

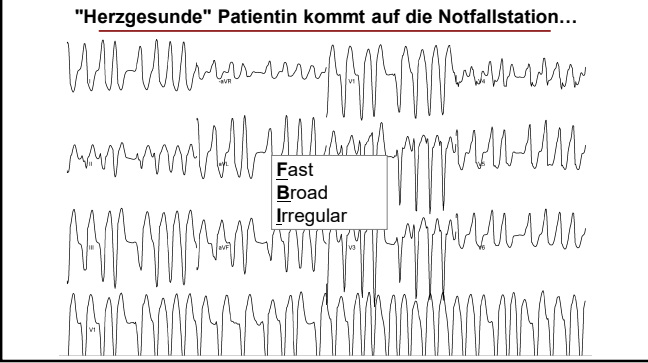
**Moderne Rhythmologie**



**Prof. Dr. med. Jan Steffel**  
 Professor für Kardiologie, Universität Zürich  
 Spez. Rhythmologie / Invasive Elektrophysiologie  
 Klinik St. Anna, Luzern / Herzzentrum Hirslanden Zentralschweiz  
 Rhythmologiepraxis - Klinik im Park / Hirslanden Klinik Zürich

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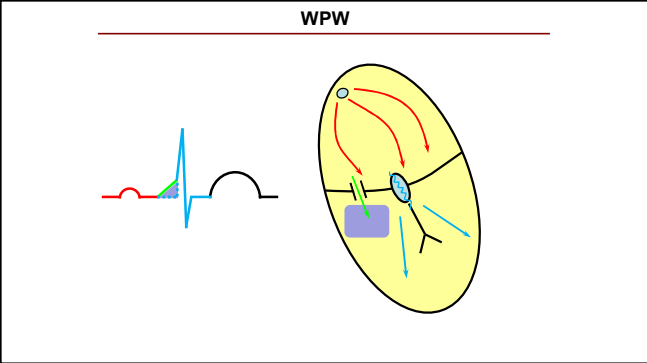
**"Herzgesunde" Patientin kommt auf die Notfallstation...**



Fast  
 Broad  
 Irregular

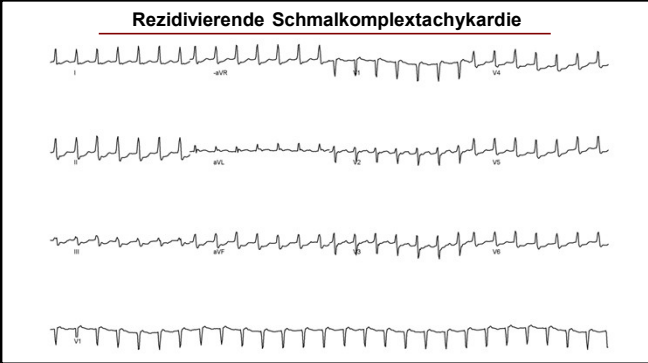
2

**WPW**



3

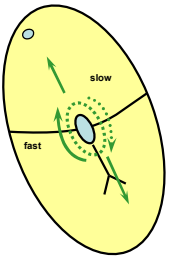
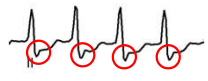
**Rezidivierende Schmal-komplextachykardie**



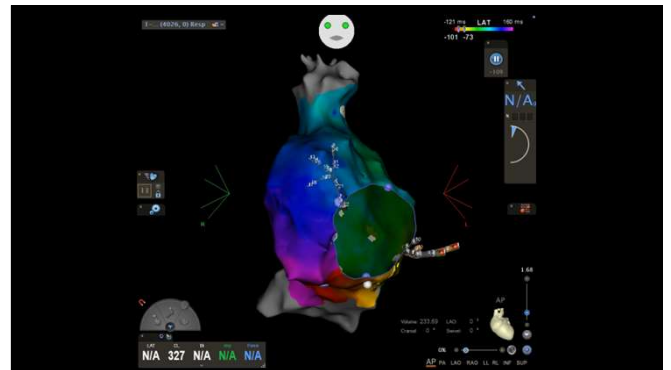
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### Typische AVNRT

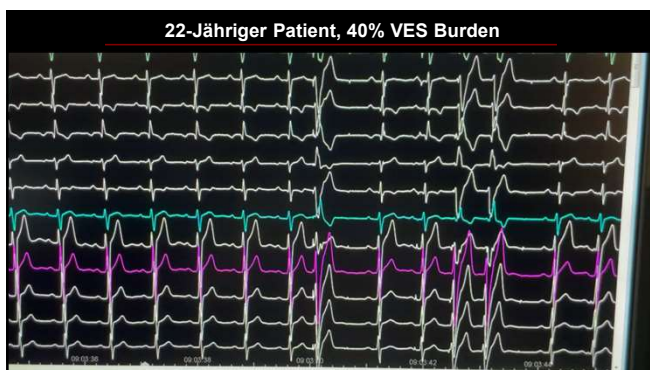
- Schmal-komplex-tachykardie
- Kurze R-P Dauer (< 90ms)
- Typische Klinik...

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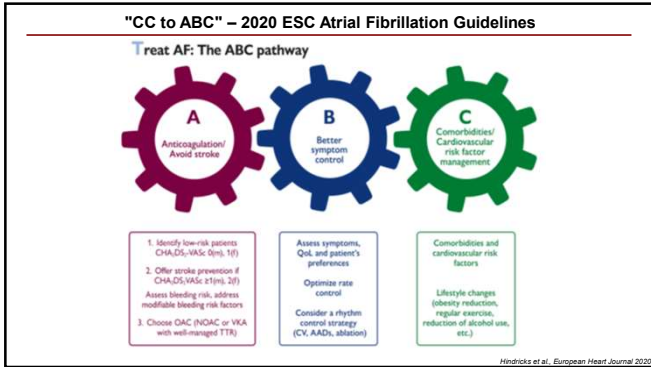
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### Rhythmusstörungen mit Potential für "Heilung"

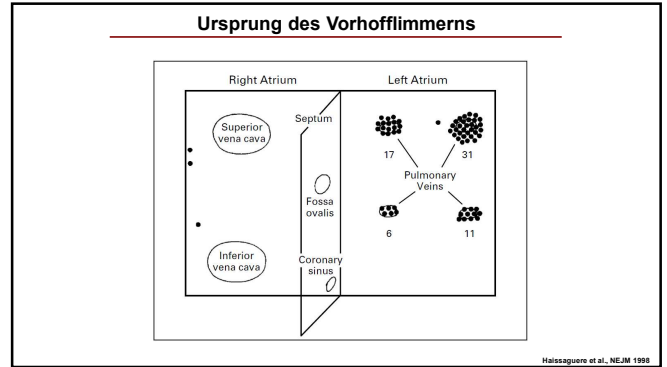
- AVNRT **95-98%**
- WPW **90-95%**
- Typisches Vorhofflattern **>90%**
- Idiopathische VES **80-90%**

- Komplikationsrisiko: 1% Leiste, <1% Tamponade
- Medikamentöse Therapie: Wenig effektiv, NW

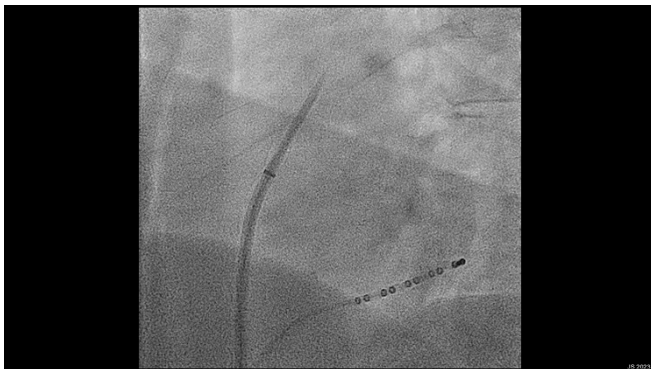
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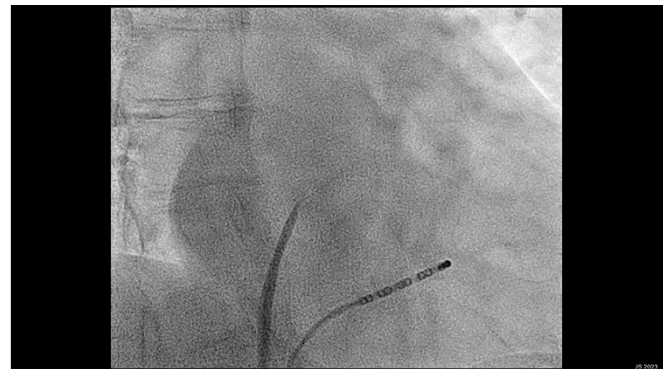
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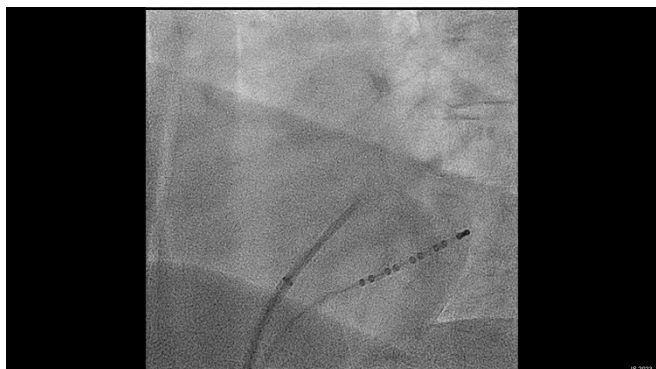
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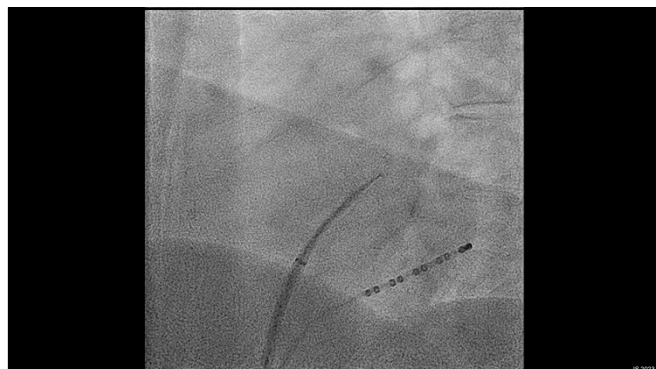
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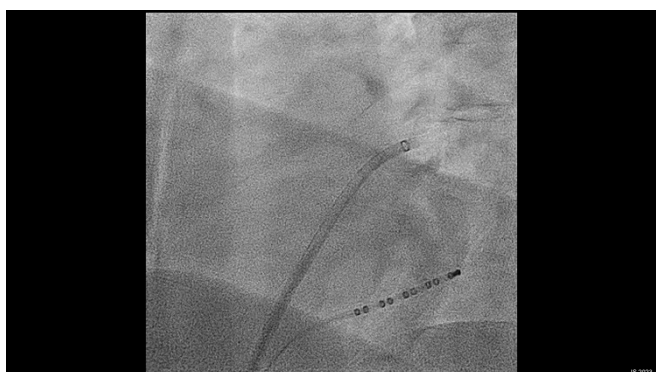
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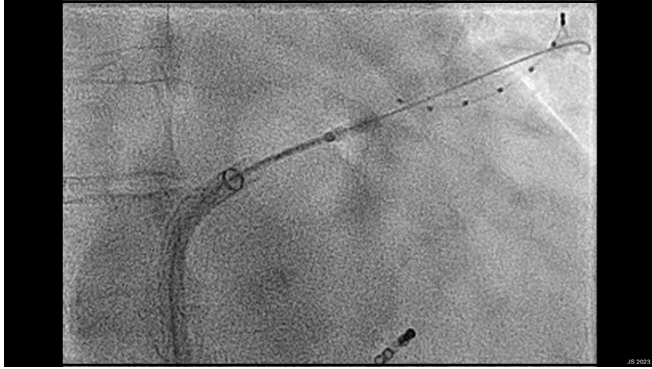
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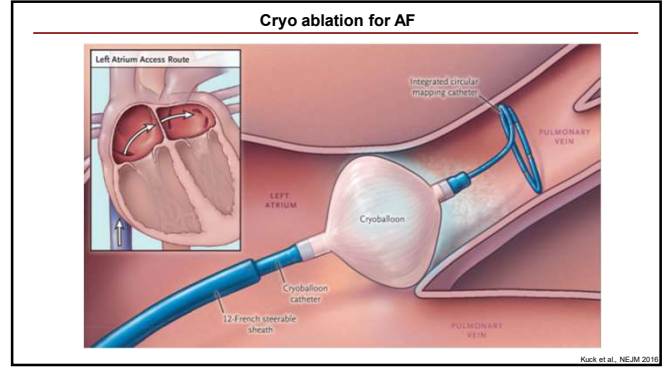
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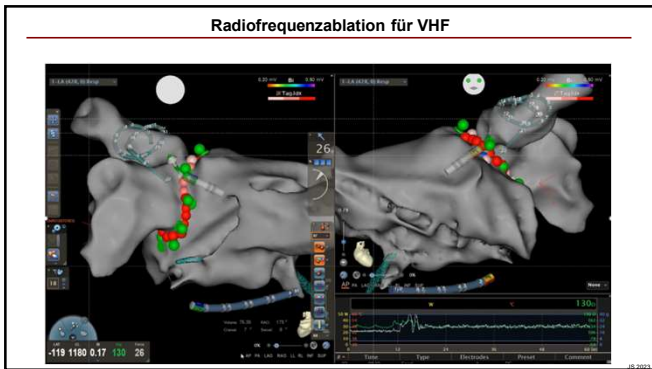
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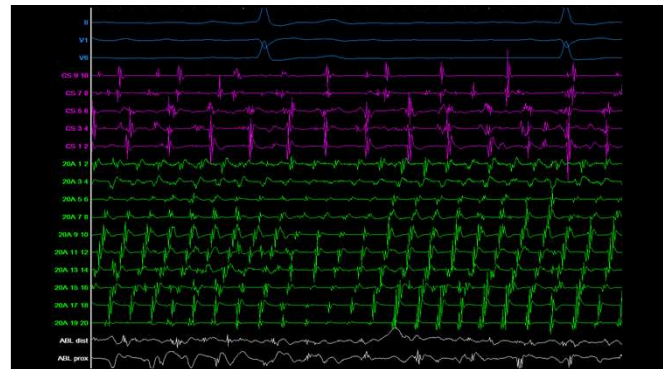
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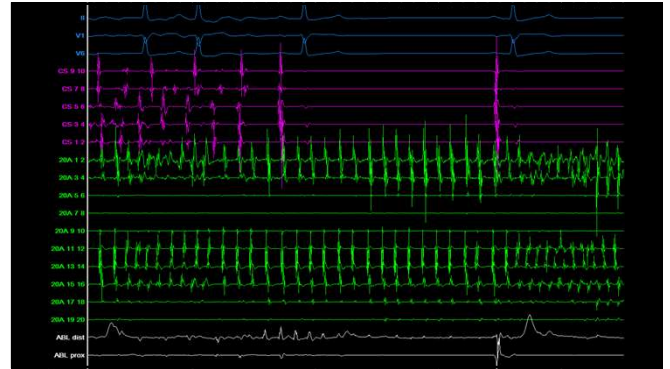
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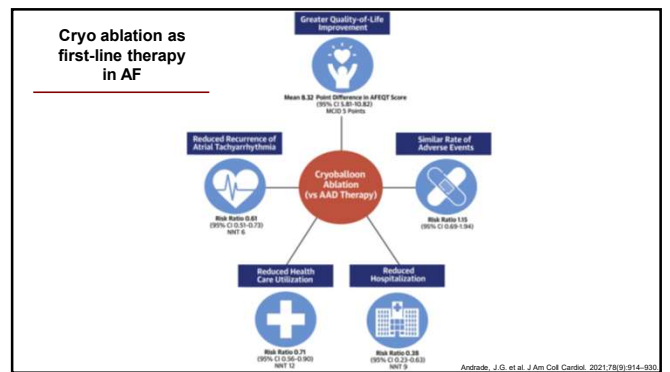
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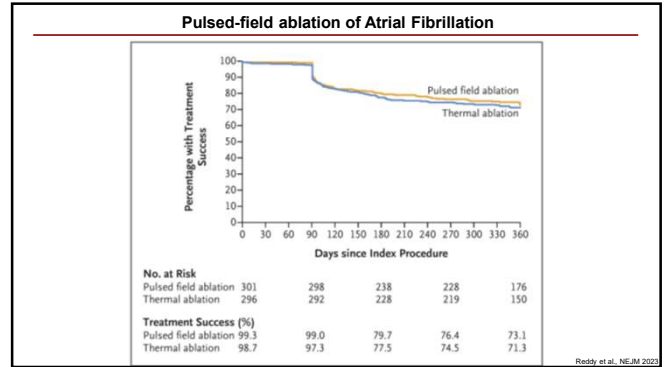
**Vorhofflimmern Ablation – Eigene Erfahrung**

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**VHF Ablationen (seit Okt 2021): 530**

Perikarderguss	2 (0.4%)
Leistenkomplikation	2 (0.4%)
Dekompensation	1 (0.2%)
Phrenikusparese (transient)	6 (1.1%)

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**Pulsed-field ablation of Atrial Fibrillation**

**Table 3. Serious and Nonserious Adverse Events.\***

Event	Serious Adverse Events†		Serious or Nonserious Adverse Events‡	
	Pulsed Field Ablation (N=305)	Thermal Ablation (N=302)	Pulsed Field Ablation (N=305)	Thermal Ablation (N=302)
	number of patients (percent)			
Any event	6 (2.0)	4 (1.3)	7 (2.3)	6 (2.0)
Death	1 (0.3)	0	1 (0.3)	0
Myocardial infarction	0	0	0	0
Persistent phrenic nerve palsy	0	0	0	2 (0.7)
Stroke	0	1 (0.3)	0	1 (0.3)
TIA	1 (0.3)	0	1 (0.3)	0
Systemic thromboembolism	0	0	0	0
Cardiac tamponade or perforation	2 (0.7)	0	2 (0.7)	0
Pericarditis	1 (0.3)	0	2 (0.7)	0
Pulmonary edema	1 (0.3)	1 (0.3)	1 (0.3)	1 (0.3)
Vascular access complication	1 (0.3)	2 (0.7)	1 (0.3)	2 (0.7)
Heart block	0	0	0	0
Gastric motility or pyloric spasm	0	0	0	0
Pulmonary vein stenosis	0	0	0	0
Atrioesophageal fistula	0	0	0	0

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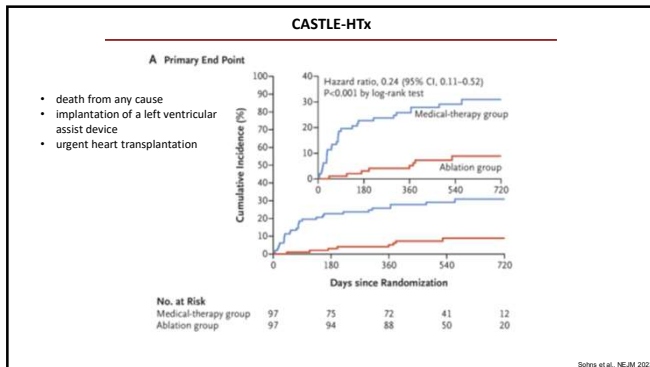
THE NEW ENGLAND JOURNAL OF MEDICINE

**ORIGINAL ARTICLE**

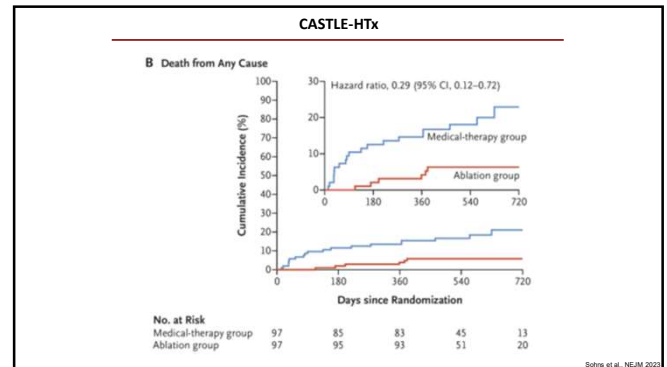
**Catheter Ablation in End-Stage Heart Failure with Atrial Fibrillation**

Christian Sohns, M.D., Henrik Fox, M.D., Nassir F. Marrouche, M.D., Harry J.G.M. Crijns, M.D., Ph.D., Angelika Costard-Jaeckle, M.D., Leonard Bergau, M.D., Gerhard Hindricks, M.D., Nikolaos Dagres, M.D., Samuel Sossalla, M.D., Rene Schramm, M.D., Ph.D., Thomas Fink, M.D., Mustapha El Hamriti, M.D., Maximilian Moersdorf, M.D., Vanessa Sciacca, M.D., Frank Konietzschke, Ph.D., Volker Rudolph, M.D., Jan Gummert, M.D., Jan G.P. Tijssen, Ph.D., and Philipp Sommer, M.D., for the CASTLE HTx Investigators

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### Zusammenfassung

- Supraventrikuläre Tachykardien / idiopathische VES: EP + Ablation = Therapie der Wahl
  - AVNRT, WPW, Typisches Vorhofflattern, VES (idiopathisch)
- Vorhofflimmern:
  - Primäre Wahl bei vielen Patienten
  - Hohe Erfolgswahrscheinlichkeit (Rezidiv, "Burden") vs. Medikamente
  - Niedriges Komplikationsrisiko
  - Daten für prognostischen Benefit
- Individuelle Entscheidungsfindung mit Patient, Kardiologe, Hausarzt

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