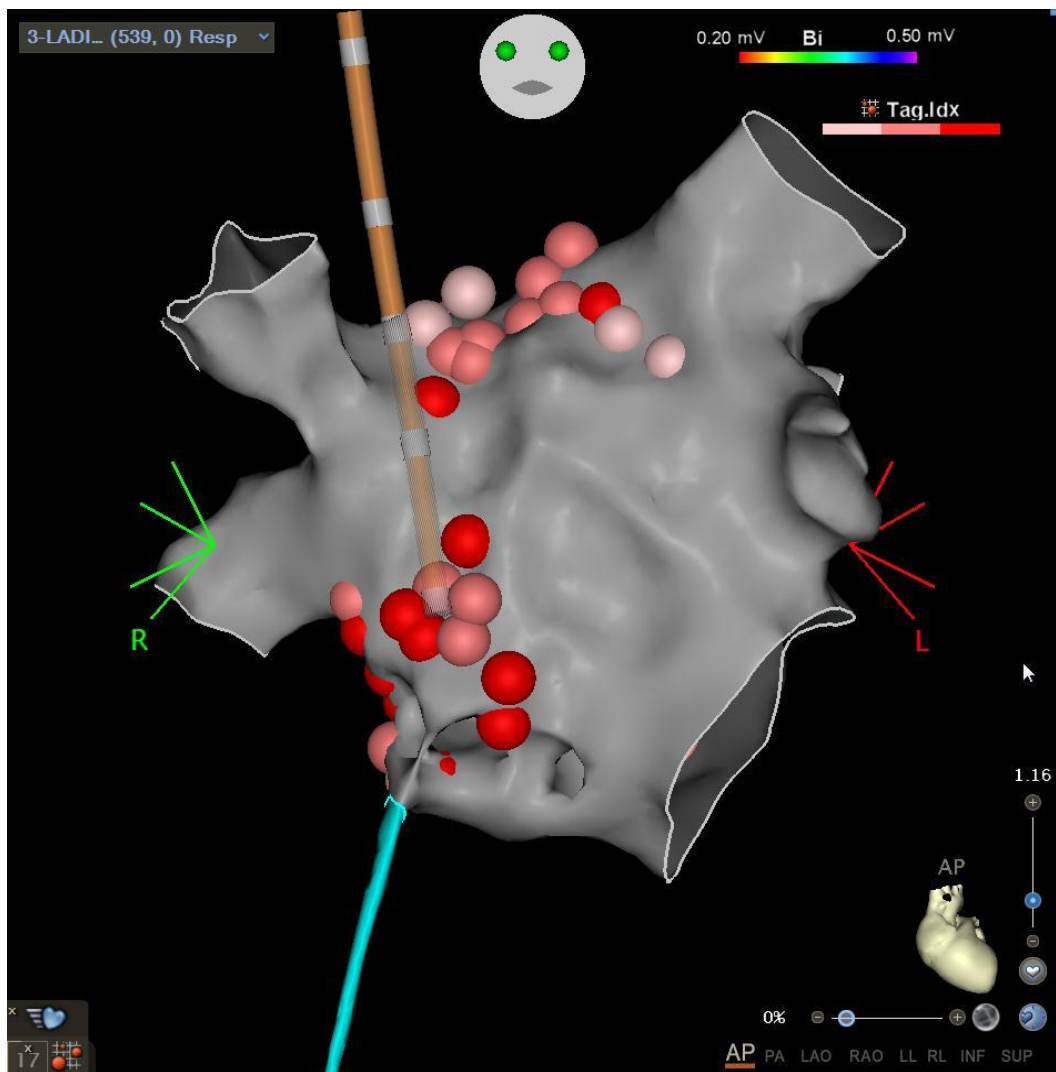


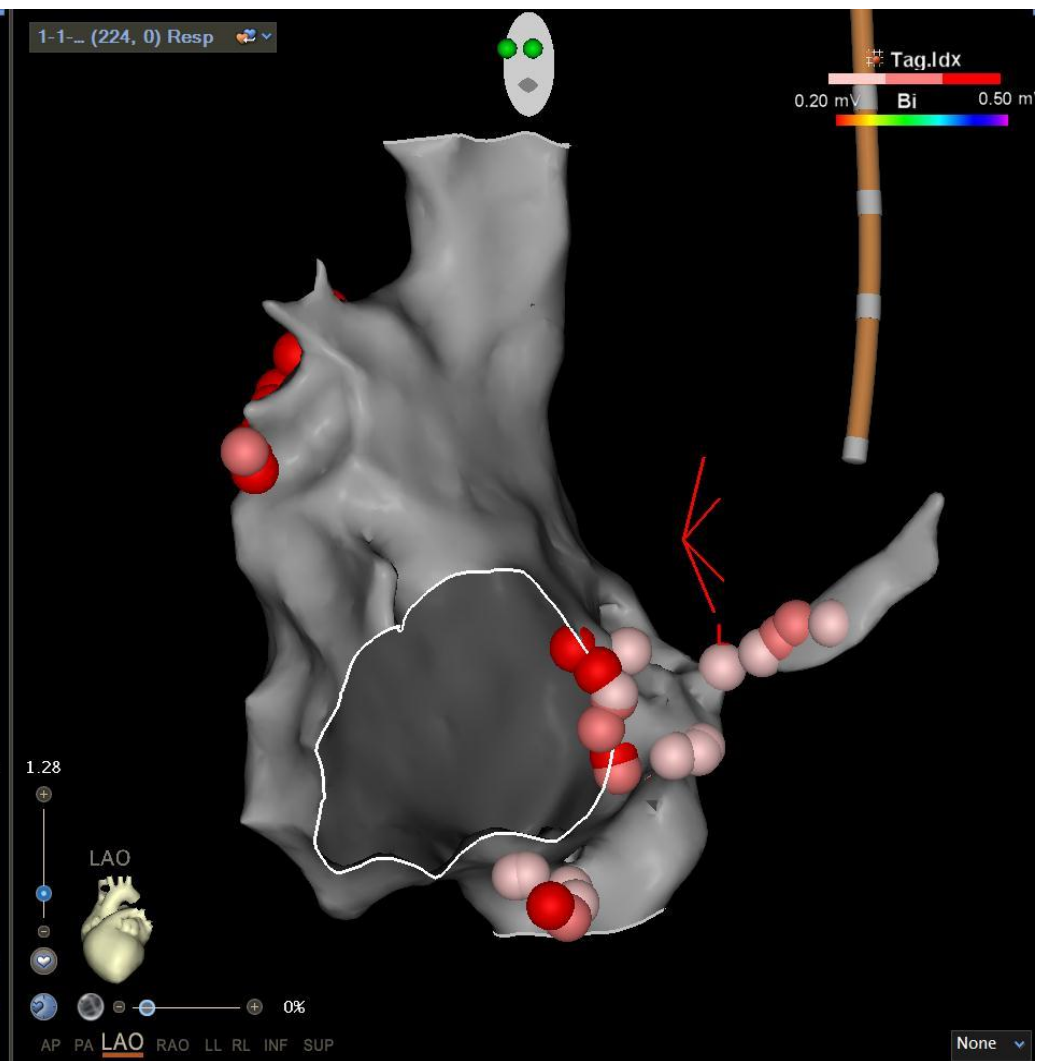
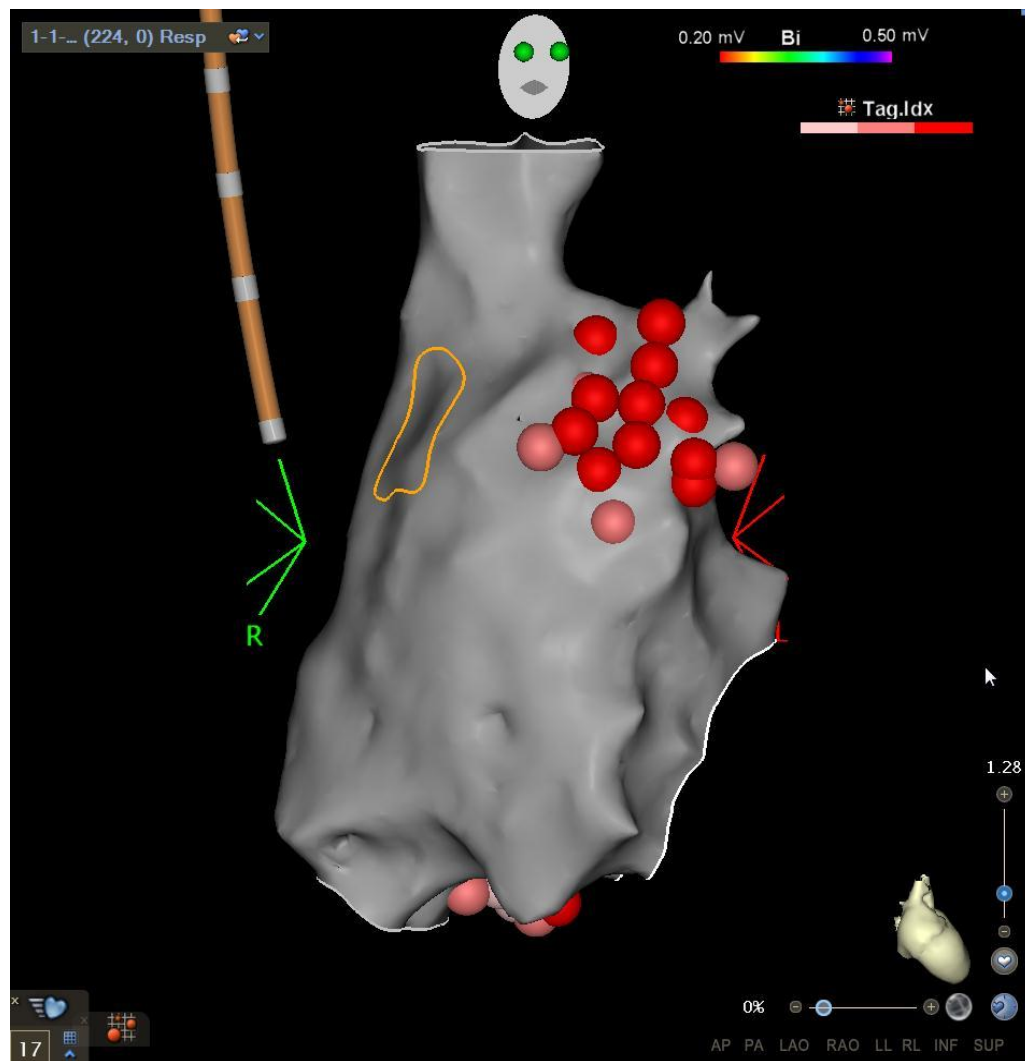












END POINT

No AF induced despite aggressive burst and isoprenaline

Follow up 8 weeks

Holter EKG: sinus tachycardia

How would you manage this kind of patient?