

Arritmias III

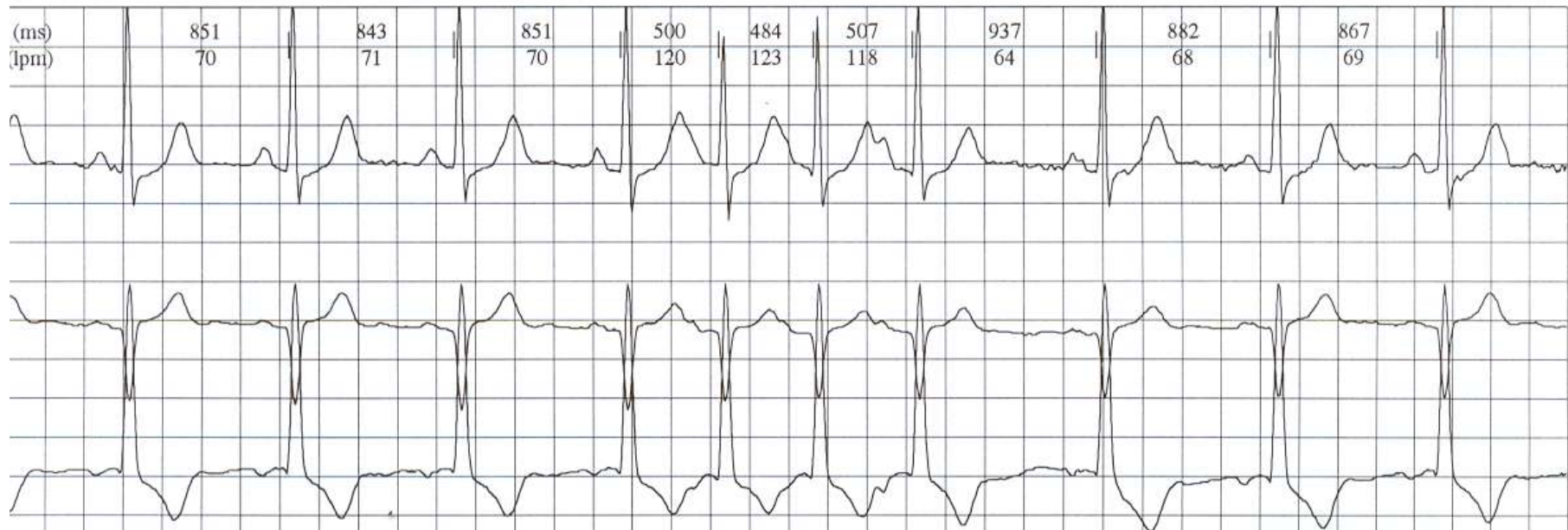
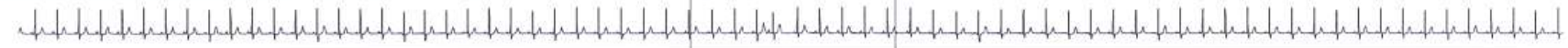
Dr. Jorge González Zuelgaray

**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

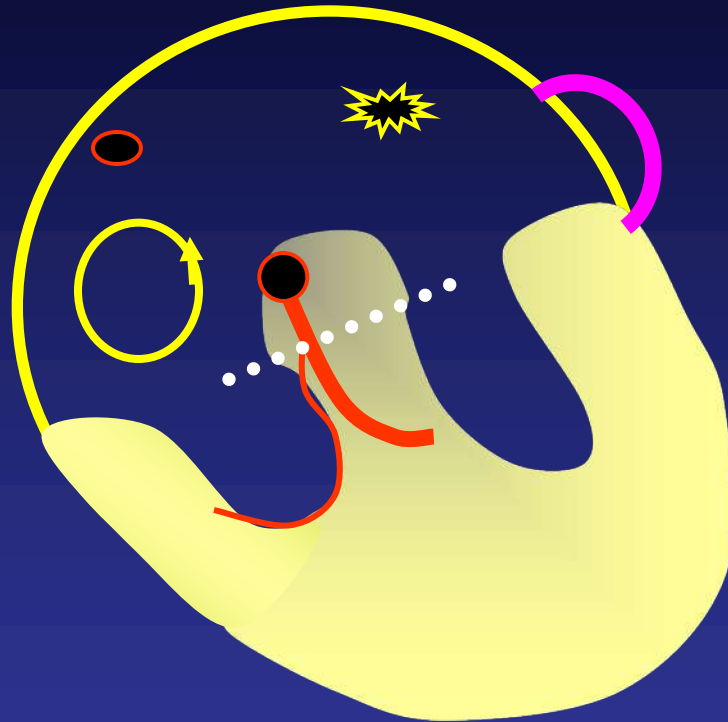
TAQUICARDIAS SUPRAVENTRICULARES

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

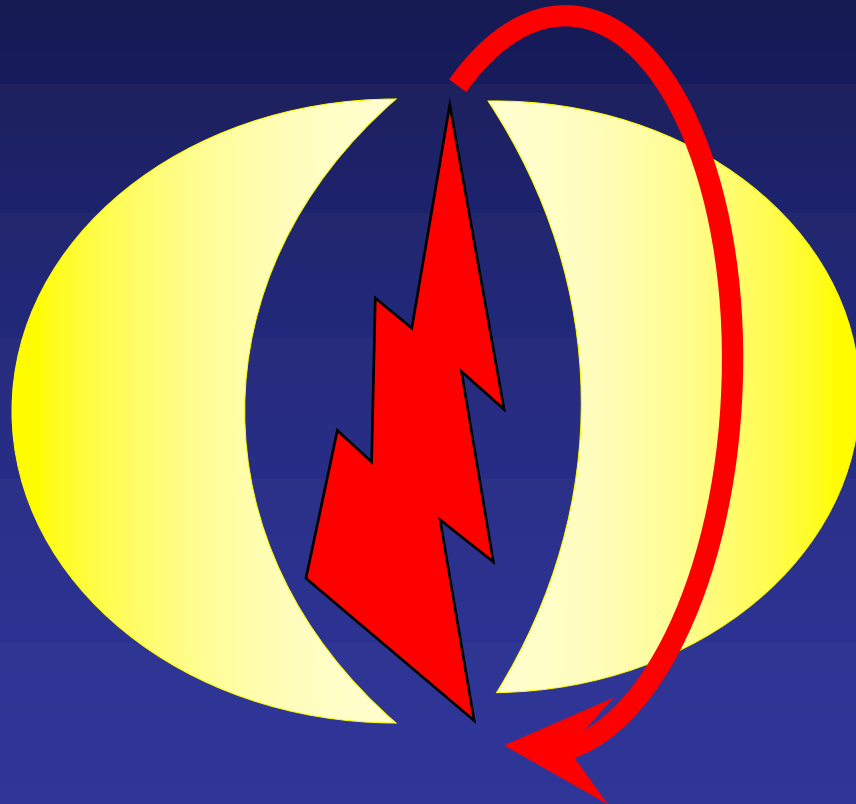
DE LA UNION

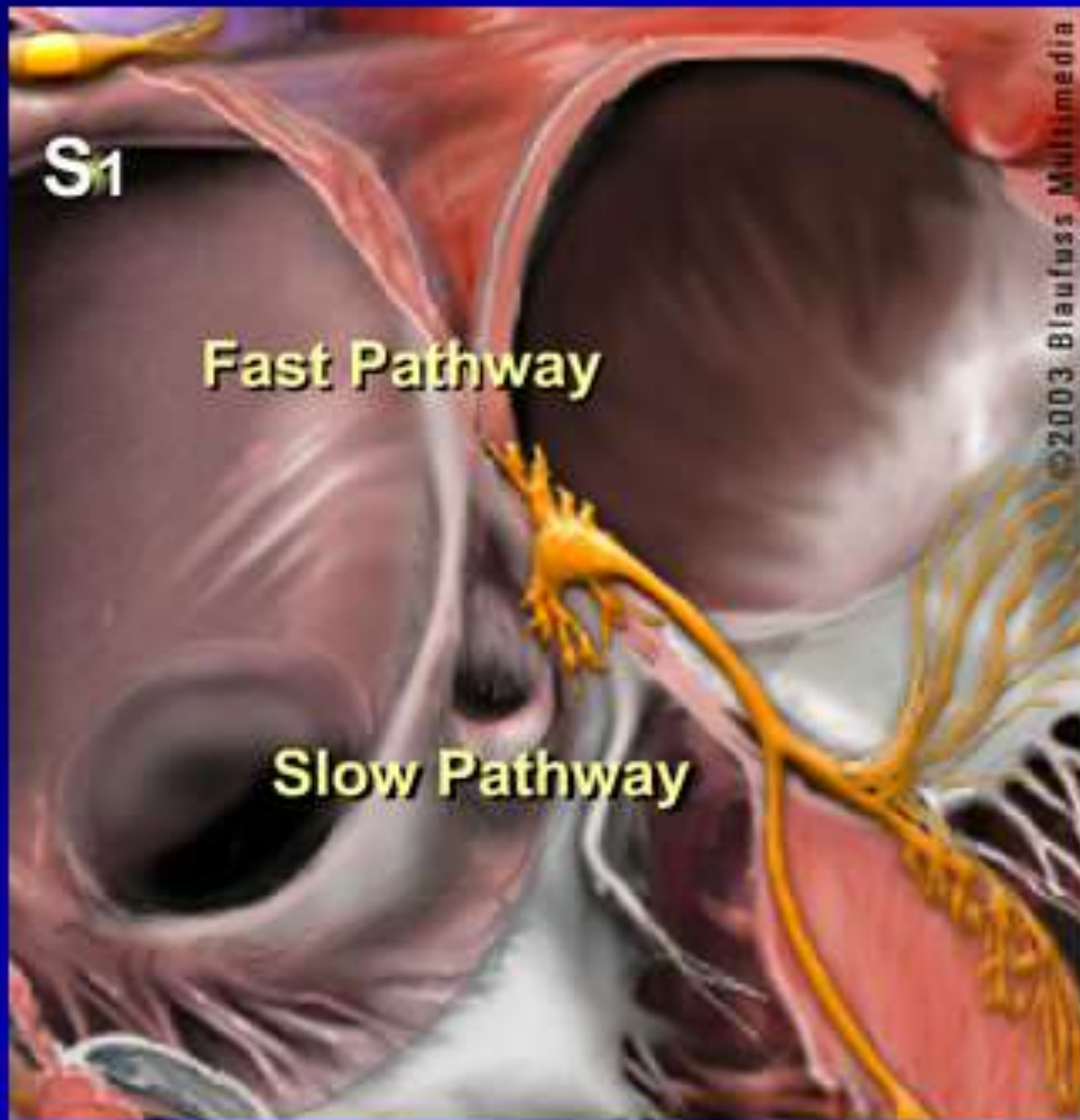


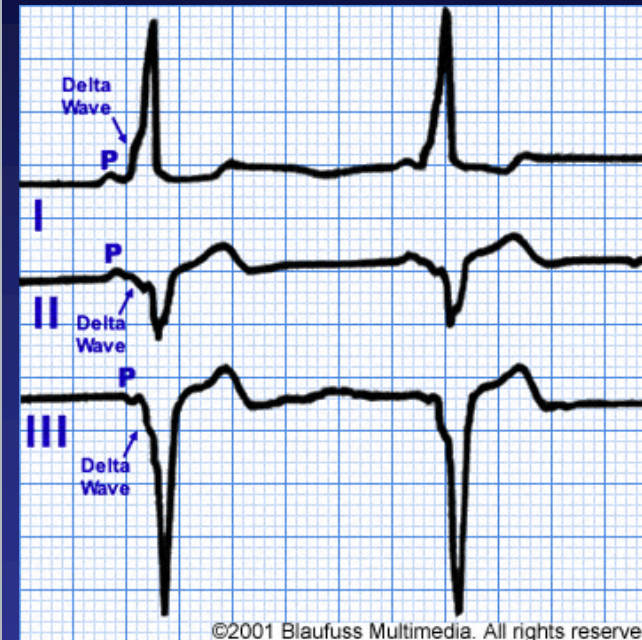
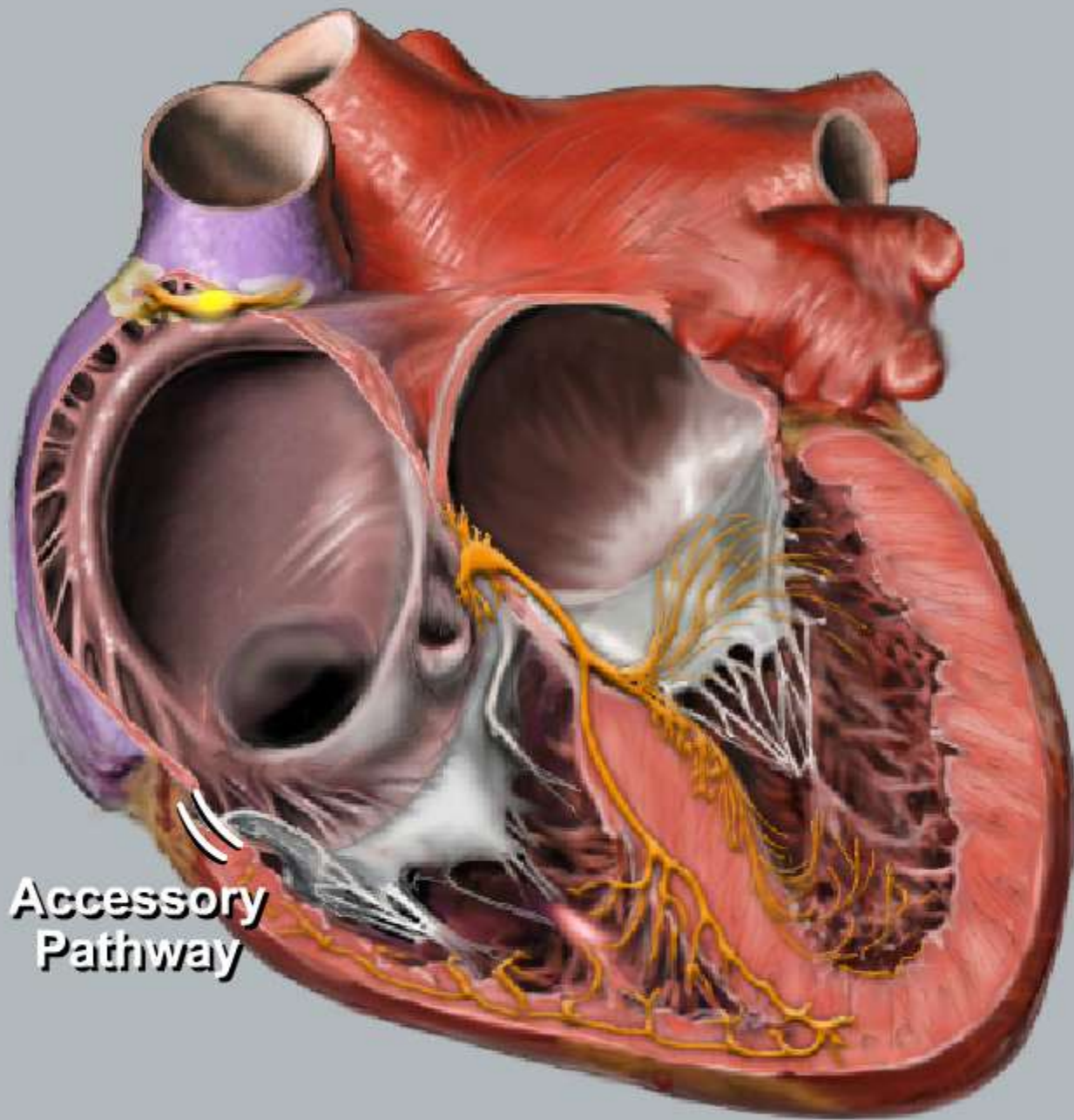
Diagnóstico diferencial

- 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

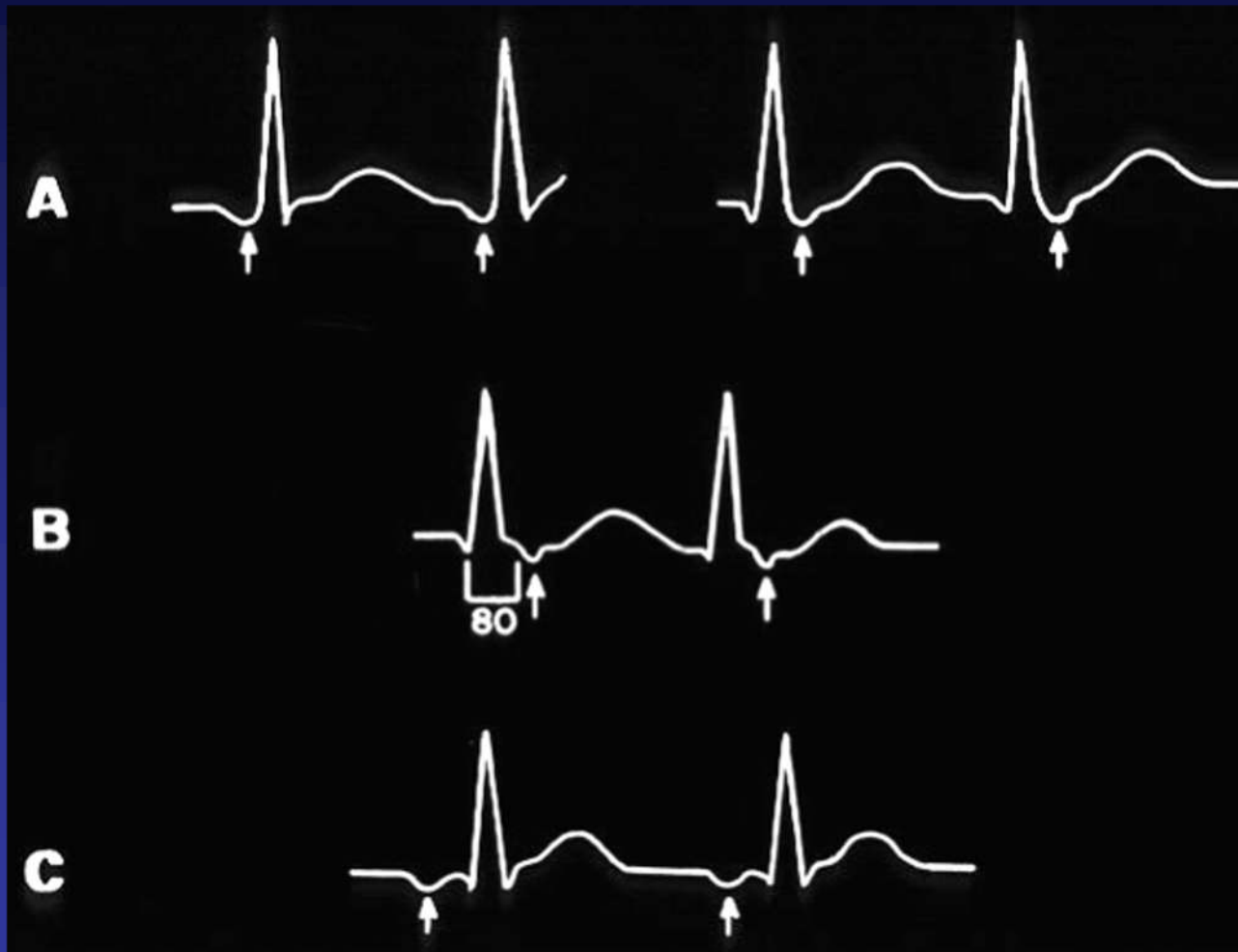




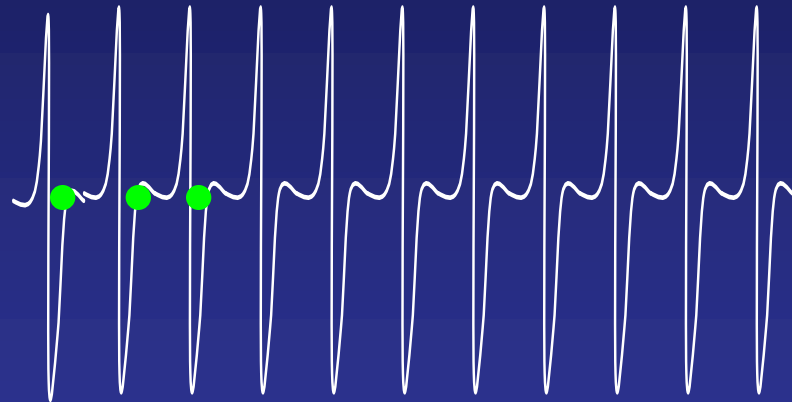


QRS angosto

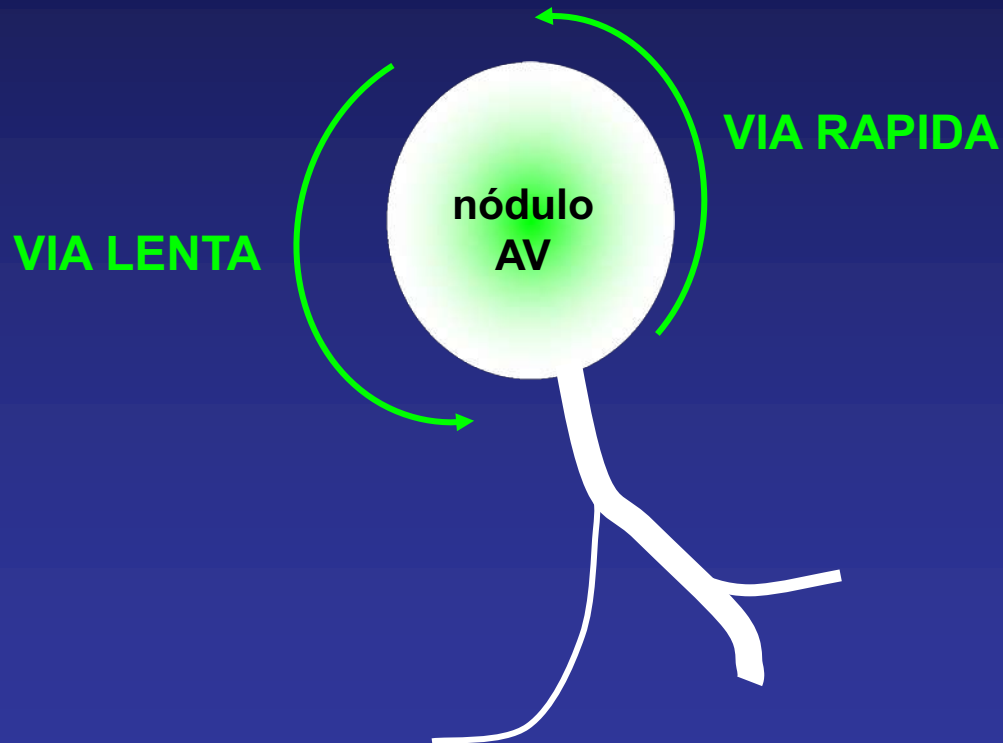
Onda P vinculada a cada QRS

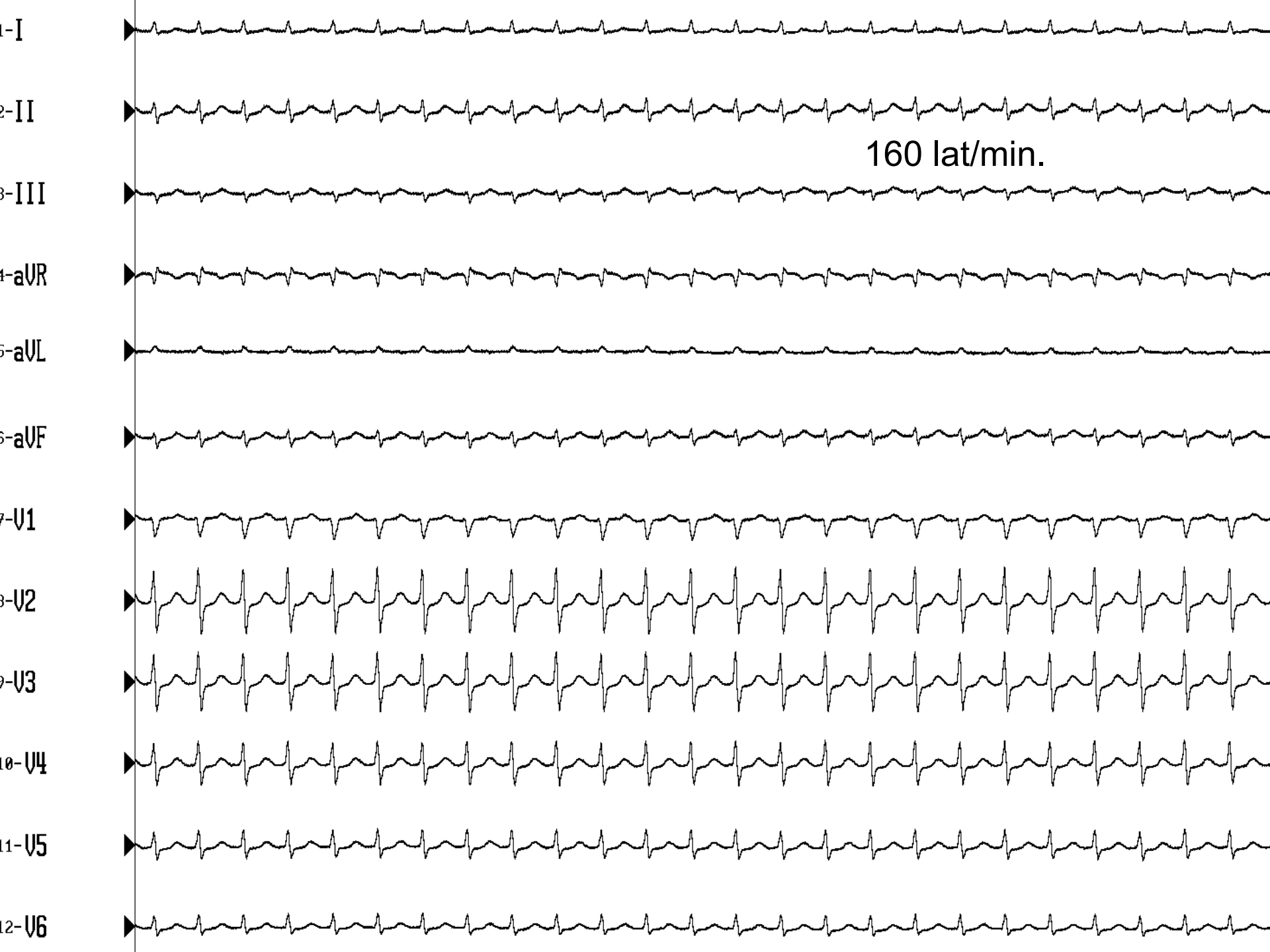


Reentrada nodal: no se ve P o se observa
< 0,08 seg del inicio del QRS

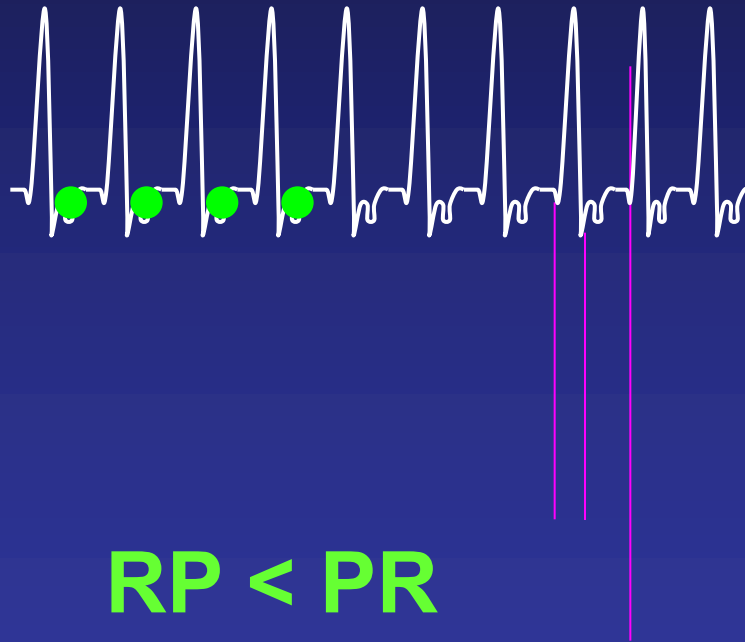


Reentrada nodal

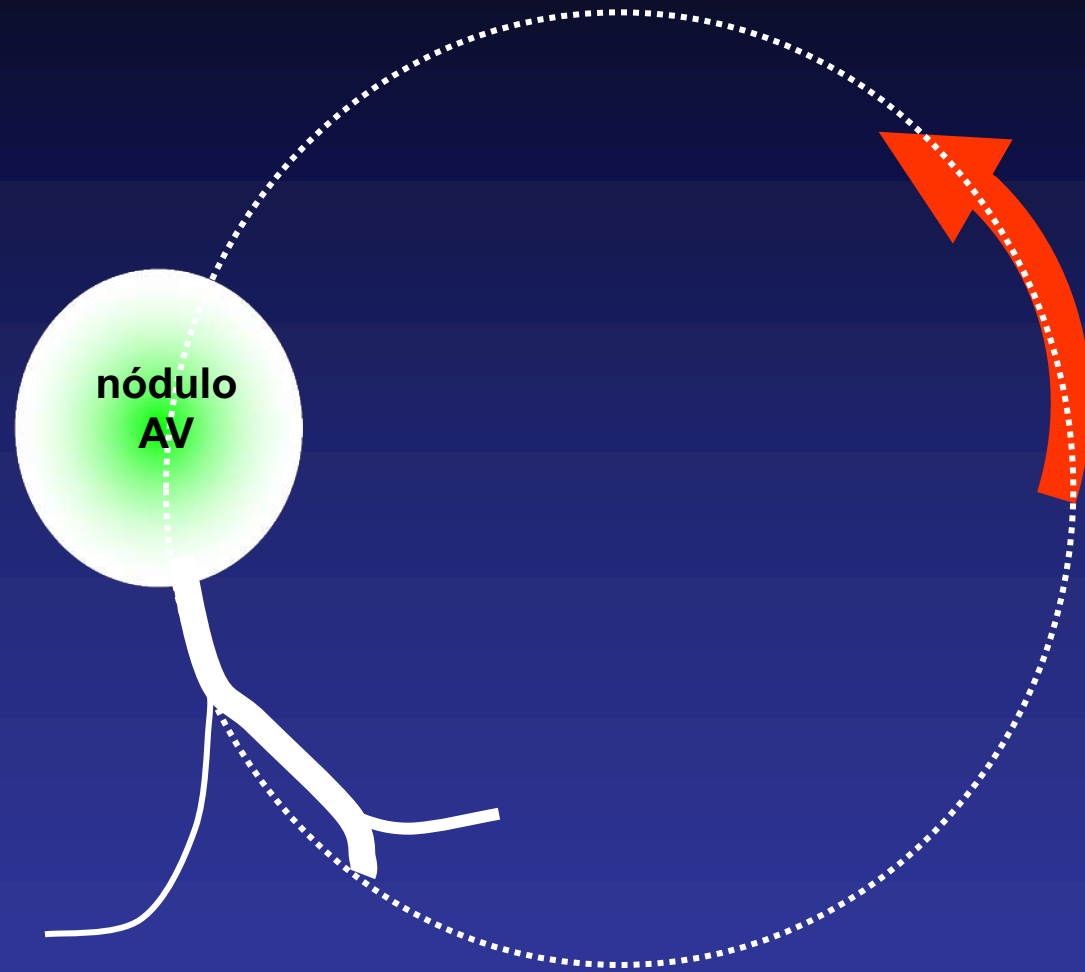


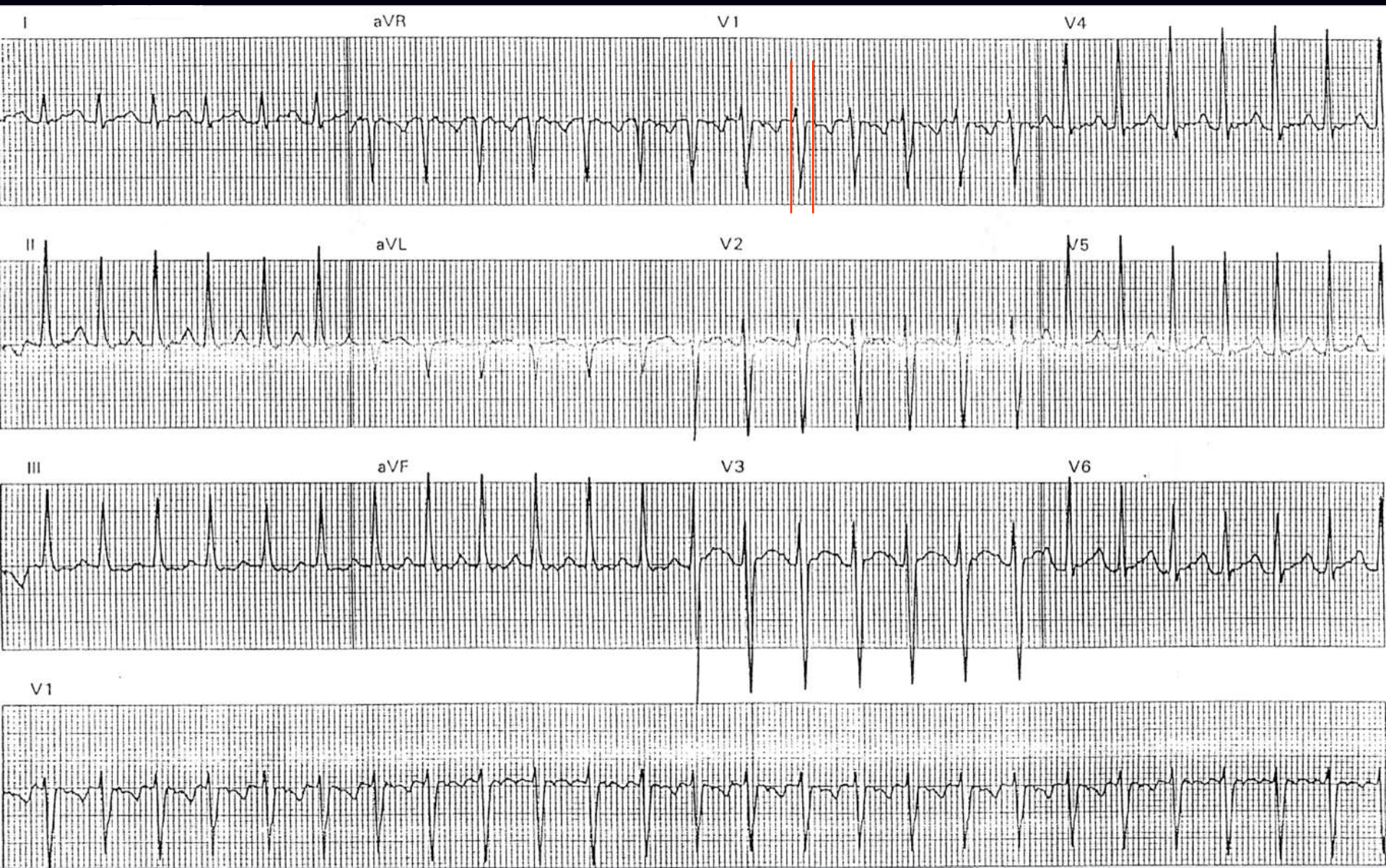


$P > 0,08$ seg del inicio del QRS

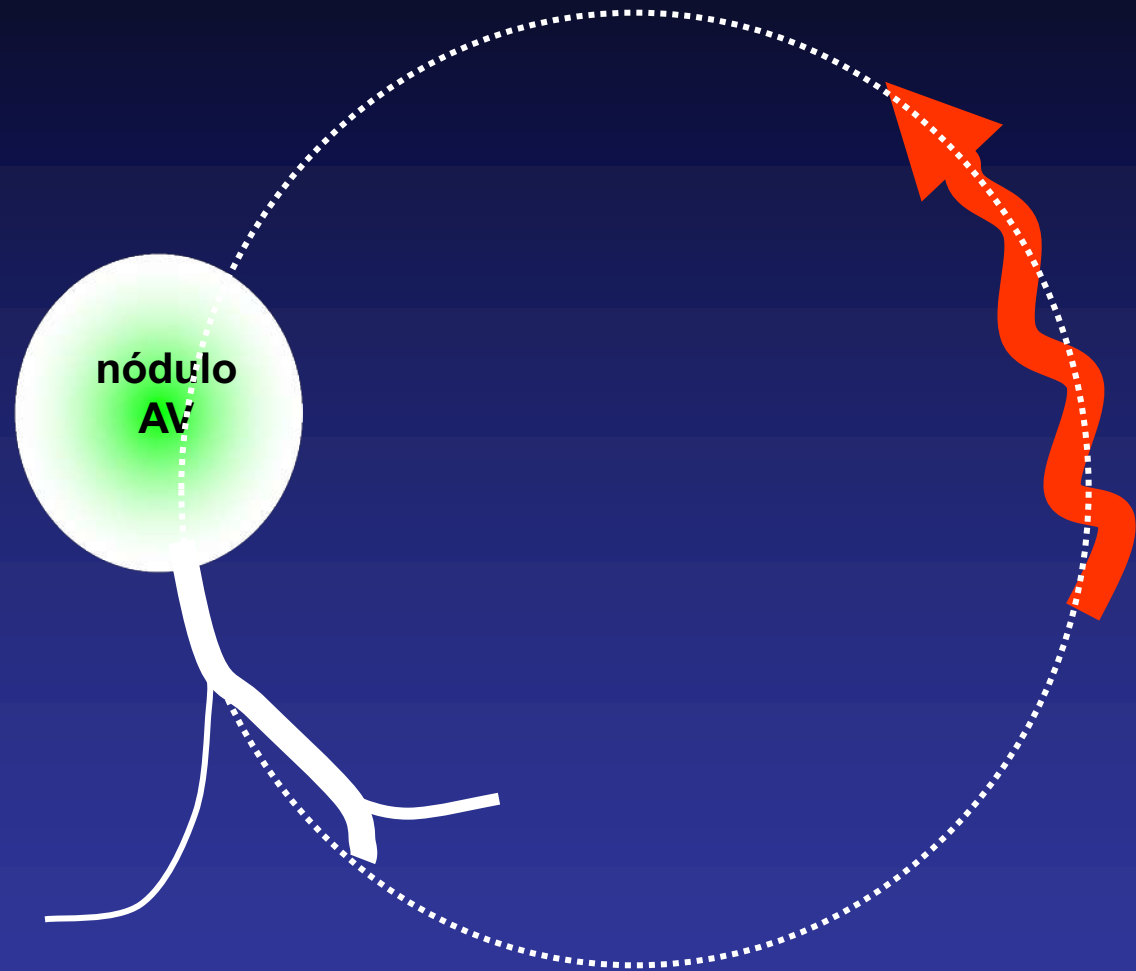


Reentrada AV





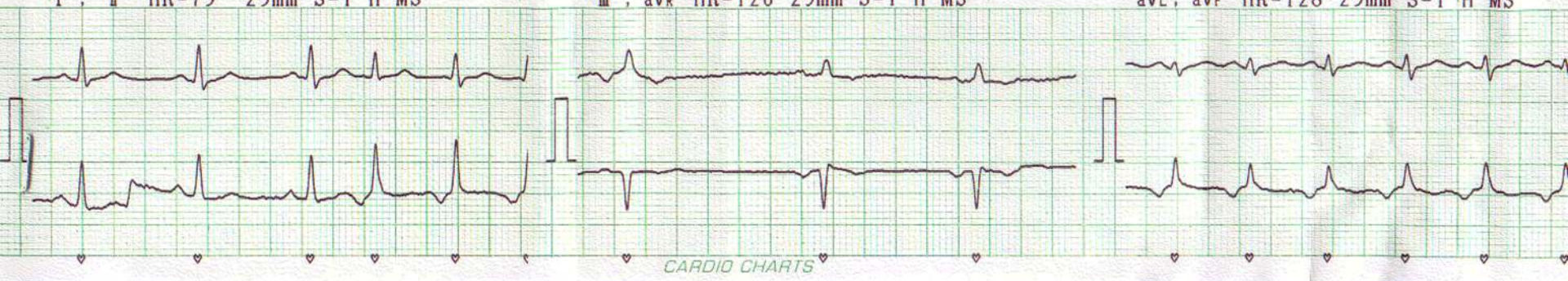
Reentrada AV



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

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

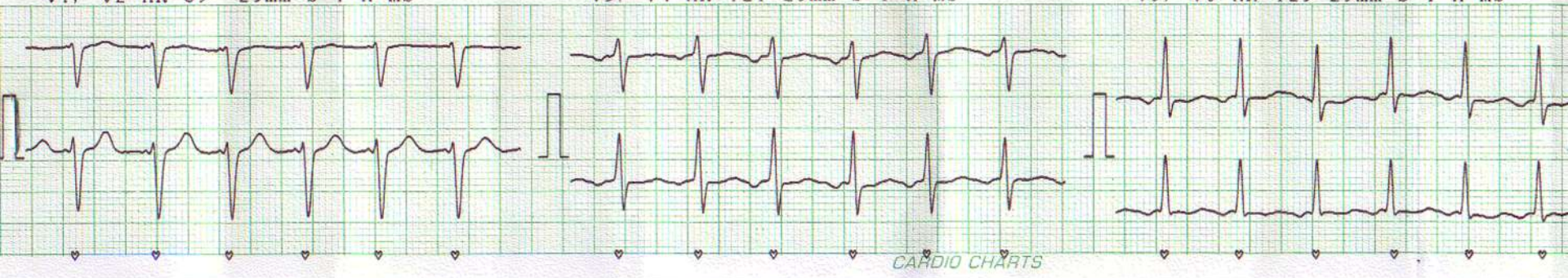
aVL, aVf HR-128 25mm S-1 H MS



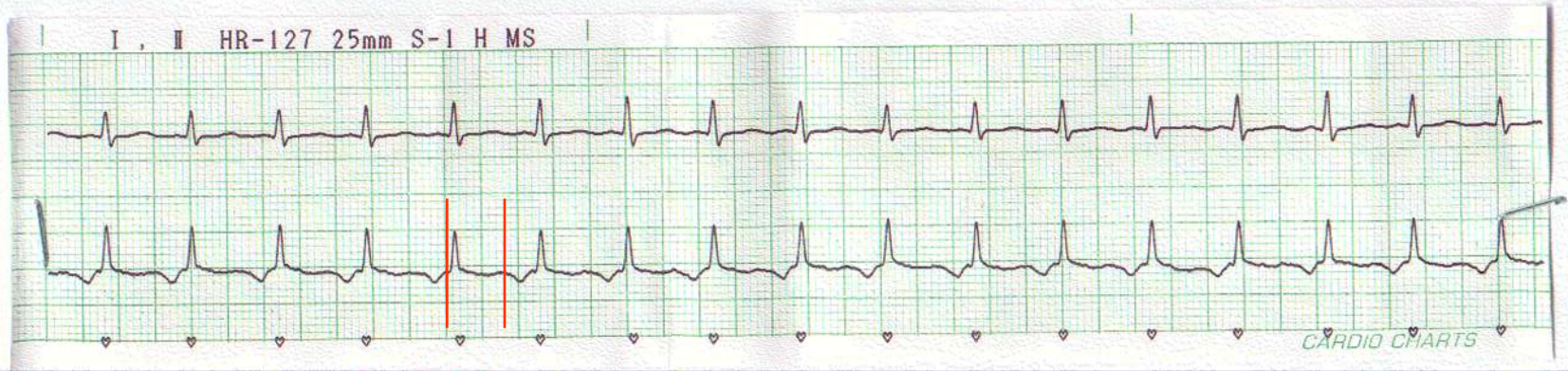
VI, V2 HR-89 25mm S-1 H MS

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

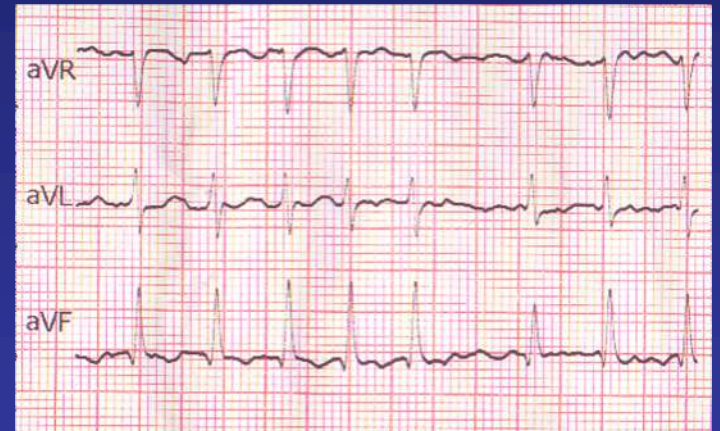
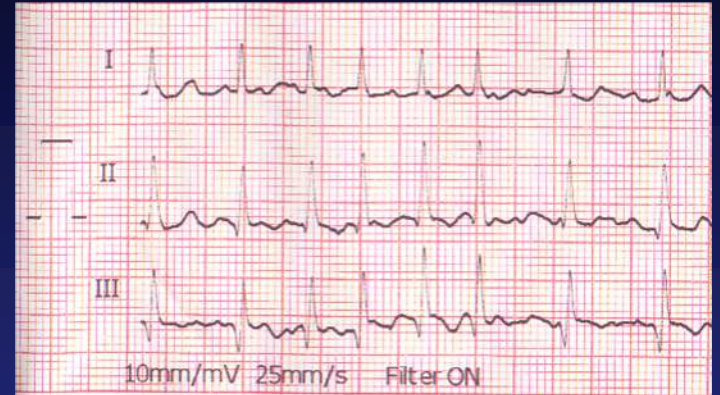
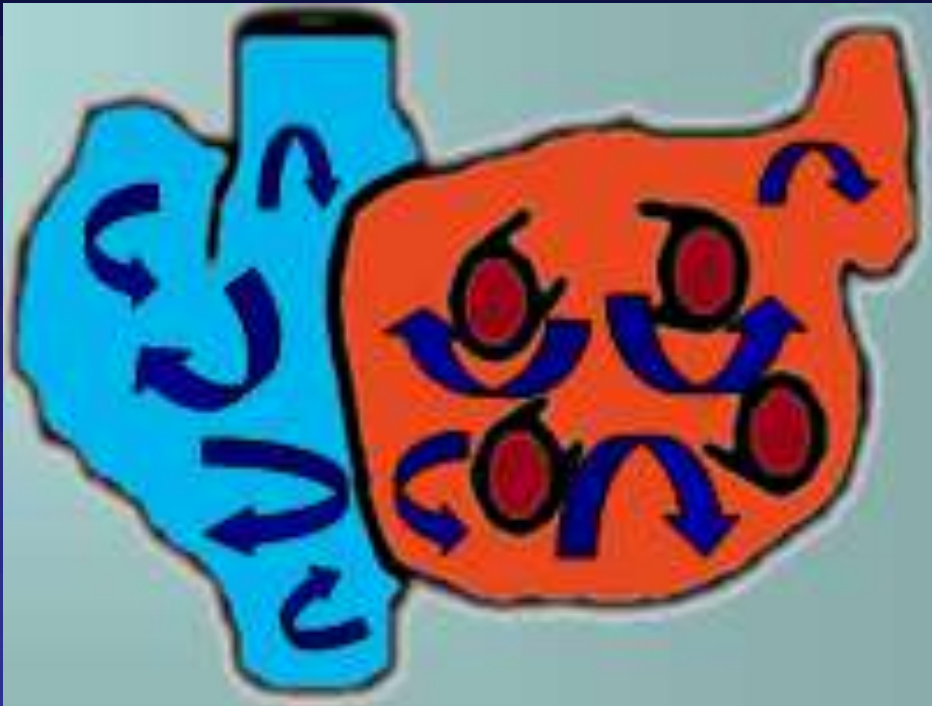
V5, V6 HR-125 25mm S-1 H MS

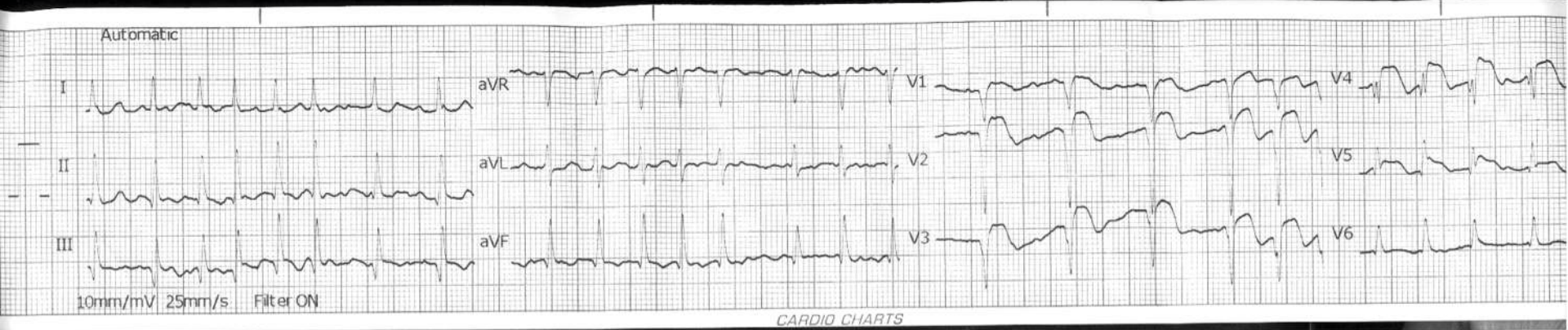


I, II HR-127 25mm S-1 H MS

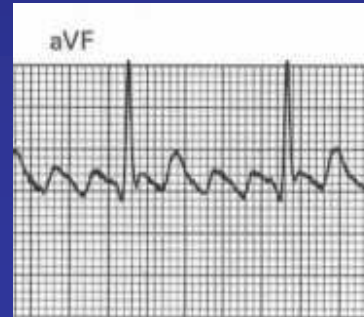
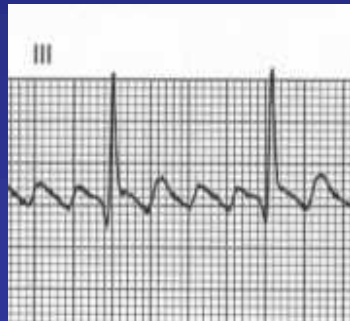
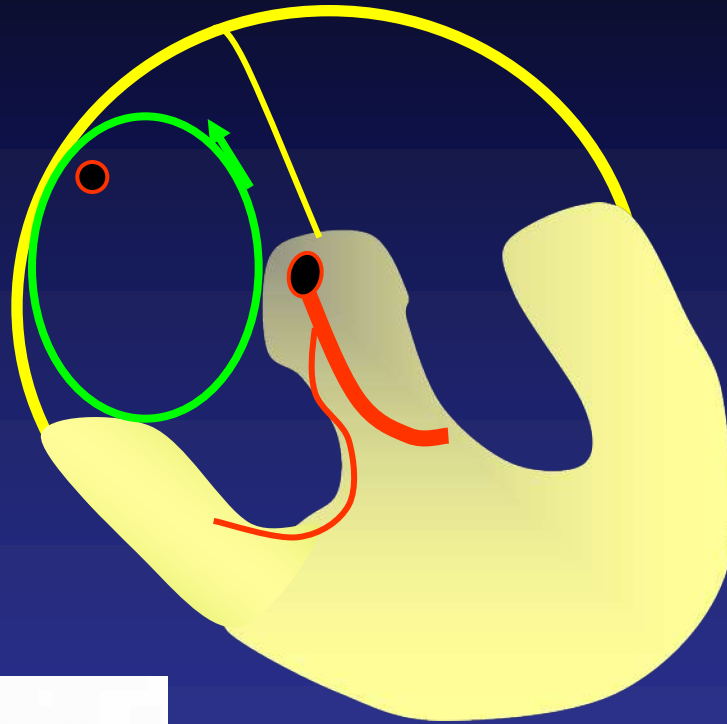


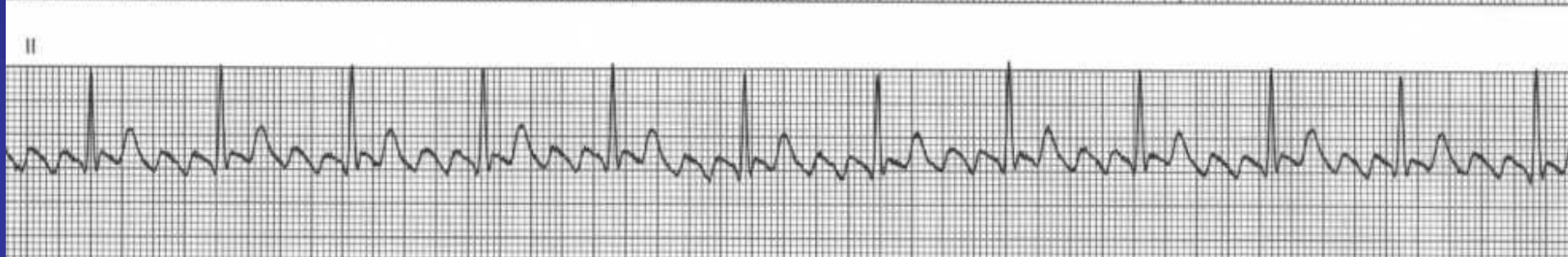
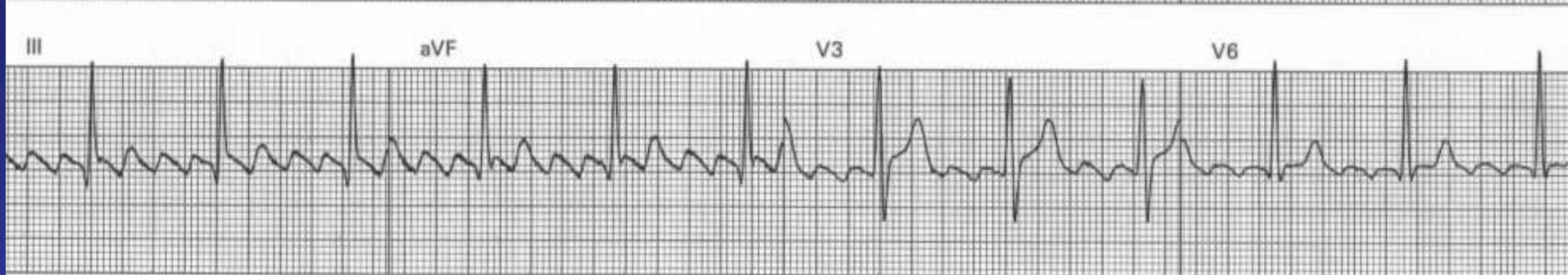
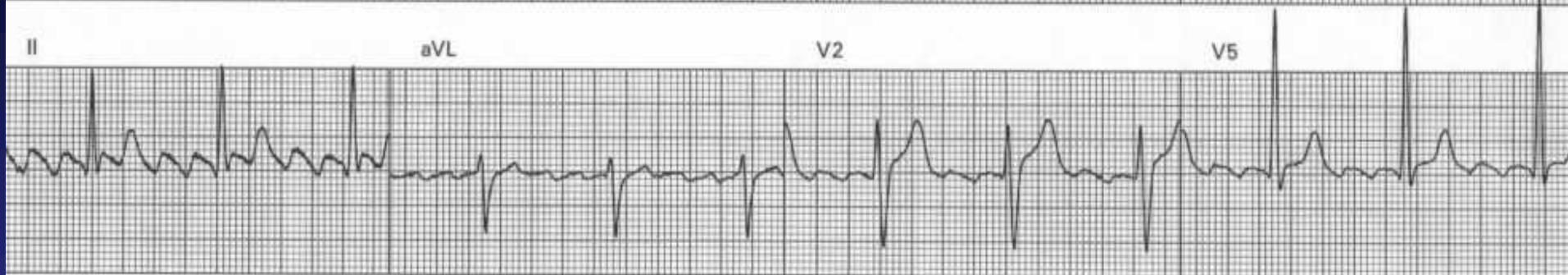
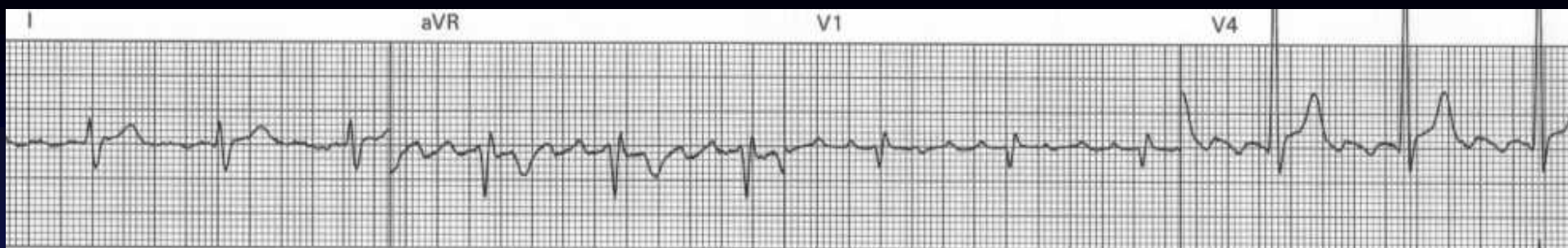
Fibrilación auricular



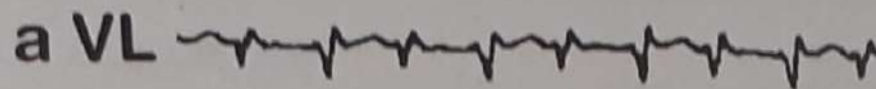
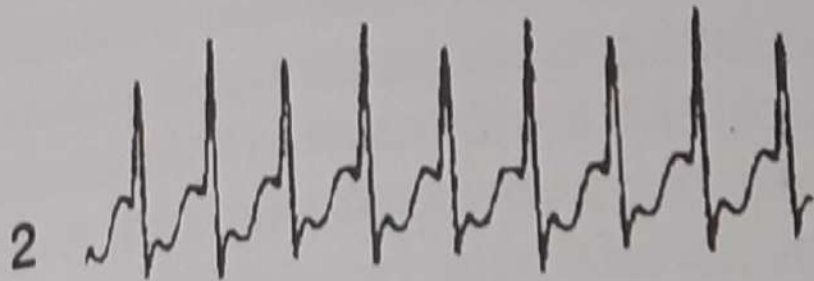
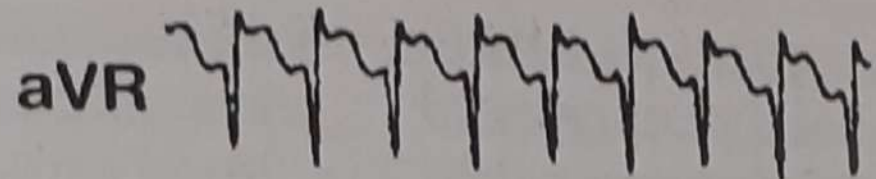
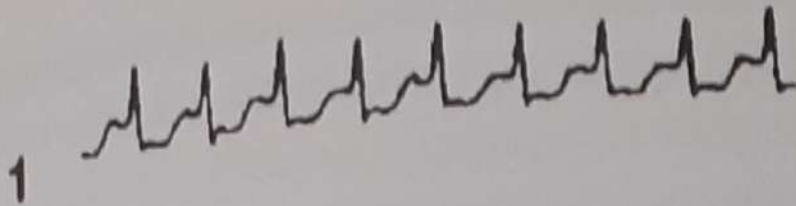


Aleteo auricular

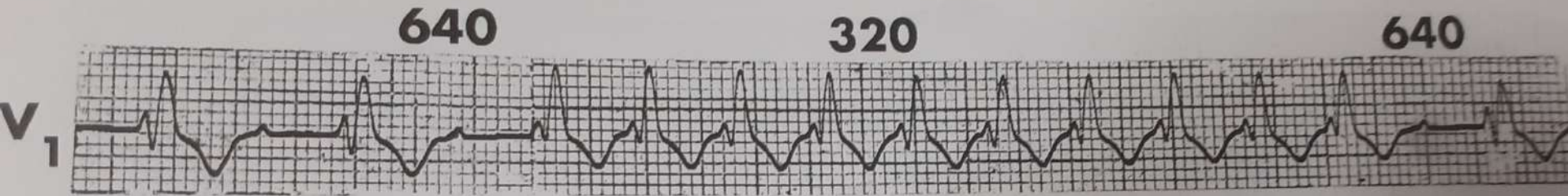




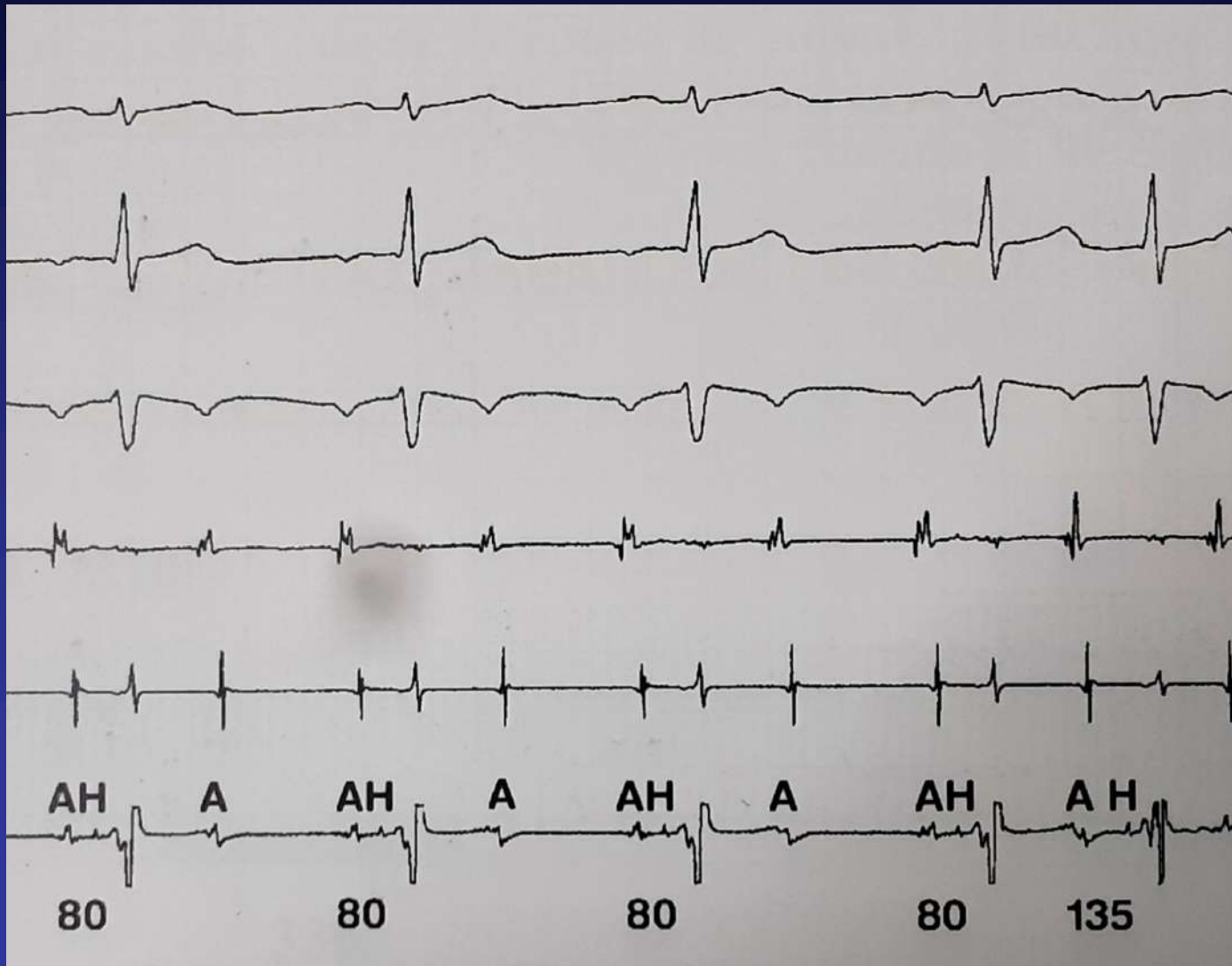
1. Reentrada nodal
2. Taquicardia auricular
3. Taquicardia reentrante AV



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2. Taquicardia auricular
3. Taquicardia reentrante AV



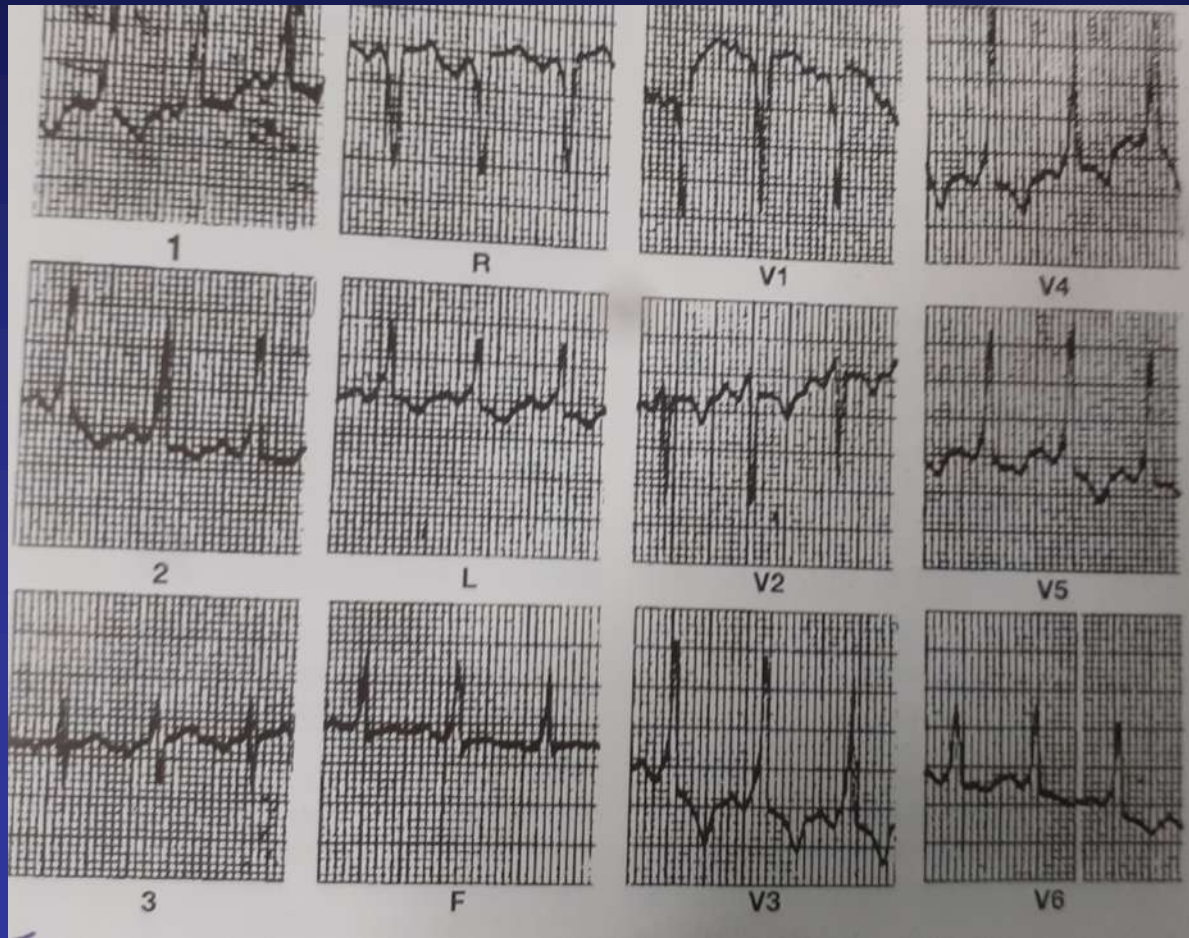
1. Reentrada nodal
2. Taquicardia auricular
3. Taquicardia reentrante AV



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

