

Arritmias III

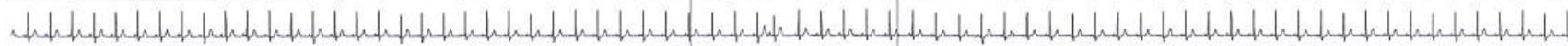
Dr. Jorge González Zuelgaray

**Jefe del Servicio de Arritmias y Electrofisiología
Sanatorios de la Trinidad San Isidro y Ramos Mejía**

**Director de la Carrera de Especialistas en Arritmias
y Electrofisiología Clínica, Universidad de Buenos
Aires**



18:37:54



18:40:50

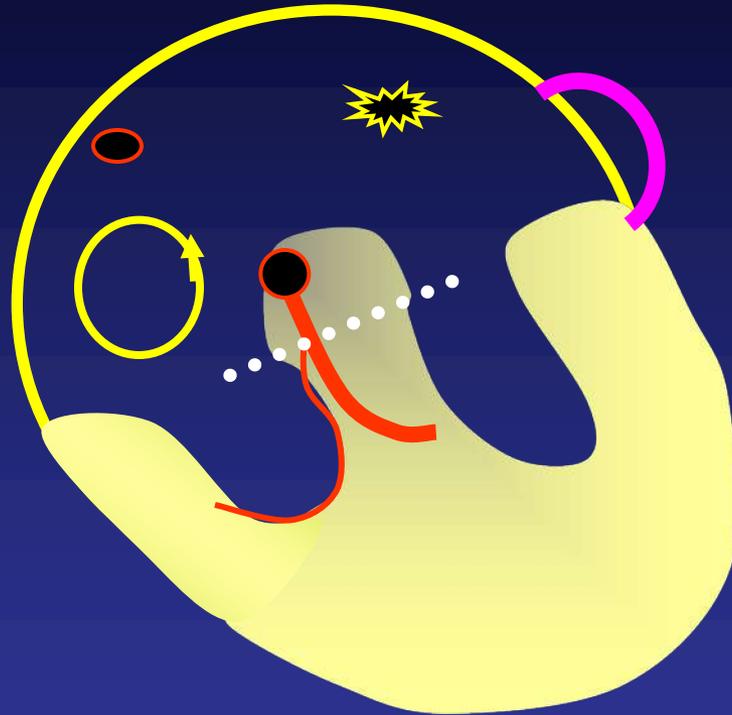
TAQUICARDIAS SUPRAVENTRICULARES

Tipos

- Taquicardias auriculares: FA, aleteo, taquicardia auricular focal
- Taquicardias de la unión (sensibles a adenosina y maniobras vagales):
Reentrada nodal, reentrada AV por vía anómala

AURICULARES

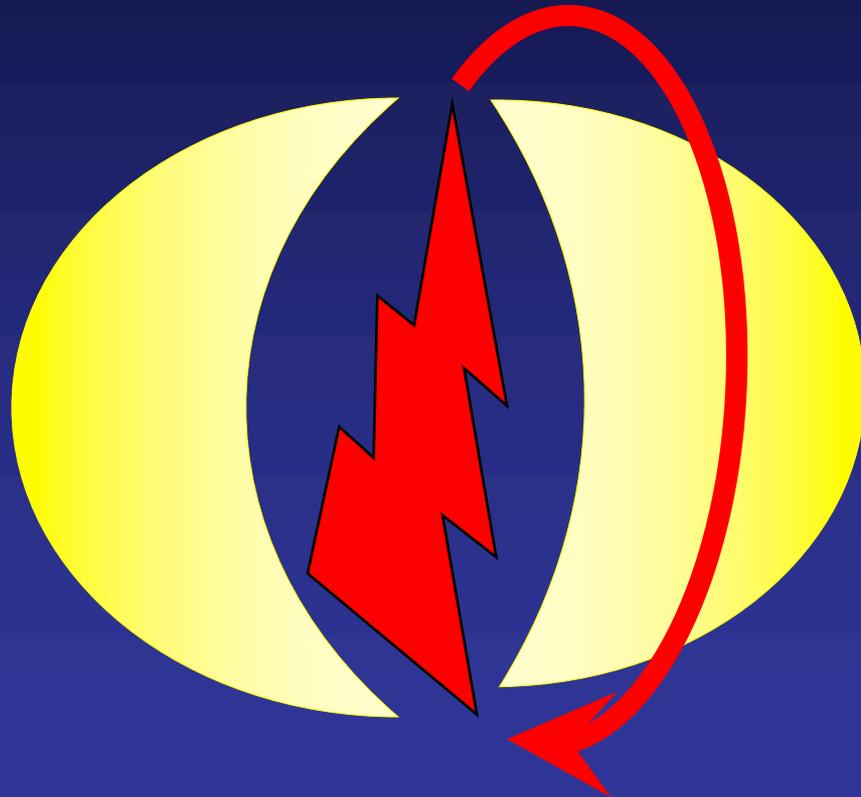
DE LA UNION

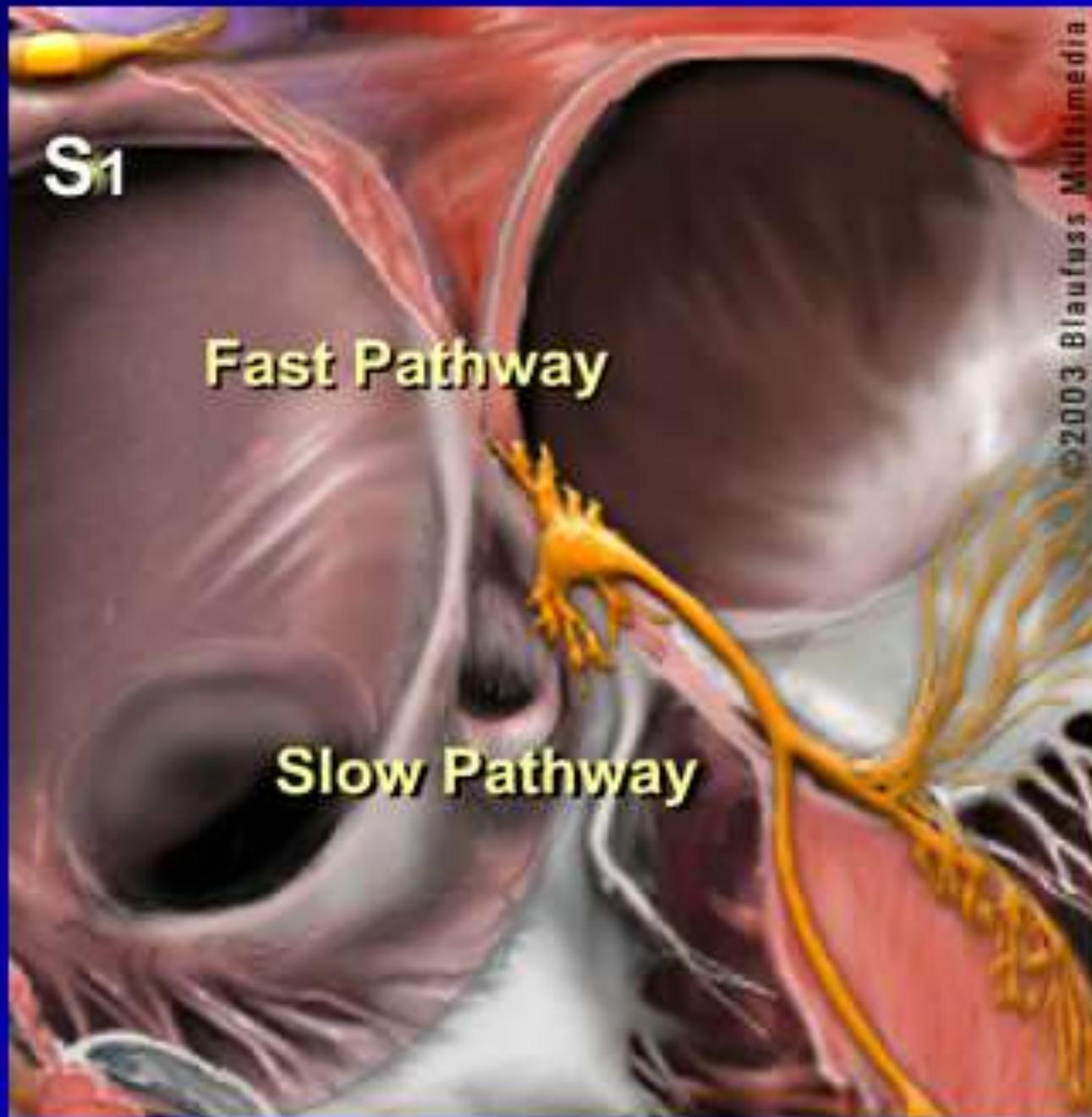


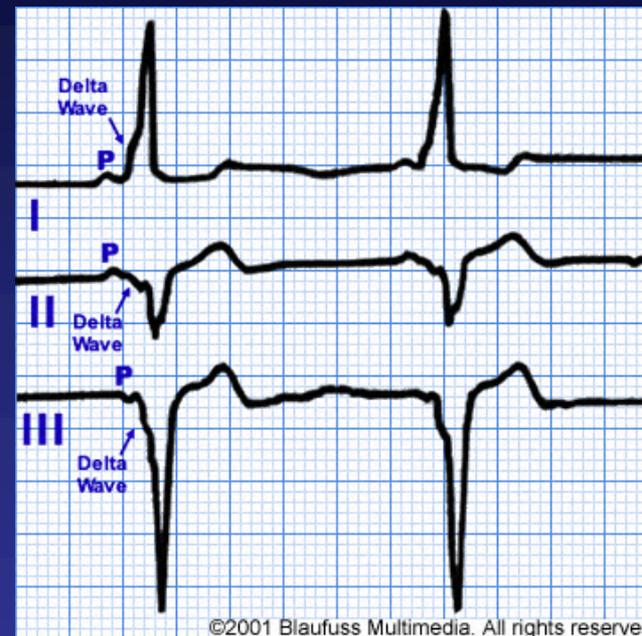
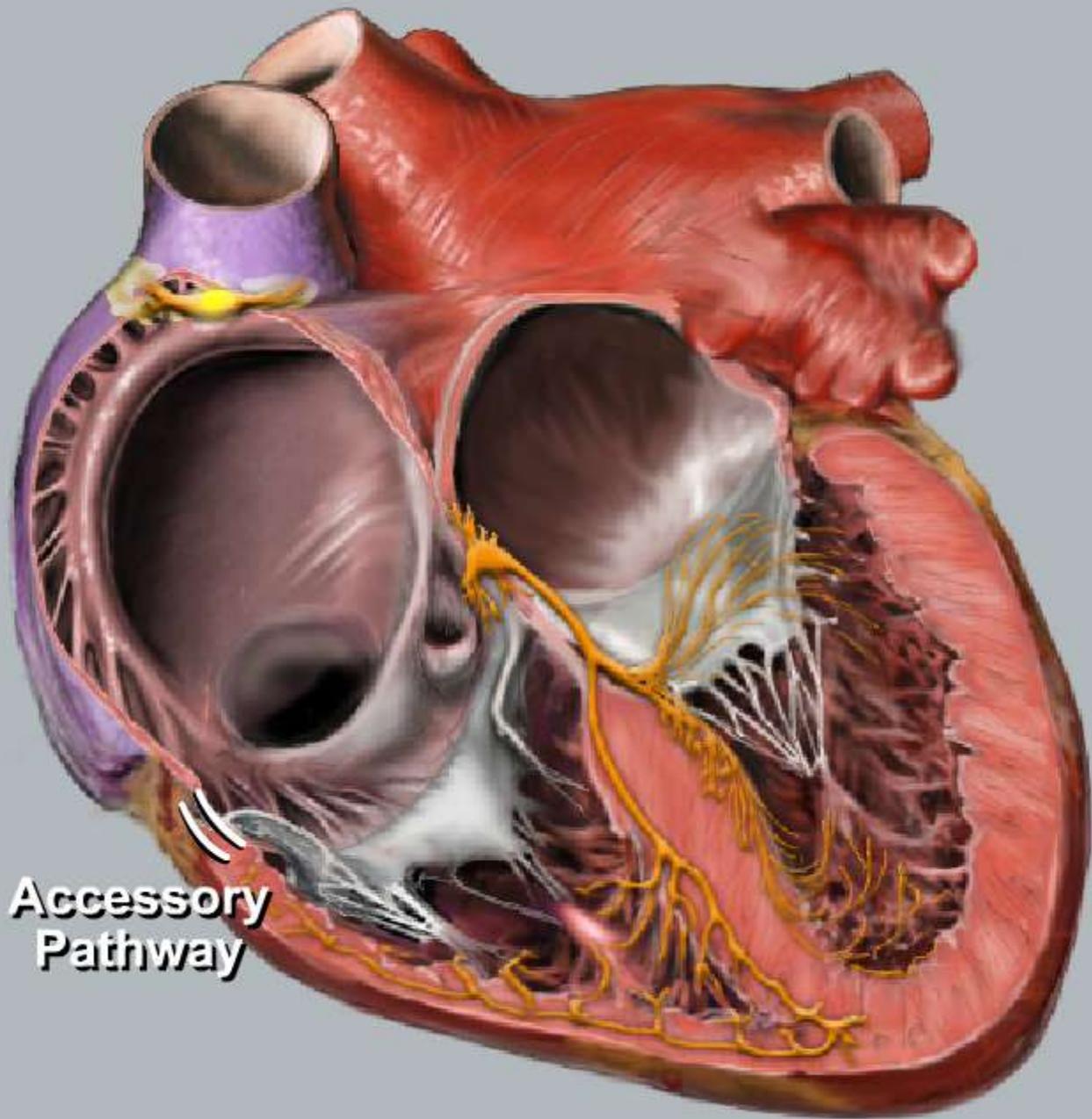
Diagnóstico diferencial

- Hay bloqueo AV de 2do grado? → excluye vía anómala
- Hay alternancia de los QRS? → favorece vía anómala
 - Dónde está la P?
- Cuál es el eje de P? Positivo en cara inferior → excluye reentrada nodal

Reentrada

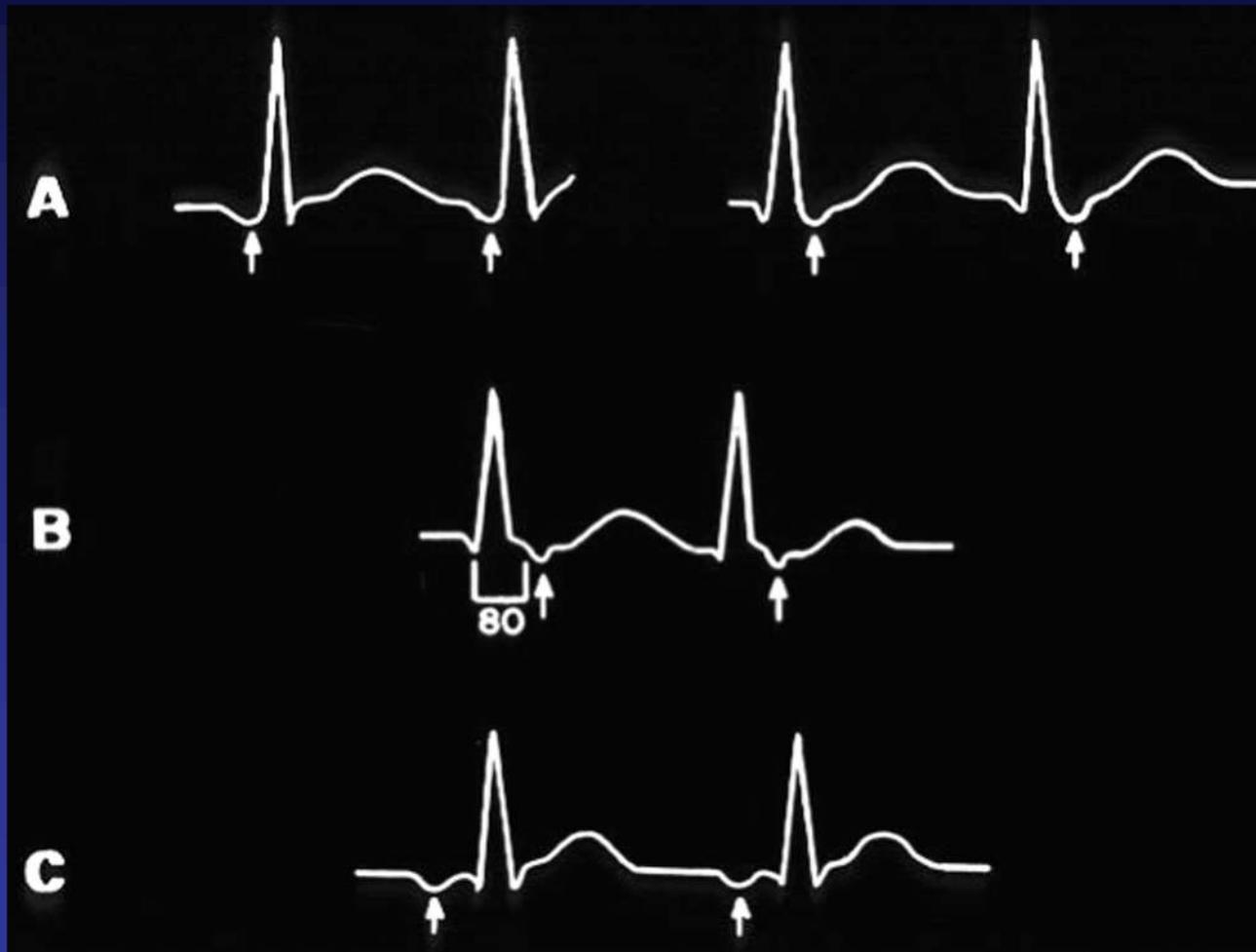




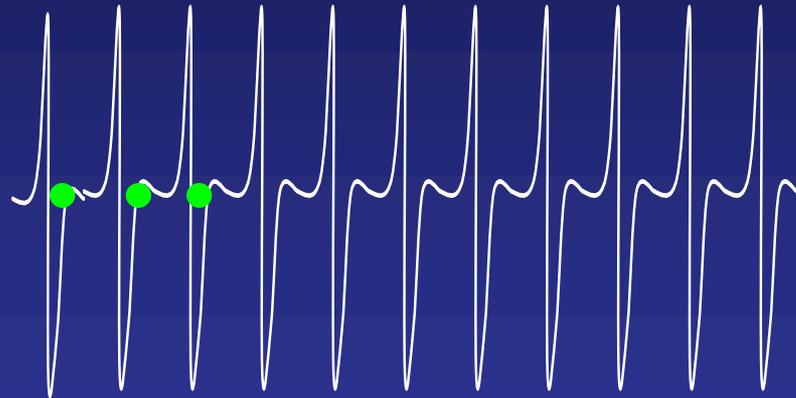


QRS angosto

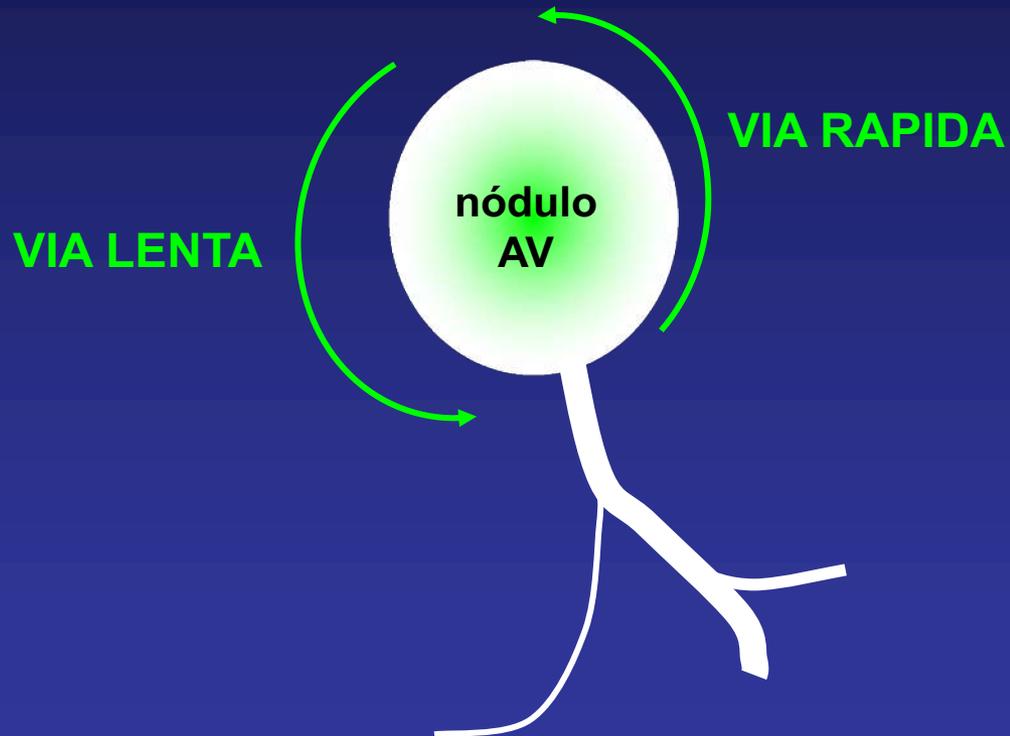
Onda P vinculada a cada QRS

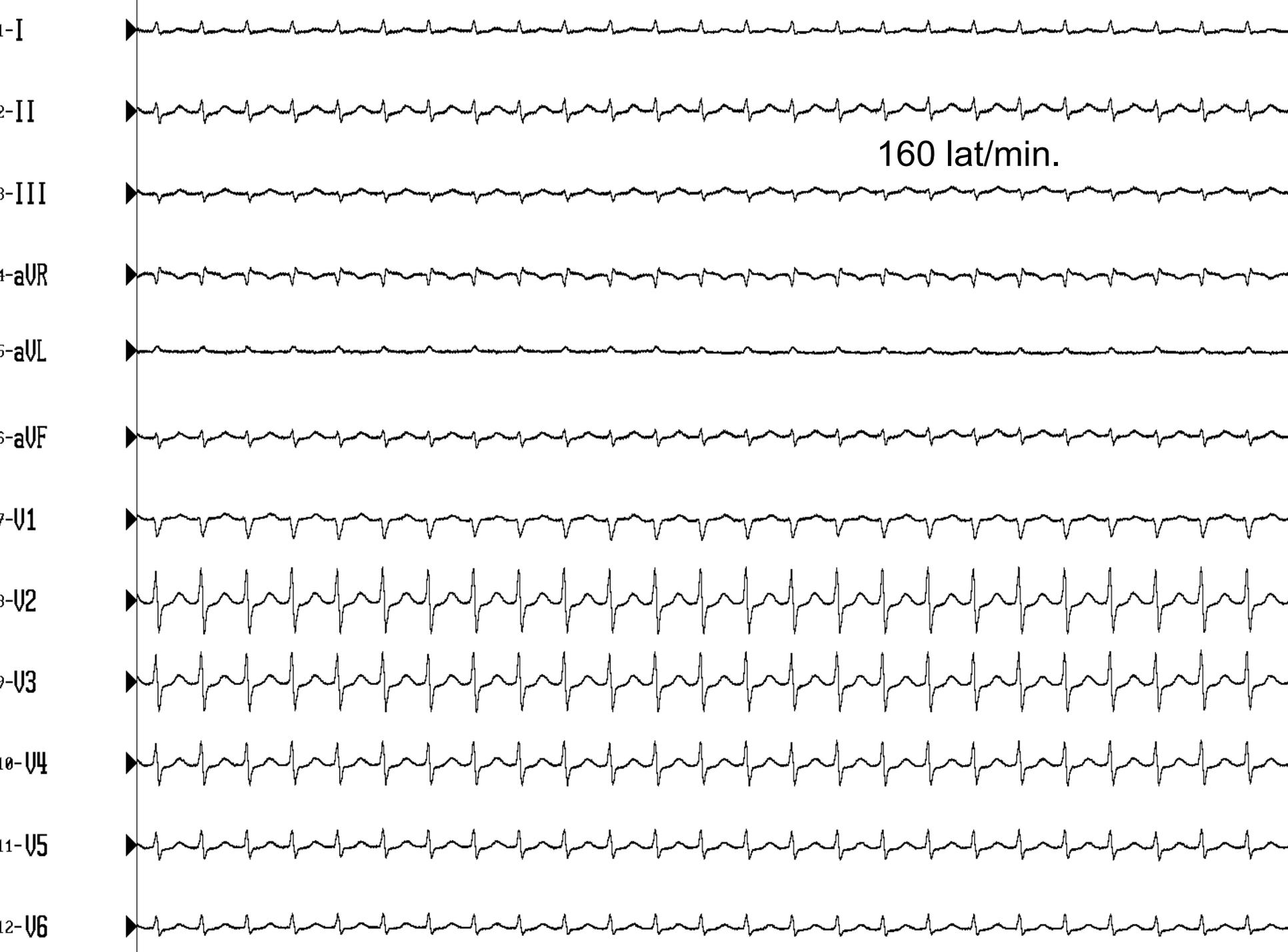


Reentrada nodal: no se ve P o se observa
< 0,08 seg del inicio del QRS

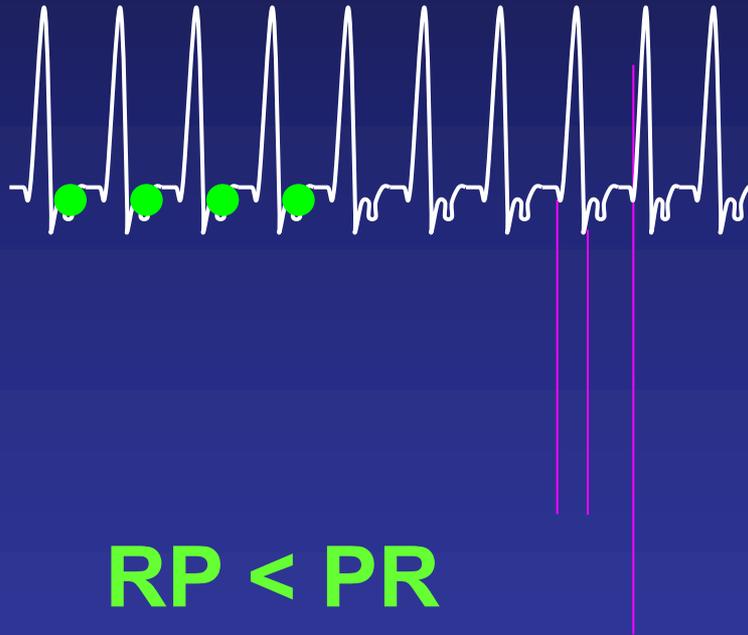


Reentrada nodal



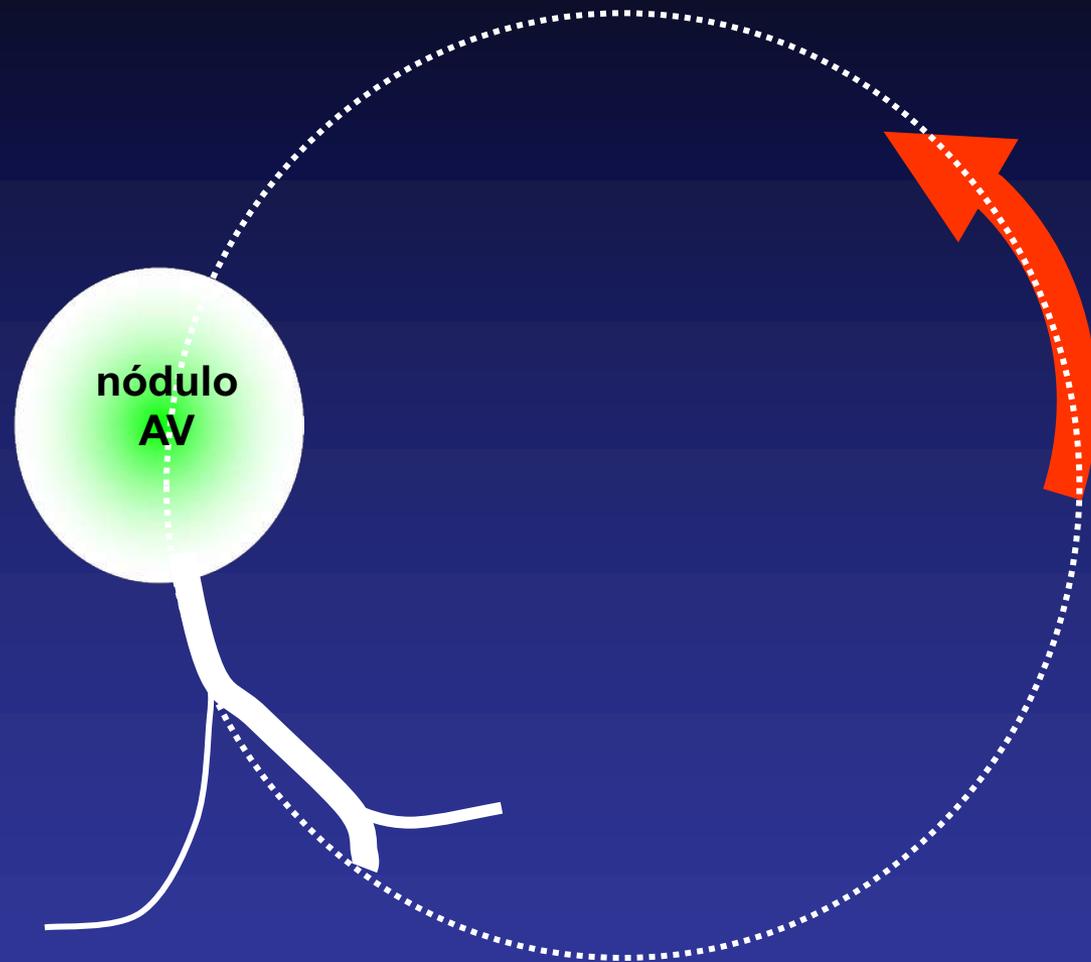


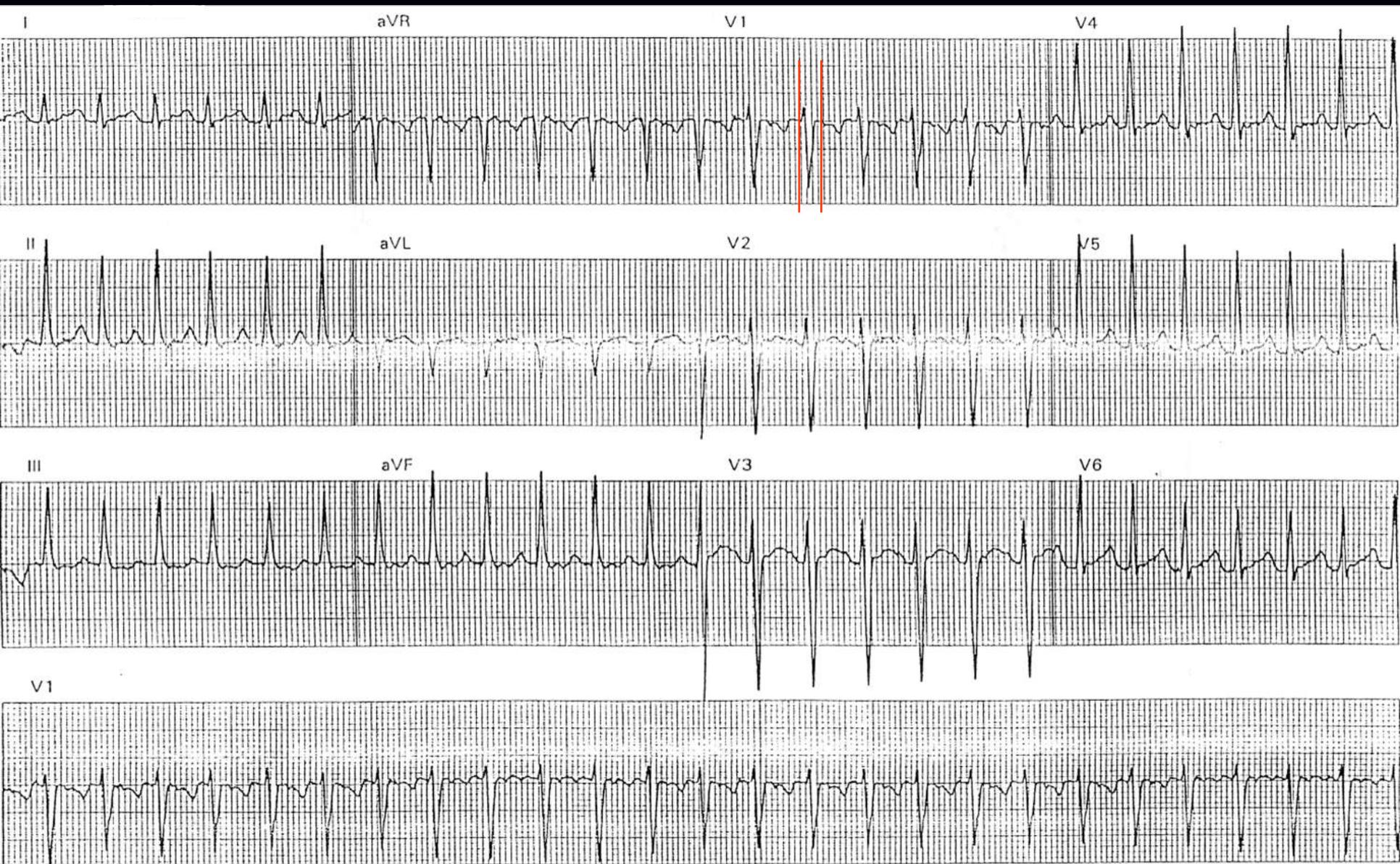
$P > 0,08$ seg del inicio del QRS



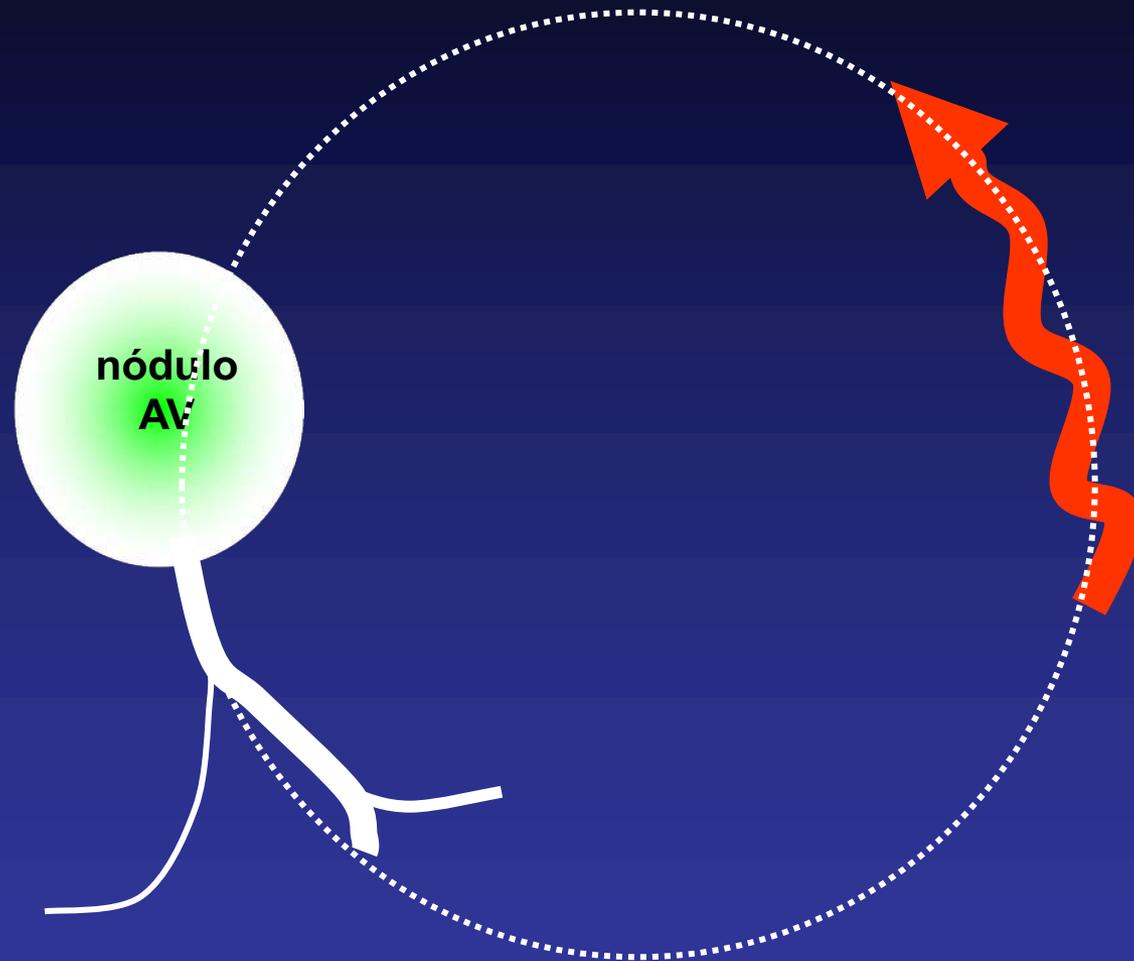
$RP < PR$

Reentrada AV





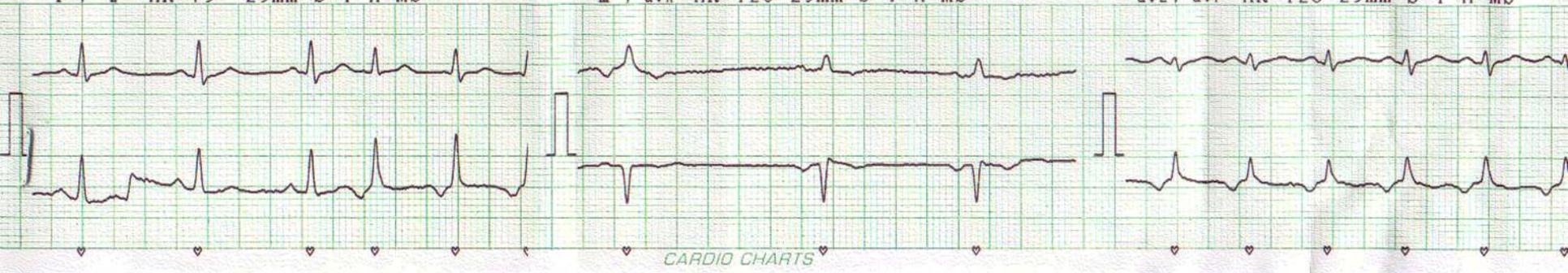
Reentrada AV



I, II HR-75 25mm S-1 H MS

III, aVR HR-126 25mm S-1 H MS

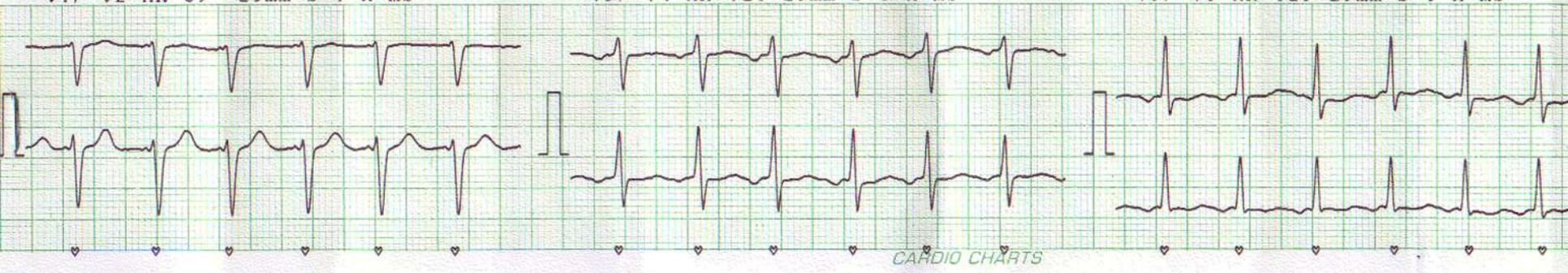
aVL, aVF HR-128 25mm S-1 H MS



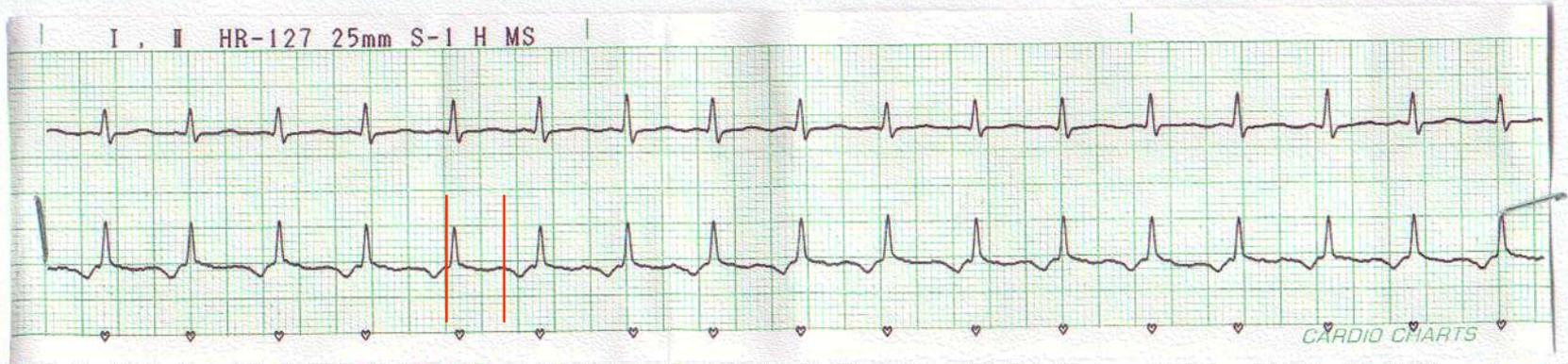
VI, V2 HR-89 25mm S-1 H MS

V3, V4 HR-121 25mm S-1 H MS

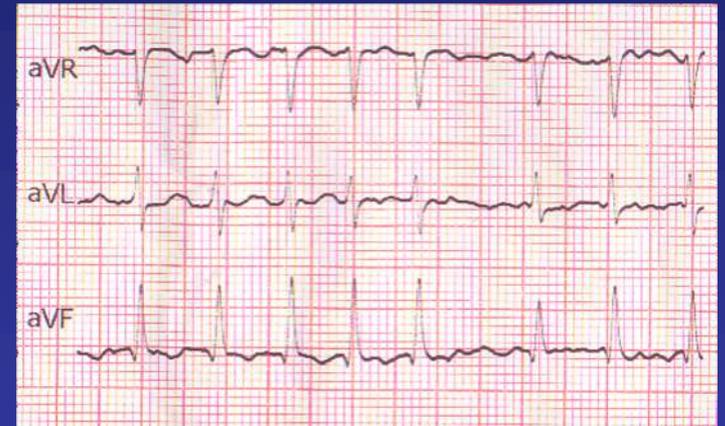
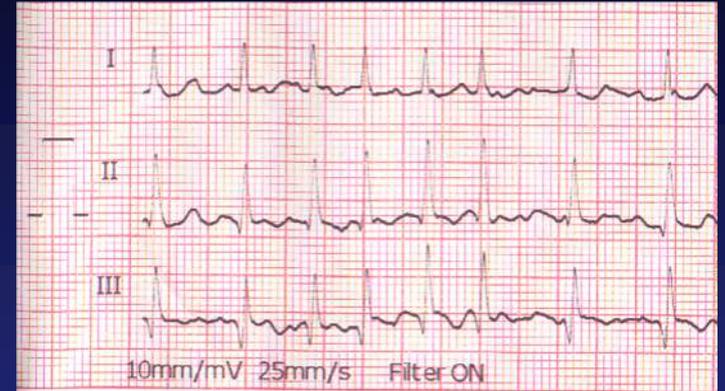
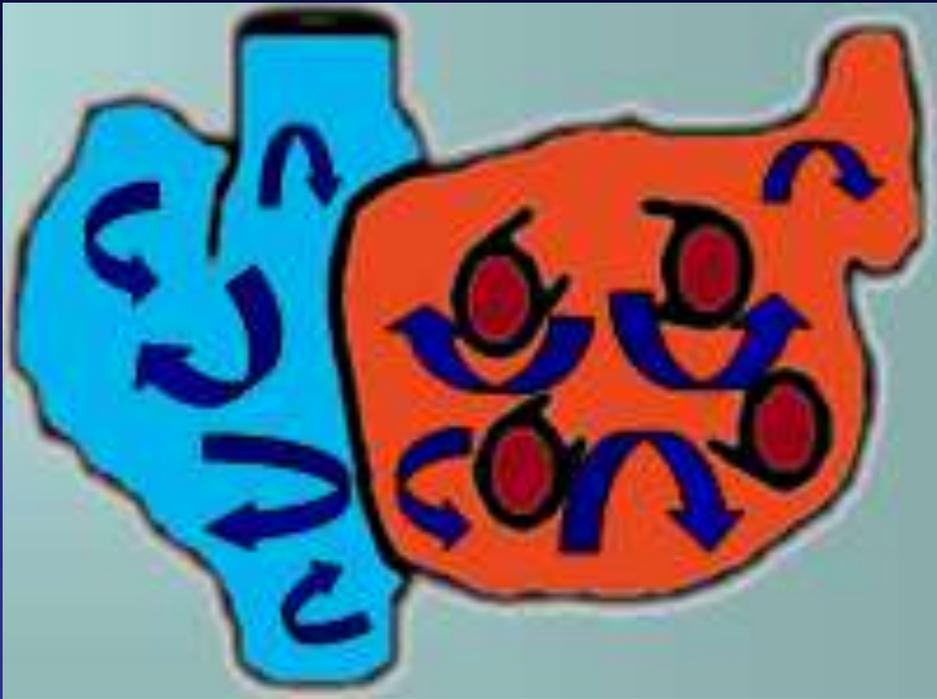
V5, V6 HR-125 25mm S-1 H MS

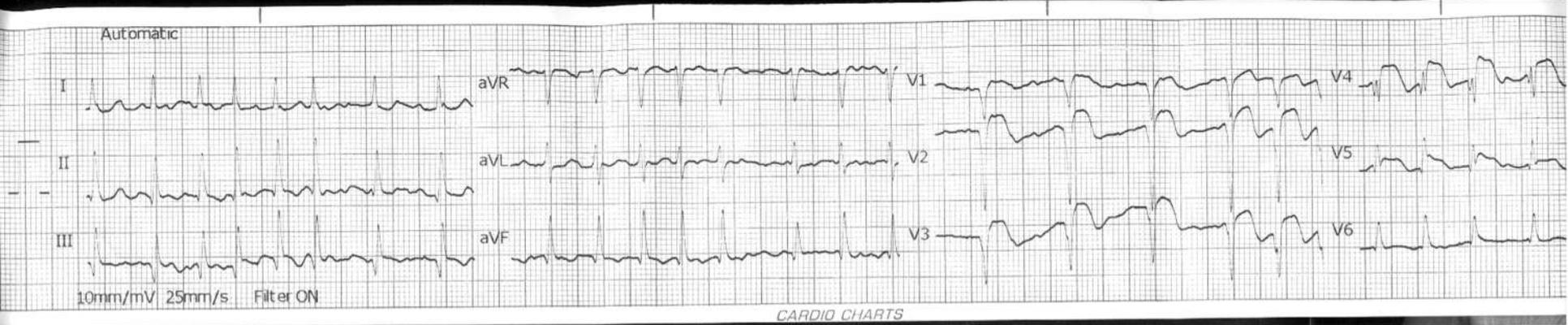


I, II HR-127 25mm S-1 H MS

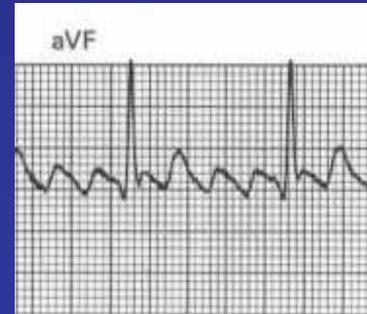
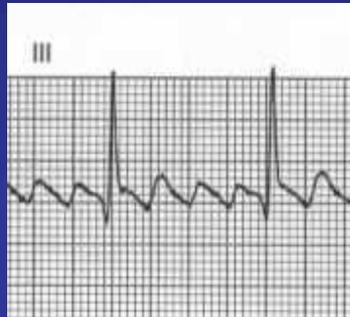
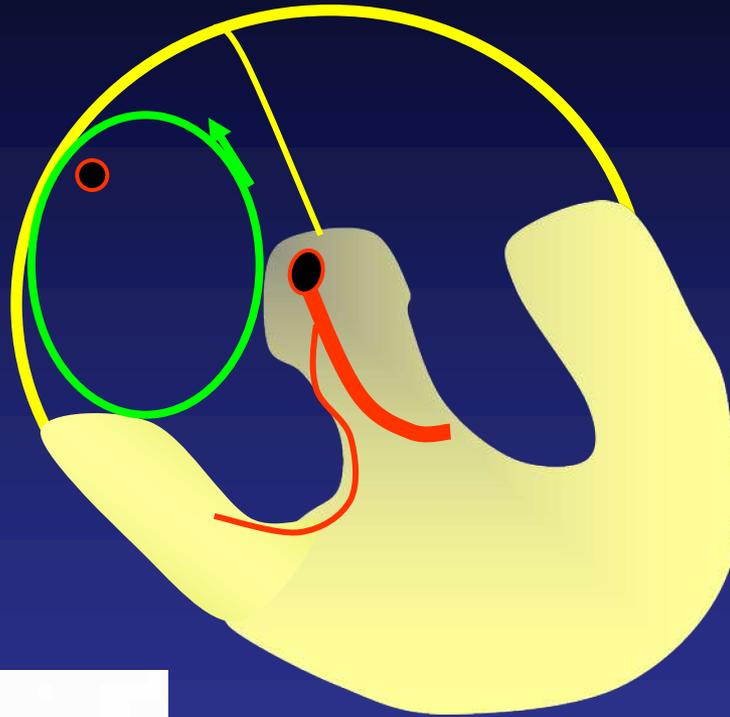


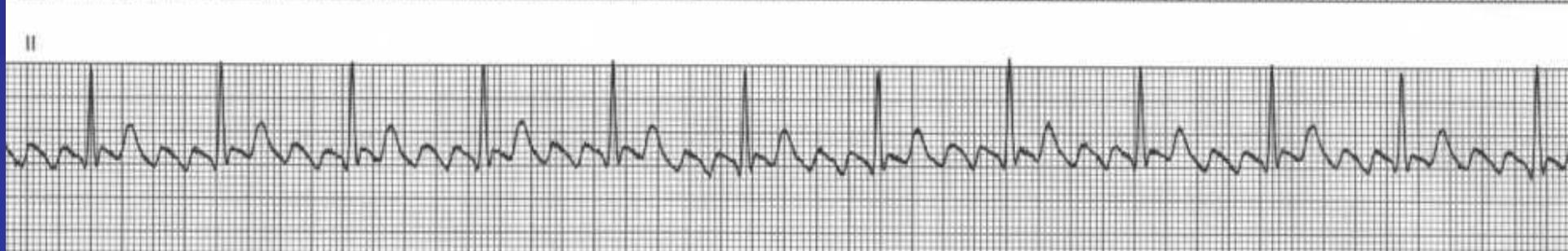
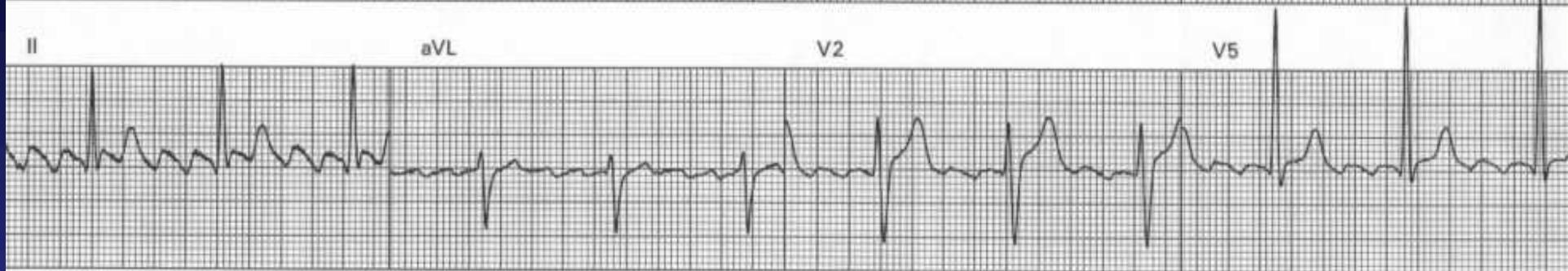
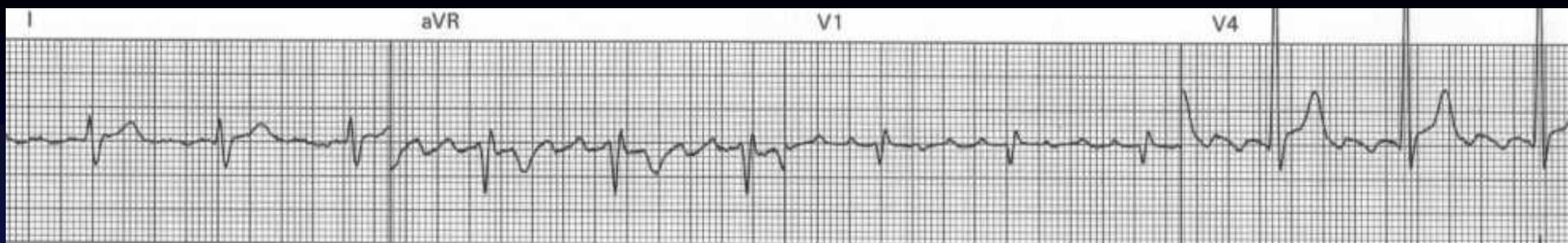
Fibrilación auricular



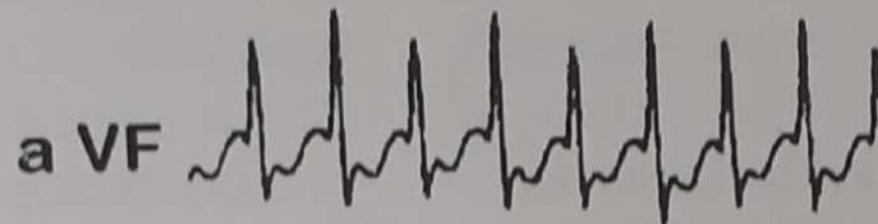
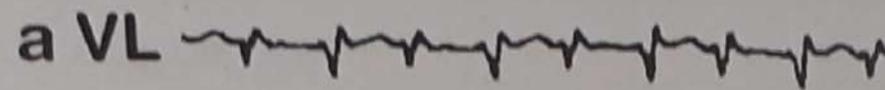
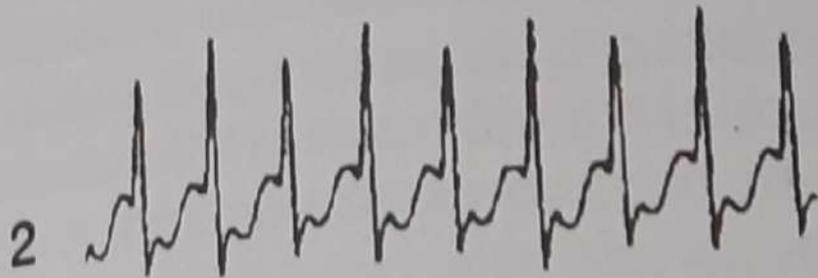
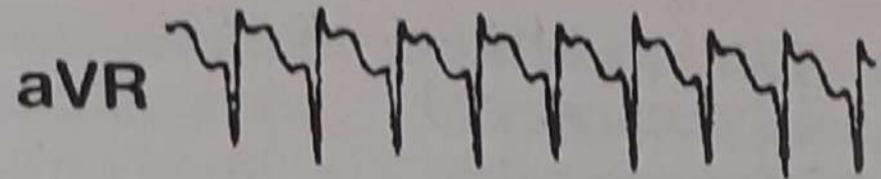
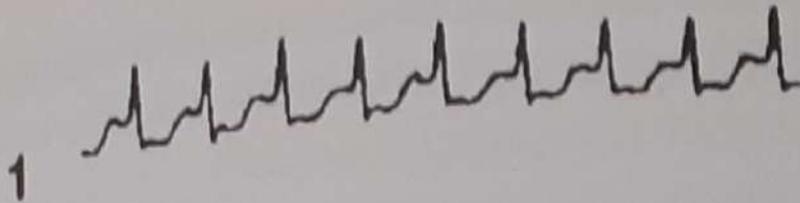


Aleteo auricular

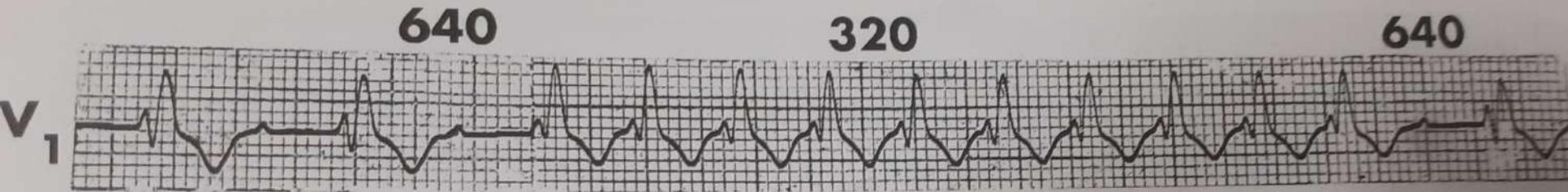




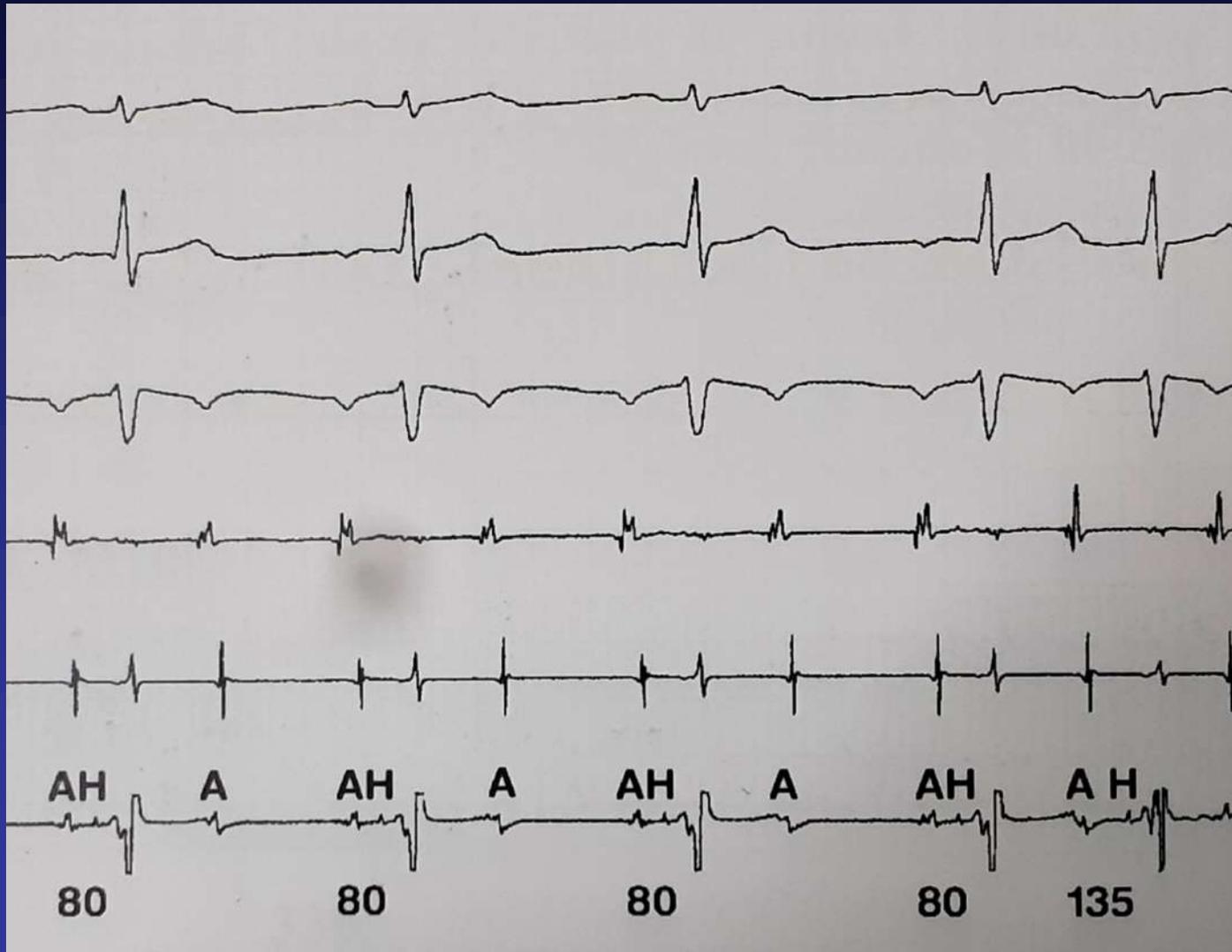
1. Reentrada nodal
2. Taquicardia auricular
3. Taquicardia reentrante AV



1. Reentrada nodal
2. Taquicardia auricular
3. Taquicardia reentrante AV



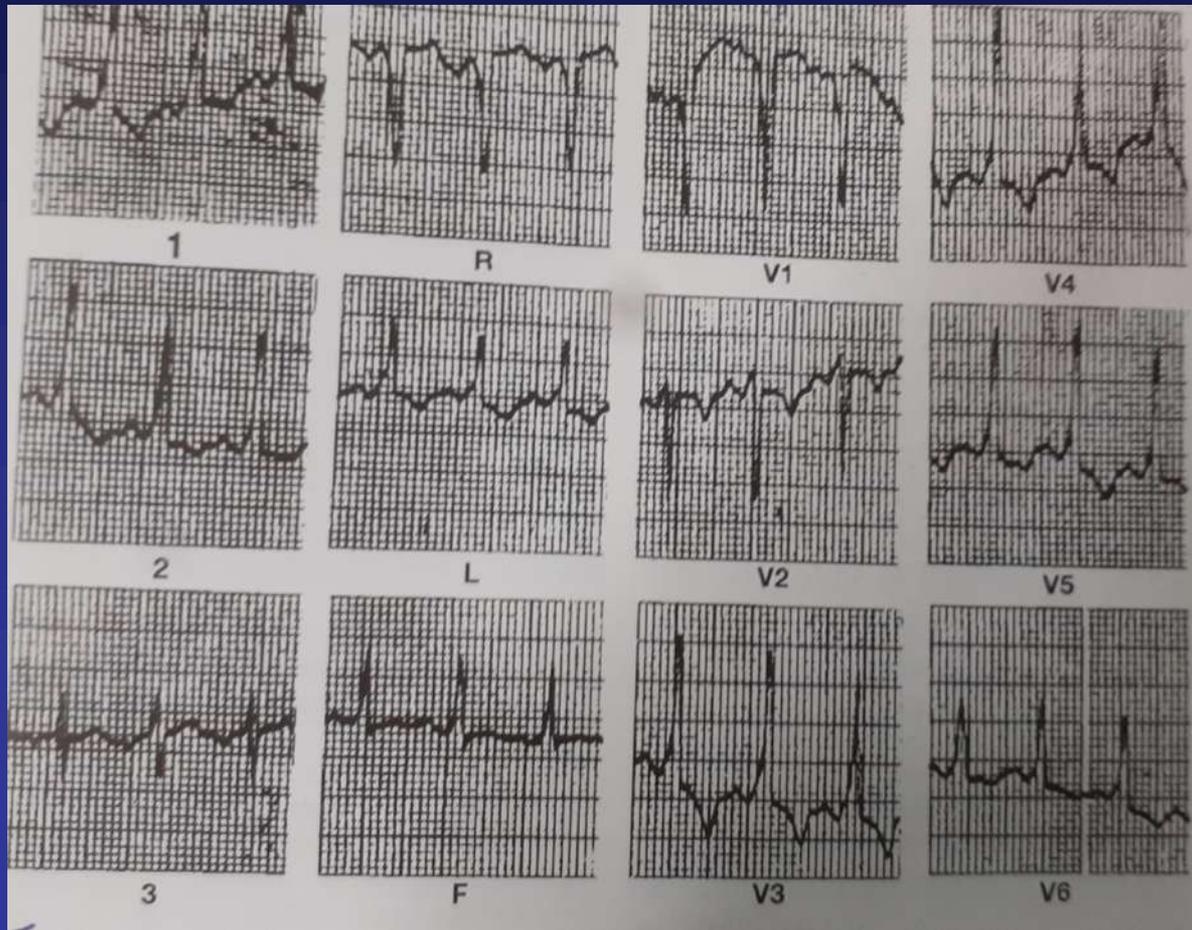
1. Reentrada nodal
2. Taquicardia auricular
3. Taquicardia reentrante AV



Lactante con síncope y convulsiones a repetición.

Cuál es su diagnóstico:

1. Hipertrofia ventricular izquierda
2. WPW
3. Hipertrofia ventricular derecha



¿Cuál es su conducta?

- 1. Desfibrilador implantable
- 2. ablación por catéter
- 3. Monitoreo

