

Vplyv vedenia katérovej ablácie u pacientov s perzistujúcou fibriláciou predsení systémom Farapulse na výskyt recidív fibrilácie predsení



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Klinika kardiológie a angiológie UPJŠ LF

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2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS)

Recommendations for rhythm control/catheter ablation of AF

Recommendations	Class ^a	Level ^b
General recommendations		
For the decision on AF catheter ablation, it is recommended to take into consideration the procedural risks and the major risk factors for AF recurrence following the procedure and discuss them with the patient. ^{235–237,239,607,609,612,613,636,638,652,654,680,682,785,789}	I	B
Repeated PVI procedures should be considered in patients with AF recurrence provided the patient's symptoms were improved after the initial PVI. ^{812–814}	IIa	B
AF catheter ablation after failure of drug therapy		
AF catheter ablation for PVI is recommended for rhythm control after one failed or intolerant class I or III AAD, to improve symptoms of AF recurrences in patients with ^{235–238,247,605–609,612,613,615–617,654,677,678,680,682,685,758,779,780,815,}	I	A
<ul style="list-style-type: none"> • Paroxysmal AF, or • Persistent AF without major risk factors for AF recurrence, or 	I	A

Techniques and technologies

Complete electrical isolation of the pulmonary veins is recommended during all AF catheter-ablation procedures.^{235–237,239,606,608–610,613,614,678,679,681,683,684,686,713,731,759,780}

I	A
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If patient has history of CTI-dependent AFL or if typical AFL is induced at the time of AF ablation, delivery of a CTI lesion may be considered.^{731–733,819–821}

IIb	B
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Use of additional ablation lesions beyond PVI (low voltage areas, lines, fragmented activity, ectopic foci, rotors, and others) may be considered but is not well established.^{677,680,708,711–730}

IIb	B
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Techniques and technologies	Class ^a	Level ^b
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If patient has history of CTI-dependent AFL or if typical AFL is induced at the time of AF ablation, delivery of a CTI lesion may be considered. ^{731–733,819–821}	IIb	B
Use of additional ablation lesions beyond PVI (low voltage areas, lines, fragmented activity, ectopic foci, rotors, and others) may be considered but is not well established. ^{677,680,708,711–730}	IIb	B
Lifestyle modification and other strategies to improve outcomes of ablation		
Weight loss is recommended in obese patients with AF, particularly those who are being evaluated to undergo AF ablation. ^{636,638,639,643,646,772,786–791}	I	B
Strict control of risk factors and avoidance of triggers are recommended as part of a rhythm control strategy. ^{636,637}	I	B

Súbor pacientov

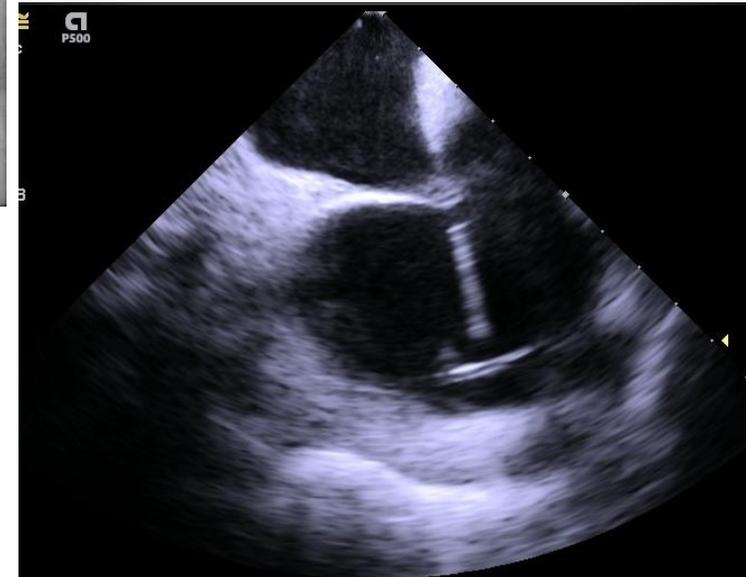
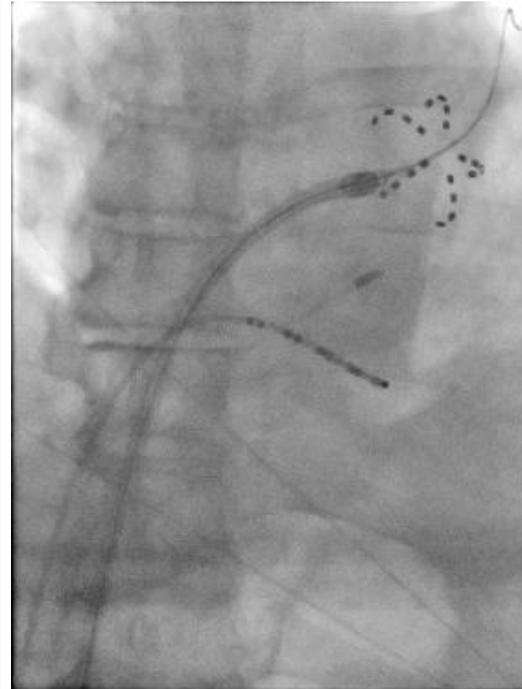
spolu **171** pacientov (m/ž 130/41)
 priem. vek 63 ± 8 rokov
 obdobie 01/2024-01/2025

dve skupiny
 1. IPV
 2. IPV + línie na zadnej stene
 mitrálnej istmus
 kavotrikuspidálny istmus

	IPV (22 pac)	IPV+ (149 pac)	p
art. hypertenzia	68%	83%	0,185
ICHS	27%	40%	0,495
CHSZ	20%	43%	0,11
dyslipidémia	25%	75%	<0,001
diabetes mellitus	29%	44%	0,498
BMI (min-max)	31 ± 5 (20-38)	30 ± 4 (21-47)	0,4

Charakteristika súboru pacientov

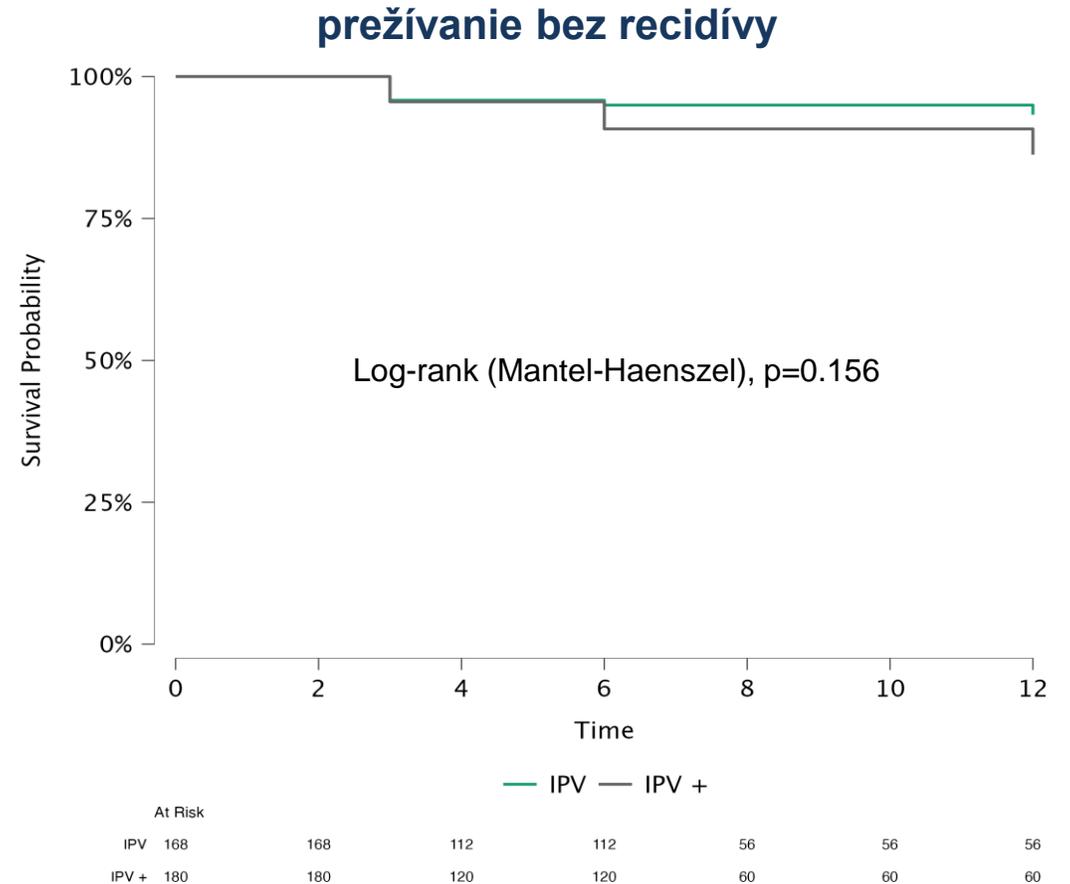
	IPV (22 pac)	IPV+ (149 pac)	p
vek (min-max)	62 ± 10 (41-75)	63 ± 8 (39-78)	0,541
ĽP (min-max)	44 ± 4 (39-50)	47 ± 6 (34-61)	0,880
ĽK (min-max)	53 ± 7 (39-63)	53 ± 6 (43-72)	0,947
EF (%) (min-max)	54 ± 9 (25-70)	53 ± 8 (20-65)	0,109
procedurálny čas (min.)	65 ± 14 (50-95)	72 ± 15 (24-120)	0,020
fluoroskopický čas (sekundy)	11 ± 4,3 (4,4-23)	13 ± 4 (6-26)	0,260



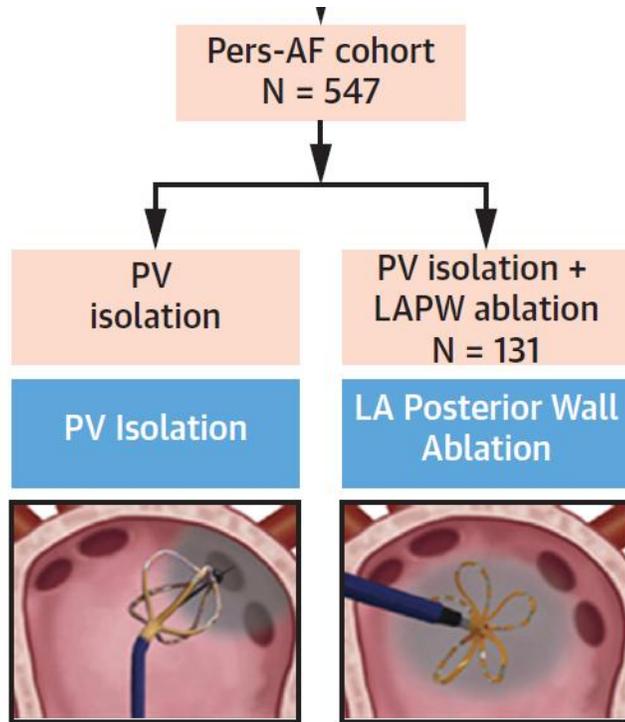
Výsledky

- anamnéza
- klinický stav
- EKG holter 3, 6 a 12 mesiacov
 - 24 hodinový holter 95%
 - 7-dňový EKG záznamník 5%
- antiarytmická liečba
- **78% bez**

typ výkonu	3 M (N = 137)	6 M (N = 109)	12 M (N = 56)	p
IPV	85%	91%	90%	NS
IPV+	86%	91%	82%	NS



Impact of Left Atrial Posterior Wall Ablation During Pulsed-Field Ablation for Persistent Atrial Fibrillation



Population

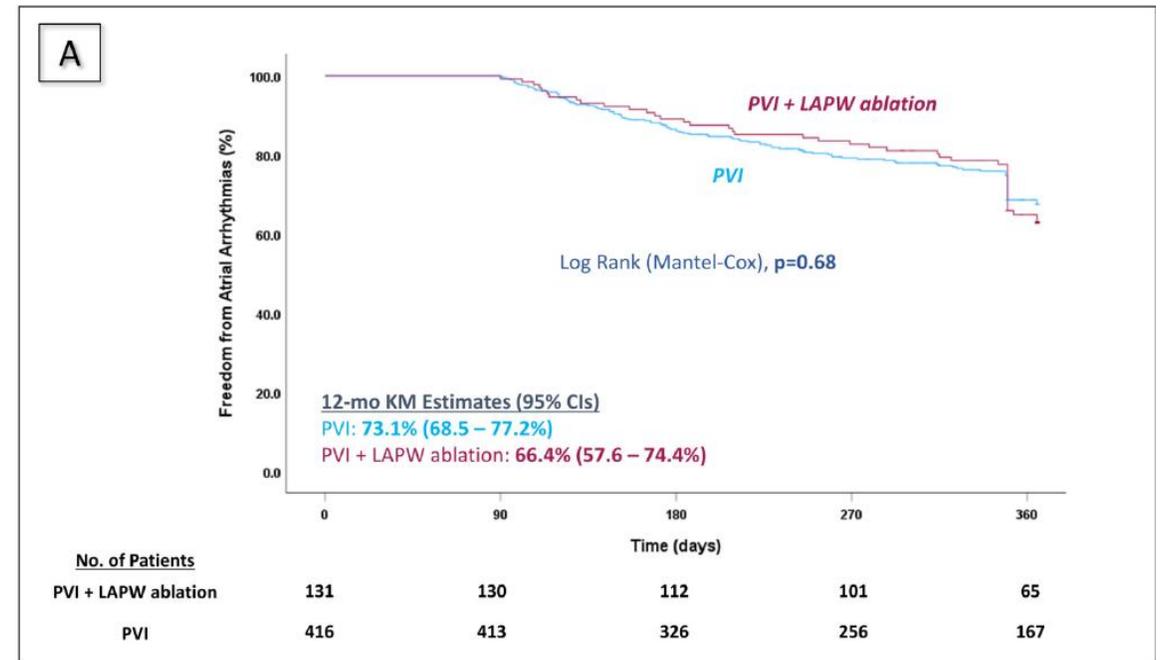
Adults with PersAF undergoing first-time AF ablation using pulsed-field

Mean age: 66.3 years

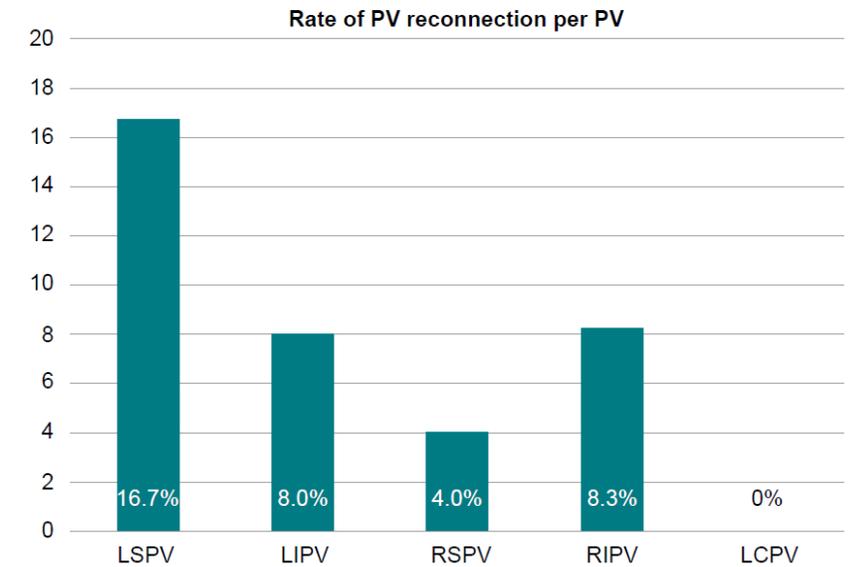
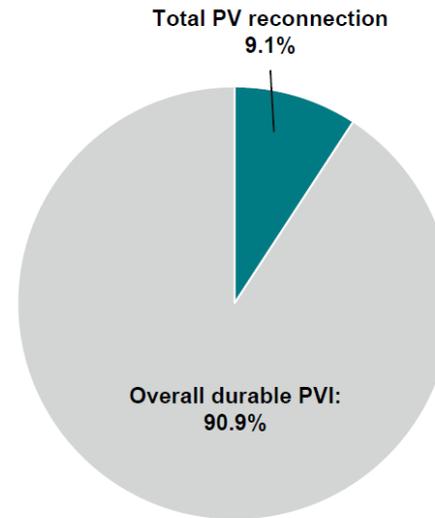
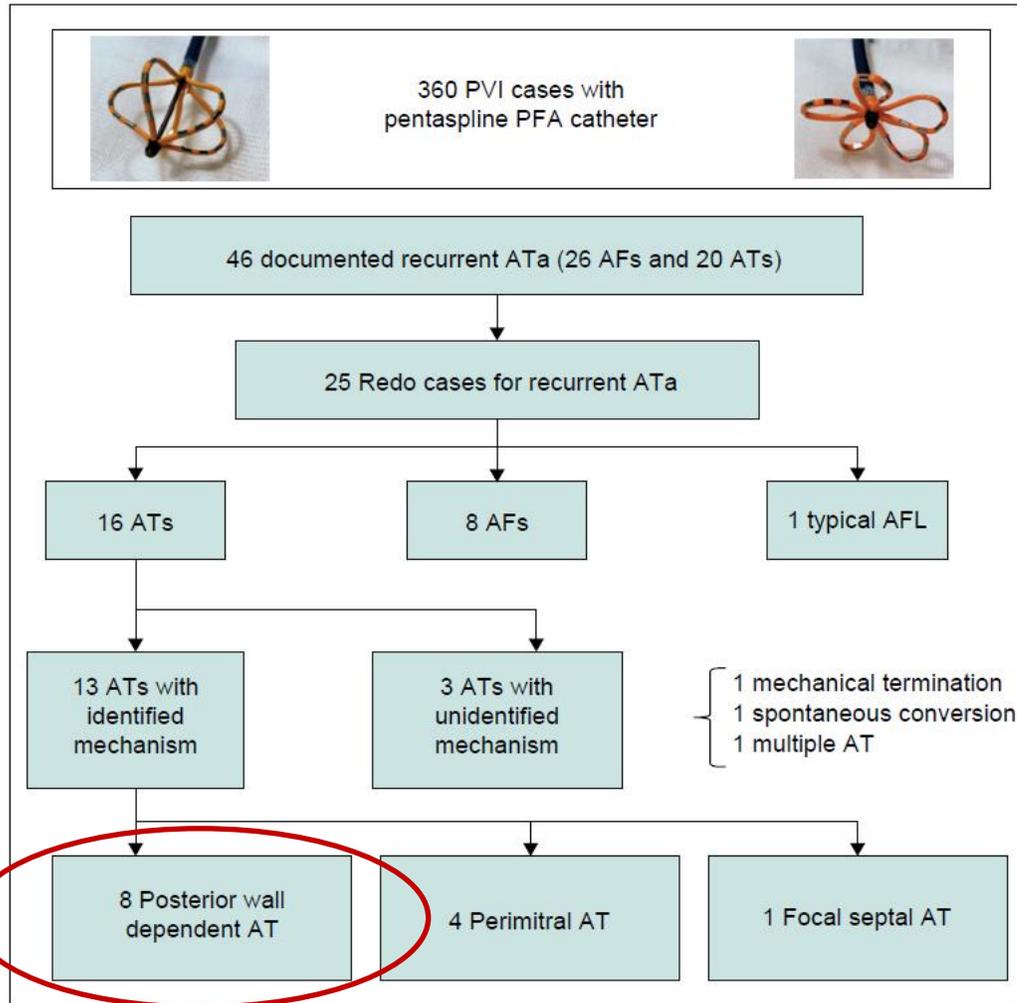
Locations

24 centers from 8 countries

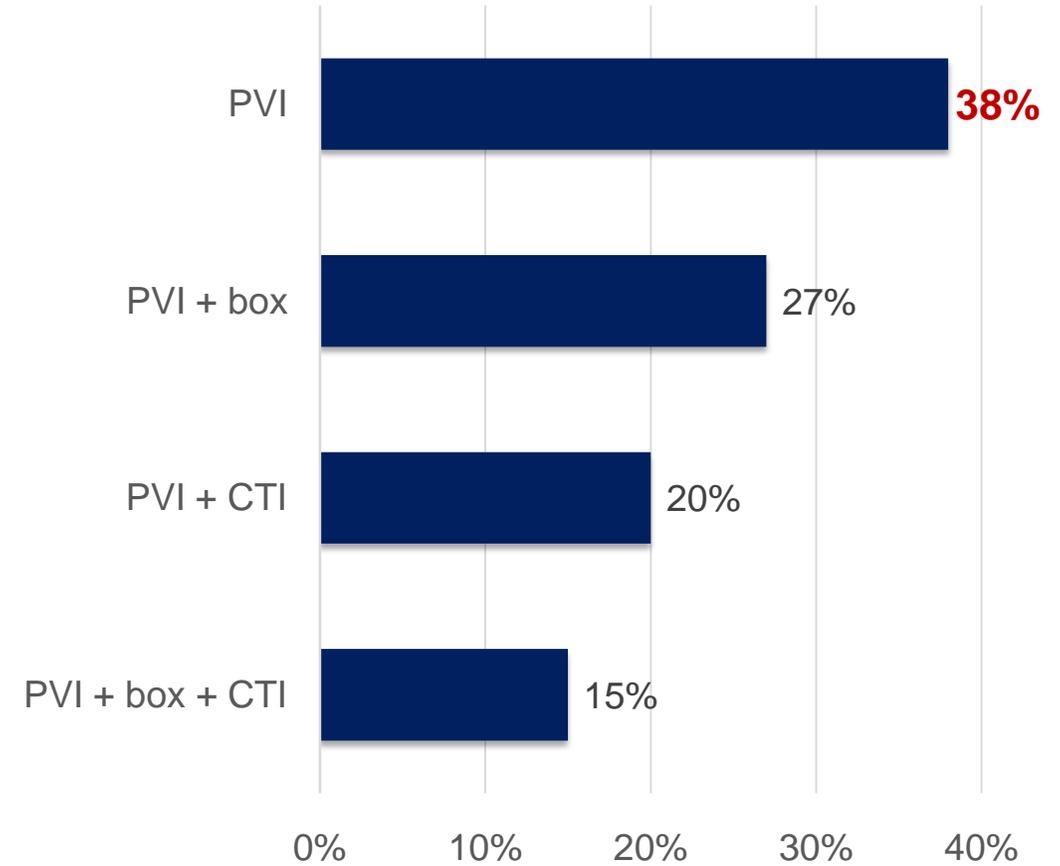
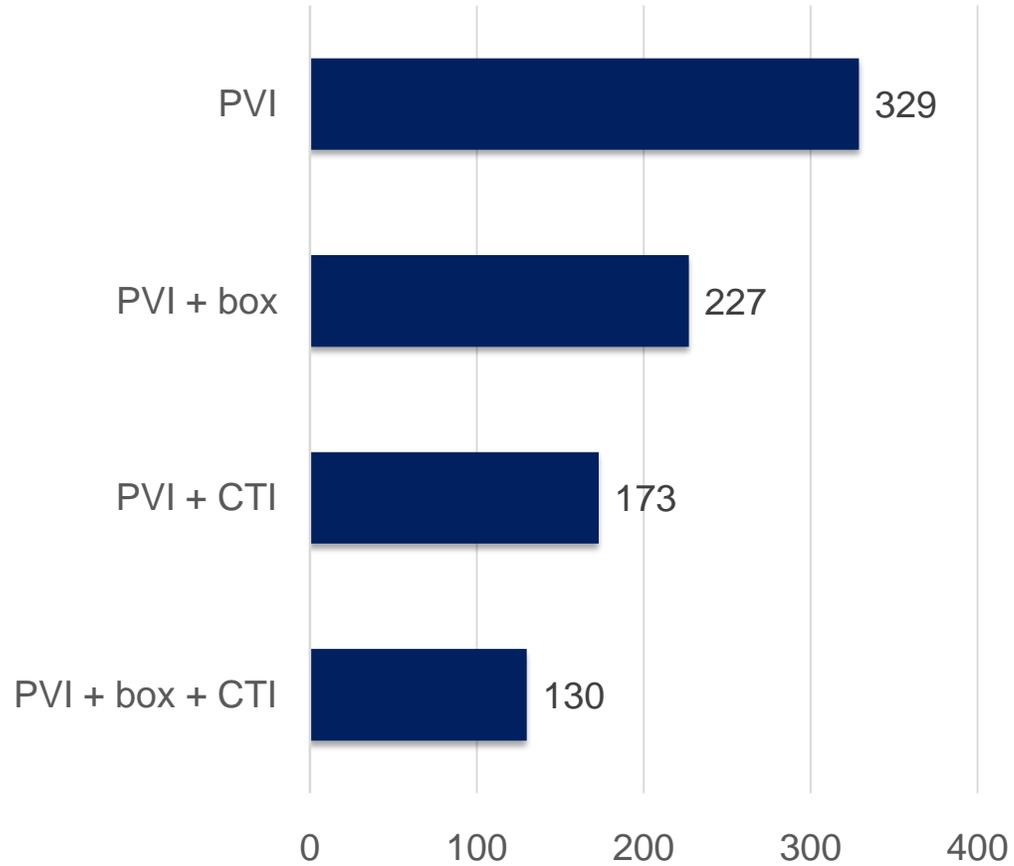
primárny end point – recidíva arytmie



Findings from repeat ablation using high-density mapping after pulmonary vein isolation with pulsed field ablation



Vedenie ablácie perzistujúcej FP v Slovenských centrách



Záver

- lineárne lézie na zadnej stene sú realizovateľné, rýchle a bezpečné
- nezvyšujú výskyt periprocedurálnych komplikácií
- procedurálny čas o niečo dlhší
- nedá sa porovnávať s termálnymi abláciami, pulzné pole – odlišný mechanizmus účinku
- **lineárne lézie na ZS nevedli k redukcii recidív atriálnych porúch rytmu**
 - limitácie: nerovnomerne rozdelený, len 24 hod EKG holter
- dlhšie sledovanie a ďalšie štúdie na vytvorenie správnej stratégie vedenia ablácie aplikáciou pulzného poľa u pacientov s perzistujúcou FP
 - **čo najúčinnnejšia**
 - **čo najbezpečnejšia**
 - **čo najrýchlejšia**

ĎAKUJEM
za Vašu pozornosť

