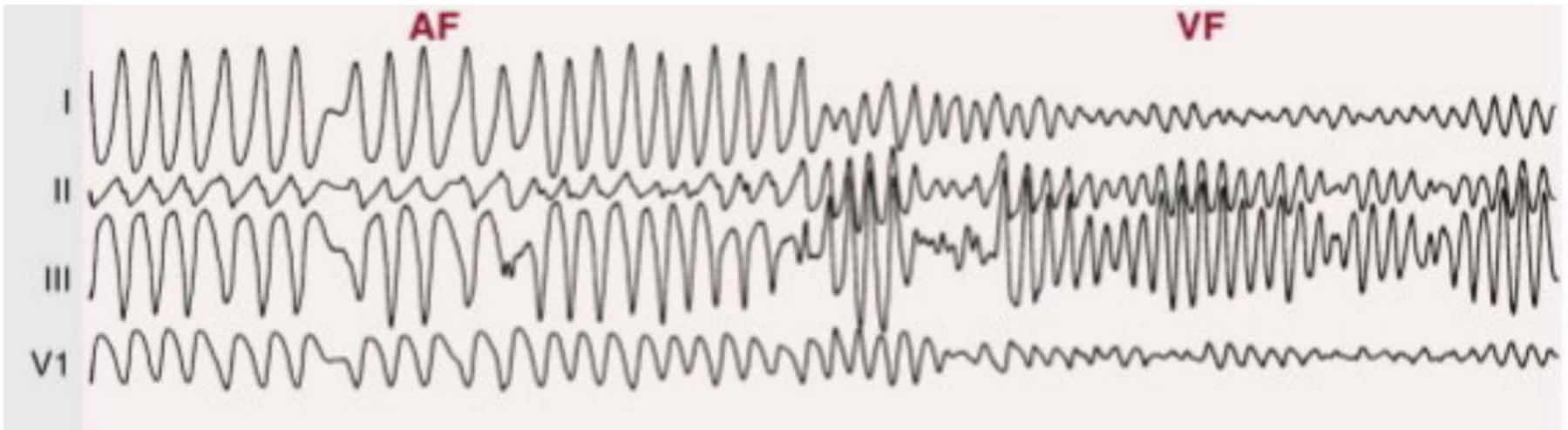


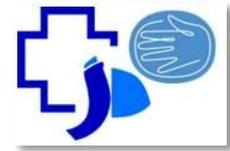


Arritmias (taqui-bradiarritmias)

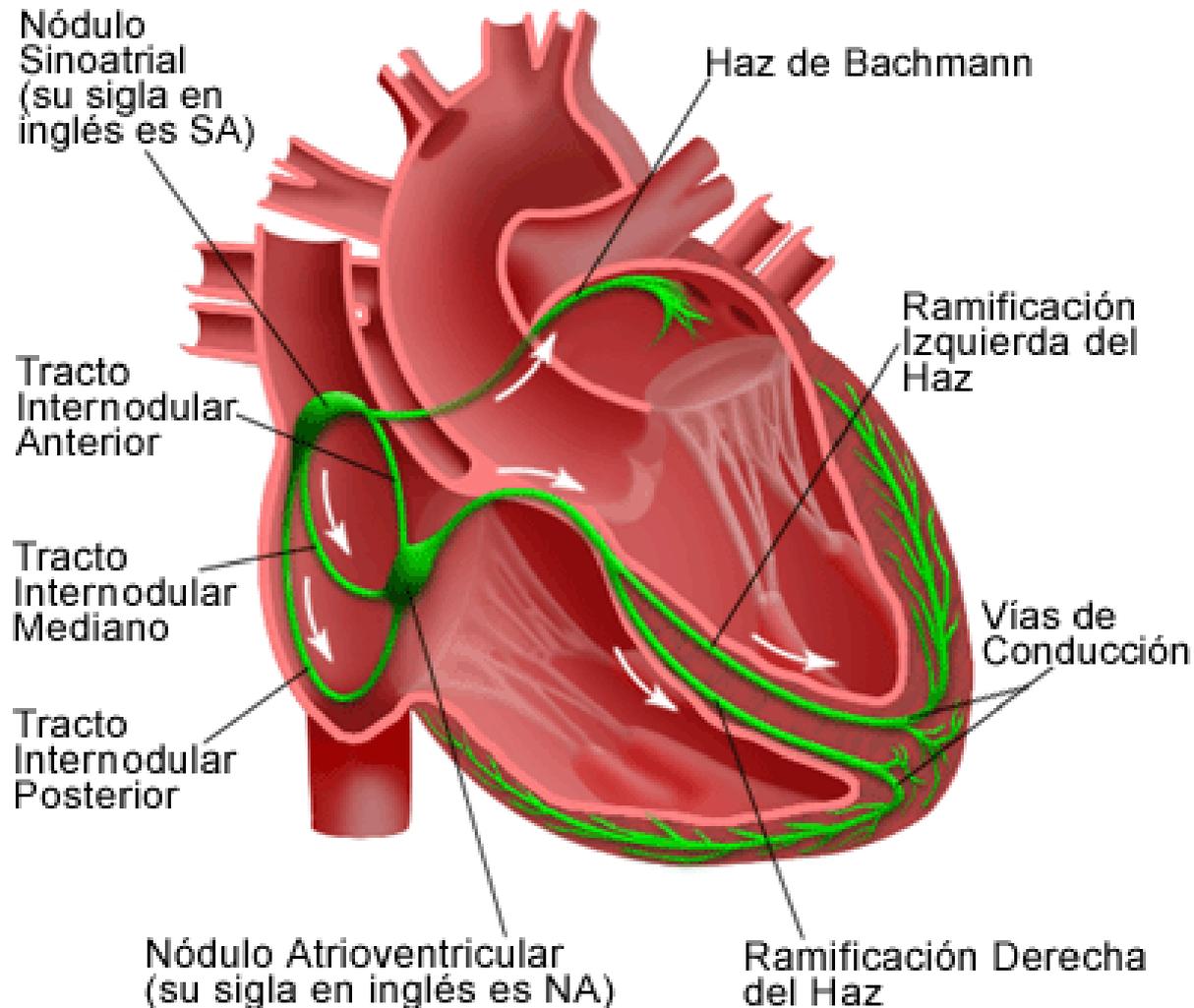


Dra. Chirife, Josefina

Conducción normal



El Sistema Eléctrico del Corazón



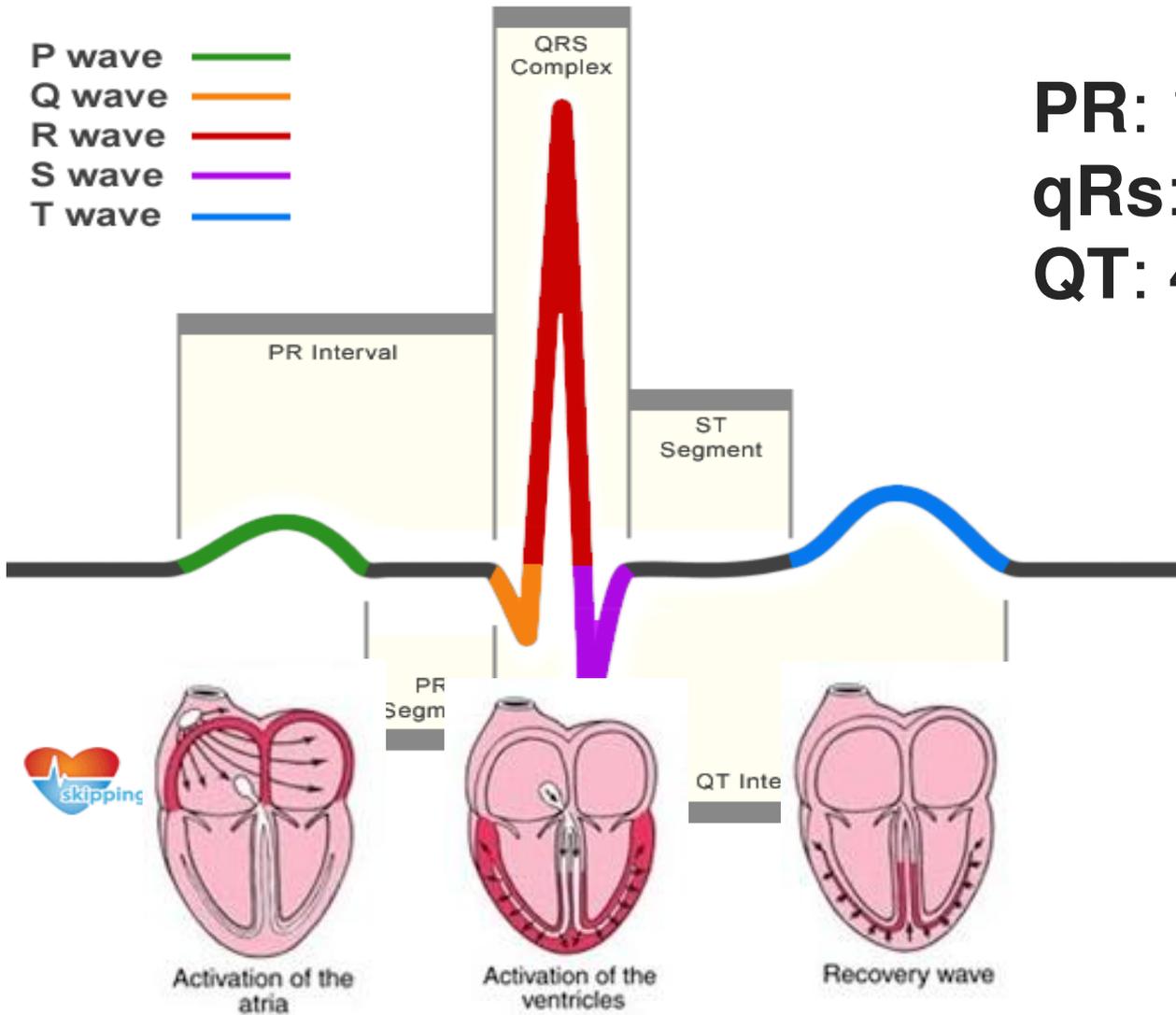
Conducción normal



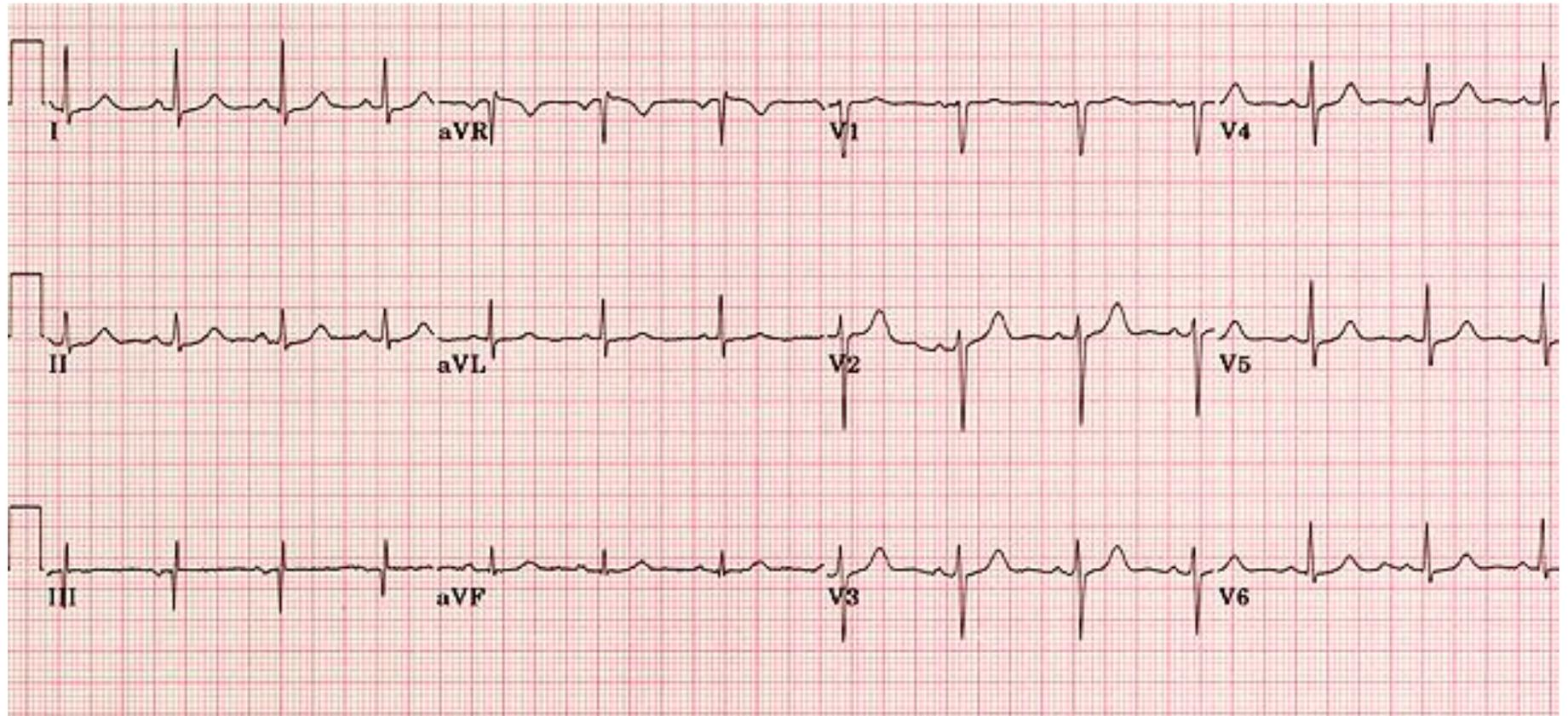
ECG of Normal Sinus Rhythm

- P wave ———
- Q wave ———
- R wave ———
- S wave ———
- T wave ———

PR: 120-200 ms
qRs: 120 ms
QT: 440 ms

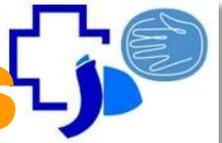


Conducción normal



ECG: RS. FC 95lpm, PR160ms, AqRs +30°.

Mecanismos de las arritmias



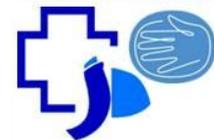
Trastornos de
la formación
del impulso

Automatismo (normal/ anormal)

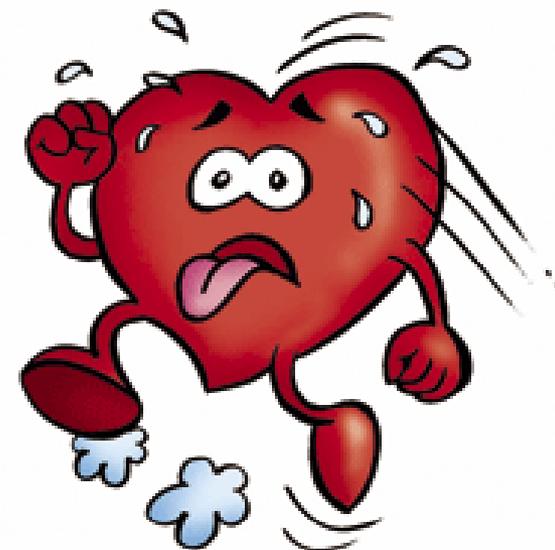
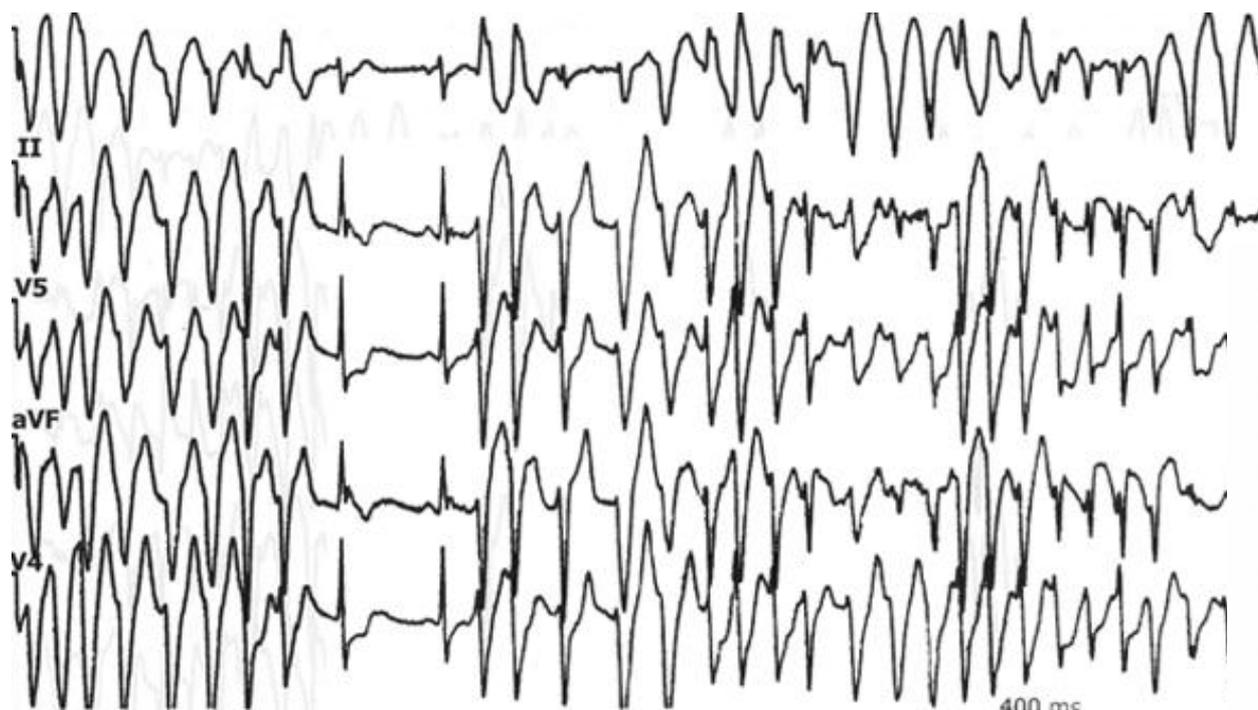
Actividad desencadenada
(PDP/PDT)

Trastornos de
la conducción
del impulso

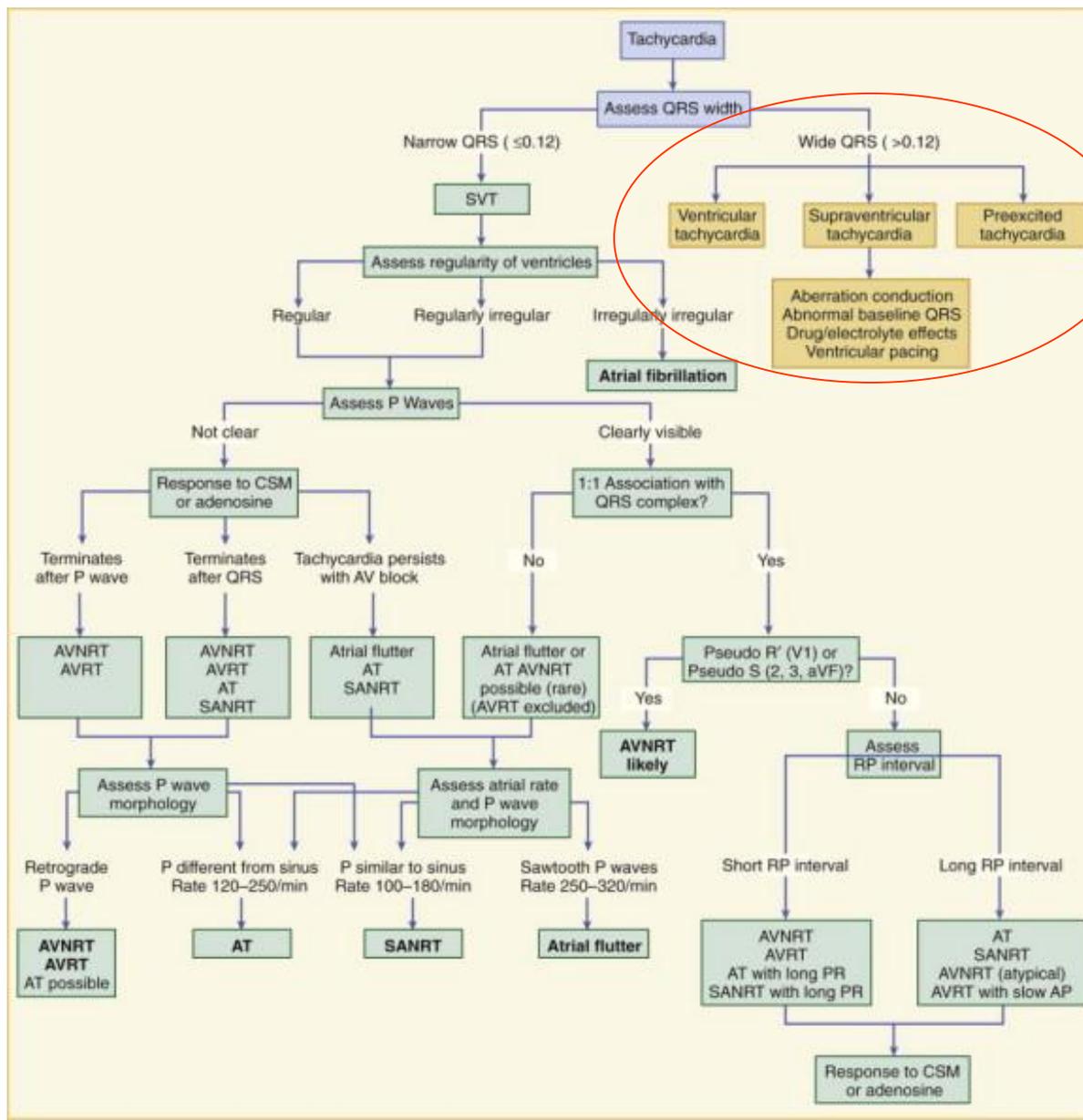
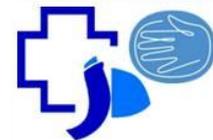
Reentrada (anatómica/funcional)



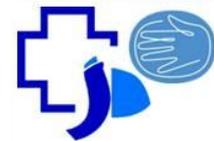
TAQUIARRITMIAS



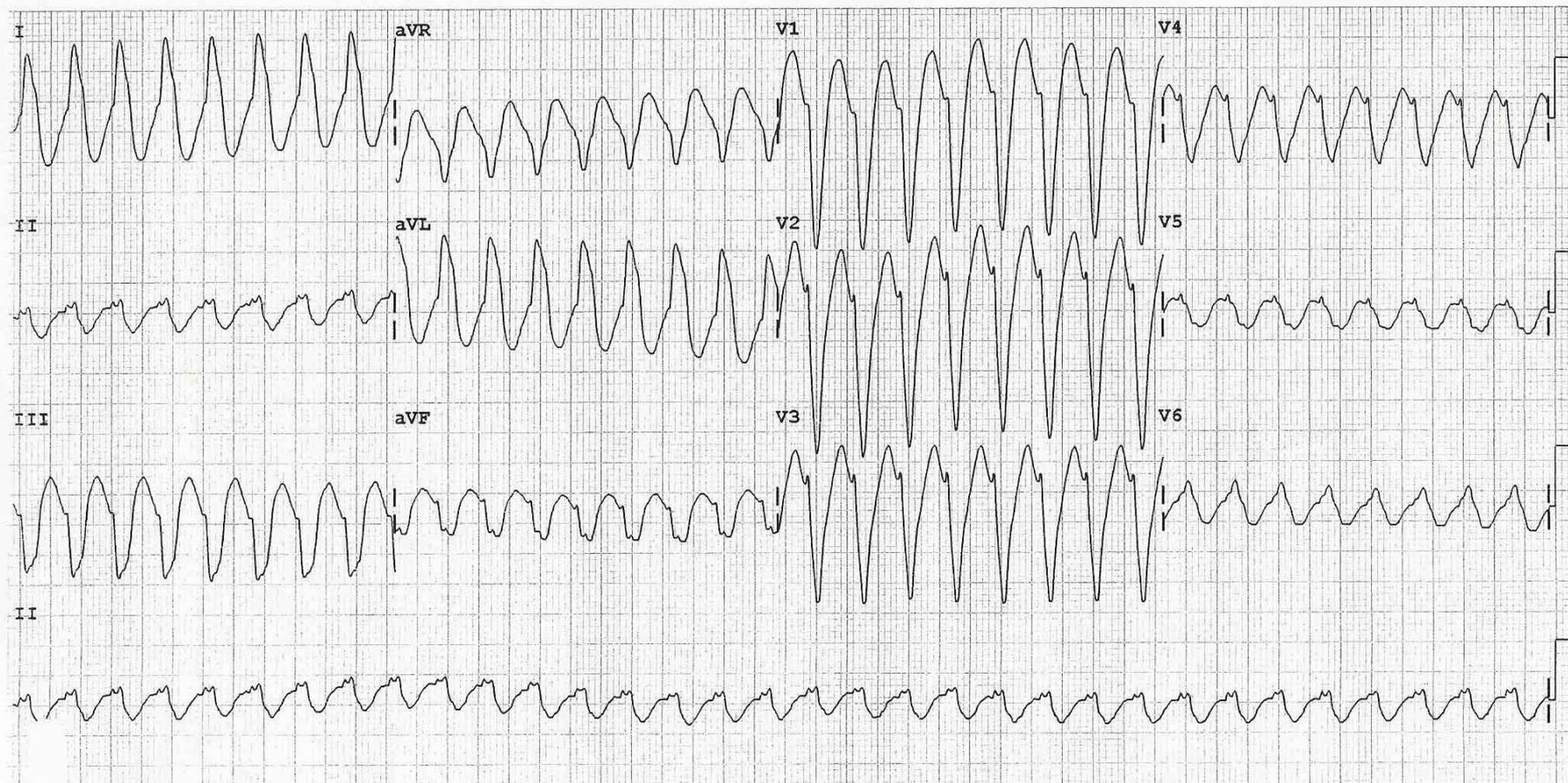
Taquiarritmias



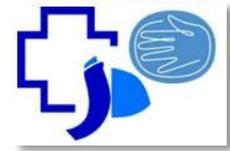
Taquiarritmias



Paciente de 63 años, con antecedentes de infarto hace 3 años, se presenta a GM con palpitaciones y mareos. Ex fco TA 80/60, sudoración, rales crepitantes inferiores.



Taquiarritmias



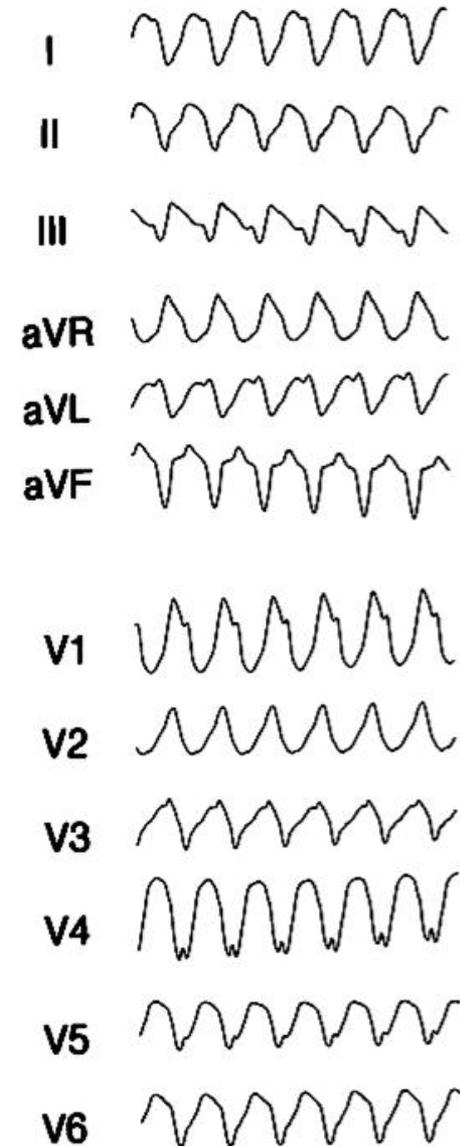
Taquicardia ventricular

Monomorfa

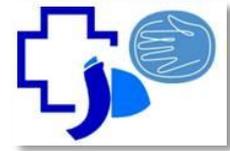
- Cardiopatía estructural (cardiopatía isquémica crónica, MCD)

Polimorfa

- QT normal (isquemia aguda, Sme. Brugada)
- QT largo (congenito, adquirido)



Taquiarritmias



Taquicardia ventricular

Monomorfa

Con cardiopatía estructural

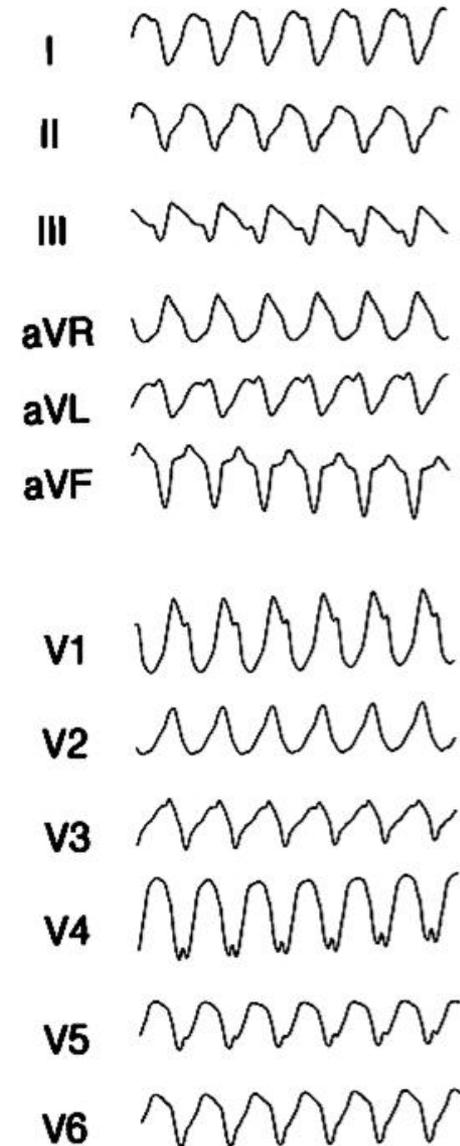
Tratamiento:

- CVE sincronizada

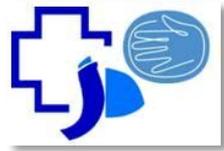
- Drogas:

Amiodarona (150mg ev en 10min)

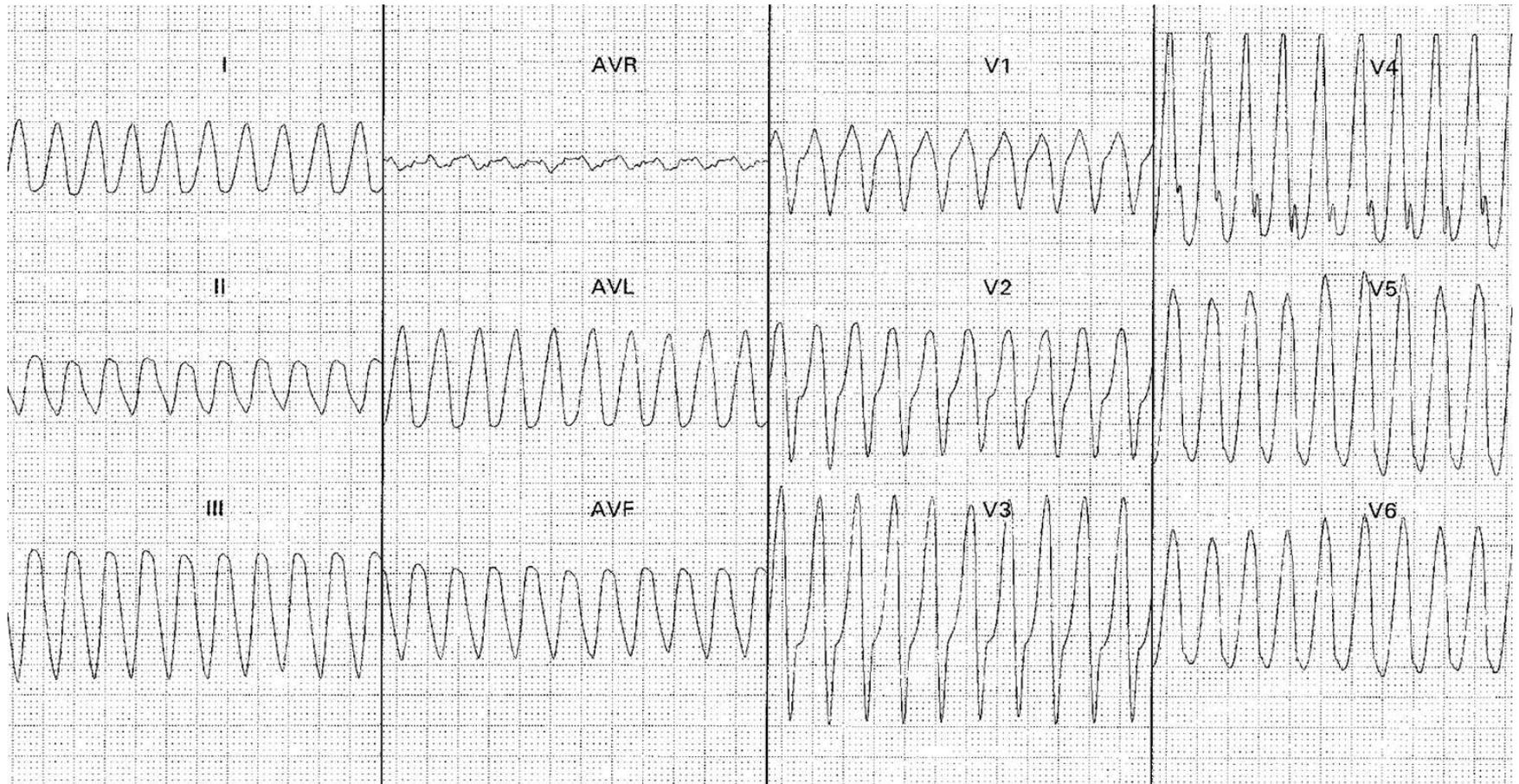
Lidocaína (0,5-0,75mg/kg ev en bolo)



Taquiarritmias



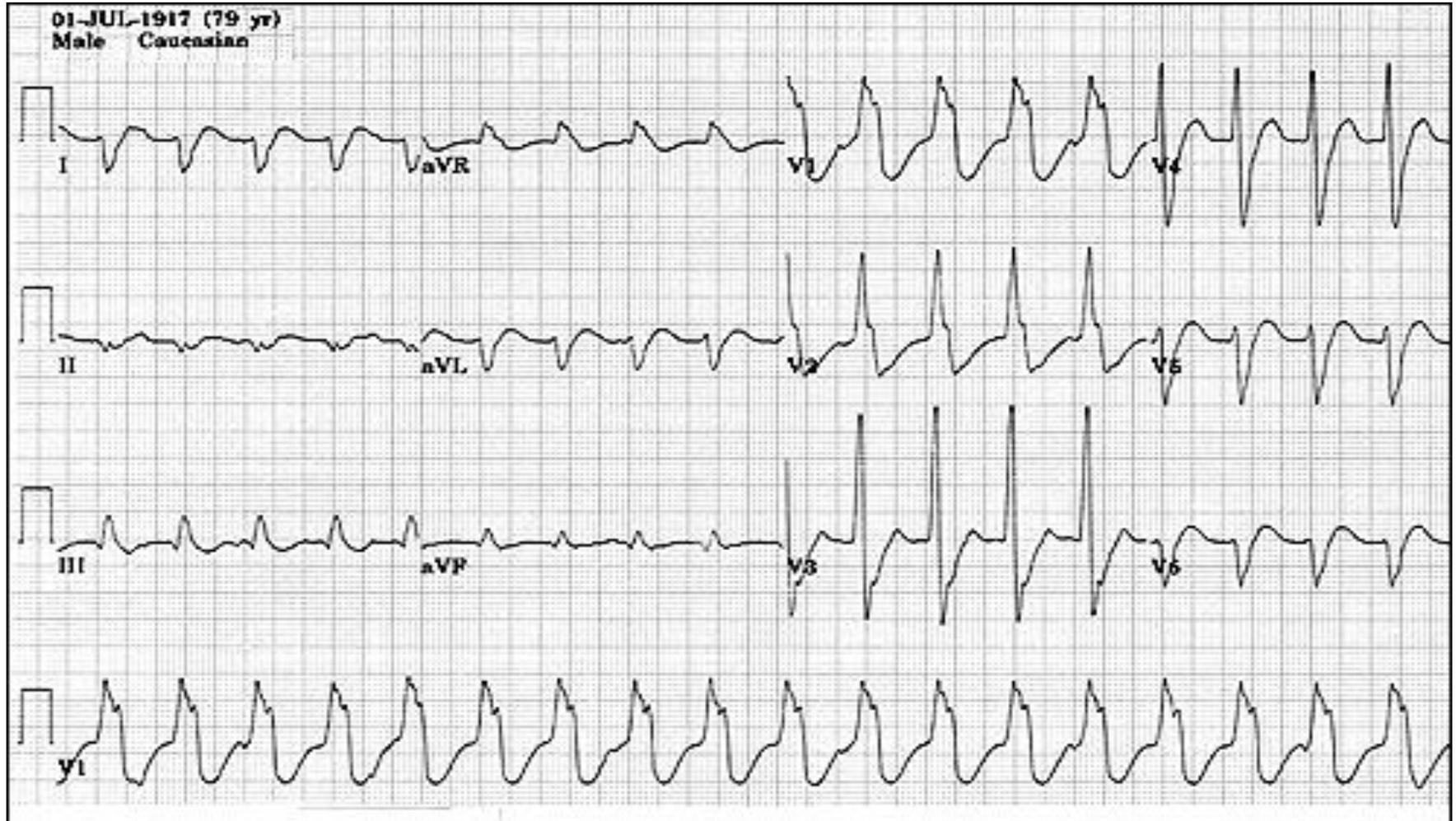
Paciente de 72 años, portador de miocardiopatía dilatada isquemico necrotica, que consulta a GM por sincope



Taquiarritmias



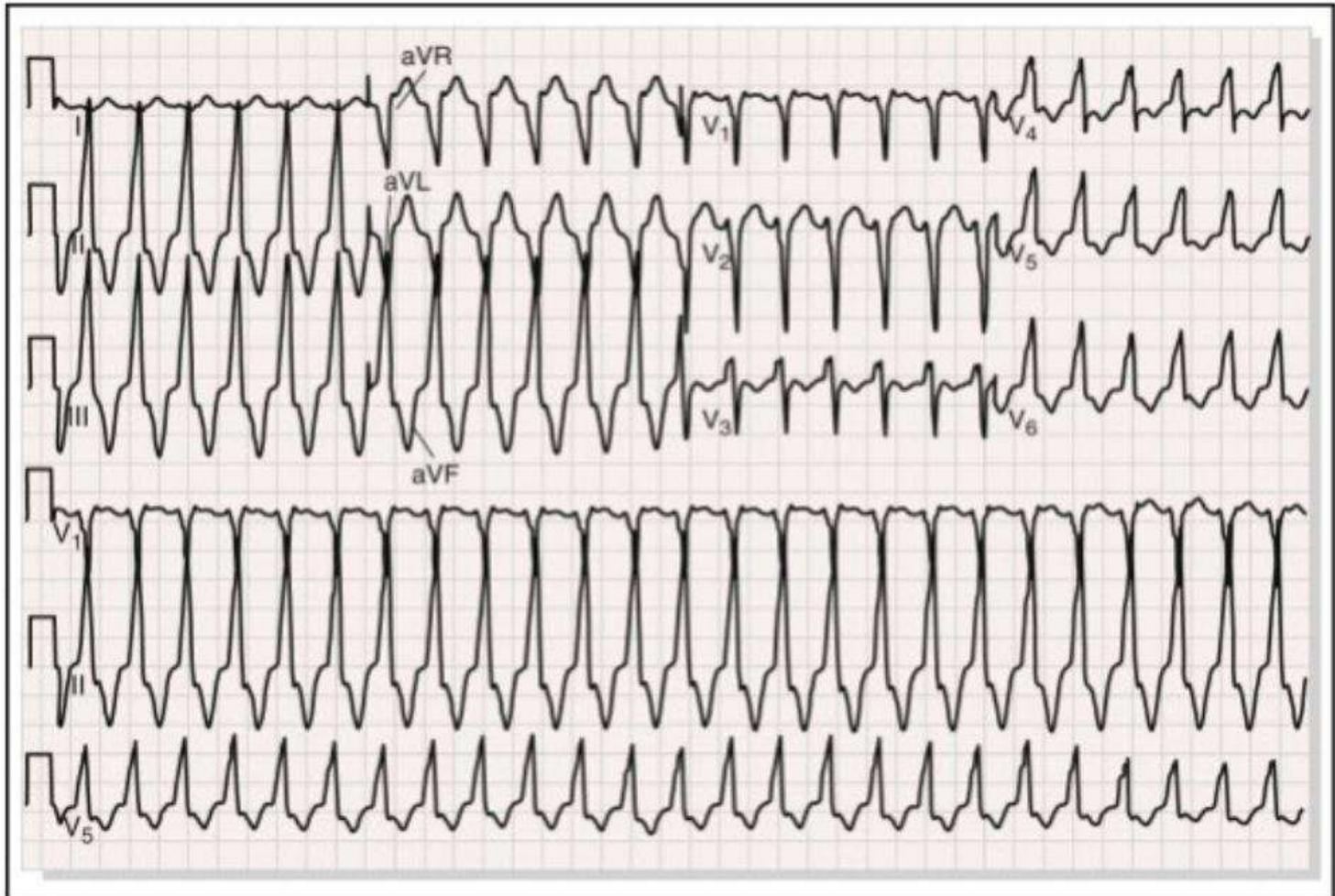
Paciente de 70 años, chagas positivo, consulta por palpitaciones de 30 minutos



Taquiarritmias

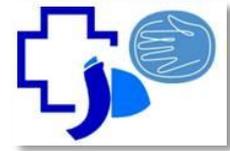


Paciente de 30 años, con palpitaciones y disnea de esfuerzo que persiste en reposo.



Taquicardia del tracto de salida del VD

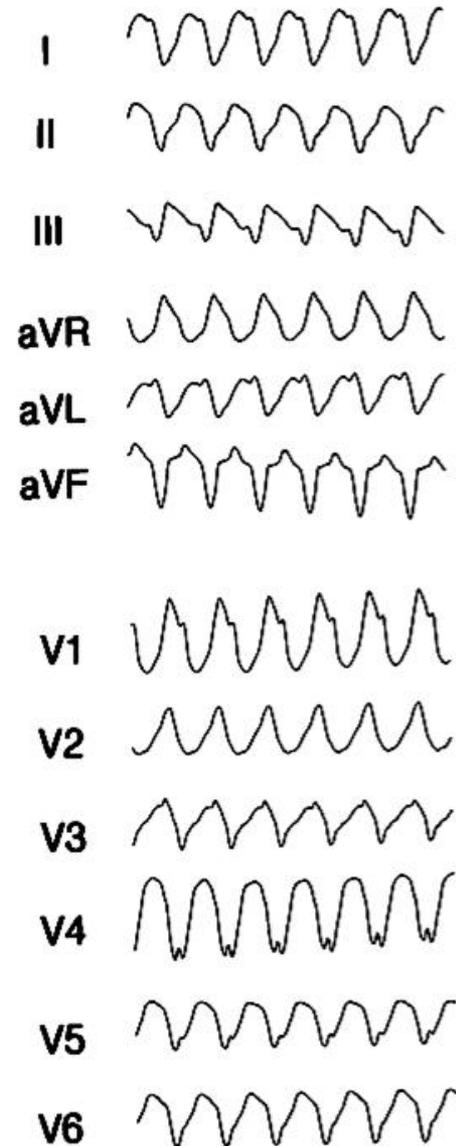
Taquiarritmias



Taquicardia ventricular

Polimorfa

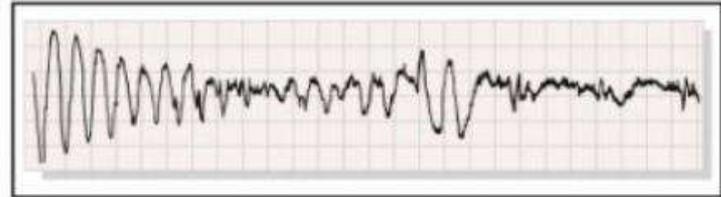
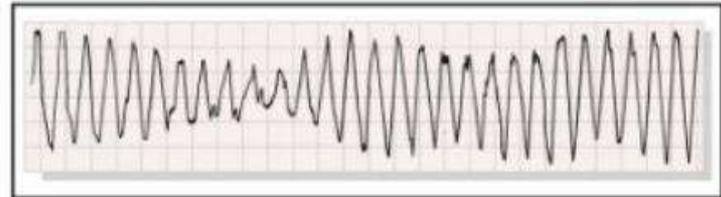
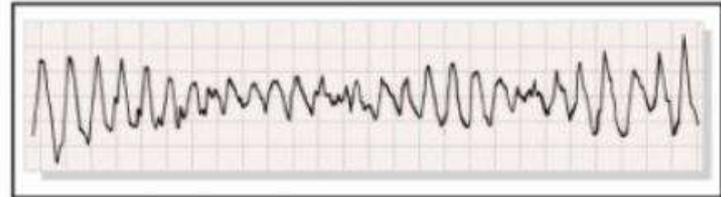
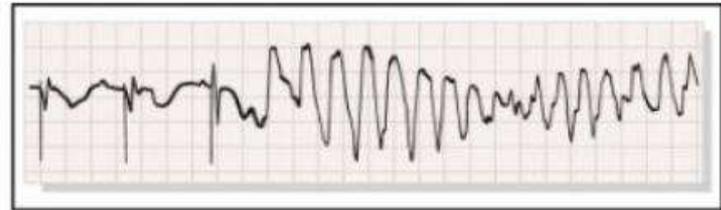
- QT normal (isquemia aguda)
- QT largo (congenito, adquirido)



Taquiarritmias

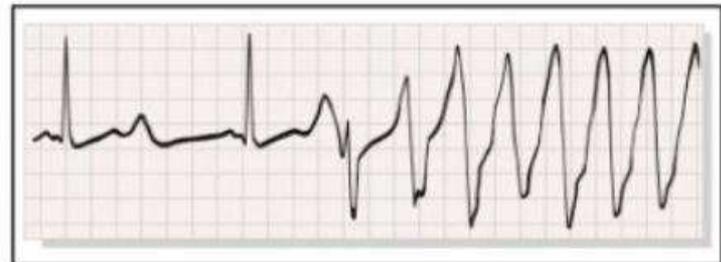


Paciente portador de marcapasos, VVI, consulta al SEM por múltiples episodios de pérdida de conocimiento



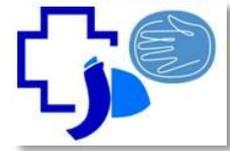
A

Paciente con rinitis alérgica en tto con terfenadina que consulta por palpitaciones y mareos



B

Taquiarritmias



Taquicardia ventricular

Polimorfa

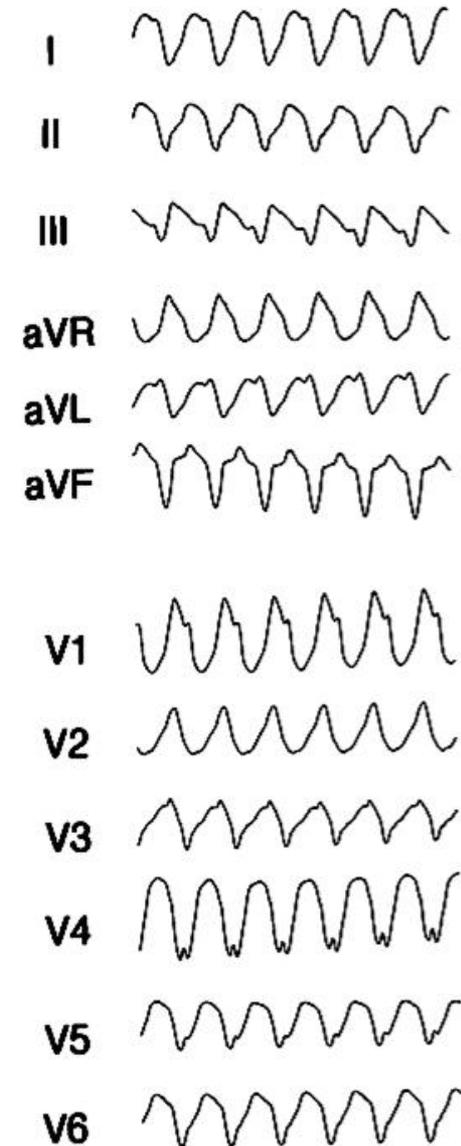
QT largo Adquirido:

Drogas

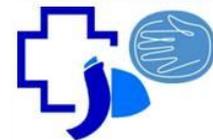
- Antiarrítmicos (IA-IC)
- Descongestivos nasales (terfenadina)
- Antibióticos (macrólidos)
- Cisapride

Bradicardia severa

Lesiones del SNC

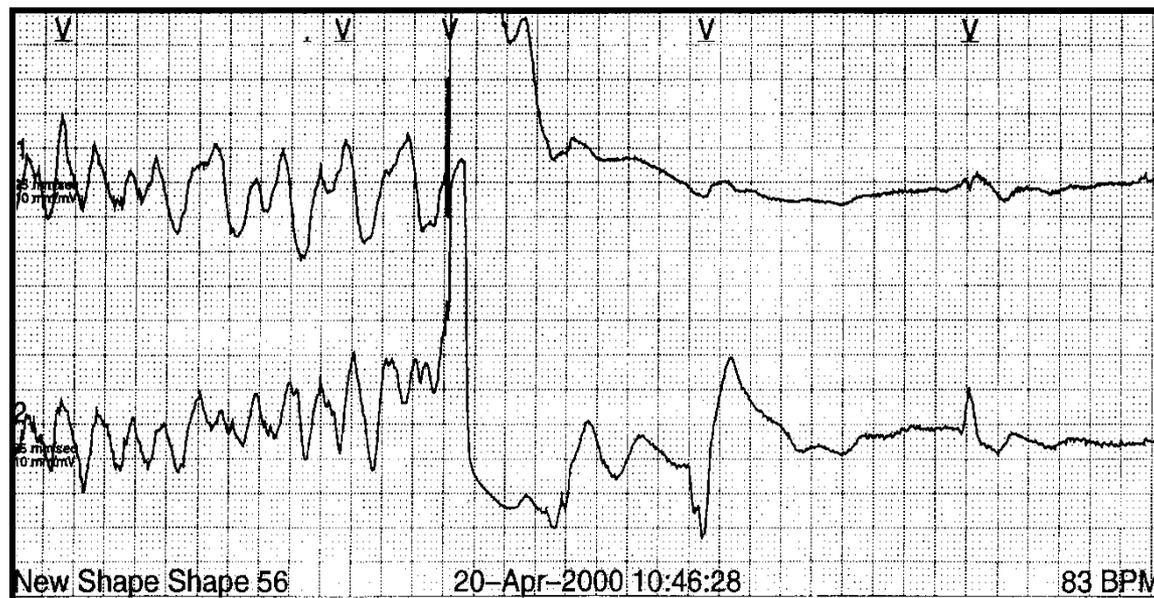
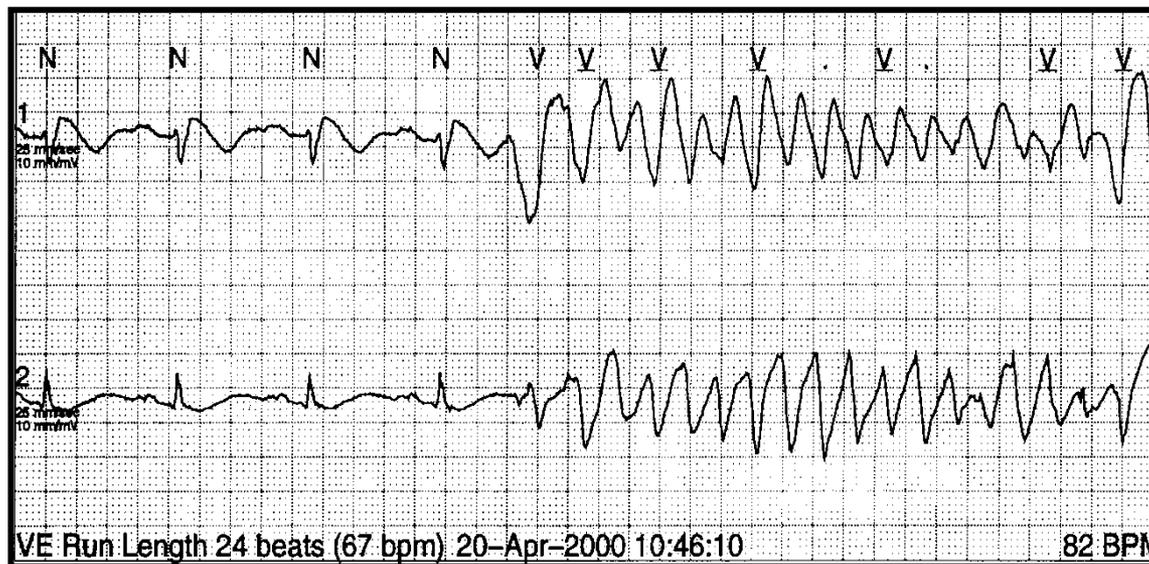


Taquiarritmias



Taquicardia ventricular

CVE
Sulfato Mg⁺⁺
Isoproterenol
MCP transitorio



Taquiarritmias



Paciente de 40 años, fumador de 40 u/d, consulta por dolor precordial de reposo y mareos



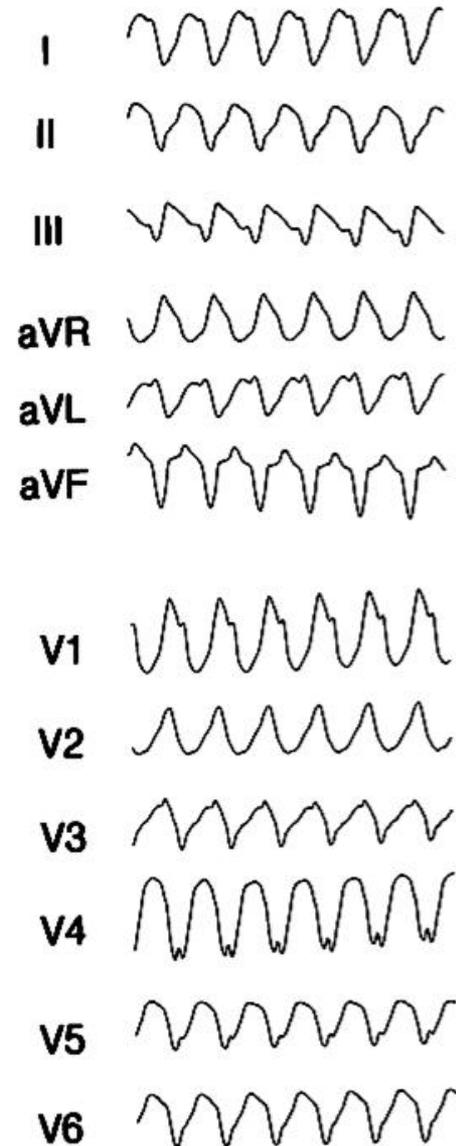
Taquiarritmias



Taquicardia ventricular

Polimorfa

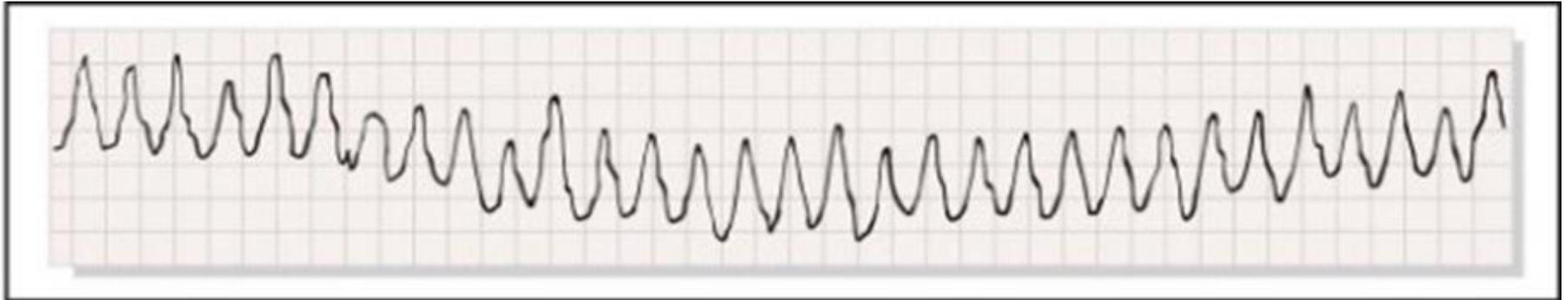
- QT normal (isquemia aguda)
- Tratamiento:
CVE
Revascularización
Drogas: lidocaína. Amiodarona



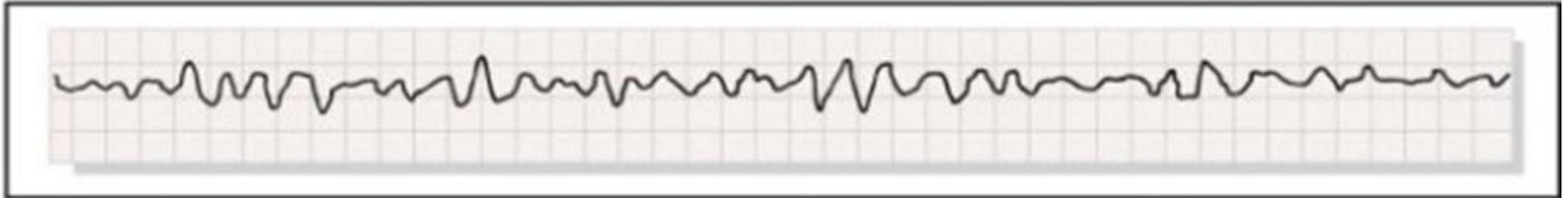
Taquiarritmias



Fibrilación ventricular

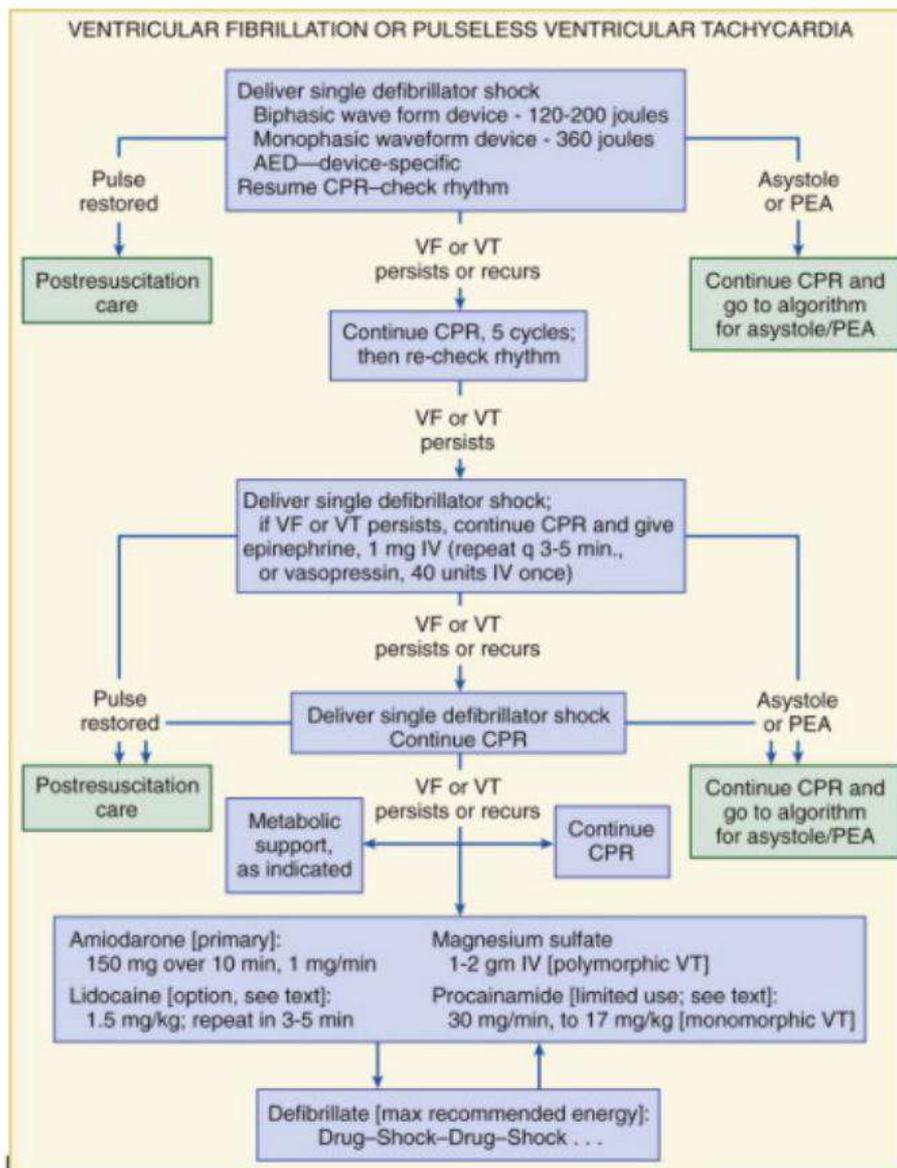
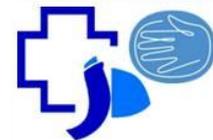


A

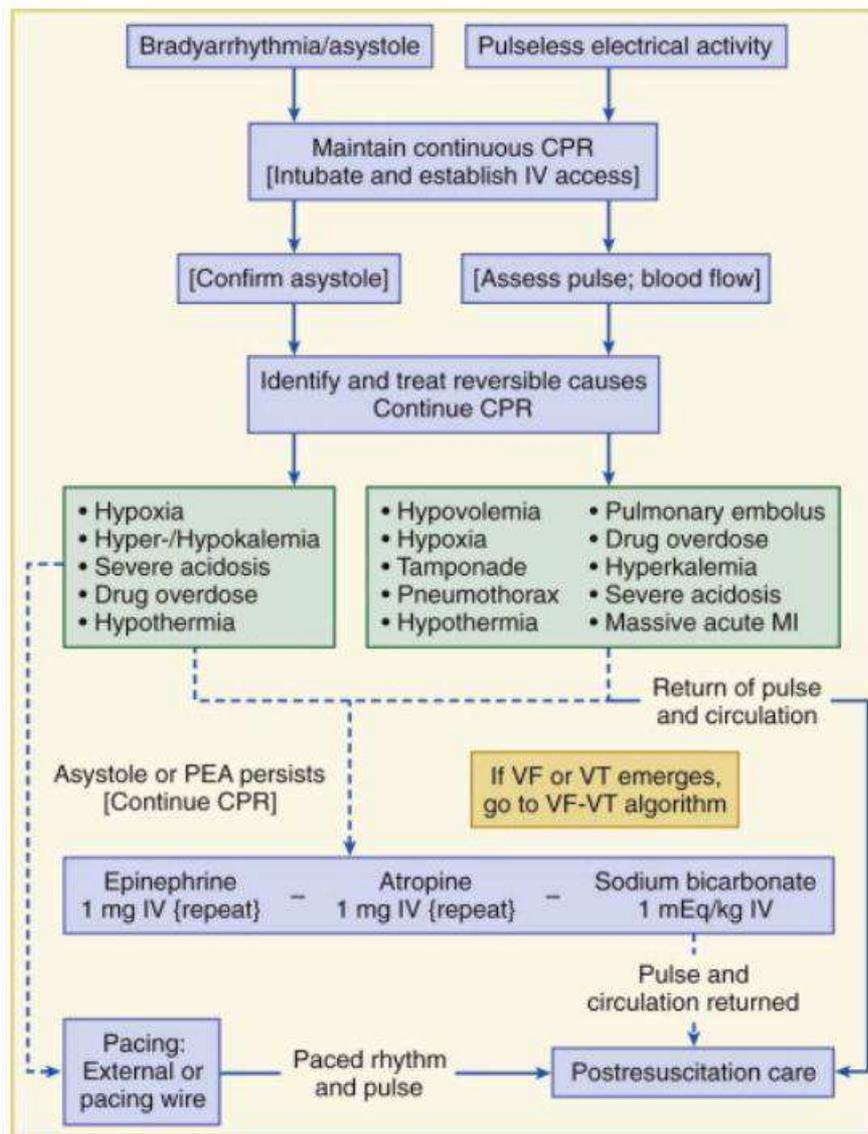
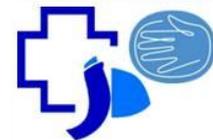


B

Taquiarritmias



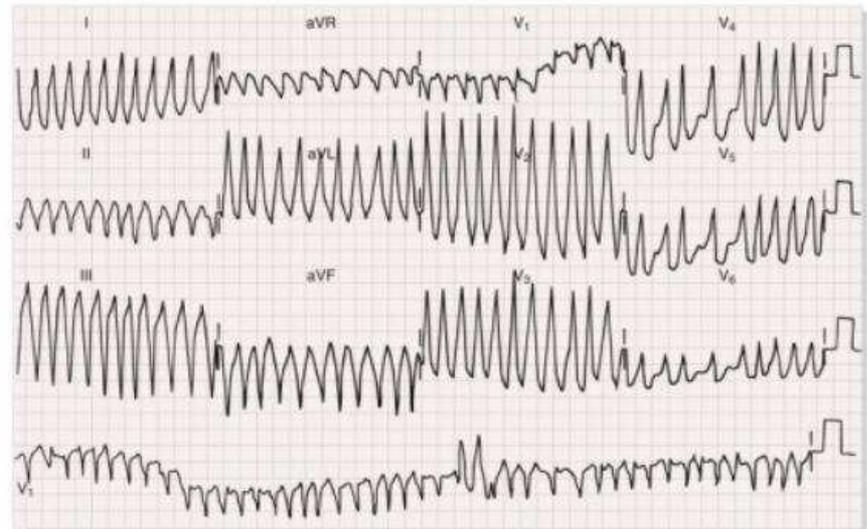
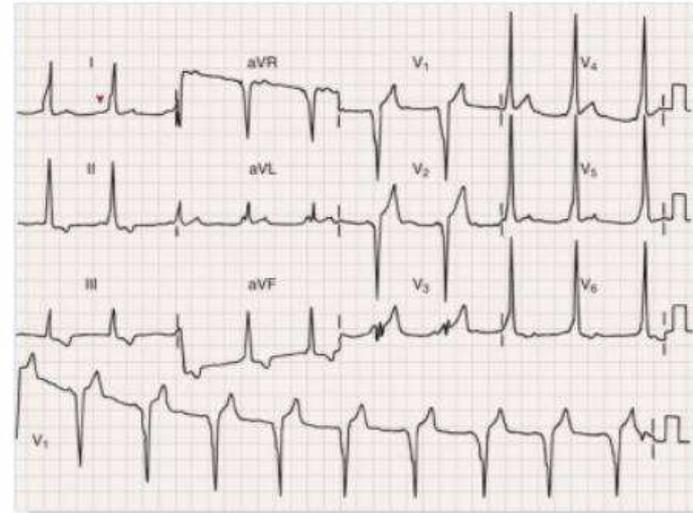
Taquiarritmias



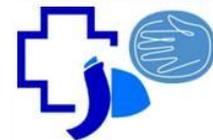
Taquiarritmias



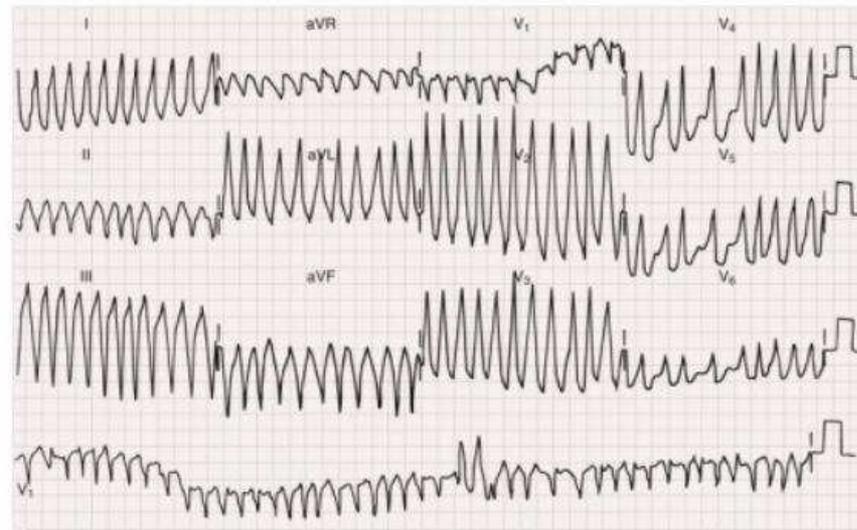
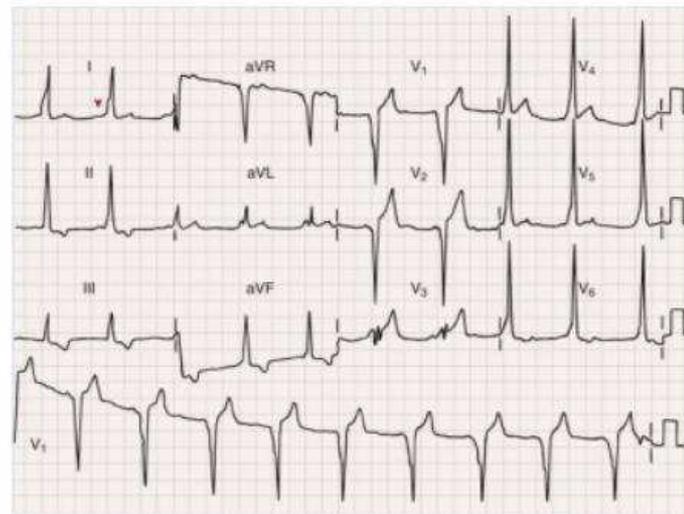
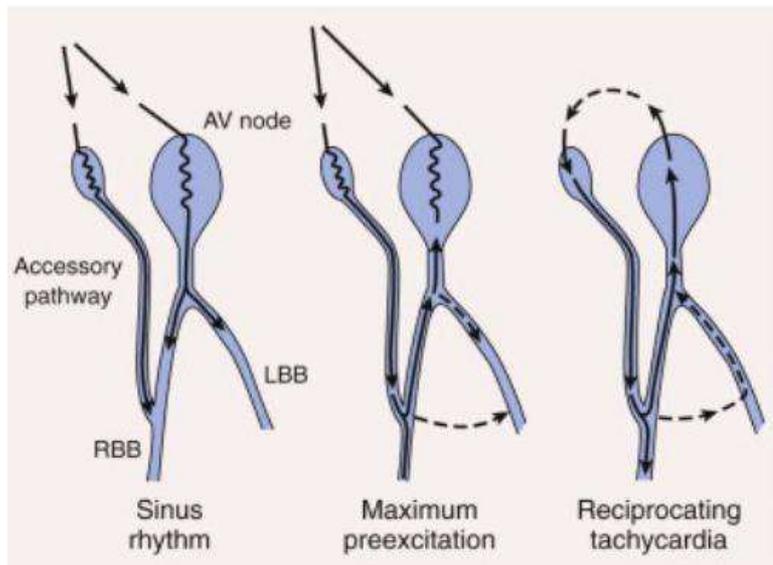
Paciente de 20 años, con antecedente de palpitaciones rápidas autolimitadas que consulta a la GM por palpitaciones de 30 minutos de evolución.



Taquiarritmias



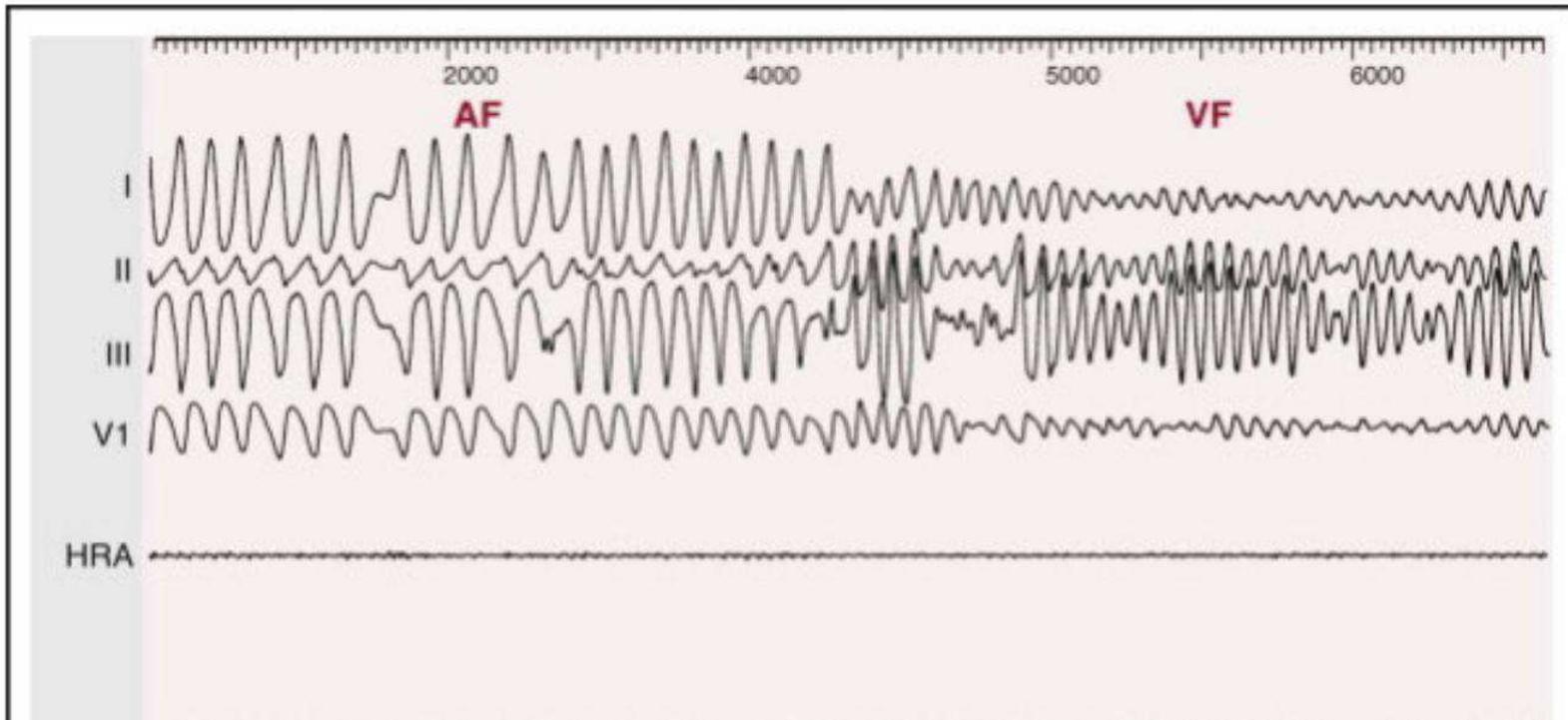
Fibrilación auricular pre-excitada



Taquiarritmias

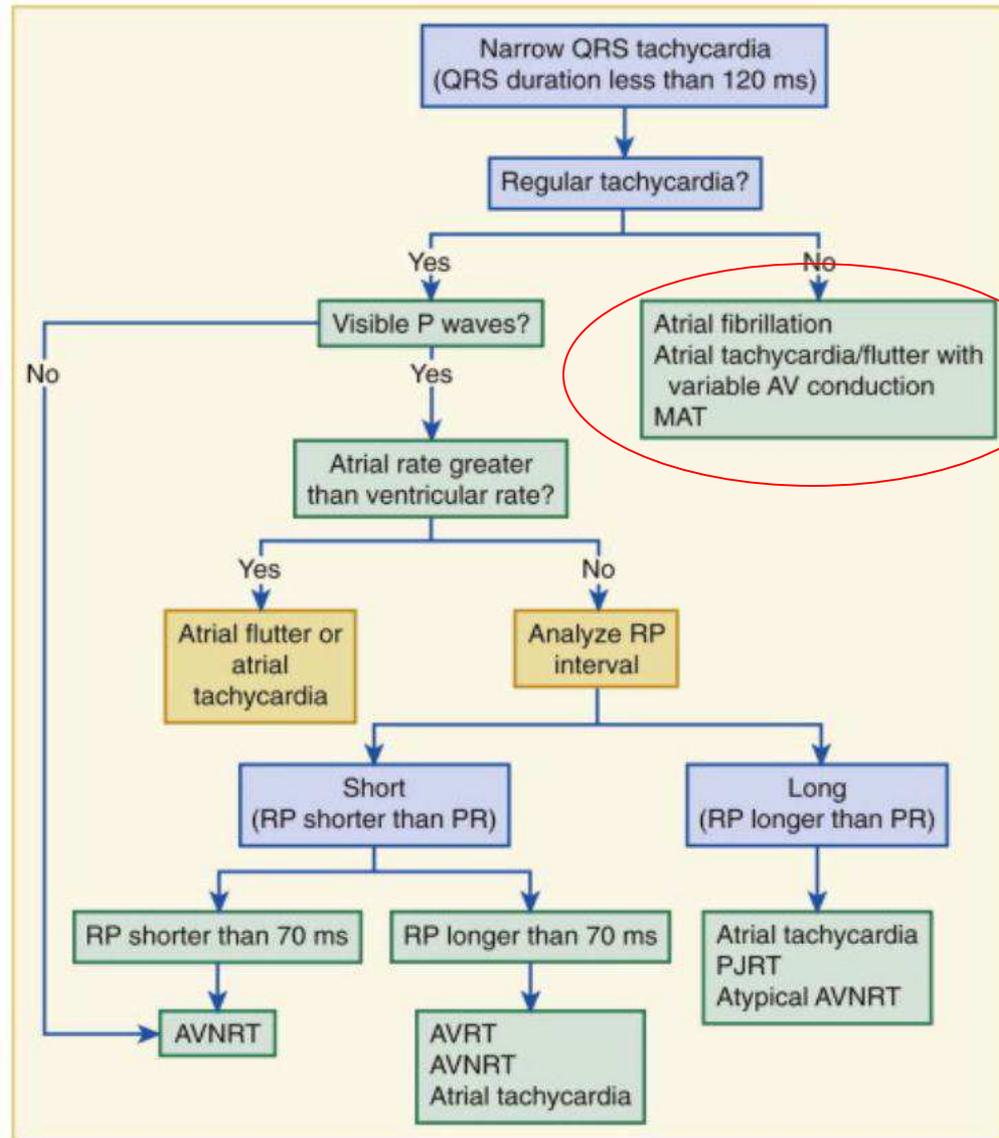


Fibrilación auricular pre-excitada



Conducta: CVE. Drogas clase I (bloq. Canales de na. Nunca bloqueadores del NAV!!!!)

Taquiarritmias



Taquiarritmias

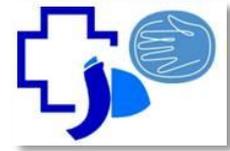


Taquicardia supraventricular

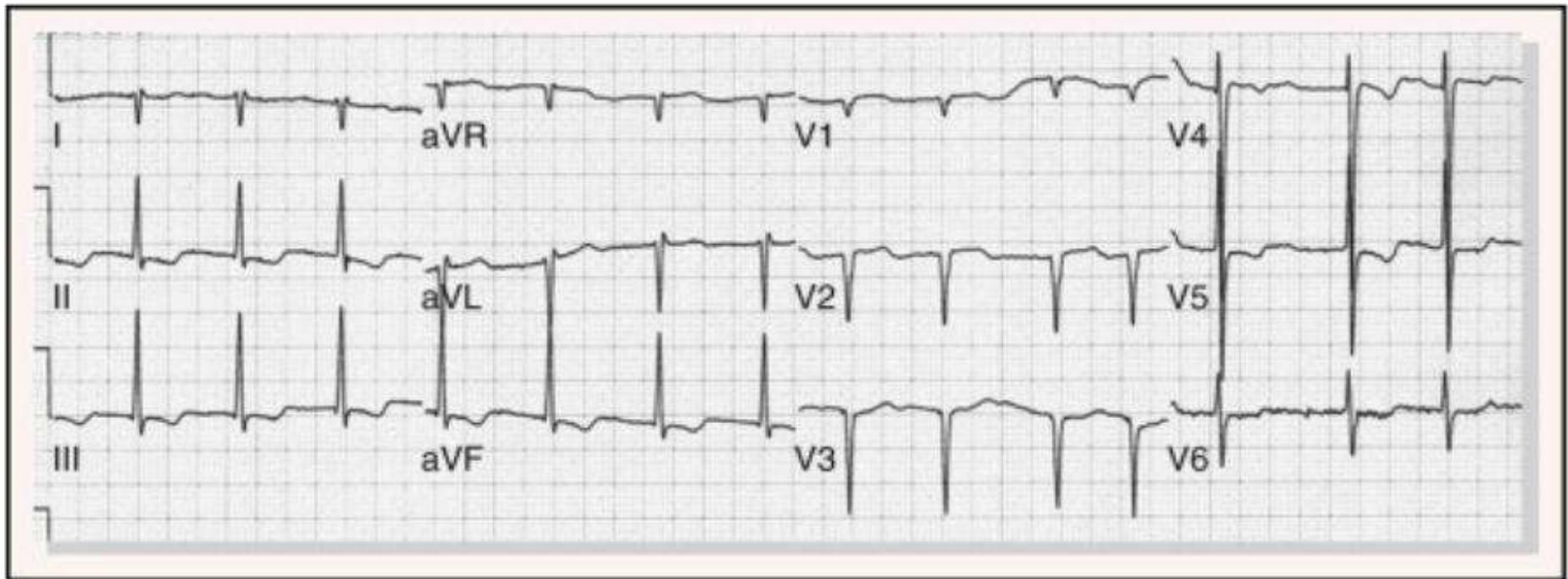
Evaluar estado hemodinámico

- Inestable: CVE
- Estable: maniobras diagnósticas (MSC-adenosina)

Taquiarritmias

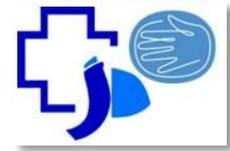


Paciente de 78 años, hipertensa que consulta por palpitaciones irregulares de 3 horas de evolución.



Fibrilacion Auricular.
Control FC (drogas)
Control del ritmo.(electrica-farmacologica)

Taquiarritmias

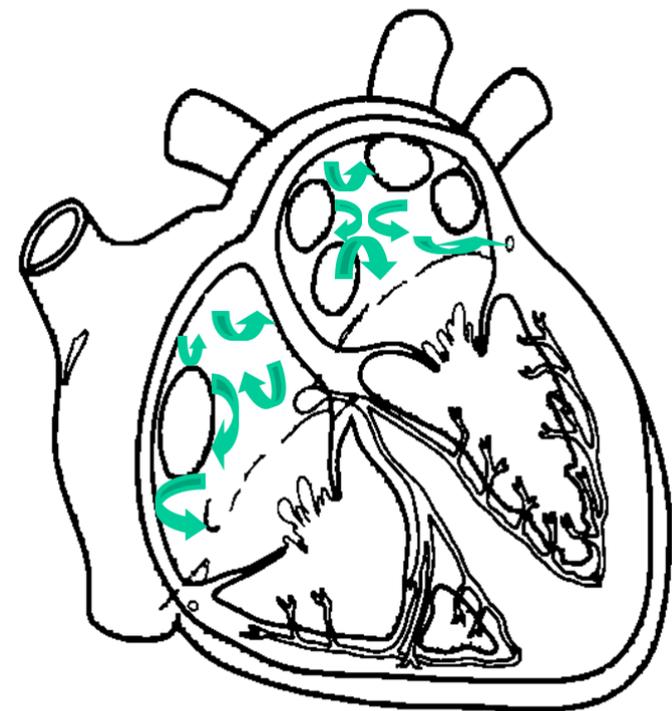


Fibrilación auricular

Fibrilação Atrial Paroxística - Mecanismos -

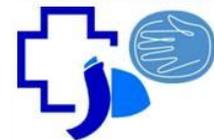


Atividade Focal Rápida



Múltiplos Circuitos Reentrantes

Taquiarritmias



Fibrilación auricular

PAROXÍSTICA

Terminación espontánea o con intervención dentro de 7 días de su inicio.

PERSISTENTE

> a 7 días

PERSISTENTE DE LARGA DURACIÓN

> 1 año

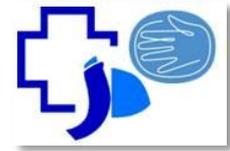
PERMANENTE

Decisión de dejar de intentar restaurar y / o mantener el RS

NO VALVULAR

Ausencia de Est. mitral reumática, Válv. protésica o mecánica o Válv mitral reparada

Taquiarritmias



Fibrilación auricular. Control de FC

BB

- Los + efectivos
- FA aguda: Esmolol, propranolol y metoprolol EV
- FA crónica: Atenolol, metoprolol, nadolol, propranolol y sotalol VO

CALCIO ANTAGONISTA S

- FA aguda y crónica
- NO utilizar en:
 - Disfunción sistólica del VI e IC descompensada
 - Pre - excitación + FA

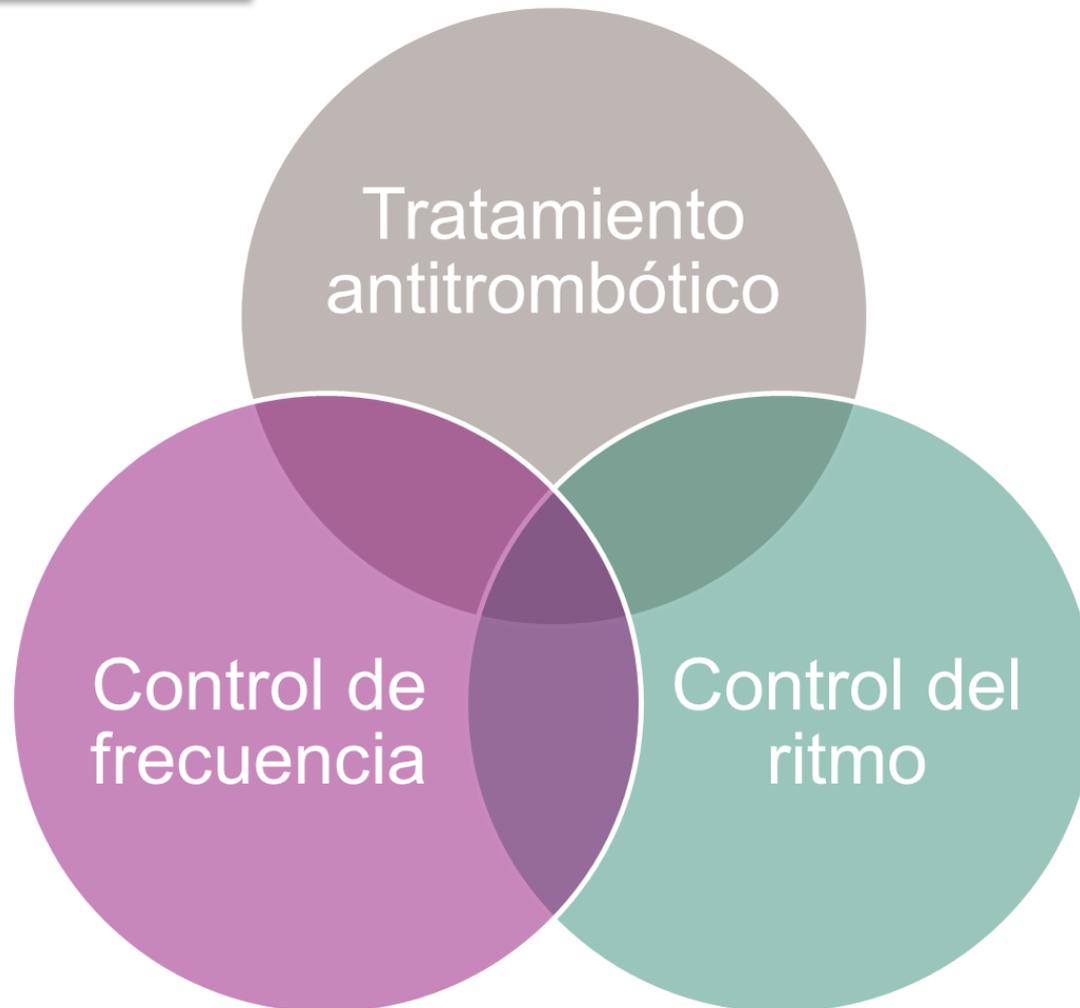
DIGOXINA

- **NO es de 1º elección.**
- Ineficaz en el control de la respuesta ventricular durante el ejercicio (combinar con BB o CA antagonistas)

Taquiarritmias



Fibrilación auricular



Taquiarritmias



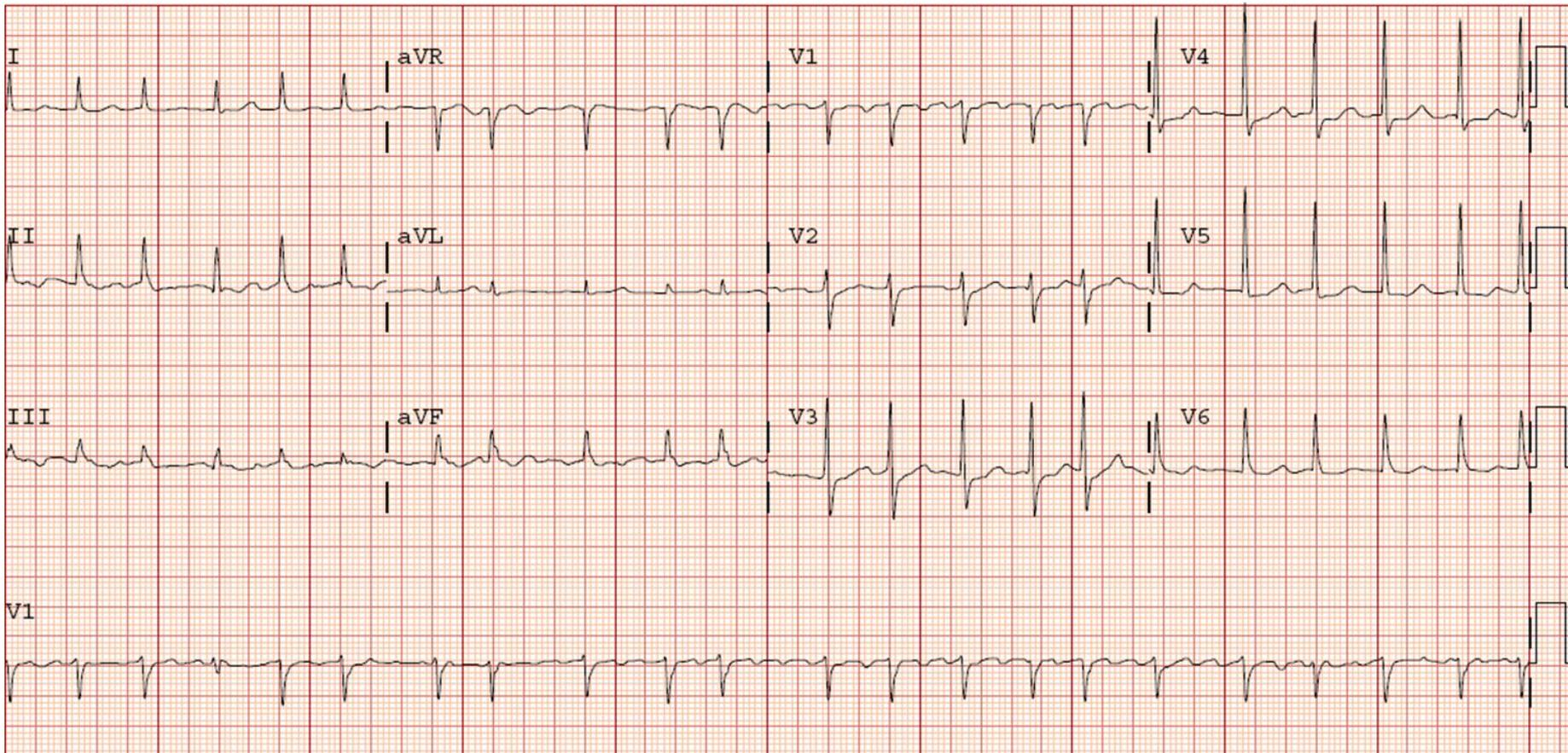
Fibrilación auricular

	CHA ₂ DS ₂ -VASc		CHA ₂ DS ₂ -VASc†	
Congestive HF	1		0	0
Hypertension	1		1	1.3
Age ≥75 y	2		2	2.2
Diabetes mellitus	1		3	3.2
Stroke/TIA/TE	2		4	4.0
Vascular disease (prior MI, PAD, or aortic plaque)	1		5	6.7
Age 65–74 y	1		6	9.8
Sex category (ie, female sex)	1		7	9.6
Maximum score	9		8	6.7
			9	15.20

Taquiarritmias

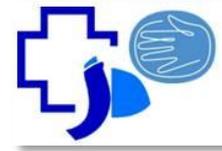


Paciente de 38 años, sin antecedentes, consulta por palpitaciones de 1 hora de evolución post actividad deportiva.

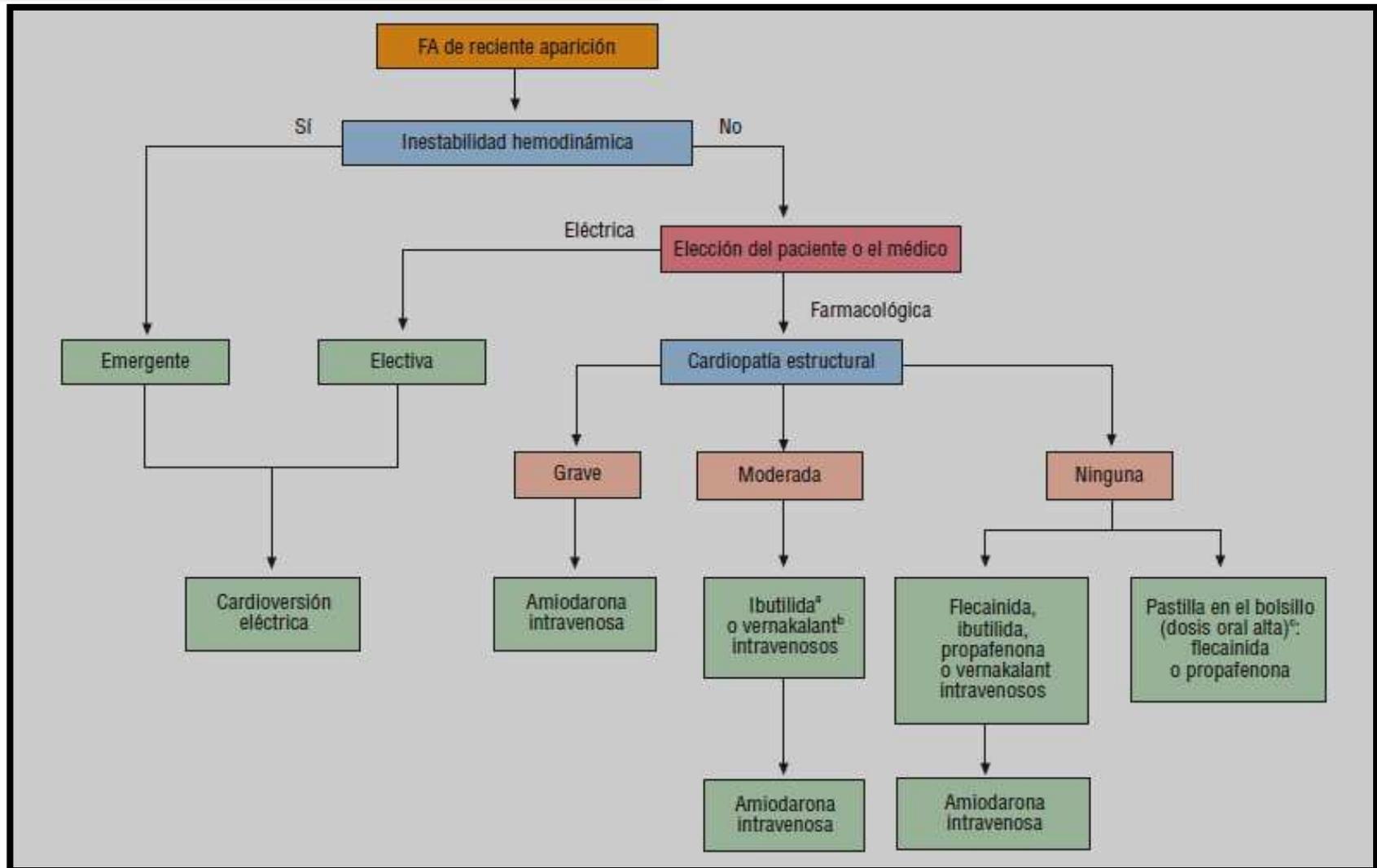


Conducta??

Taquiarritmias



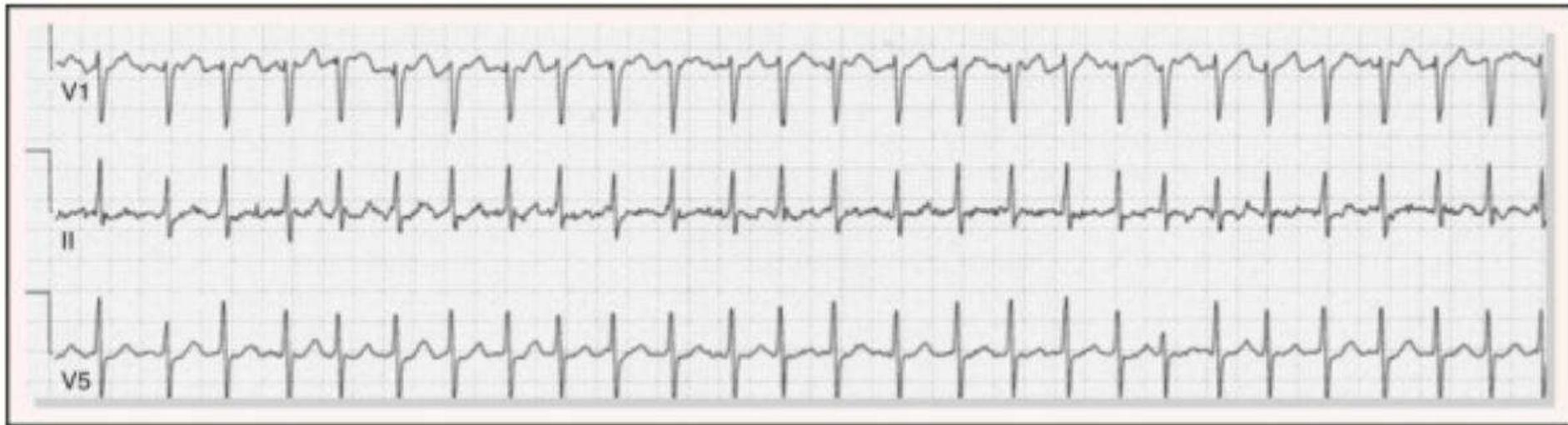
Fibrilación auricular. Control de ritmo



Taquiarritmias



Paciente de 65 años, portador de miocardiopatía dilatada, que consulta por palpitaciones y disnea de reposo de 2 horas de evolución. Ex fco: hipotenso, rales crepitantes hasta vertices.

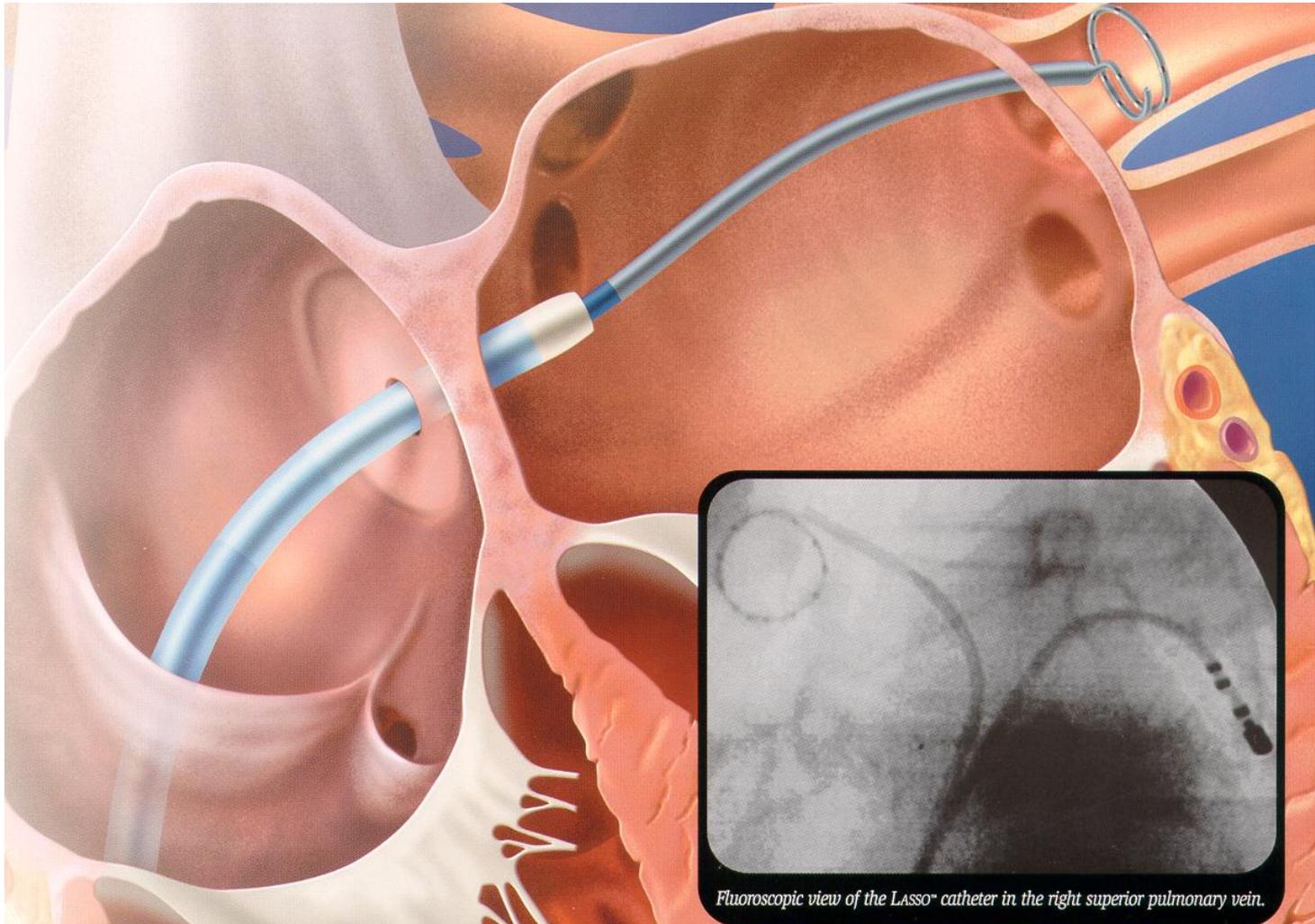


Conducta: CVE sincronizada. Amiodarona VO para evitar recidivas. (no EV en ICC)

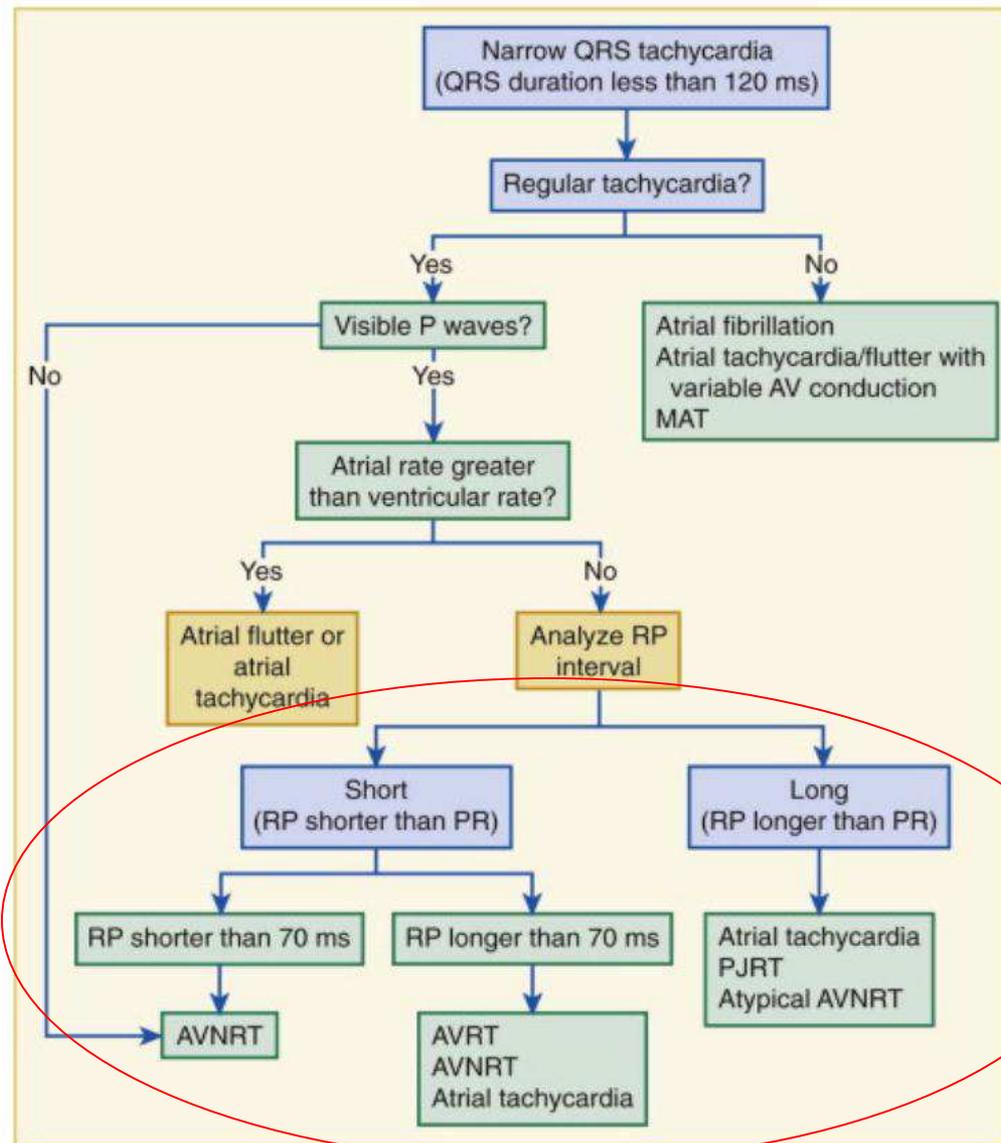
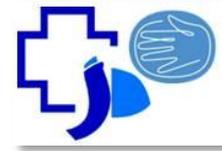
Taquiarritmias



Fibrilación auricular



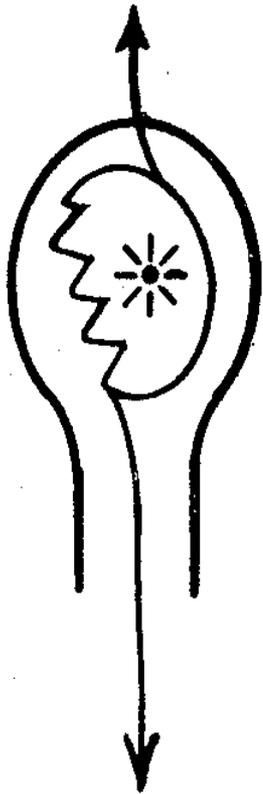
Taquiarritmias



Taquiarritmias



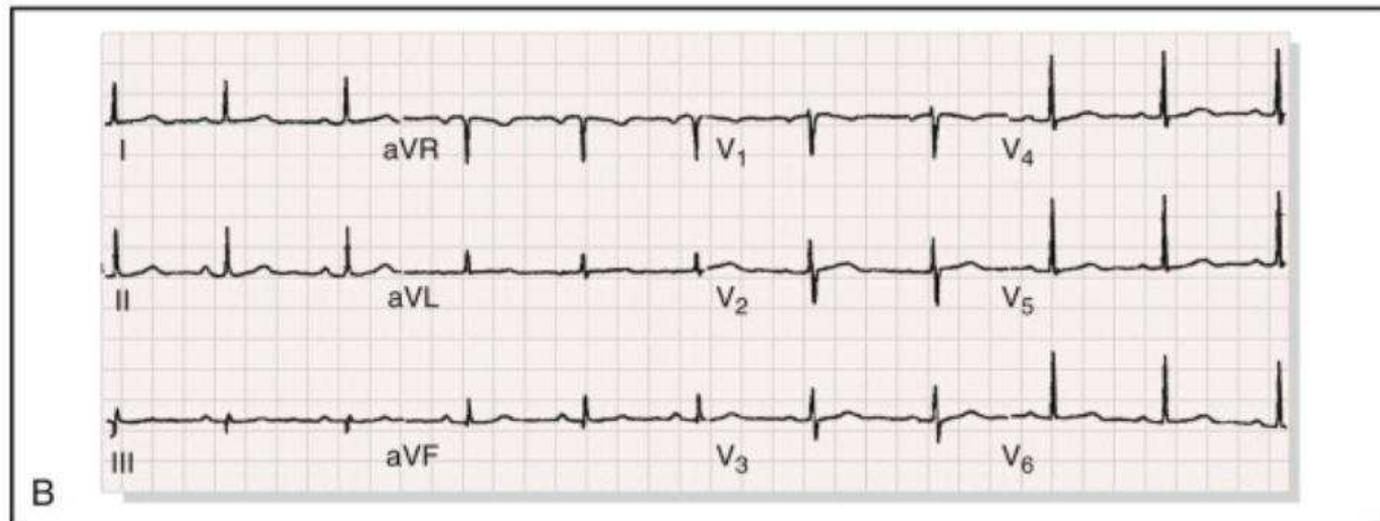
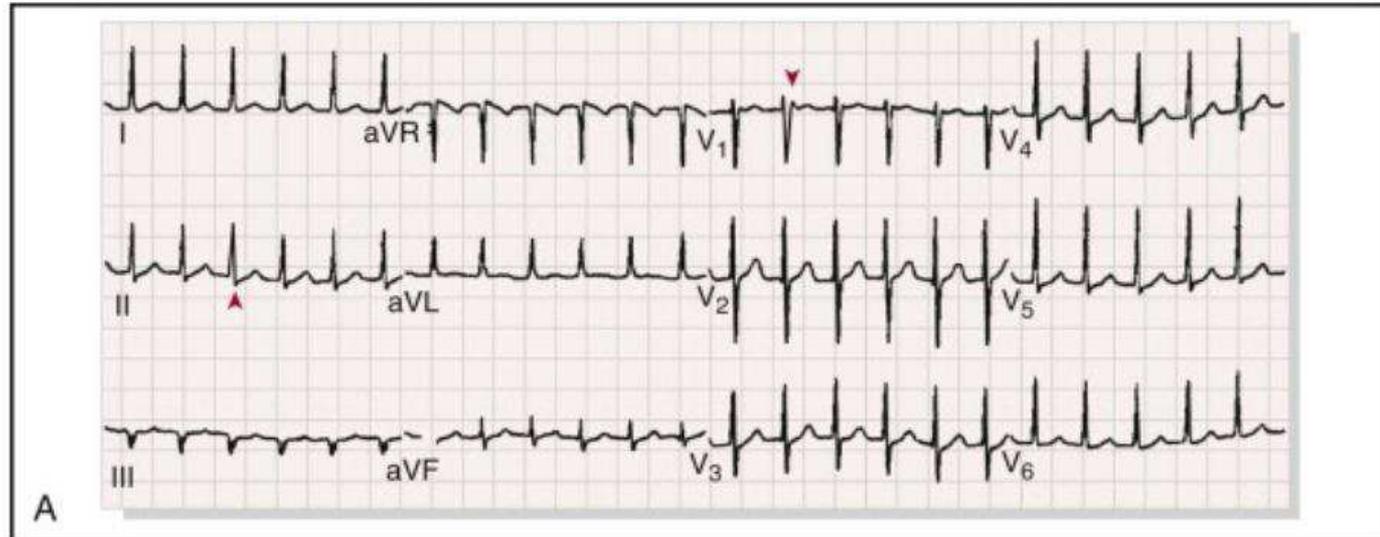
Taquicardia por reentrada intranodal

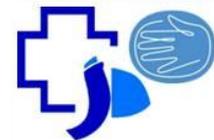


Taquiarritmias

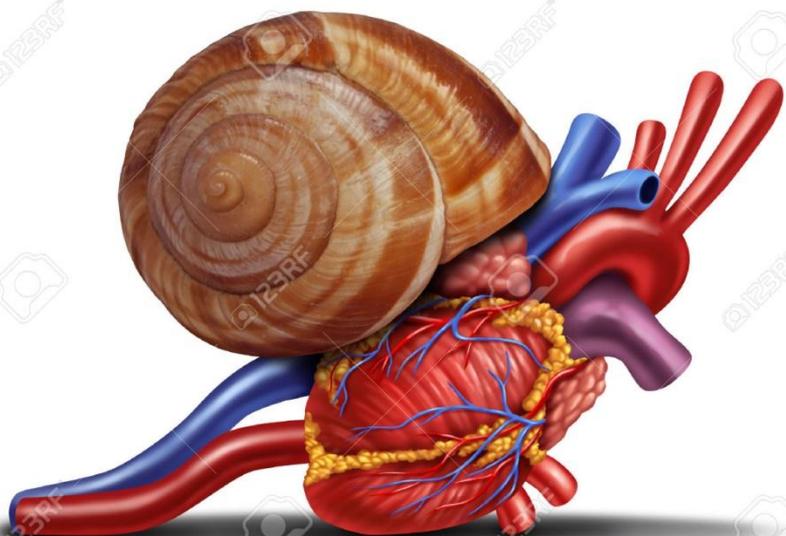
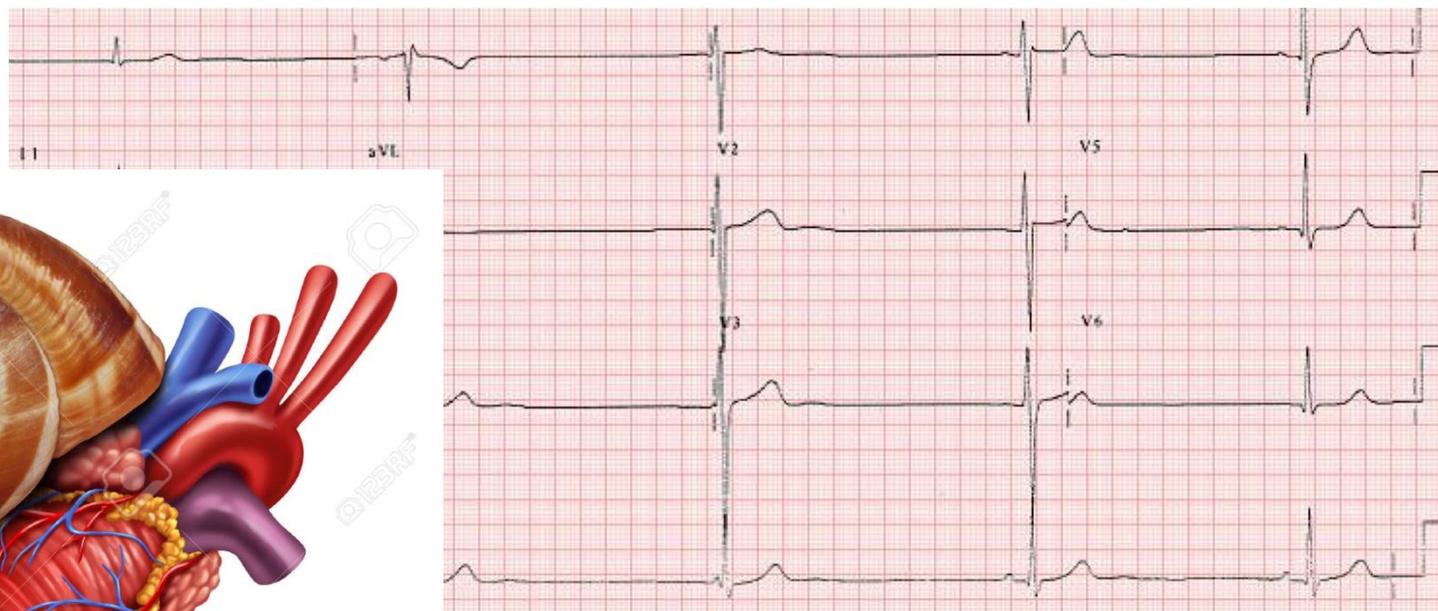


Taquicardia por reentrada intranodal

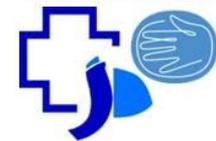




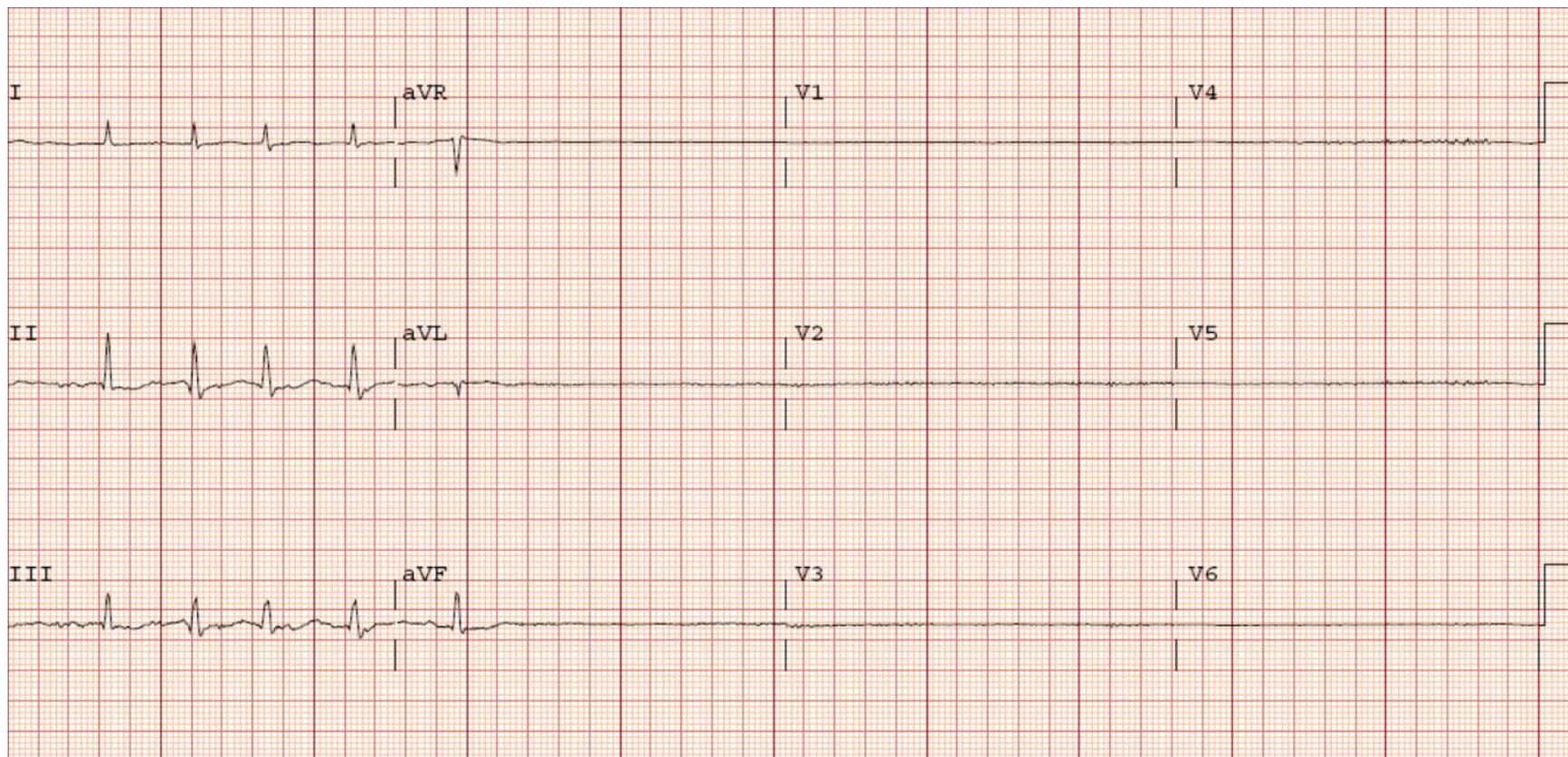
BRADIARRITMIAS



Bradiarritmias

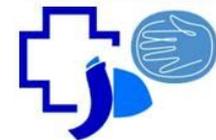


Paciente de 80 años, consulta a GM por palpitaciones y síncope

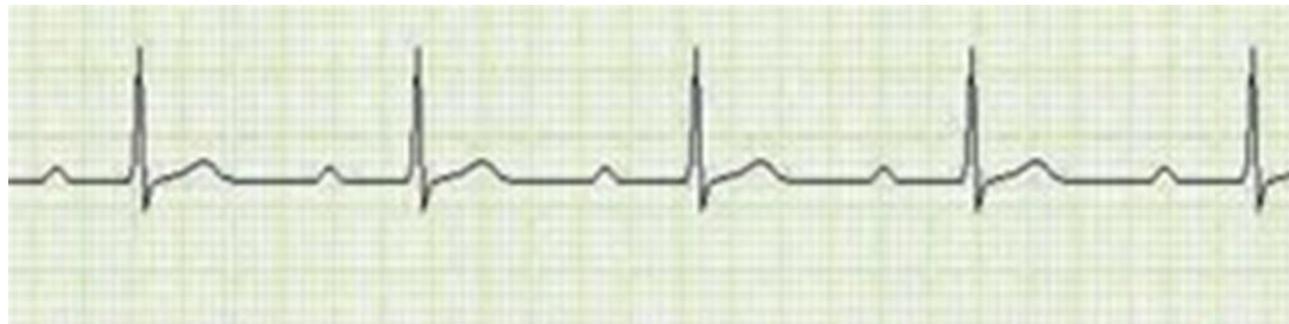


Disfuncion sinusal. Sme. Bradi-taqui. MCP transitorio. MCP definitivo.

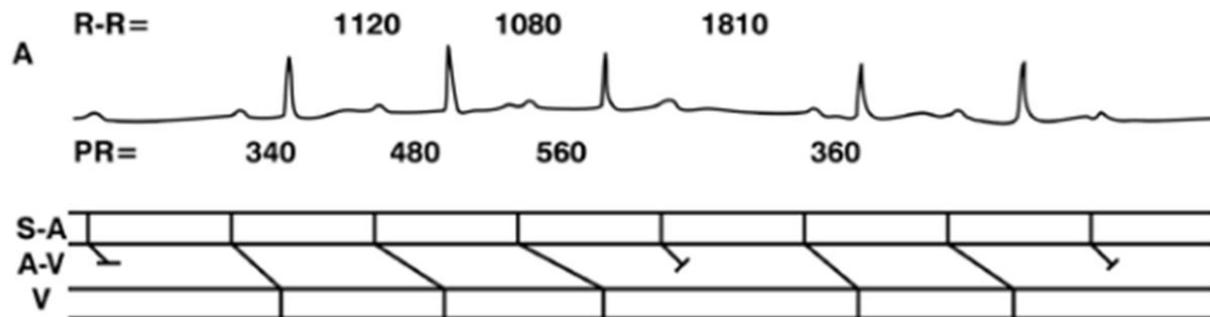
Bradiarritmias



Bloqueo AV 1°



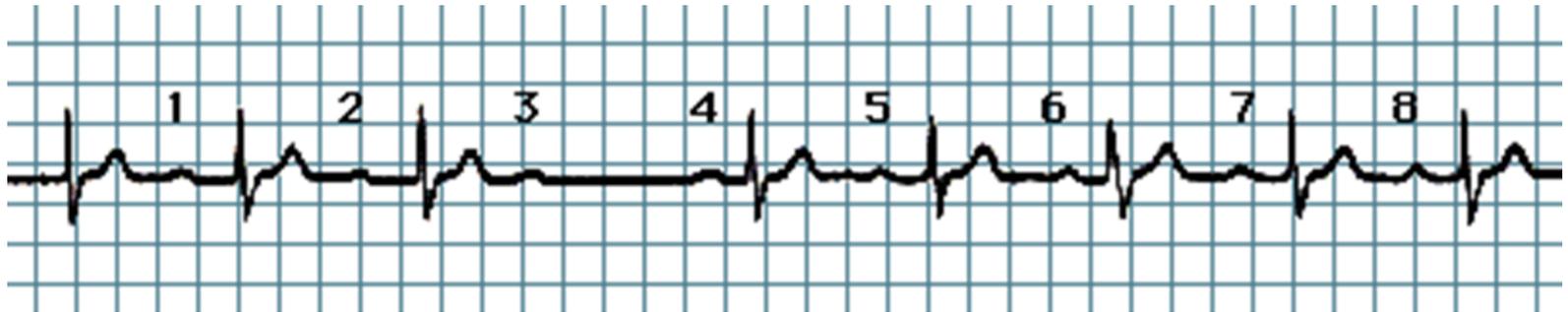
Bloqueo AV 2°
Mobitz 1



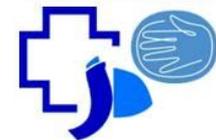
Bradiarritmias



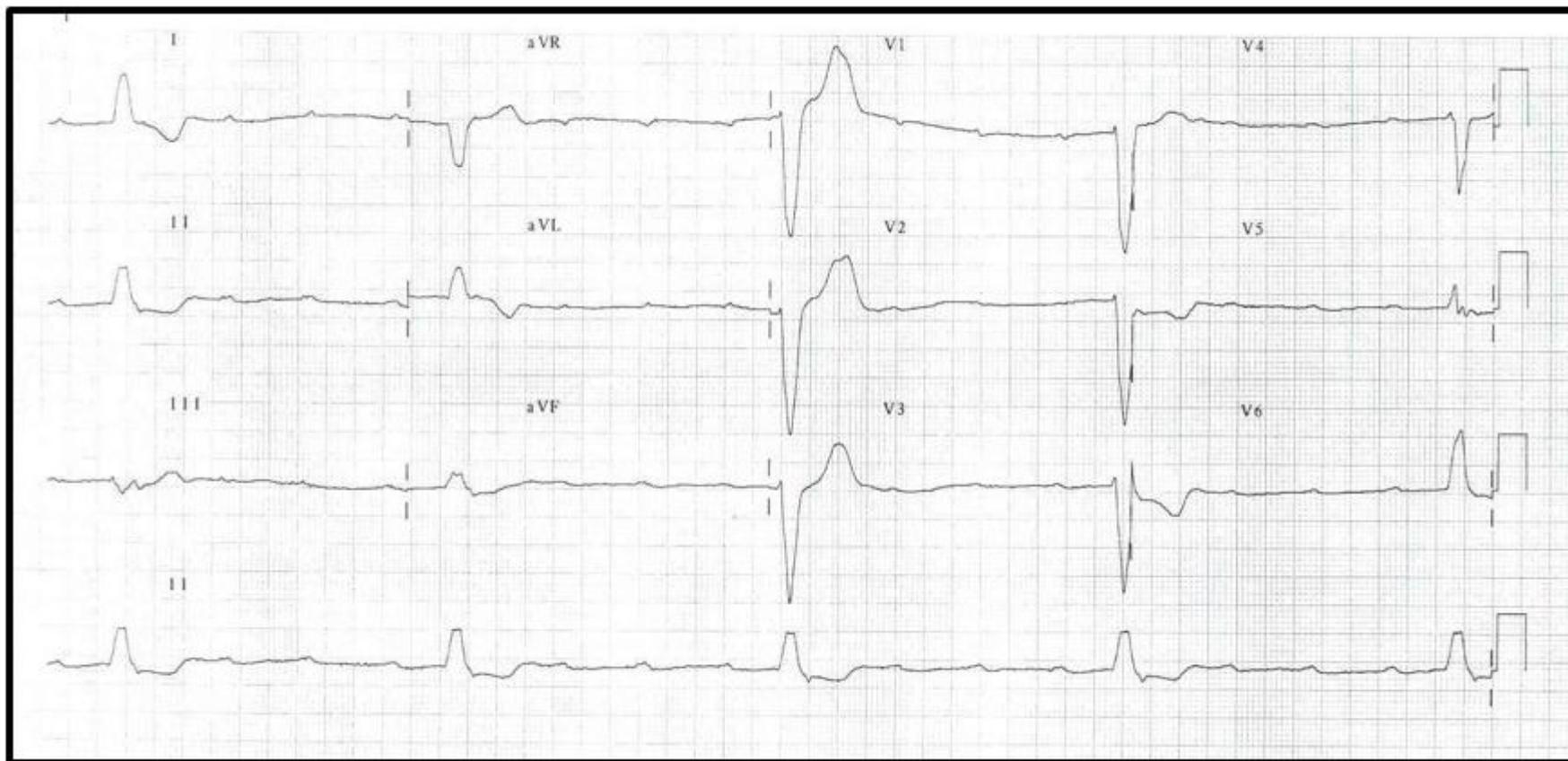
Bloqueo AV 2° Mobitz II



Bradiarritmias



Paciente de 83, con historia de mareos en el ultimo mes, ingresa a GM por sincope y obnubilacion.

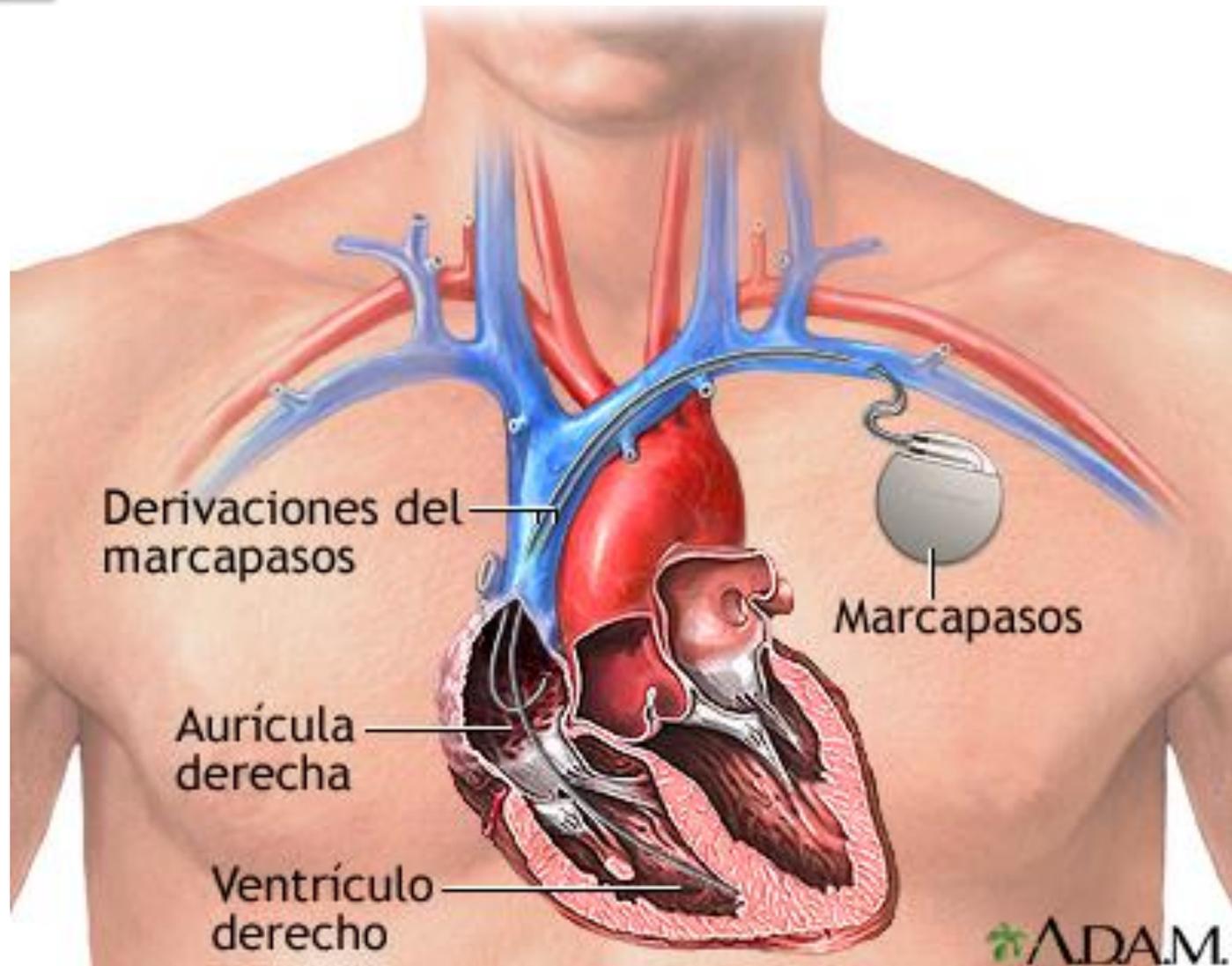


Bloqueo AV 3º. UCO. MCP transitorio. Isoproterenol.

Bradiarritmias



Marcapasos



Bradiarritmias



Marcapasos



Bradiarritmias



Marcapasos



