

Portuguese

Relato de caso

Mulher de 38 anos, portadora de pré-excitação ventricular sintomática com surtos de taquicardia paroxística de QRS estreito. Foi realizada uma primeira ablação sem sucesso. O ECG mostrado a seguir é o anterior a uma segunda ablação bem sucedida.

Pergunta:

Onde estava localizada a via anômala?

English

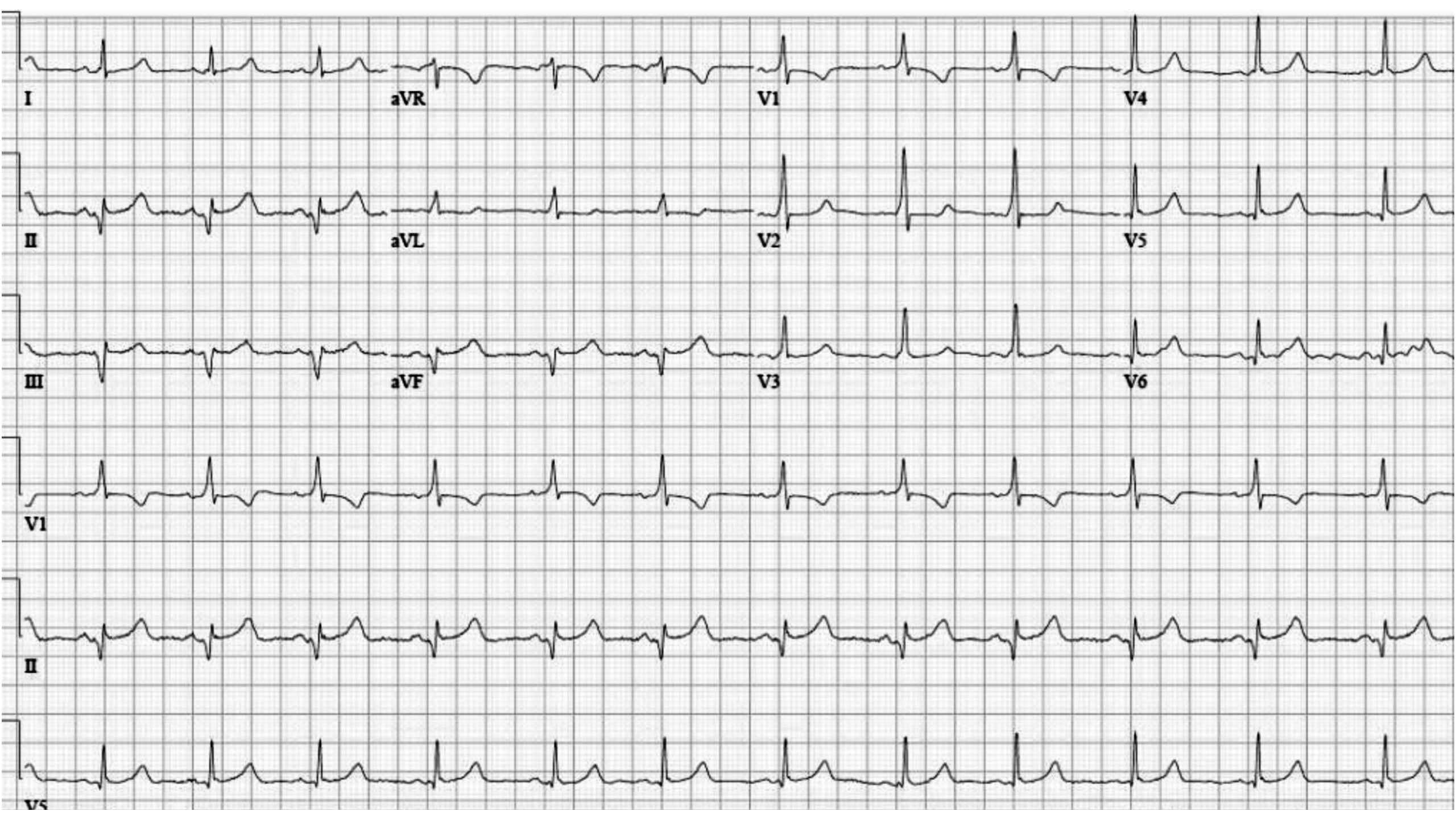
Case presentation

38-year-old female carrier of symptomatic ventricular pre-excitation with outbreaks of narrow QRS paroxysmal tachycardia. A first ablation was performed without success. The ECG shown in the next slide is the one before a successful second ablation.

Question:

Where was the anomalous pathway?

Conclusion: left inferior following the new nomenclature. Why? Because R/S in V1>1 and II, III and aVF are predominantly negative.



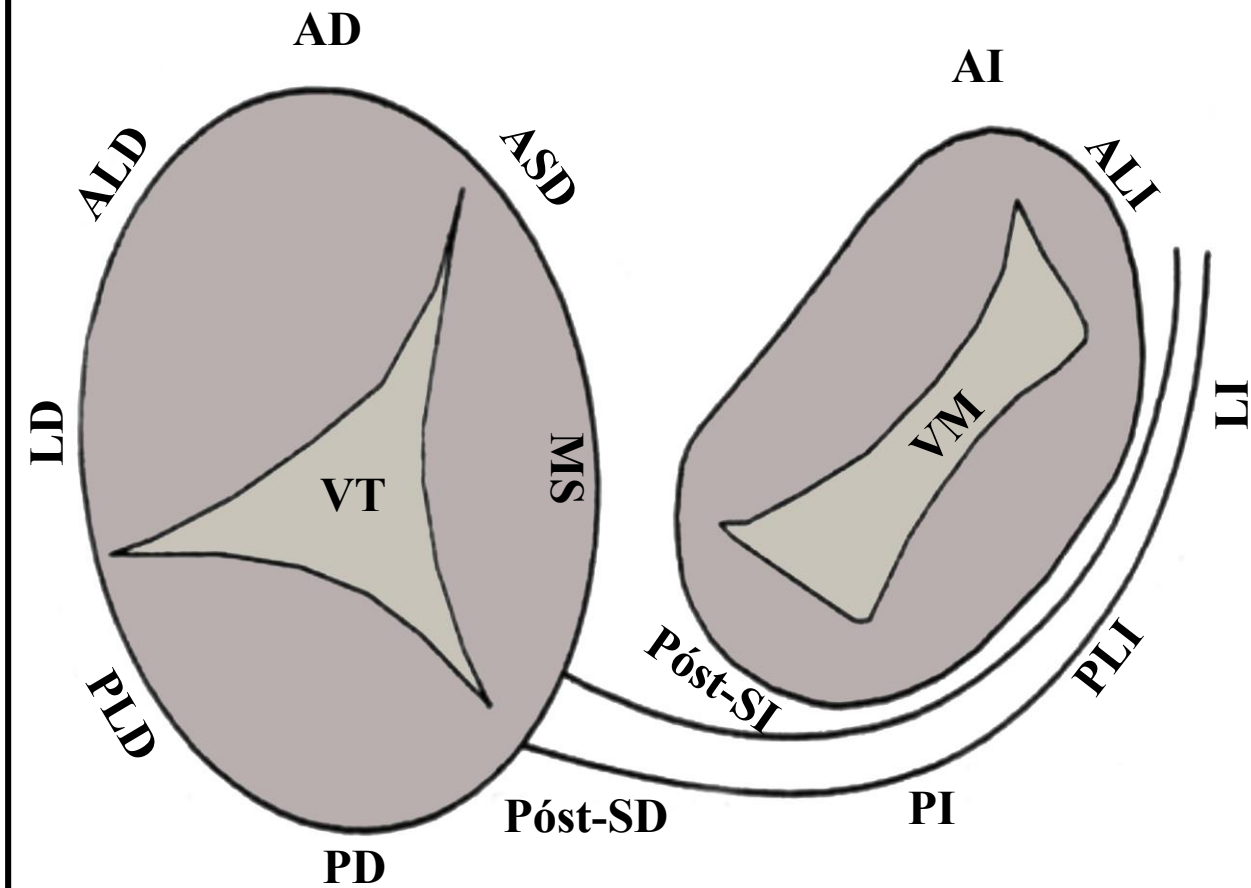
Current nomenclature of accessory pathways

Current Nomenclature and Proposed Terminology

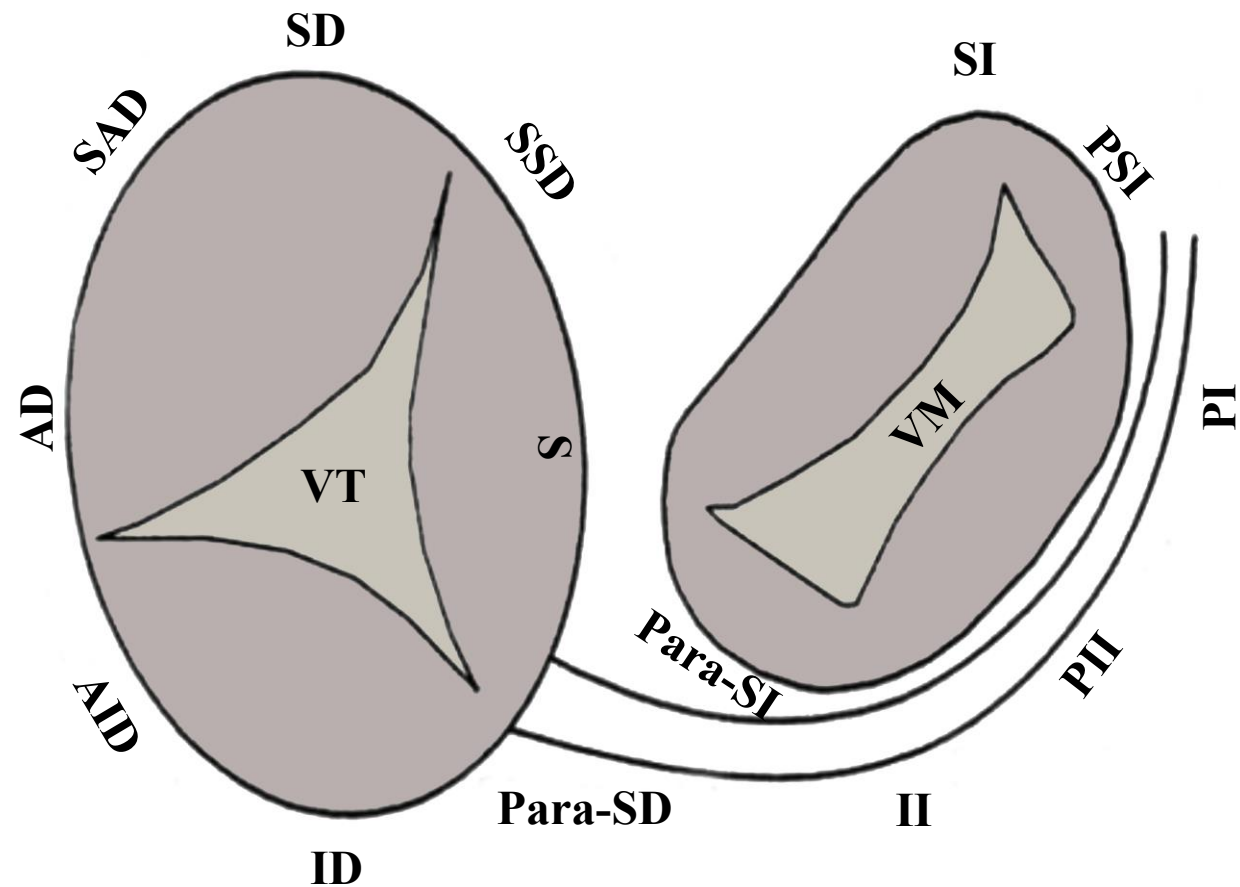
Current (Attitudinally Incorrect)	Proposed (Attitudinally Correct)
Right	
anterior	superior
antero-lateral	supero-anterior
lateral	anterior
postero-lateral	infero-anterior
posterior	inferior
Left	
anterior	superior
antero-lateral	supero-posterior
lateral	posterior
postero-lateral	infero-posterior
posterior	inferior
Septal paraseptal	
anteroseptal	superoparaseptal
posteroseptal	inferoparaseptal
midseptal	septal

Proposed terminology is based on anatomic positions.

Antigua nomenclatura

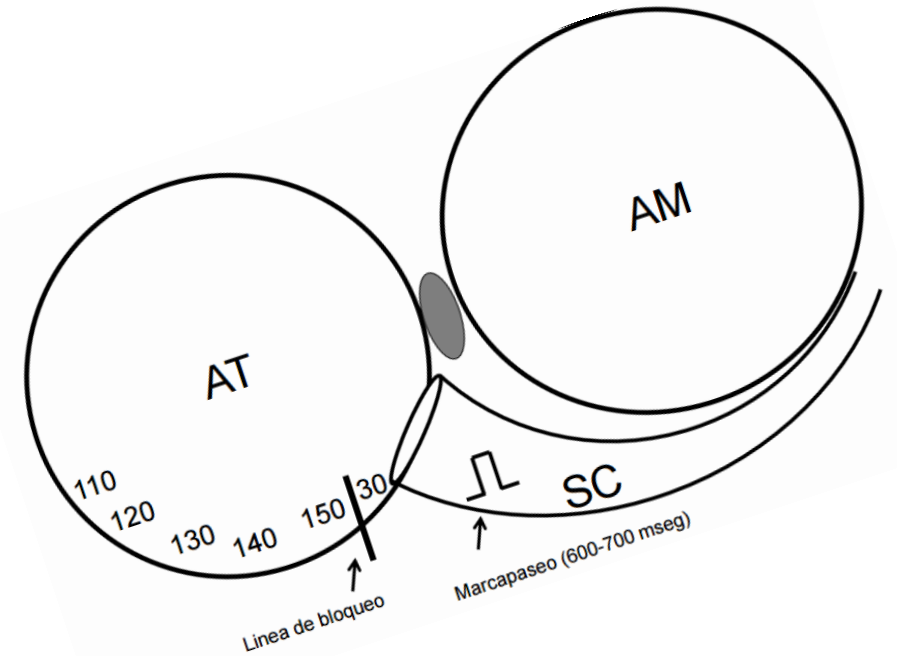
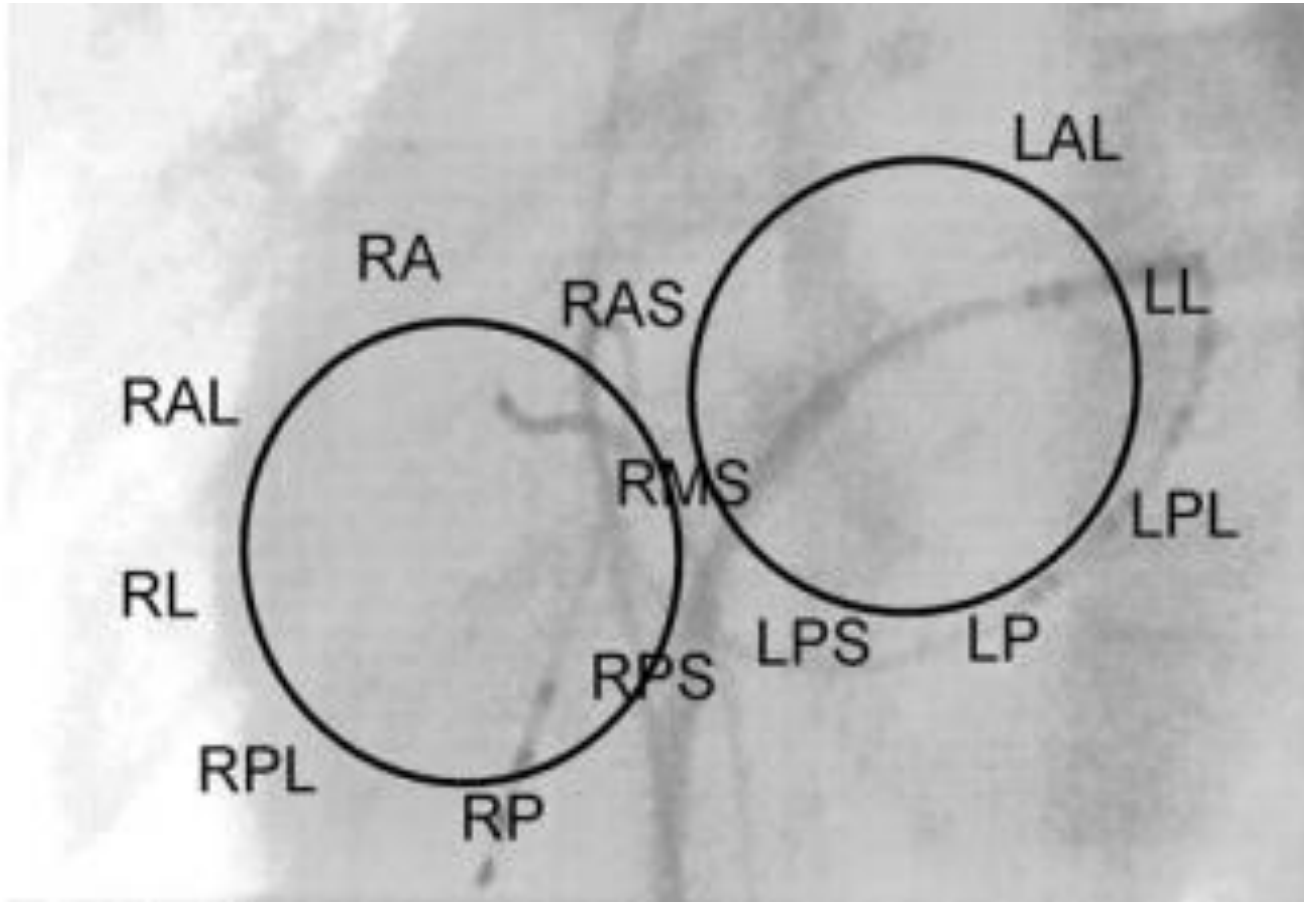


Nueva nomenclatura



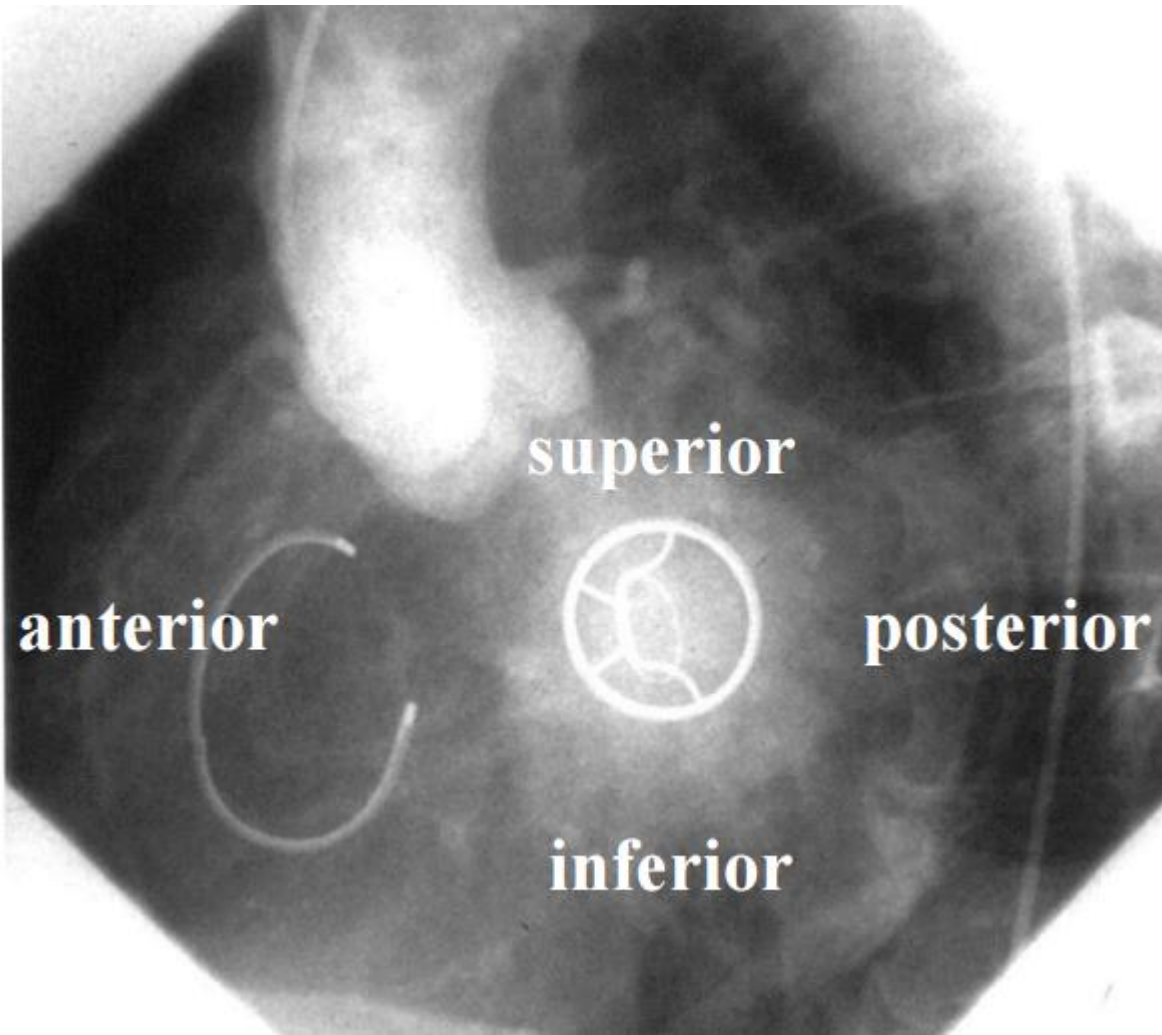
Accessory pathway locations with the new nomenclature

New nomenclature

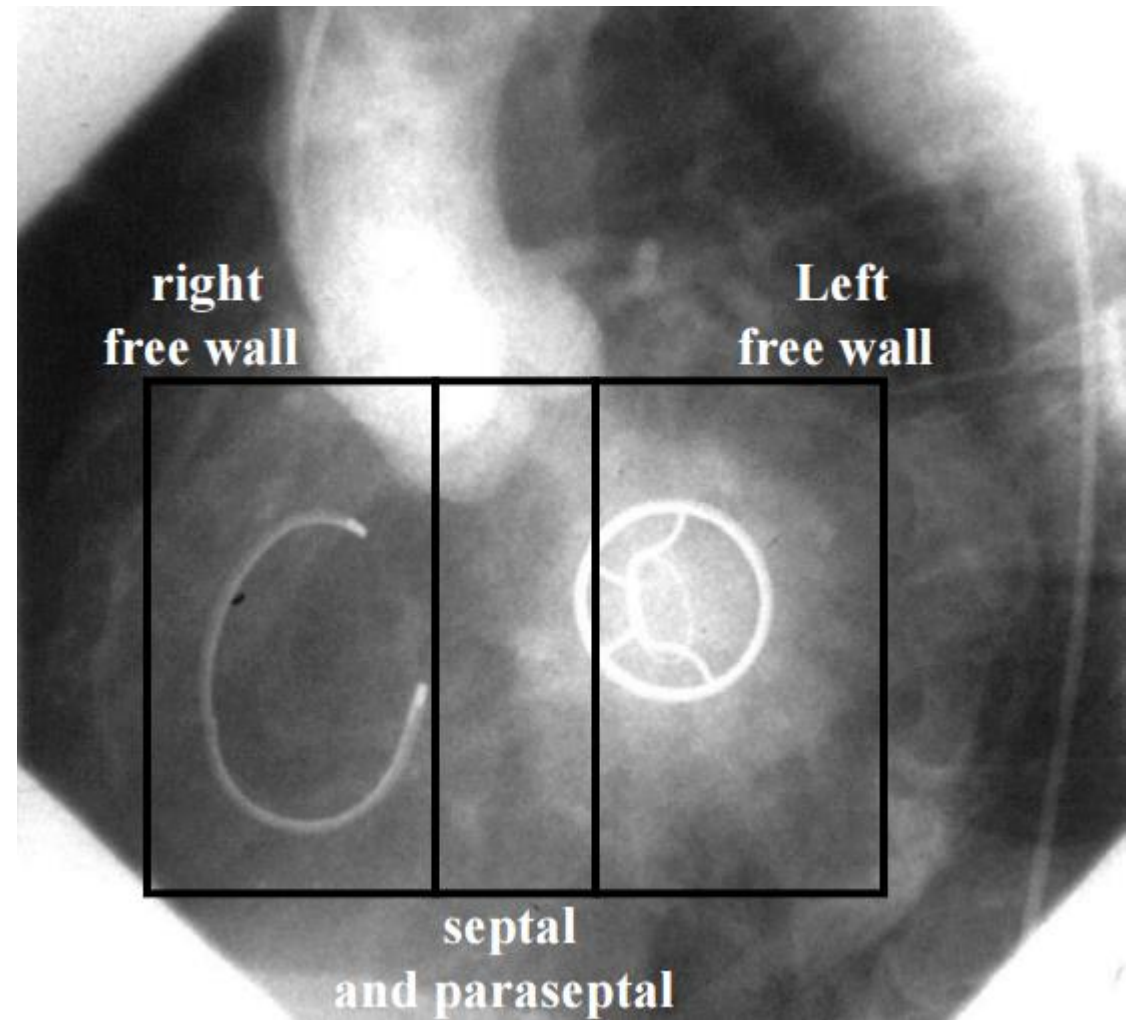


Fifty-degree left anterior oblique projection of fluoroscopic image during electrophysiological study to show positions and names of accessory pathway locations. The two circles show the positions of the tricuspid and mitral valve annuli. LAL, left anterolateral; LL, left lateral; LP, left posterior; LPS, left posteroseptal; MS, right midseptal; RA, right anterior; RAL, right anterolateral; RAS, right anteroseptal; RL, right lateral; RP, right posterior; RPL, right posterolateral; RPS, right posteroseptal. Wren C, Vogel M, Lord S, et al. Heart (2011). doi:10.1136/heartjnl-2011-300269

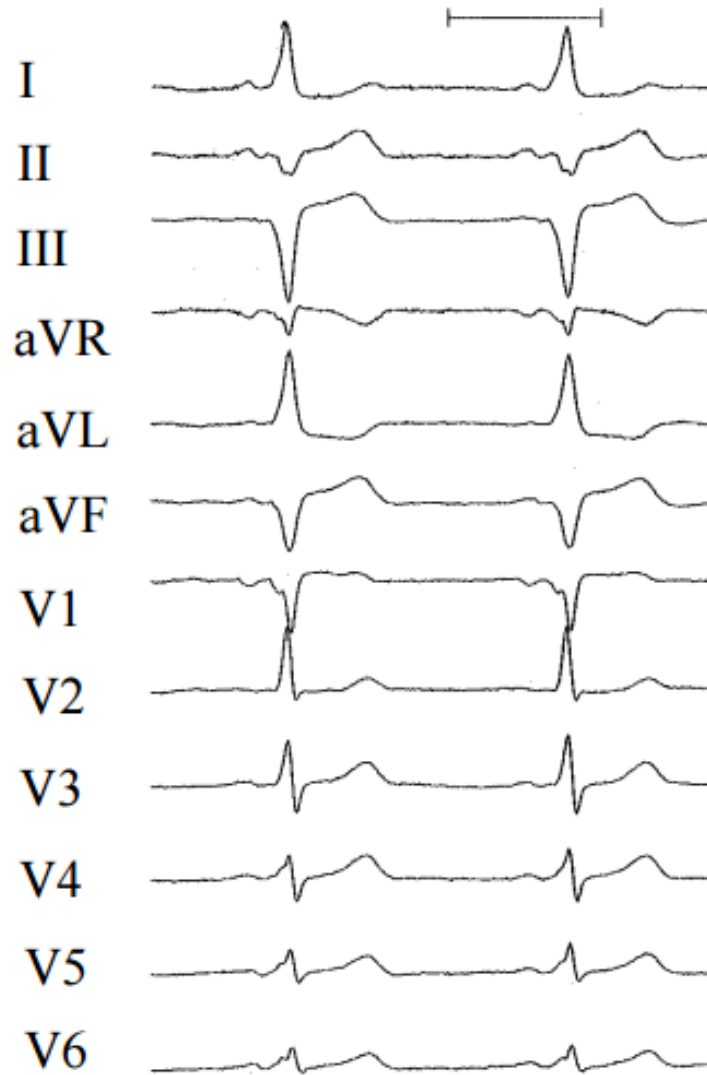
Fluoroscopic Anatomy



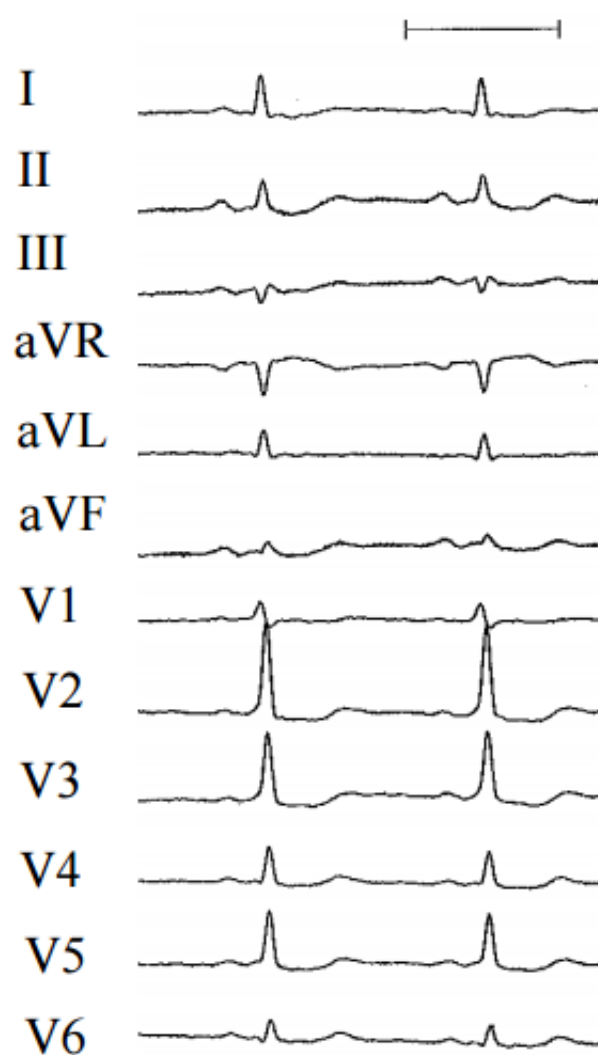
Accessory Pathways location in Fluoroscopic Anatomy



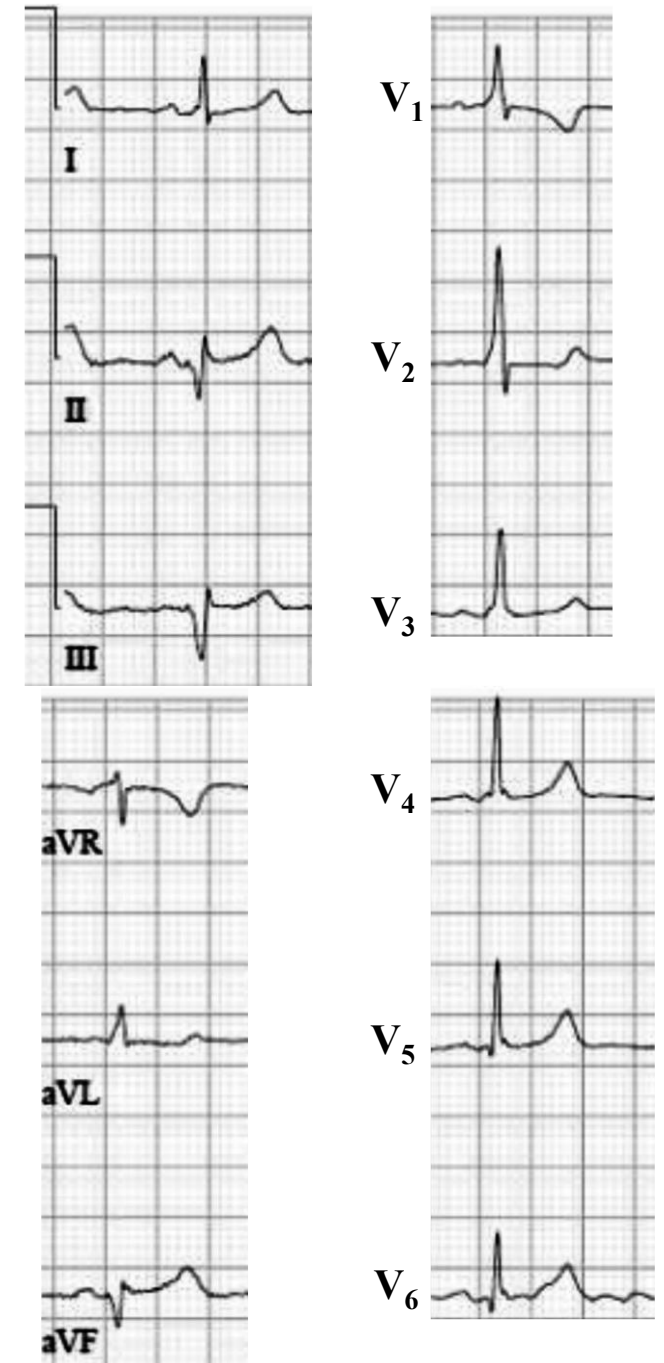
Right-side Accessory Pathway



Left-side Accessory Pathway



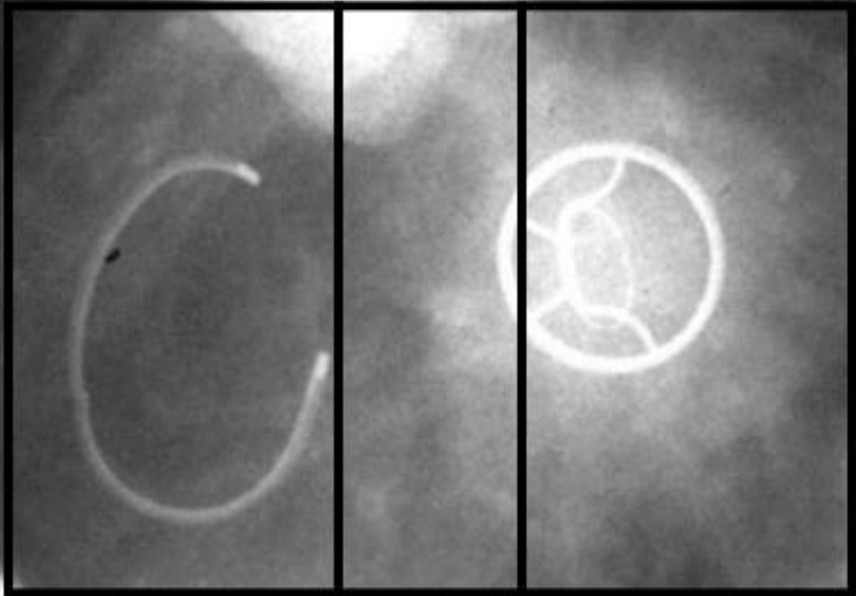
The present case



Right or left side? If $S > R$ in V1: Right side; If $R > S$ in V1: Left side. In the present case, $R > S$ in V1, consequently: Left-side accessory pathway. See next slide

How to localize the accessory pathway? ECG criteria

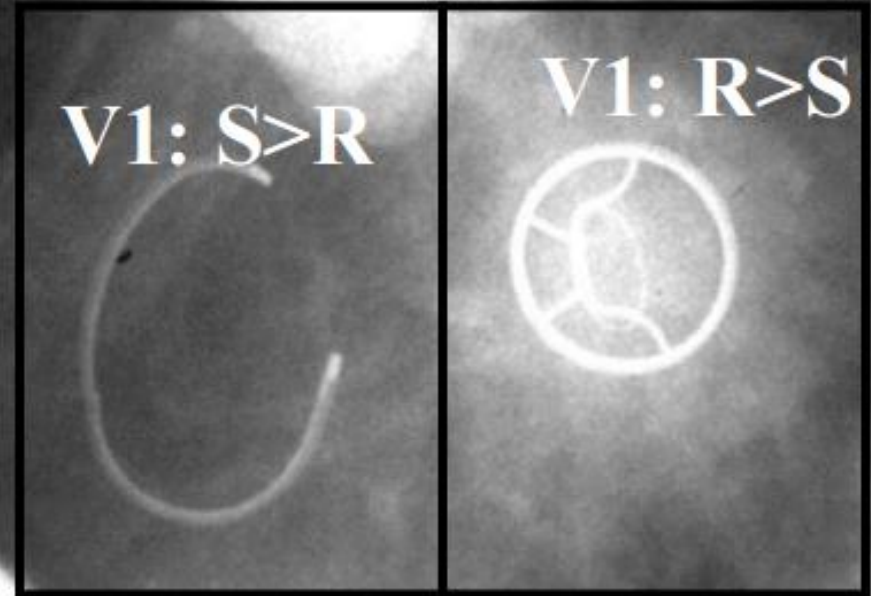
**1. Sufficient
pre-excitation?
(Δ QRS 120 ms)**



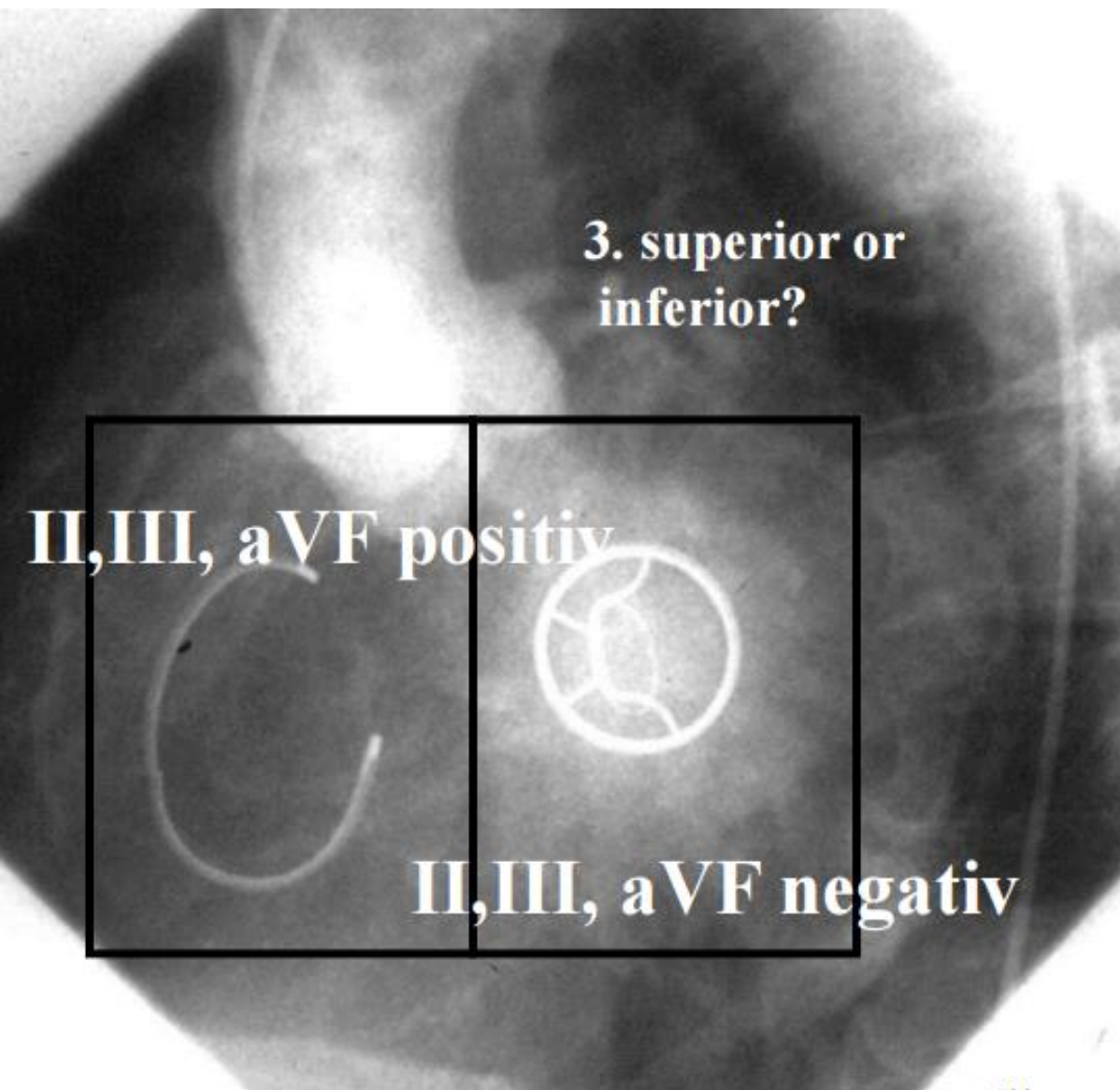
**2. Right-sided
or left-sided?**

V1: S>R

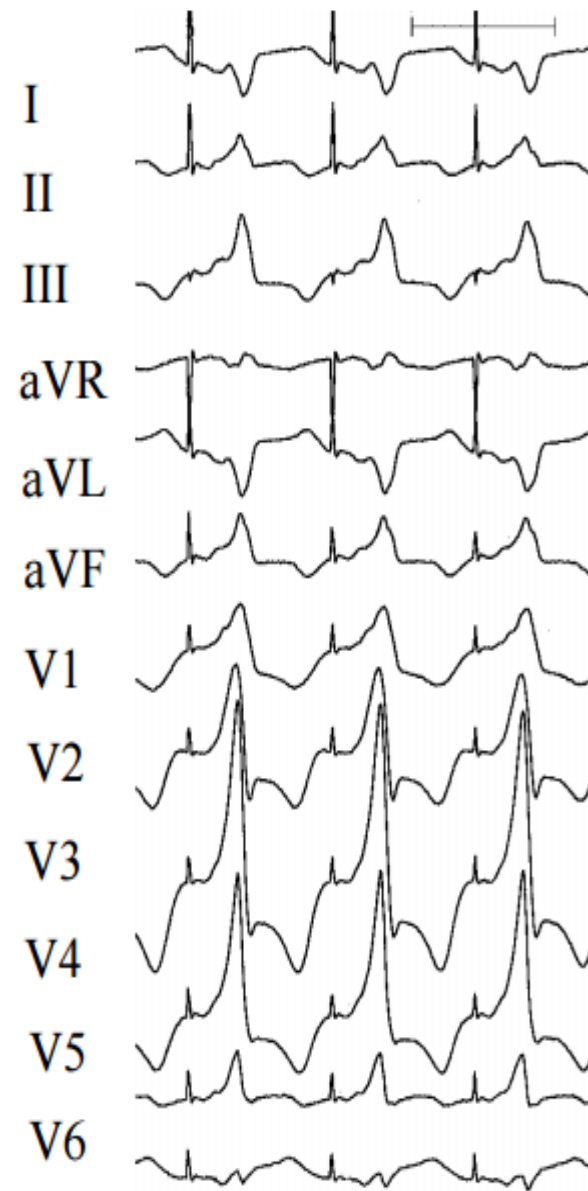
V1: R>S



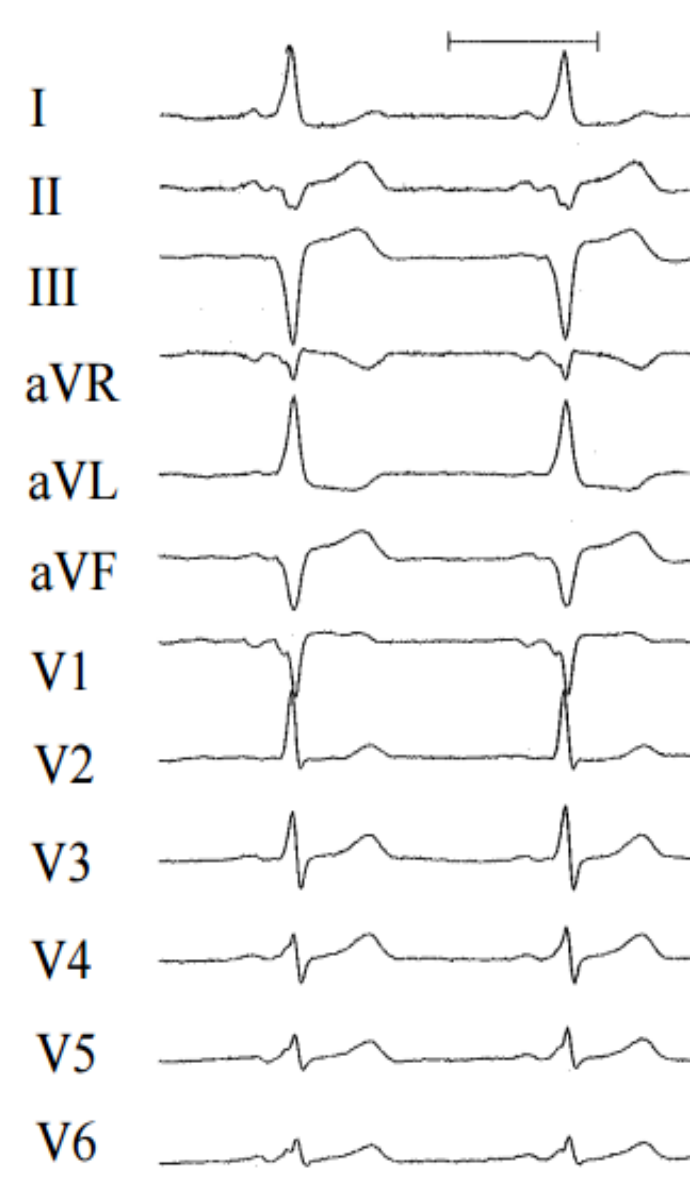
How to localize the Accessory Pathway? ECG criteria



Left-side Superior AP



Righth-side Inferior AP



Superior or inferior? Answer: inferior, because II, III and aVF are predominantly negative.

Nomenclatura antigua	Nueva nomenclatura
Ántero-lateral izquierda (ALI)	Pósterio-superior izquierda (PSI)
Lateral izquierda (LI)	Posterior izquierda (PI)
Posterior izquierda (PI)	Inferior izquierda (II)
Pósterio-septal izquierda (Póst-SI)	Para-septal izquierda (Para-SI)
Anterior izquierda (AI)	Superior izquierda (SI)
Pósterio-lateral izquierda (PLI)	Pósterio-inferior izquierda (PII)
Medio-septal (MS)	Septal (S)
Anterior derecha (AD)	Superior derecha (SD)
Ántero-lateral derecha (ALD)	Súpero-anterior derecha (SAD)
Ántero-septal derecha (ASD)	Súpero-septal derecha (SSD)
Lateral derecha (LD)	Anterior derecha (AD)
Posterior derecha (PD)	Inferior derecha (ID)
Pósterio-lateral derecha (PLD)	Ántero-inferior derecha (AID)
Pósterio-septal derecha (Póst-SD)	Para-septal derecha (Para-SD)

Conclusion: In the present case, the accessory pathway is located in the left inferior (inferior izquierda)