Budućnost elektrofiziologije, ablacija bez primjene rendgenskog uređaja (zero fluoro)

The future of cardiac electrophysiology, ablation without using the X-ray device (zero fluoro)

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Razvojem tehnologije koja nam je omogućila prikaz katetera u tijelu bolesnika bez primjene rendgenskog zračenja, rodila se ideja da se visokorizičnim pacijentima kao što su pacijenti mlađe životne dobi, djeca i trudnice pokuša napraviti elektrofiziološki postupak bez uporabe rentgenskog dijaskopskog uređaja.[1] Sam postupak zahtjeva visoko iskustvo operatera i tima jer manipulacija s kateterima može nanijeti štetu bolesniku zbog brojnih mogućih komplikacija. Kroz prikaz serije bolesnika kod kojih je ablacija učinjena ovom tehnikom, tzv *„zero fluoro"*, u razdoblju od veljače do studenoga 2018. godine bit će prikazana iskustva Centra za elektrofiziologiju Kliničkog bolničkog centra Split. Bit će prikazani neki od ključnih intraproceduralnih koraka, kao što su postupak ocrtavanja puta do srca, obrade mape, prepoznavanje anatomskih struktura preko intrakardijalnih elektrograma, kao i njihovo označavanje na mapi. Iskustvo se temelji na 20 bolesnika napravljenih bez uporabe rendgenskih uređaja. Posebno ćemo istaknuti slučaj pacijentice u šestom mjesecu trudnoće s dijagnozom atrioventrikulske nodalne kružne tahikardije.

With the development of technology which enabled a catheter display in the patient's body without using X-ray radiation, there was an idea that an electrophysiology procedure should be used on high risk patients, such as younger patients, children and pregnant women, without using an X-ray diascope device.[1] The procedure requires the highly experienced operator and a team because manipulation with catheters can cause harm to the patient such as perforation of cardiac structures or blood vessels. Trough the case reports of ablated patients by this zero fluoro method in the period from February 2018 to November 2018 we will present experiences from the Centre for Electrophysiology at the University Hospital Centre Split. Some of the crucial intraprocedural steps will be shown, such as the process of mapping the path to the heart, map processing, recognition of anatomical structures through intracardial electrography, as well as their marking on the map. Our experience is based on 20 patients who underwent the procedure of ablation without using X-ray device. We will especially highlight the case of a patient in the 6th month of pregnancy with atrioventricular nodal reentry tachycardia.

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LITERATURE

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