

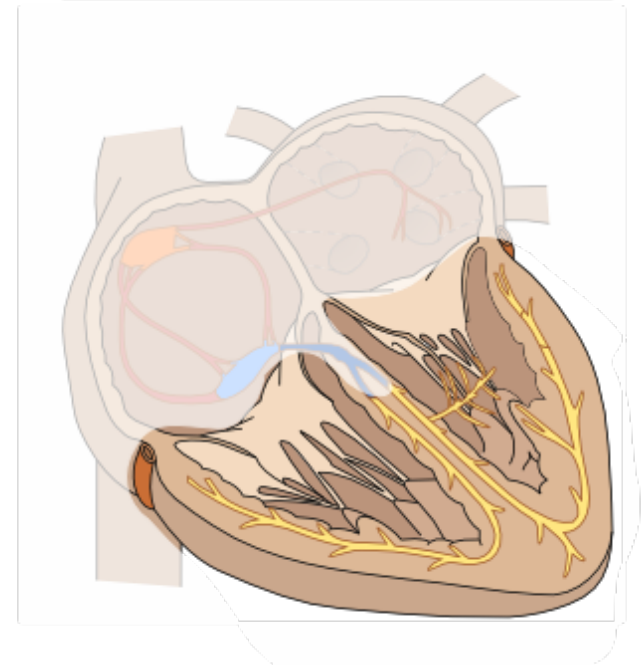
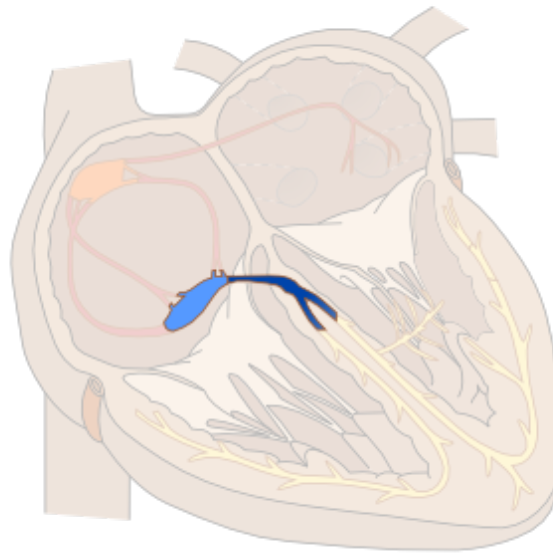
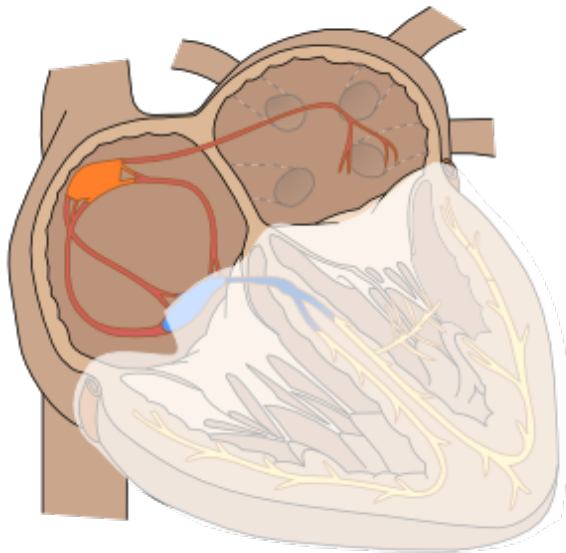
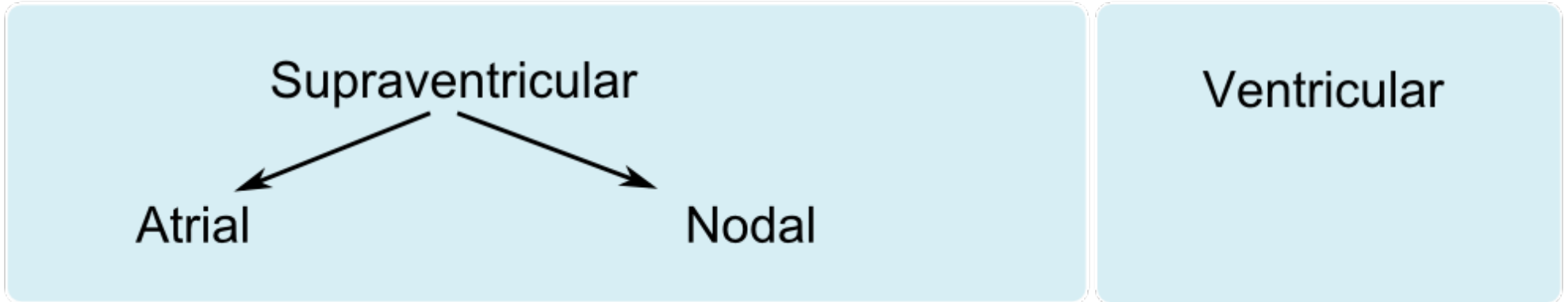


# **RITMESTOORNISSEN**



# Indeling ritmestoornissen

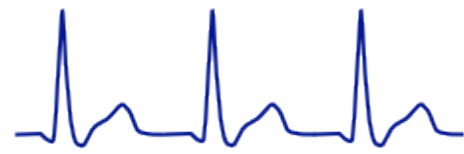
Naar oorsprong



# Ritmestoornissen

## Nomenclatuur

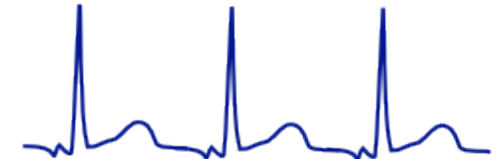
- **extrasystole** : vroeg vallende slag
- **escapeslag**: slag volgend op pauze, meestal uit distaal weefsel
- **bradycardie** : < 60 bpm
- **tachycardie** : > 100 bpm
- **supraventriculaire ritmestoornis**: oorsprong van boven de bifurcatie in de bundel van His
- **re-entry** (anatomisch, Aflut/AVNRT/AVRT vs functioneel AF/VF)
- **ventriculaire ritmestoornis**: origine uit ventrikel (distaal van bifurcatie His)
- **breed** QRS complex (>0.12 sec)
- **smal** QRS complex (<0.12 sec)
- **AV dissociatie**: geen relatie tussen depolarisatie van atria en ventrikels



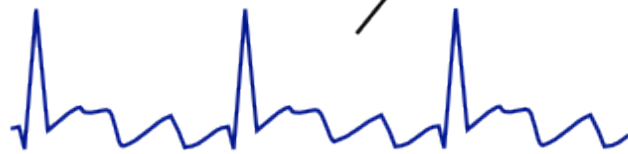
AV nodal re-entry tachycardia (AVNRT)



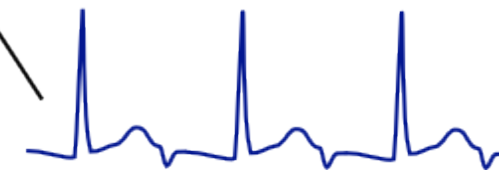
Atrial Fibrillation (multiple atrial wavelets)



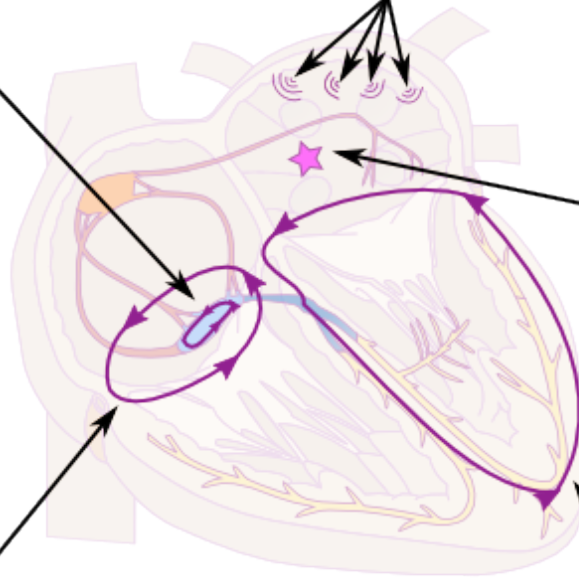
Atrial tachycardia (single atrial focus)



Atrial flutter  
(most common around tricuspid annulus)



AV re-entry tachycardia  
(re-entry through accessory bundle)



# Indeling SVT

	<u>Regulair</u>	<u>HR (bpm)</u>	<u>P-top</u>	<u>Therapie</u>
<i>Smal QRS(&lt;0,12)</i>				
Sinustachycardie	Ja	100-180	Voor ieder QRS complex	Geen of behandeling oorzaak (koorts, angst, anemie)
Atriale tachycardie	Ja	75-200	Voor ieder QRS complex maar afwijkende vorm	Sinus carotis massage, betablocker, amiodarone
Atriumfibrilleren	Nee	60-175	afwezig	Chemische/electrische cardioversie of rate control
Atriumflutter	Ja	75-150	Zaagtand m.n. in afleiding II	Chemische/electrische cardioversie of rate control
AVNRT	Ja	180-250	In of na QRS complex	Sinus carotis massage, adenosine
AVRT	Ja	150-250	RP<PR	Chemische/electrische cardioversie of rate control
<i>Breed QRS(&gt;0,12)</i>				
SVT met block	Ja	75-200	afwezig	
AVRT	Ja	150-250	RP<PR	

# Supraventriculaire Ritmestoornissen

## *Sinusknoop*

- Sinusritme: regelmatig, elk QRS-complex wordt voorafgegaan door een P-top (+ in I,II,AVF)
  - » *normaal* :60-100/min
  - » *sinusbradycardie* :< 60/min
  - » *sinustachycardie* :>100/min
- Sinusaritmie: normale P-toppen, normaal PR-interval  
irregulair PP-interval met variatie > 0.16 sec.
- Sinusarrest

## **Smal complex tachycardie**

- **Sinustachycardie**
- Sinusbradycardie
- Boezemfibrilleren
- Boezemflutter
- AVNRT
- (anders ...)

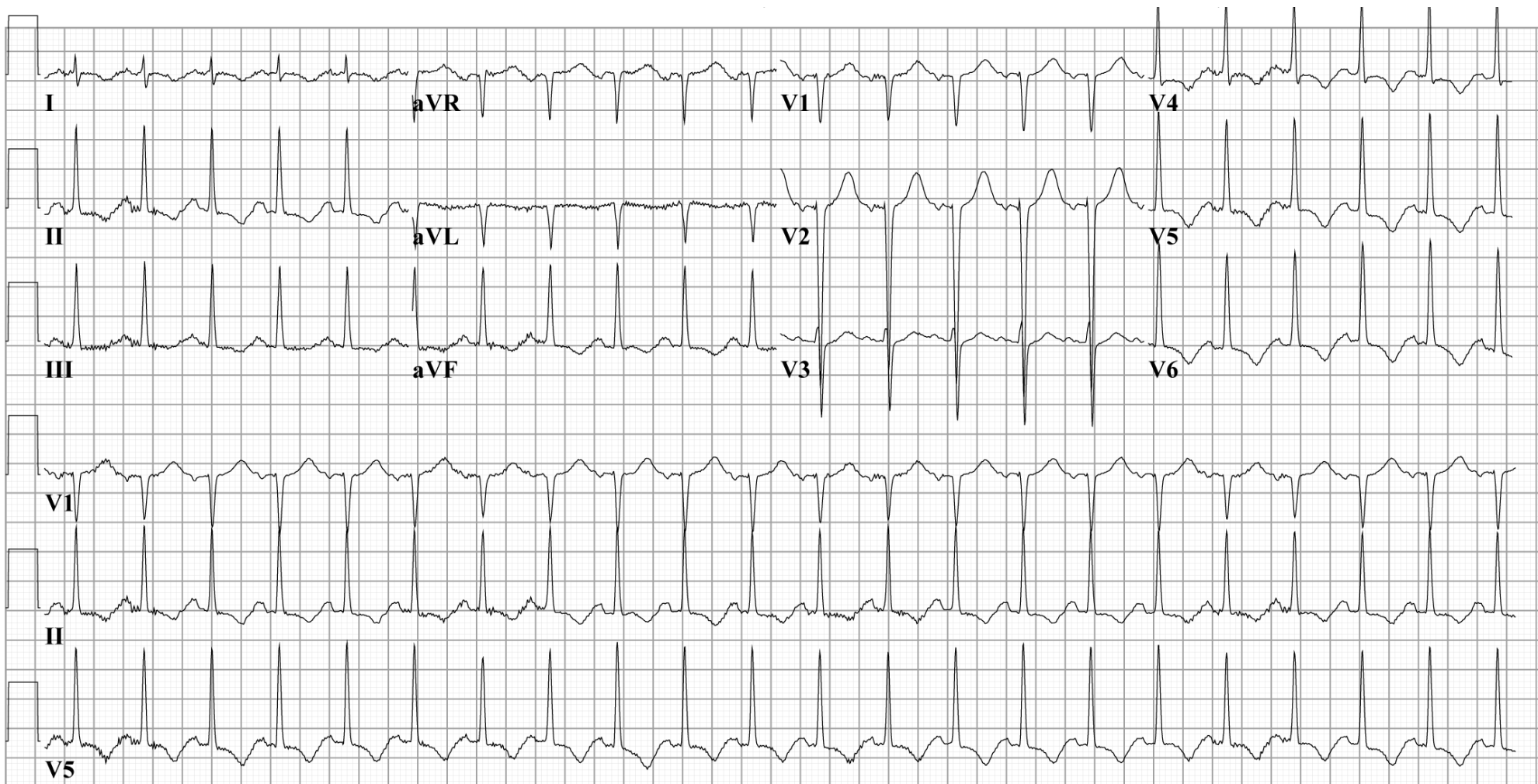
## Sinusritme > 100 /min

- Inspanning
- Stress
- Alcohol / cafeïne
- Medicatie

## Bij ziekte:

- Koorts
- Hypotensie
- Anemie
- Hyperthyreoidie
- Cardiomyopathie

# Sinustachycardie



25mm/s 10mm/mV 40Hz 005E 12SL 233 CID: 11

Courtesy of I.A.C. van der Bilt



- Sinustachycardie
- **Sinusbradycardie**
- Boezemfibrilleren
- Boezemflutter
- AVNRT
- (anders ...)

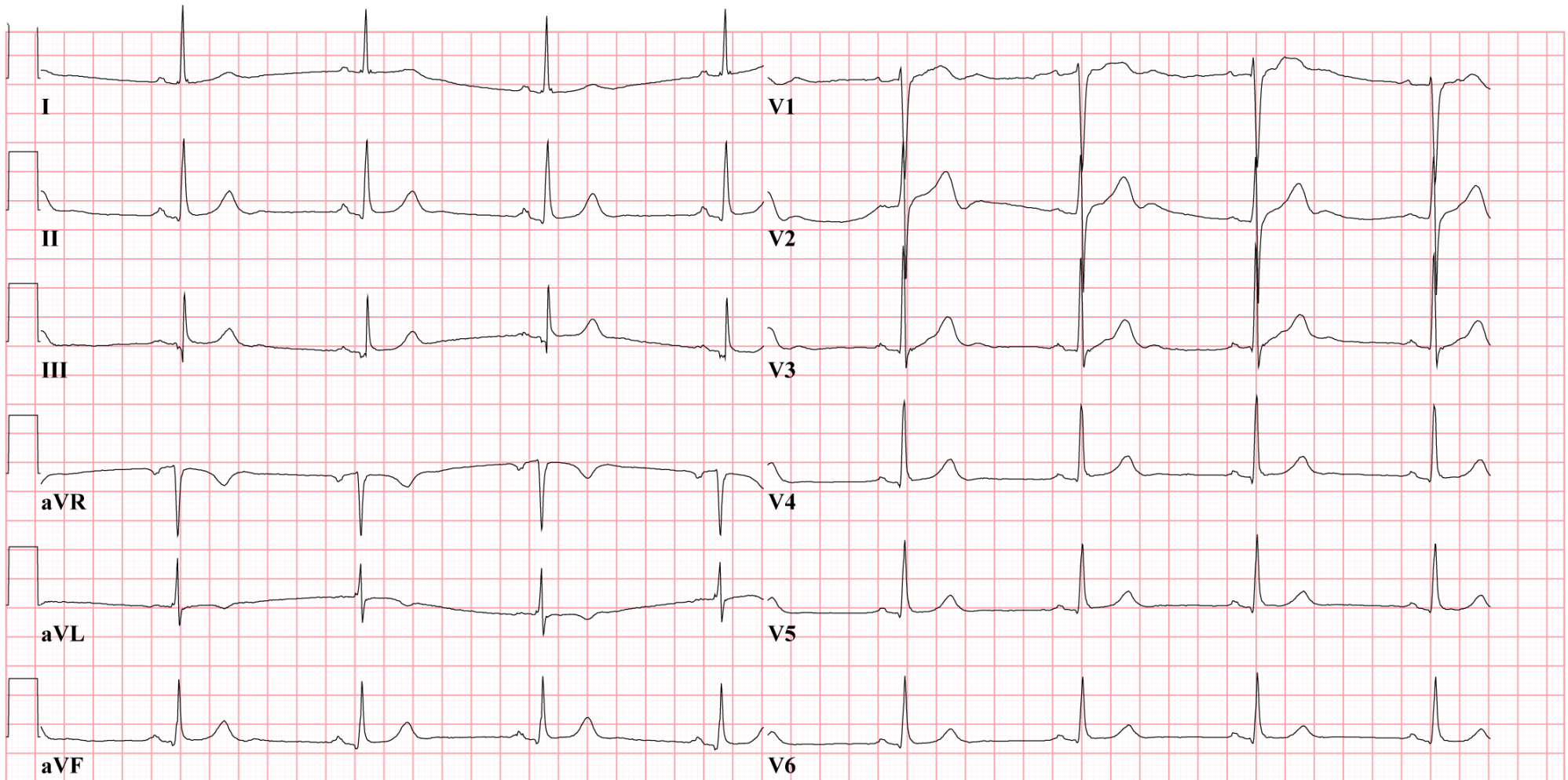
Sinusritme < 60 /min

- Sporters
- Rust
- Vagus stimulatie/sinus carotis massage/ vagale collaps
- Medicatie

Bij ziekte:

- SA blocks
- Neurotrauma
- Intracraniële druk verhoging
- Sick sinus syndrome

# Sinusbradycardie



25mm/s 10mm/mV 150Hz 7.0.2 12SL 235 CID: 251

Courtesy of I.A.C. van der Bilt [ECGPEDIA.ORG](http://ECGPEDIA.ORG)  
part of [cardionetworks.org](http://cardionetworks.org)

# Geen SR → Wat nu?

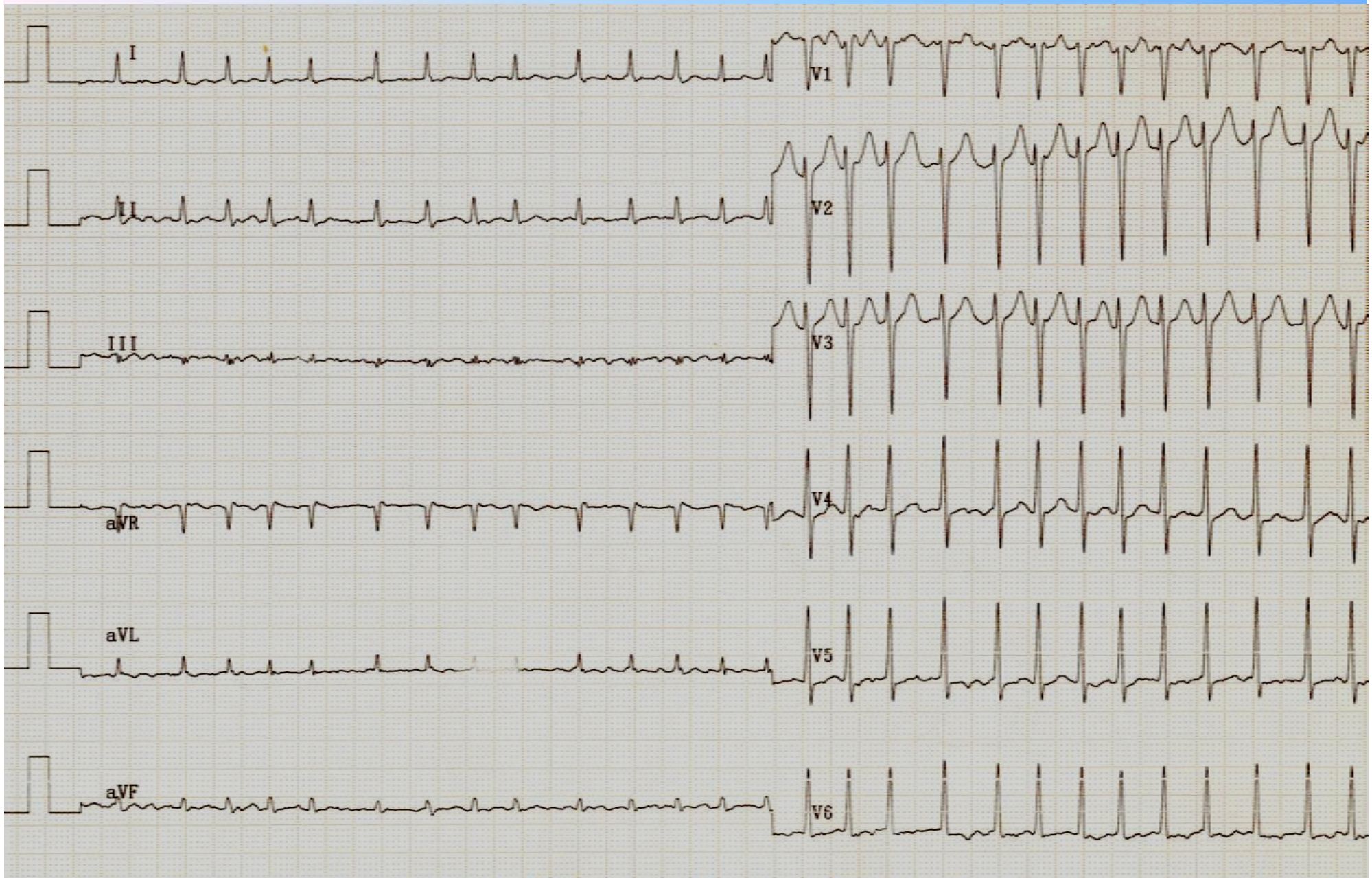
- Frequentie?
- Breed of smal?
- Extra slagen?
- Hartas?
  
- Cherchez le “P”

## Smal complex tachycardie

- Sinustachycardie
- Sinusbradycardie
- **Boezemfibrilleren**
- Boezemflutter
- AVNRT
- (anders ...)

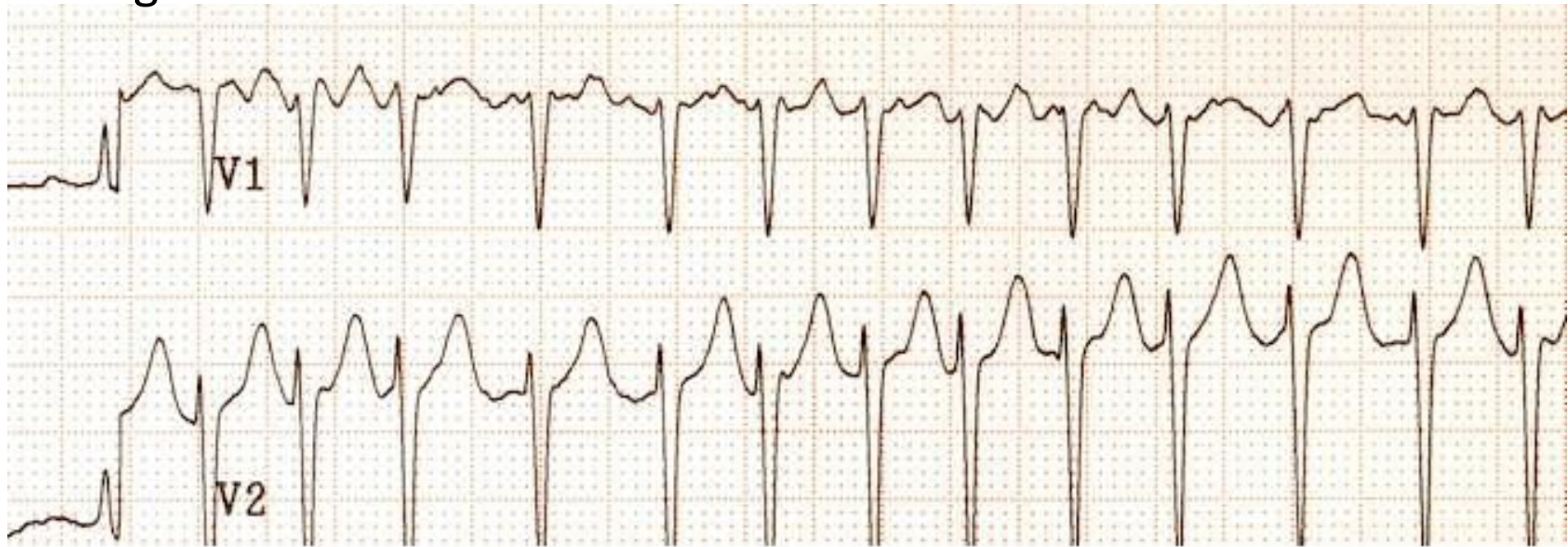
Volstrekt irregulair? → vrijwel altijd  
atriumfibrilleren (AF)

- **Permanent:** chronisch
- **Persisterend:** recidief ondanks chemische/electrische cardioversie
- **Paroxysmaal:** spontaan recidiverend

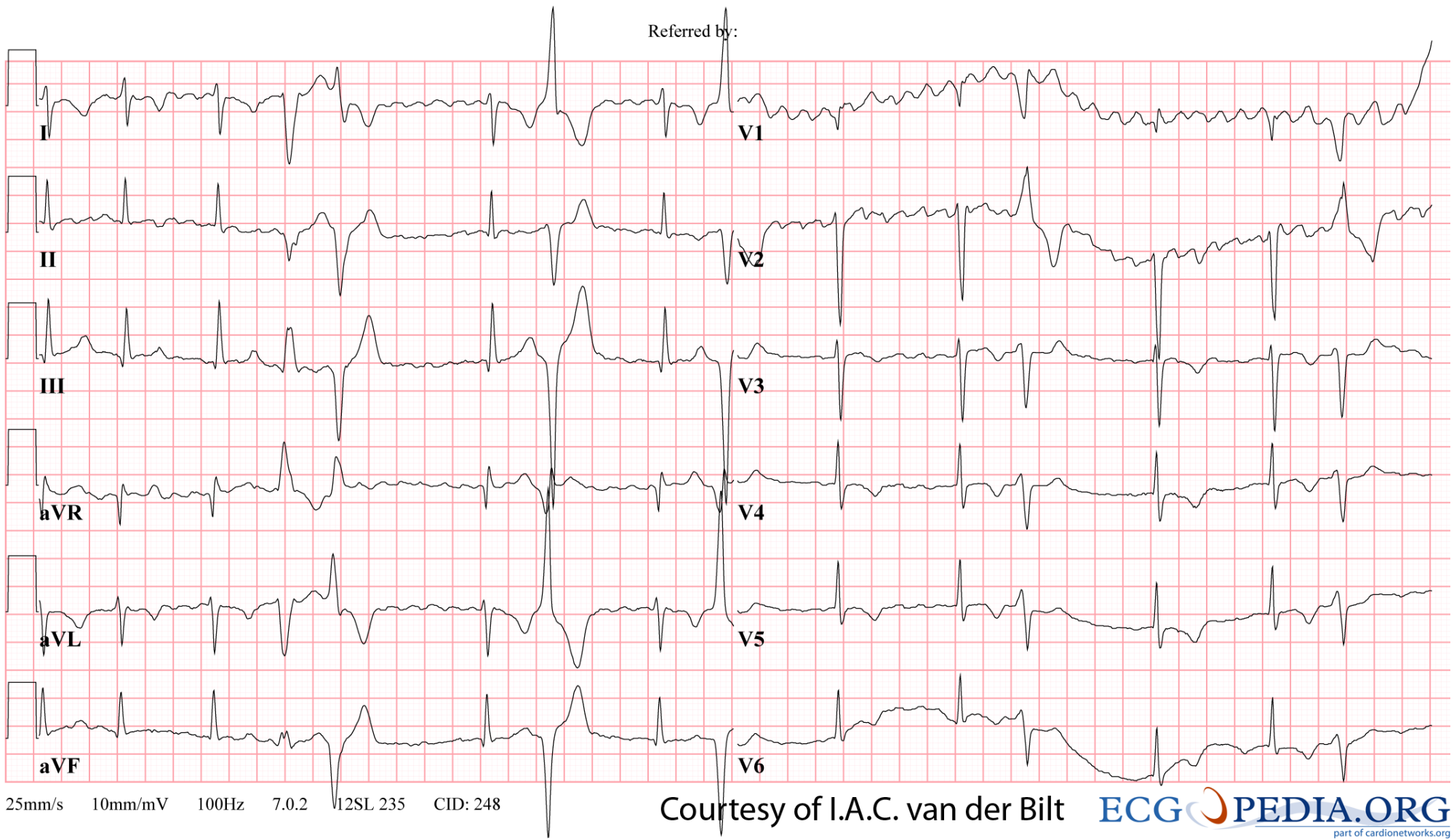


Courtesy of R.W. Koster, MD, PhD ECG PEDIA.ORG  
AMC, The Netherlands

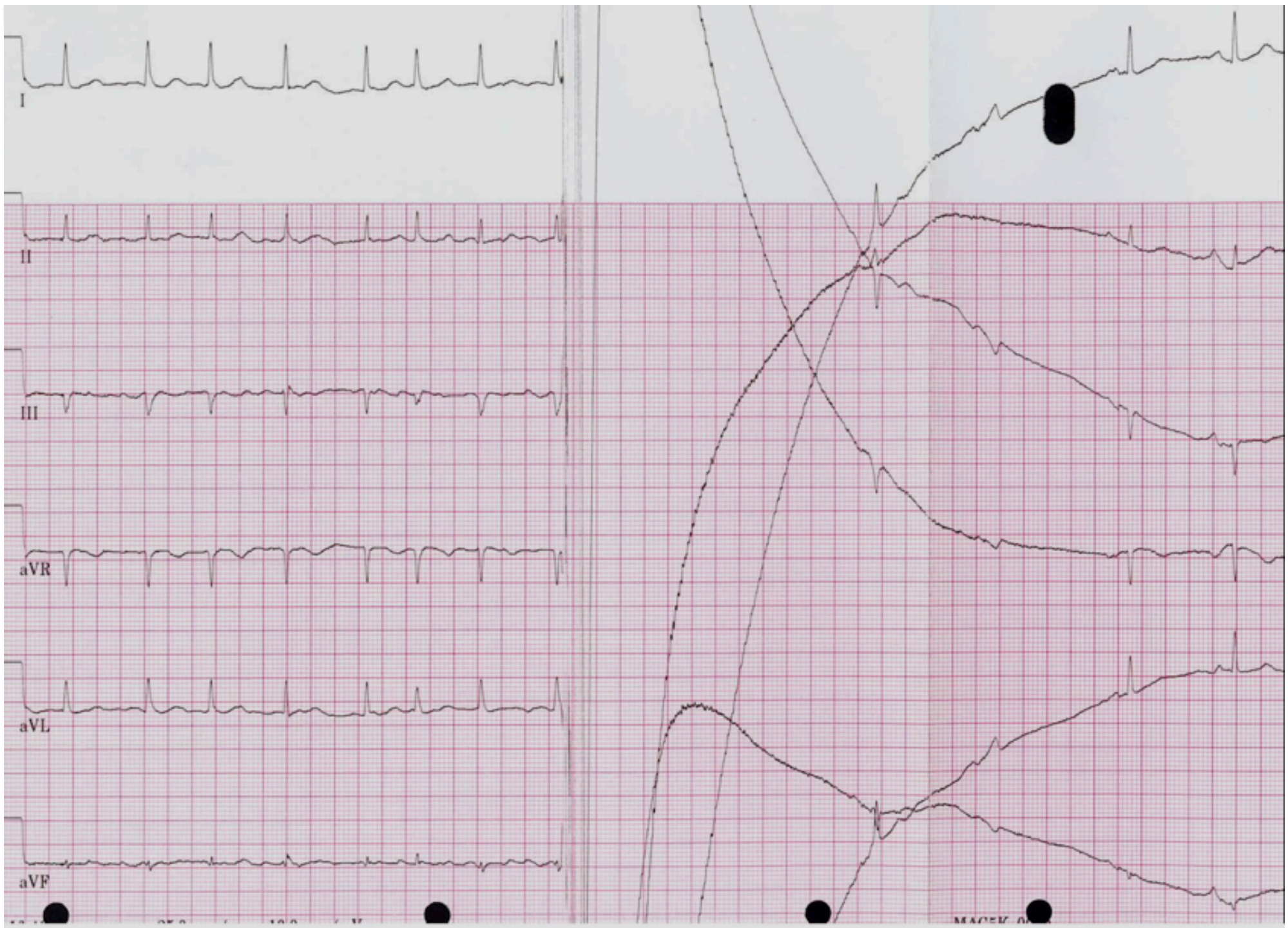
# Irregular



Courtesy of R.W. Koster, MD, PhD ECG PEDIA.ORG  
AMC, The Netherlands



Courtesy of I.A.C. van der Bilt

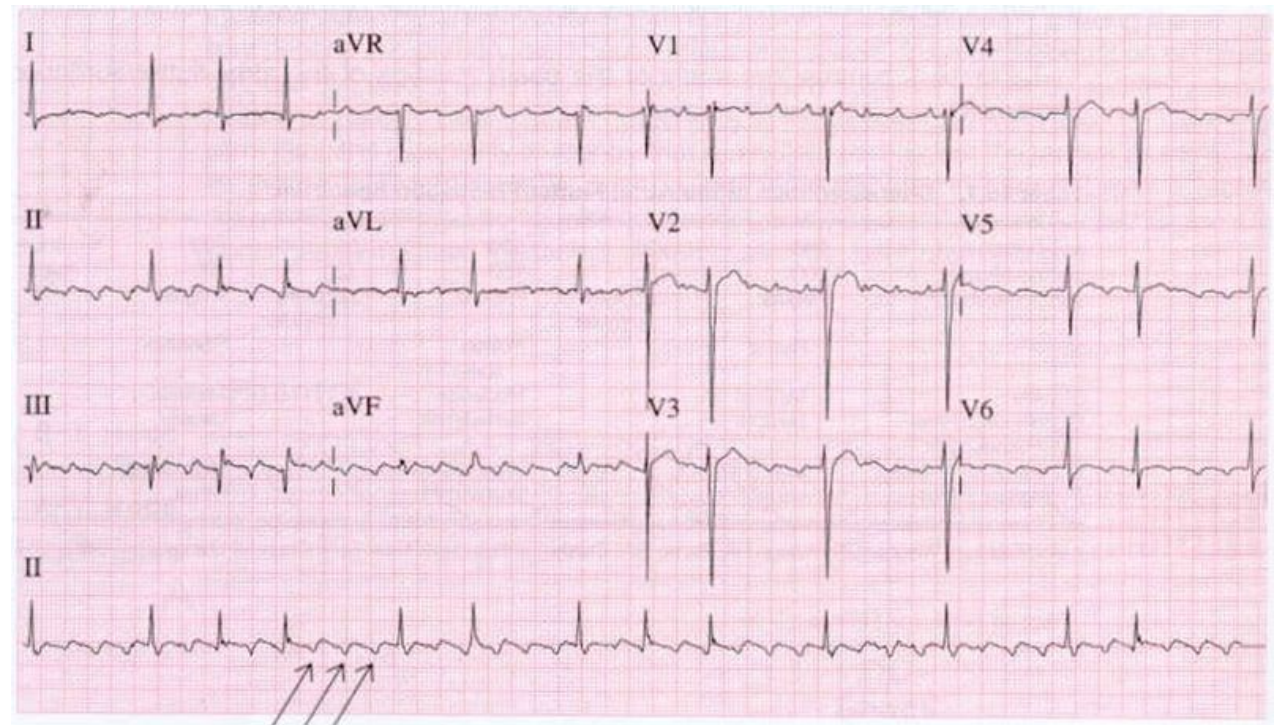




## Smal complex tachycardie

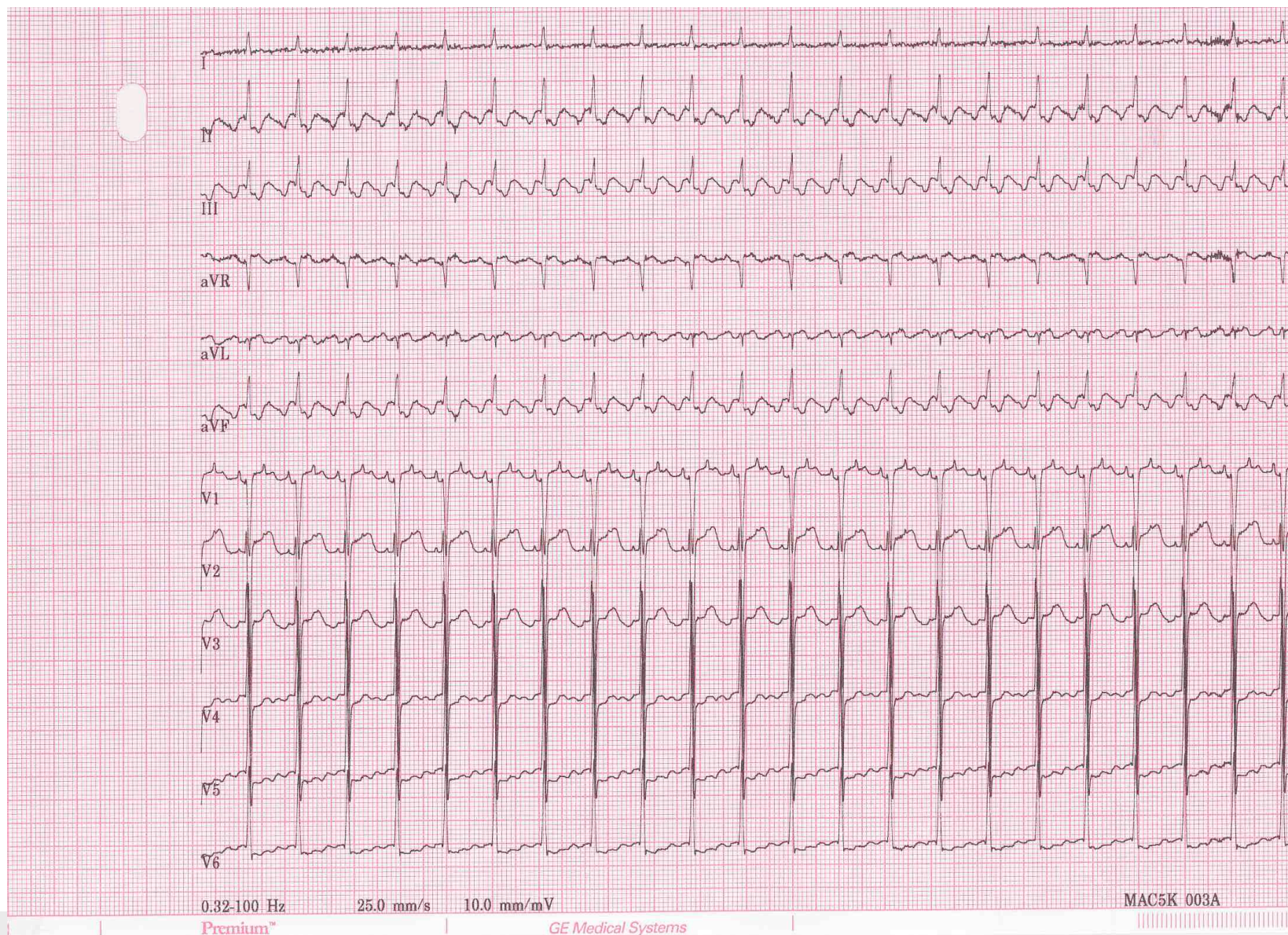
- Sinustachycardie
- Sinusbradycardie
- Boezemfibrilleren
- **Boezemflutter**
- AVNRT
- (anders ...)

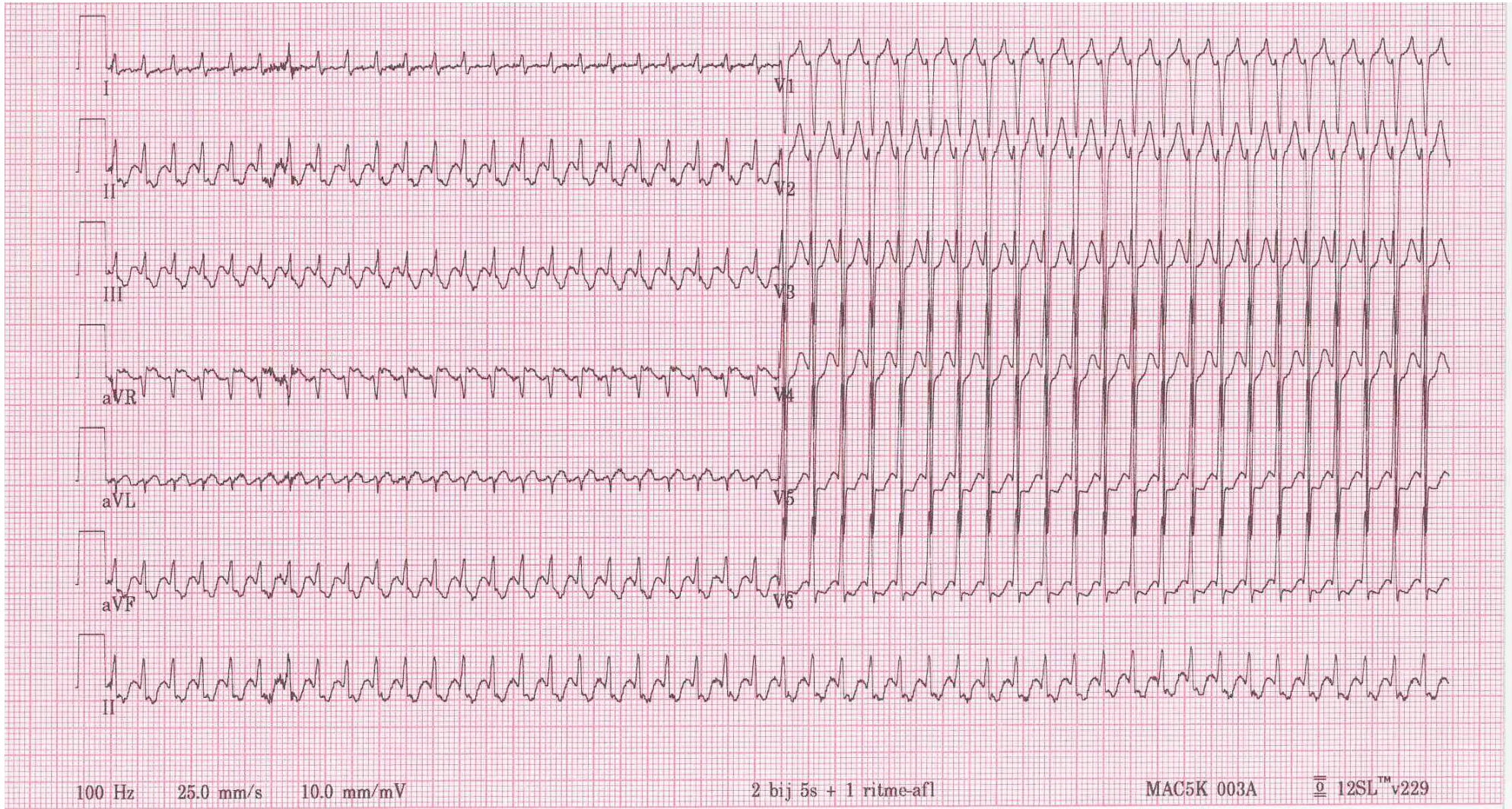
“Iedere tachycardie van 150/min is een boezemflutter tot het tegendeel bewezen is”



Zaagtand!

# Boezemflutter





100 Hz 25.0 mm/s 10.0 mm/mV

2 bij 5s + 1 ritme-afl

MAC5K 003A

12SL™v229

Premium™

GE Medical Systems

## Smal complex tachycardie

- Sinustachycardie
- Sinusbradycardie
- Boezemfibrilleren
- Boezemflutter
- **AVNRT**
- (anders ...)

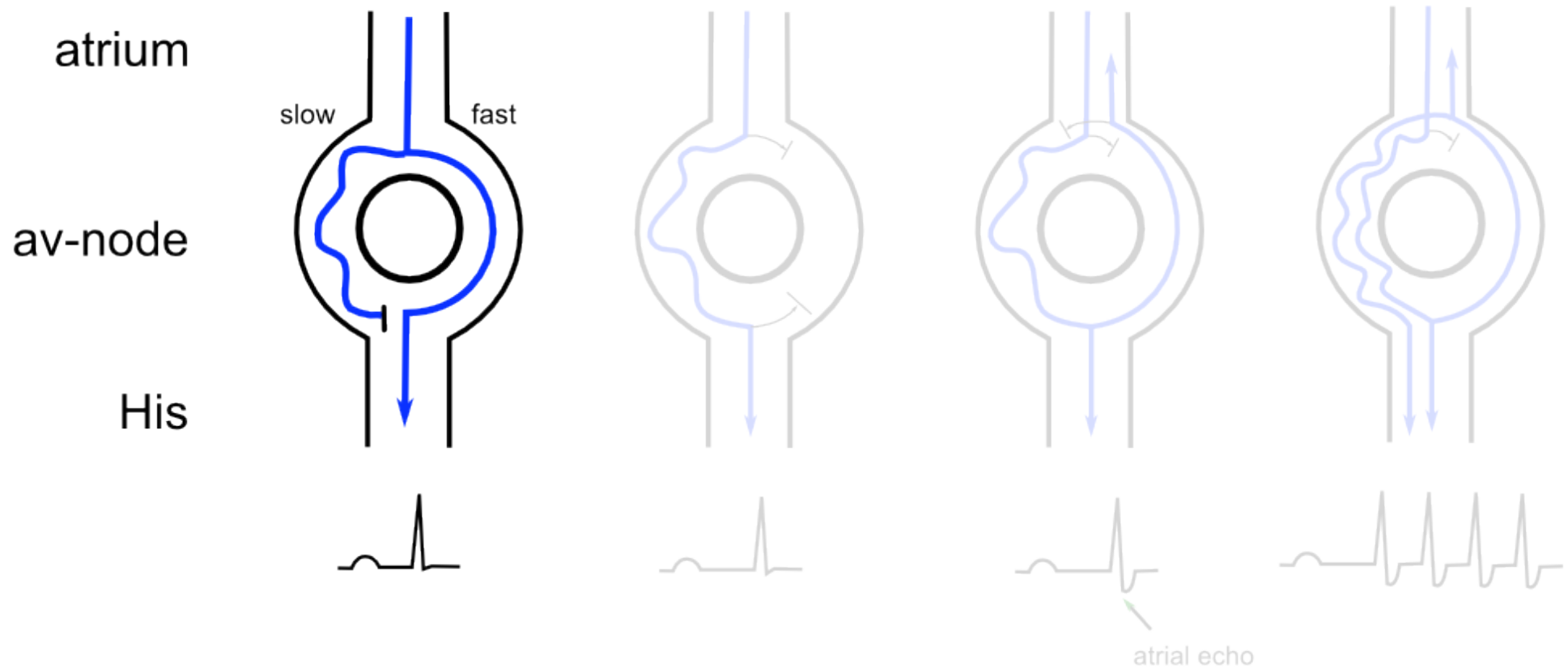
AV Nodale re-entry tachycardie.

- Frequentie: 180-250 / min
- R-R' in V1
- Typisch jonge patiënt
- Recidiverend

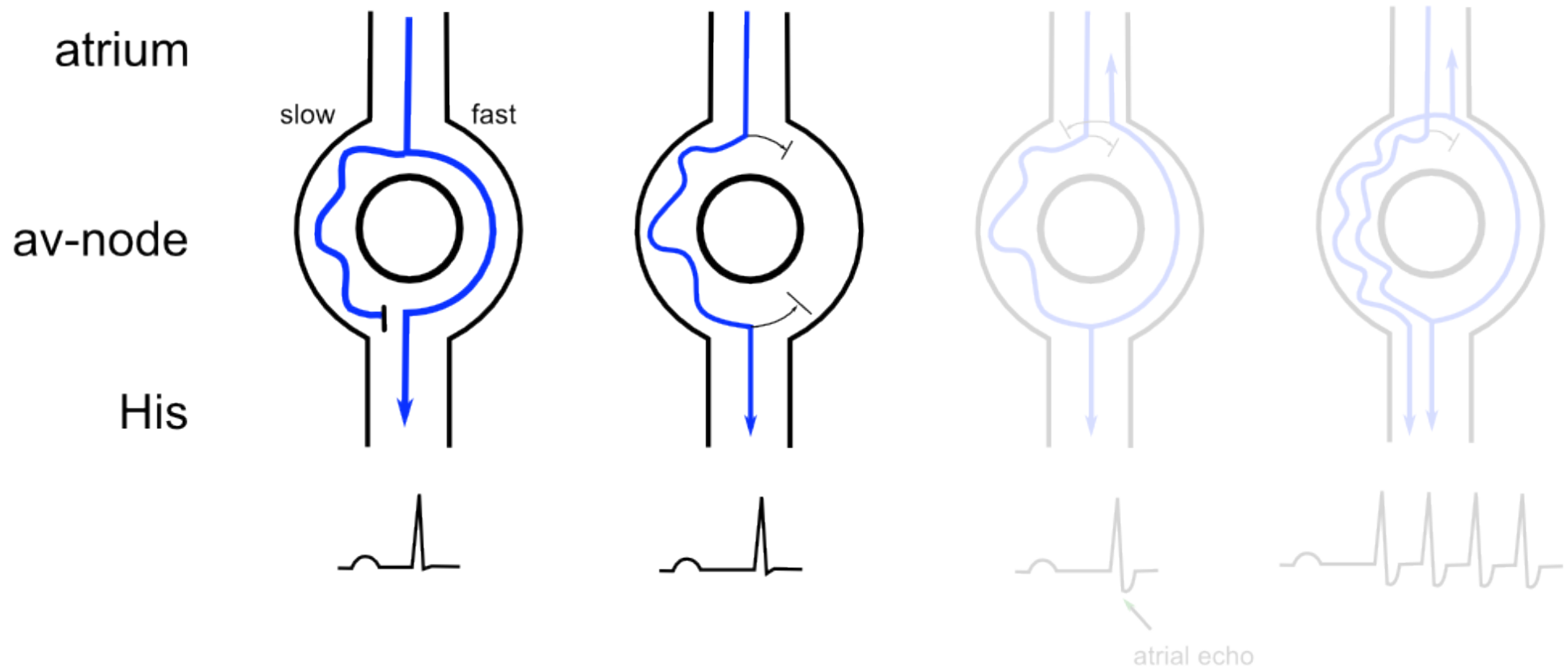
Manoeuvres:

- Hurken
- Sinus carotis massage
- Adenosine

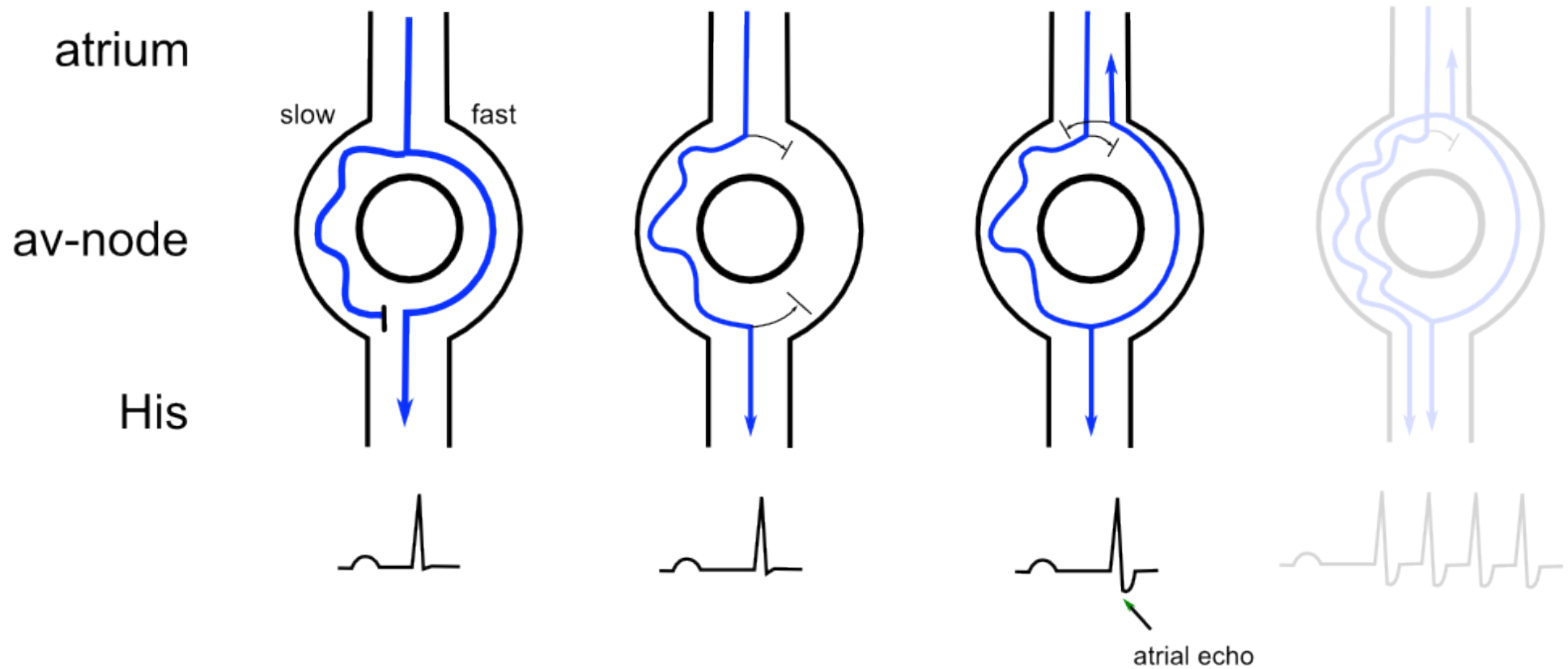
# Re-entry



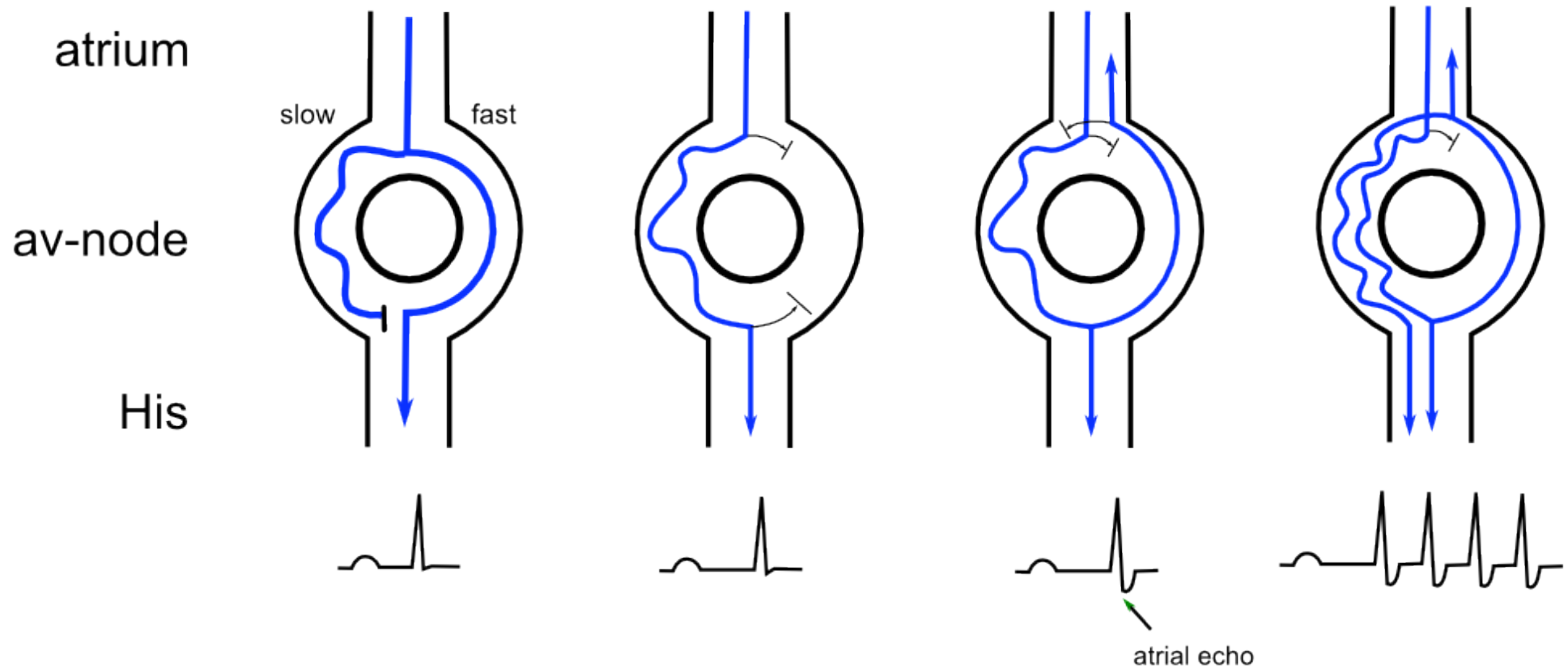
# Re-entry



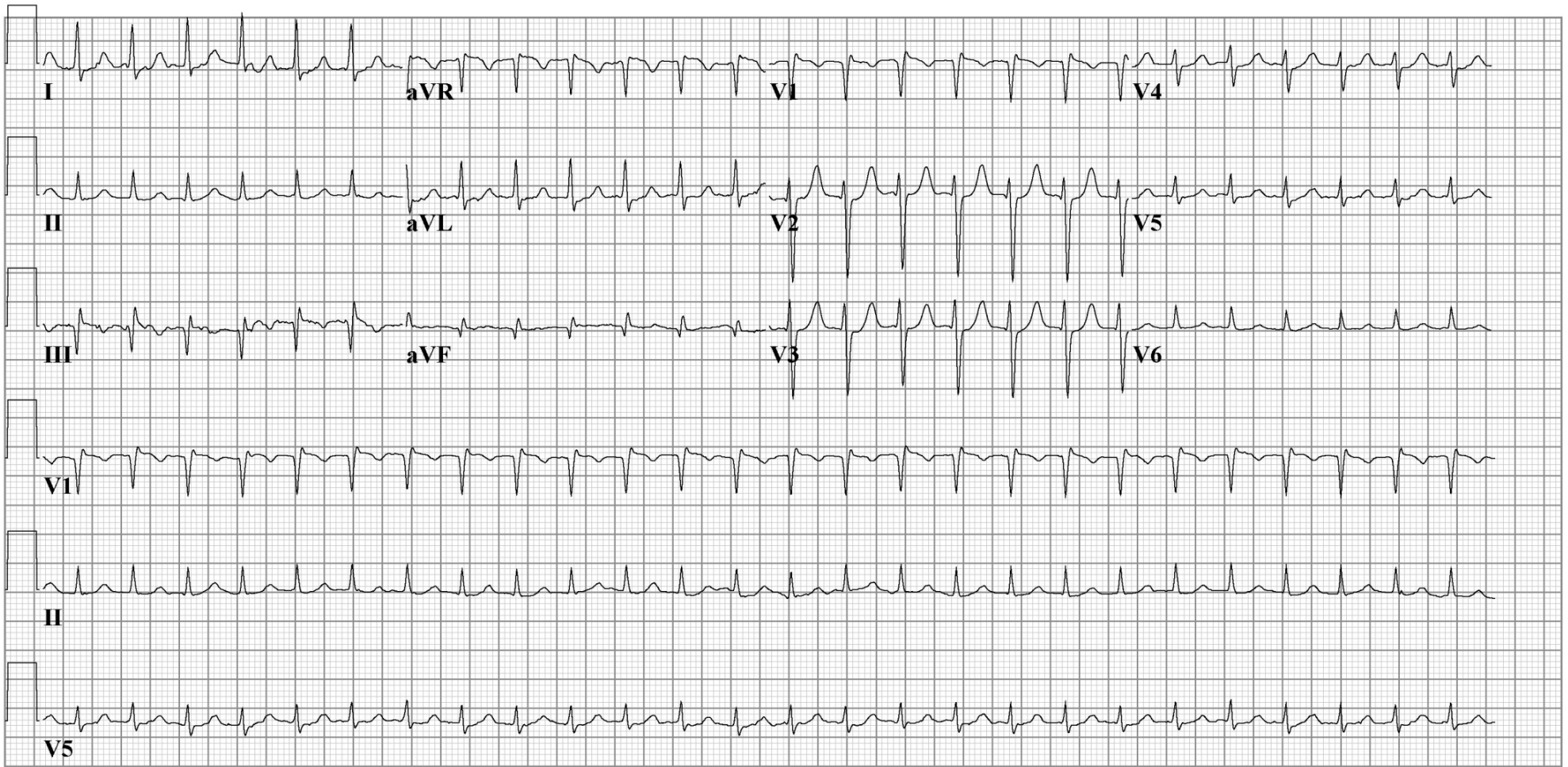
# Re-entry



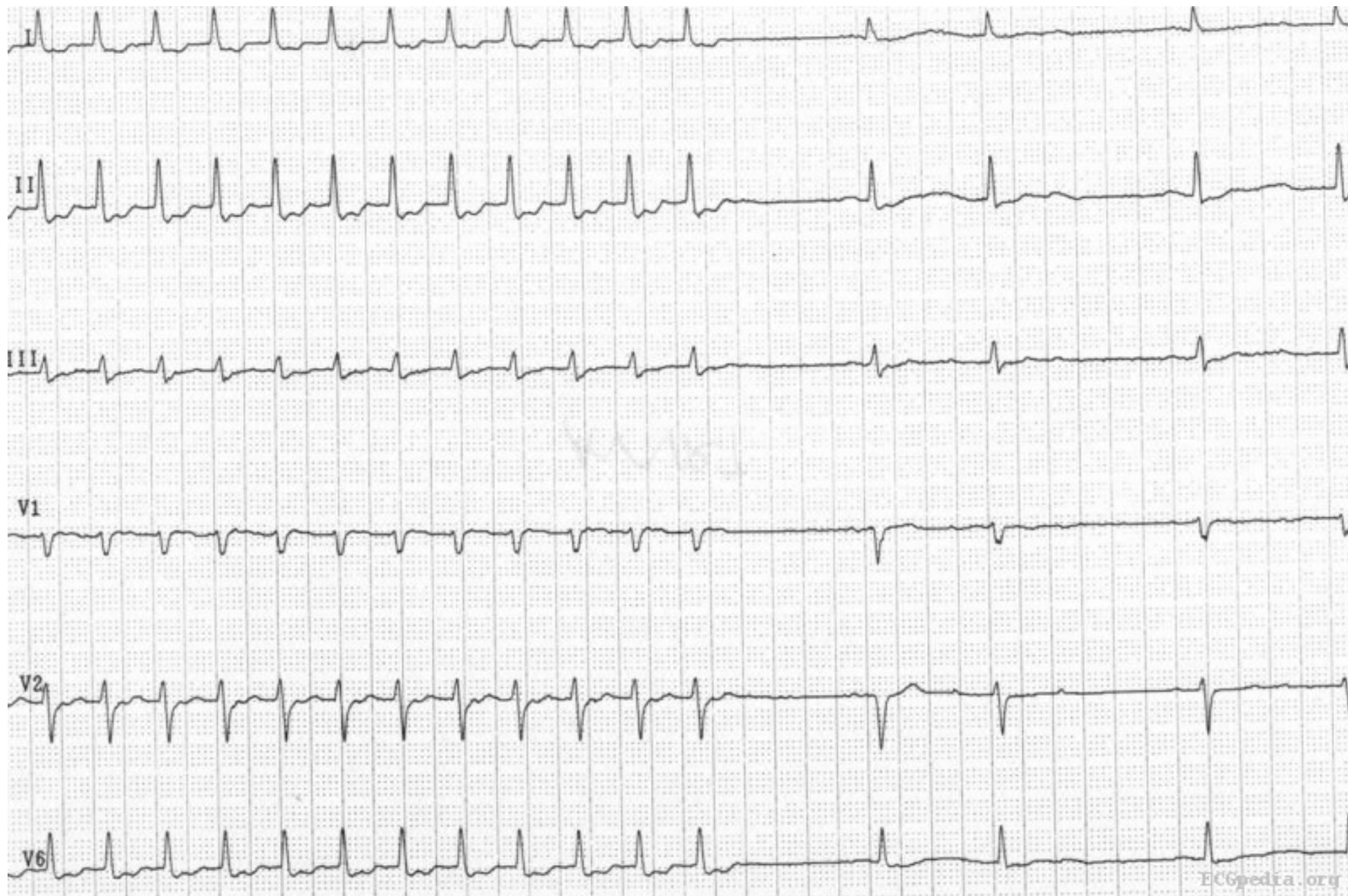
# Re-entry



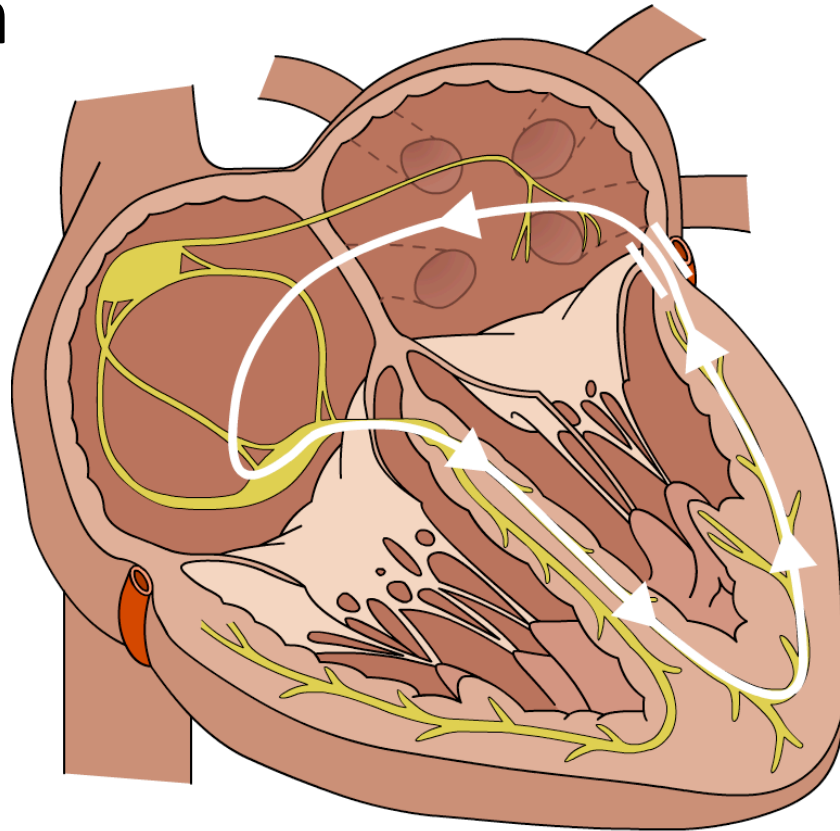




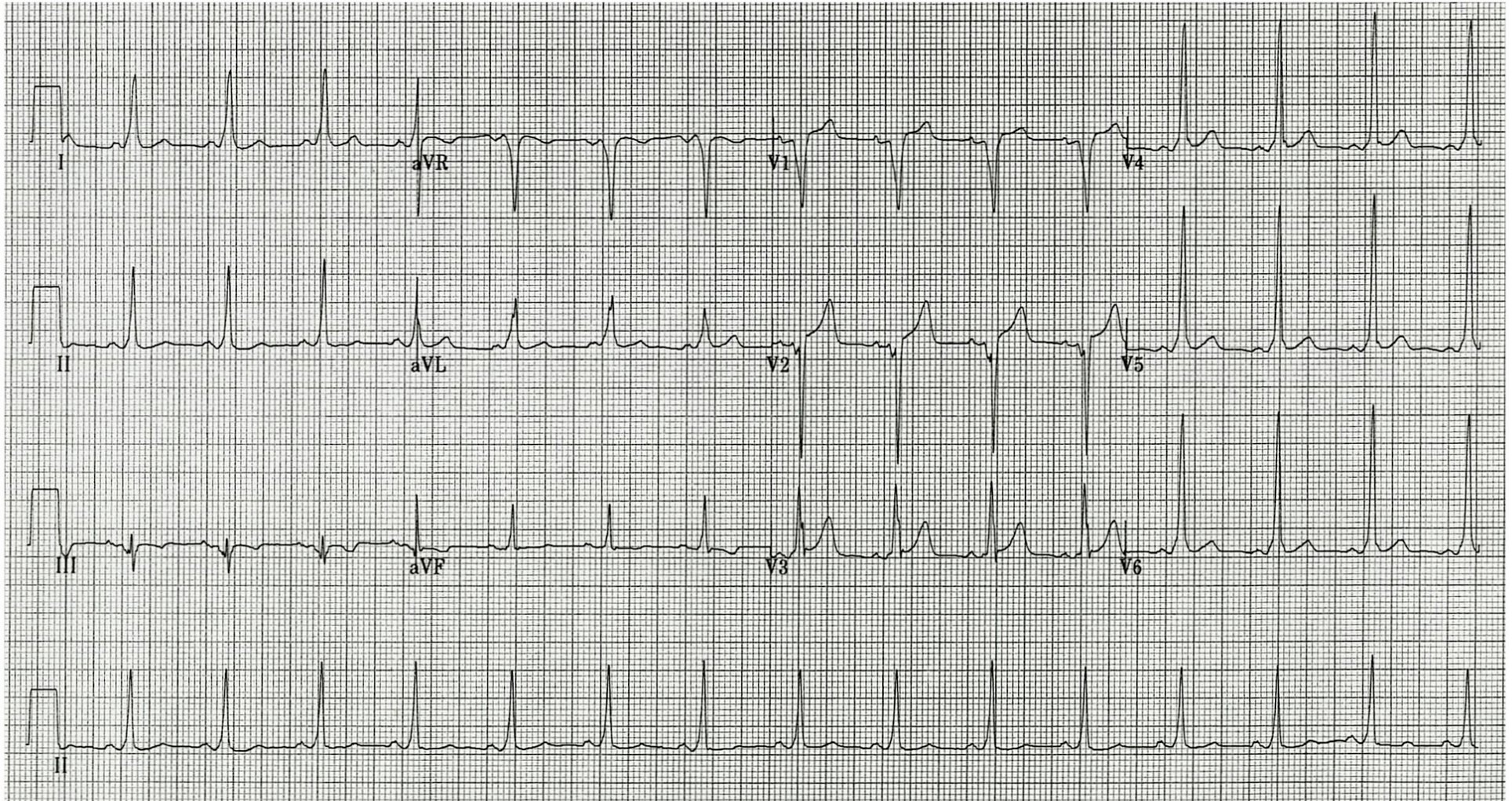
# Adenosine



# AVRT: re-entry via een accessoire verbinding orthodroom



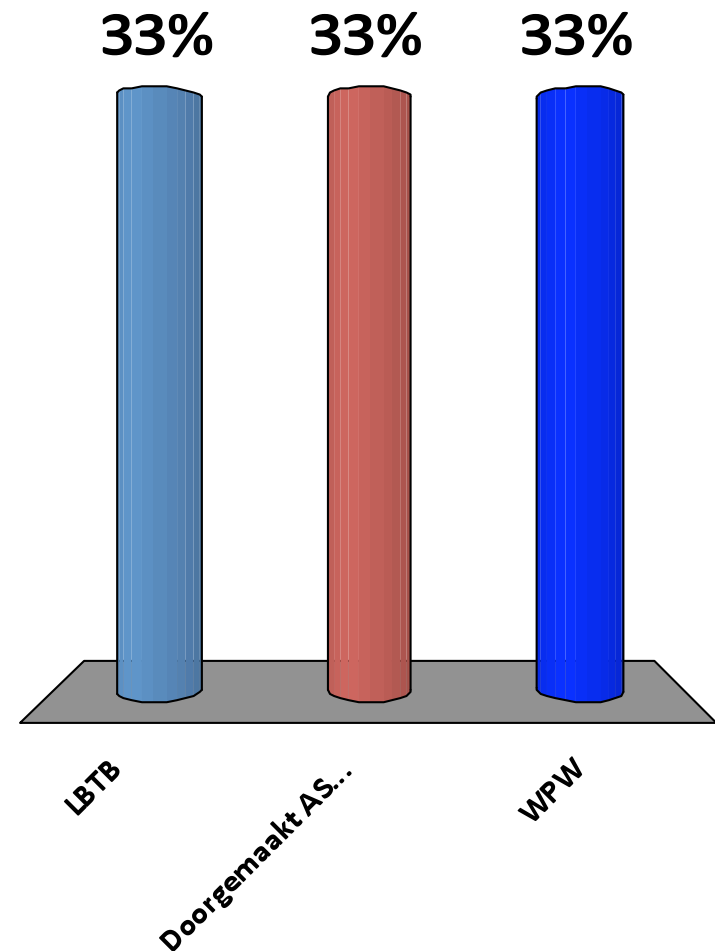
Wolff-Parkinson White Syndrome - ECGPEDIA.ORG

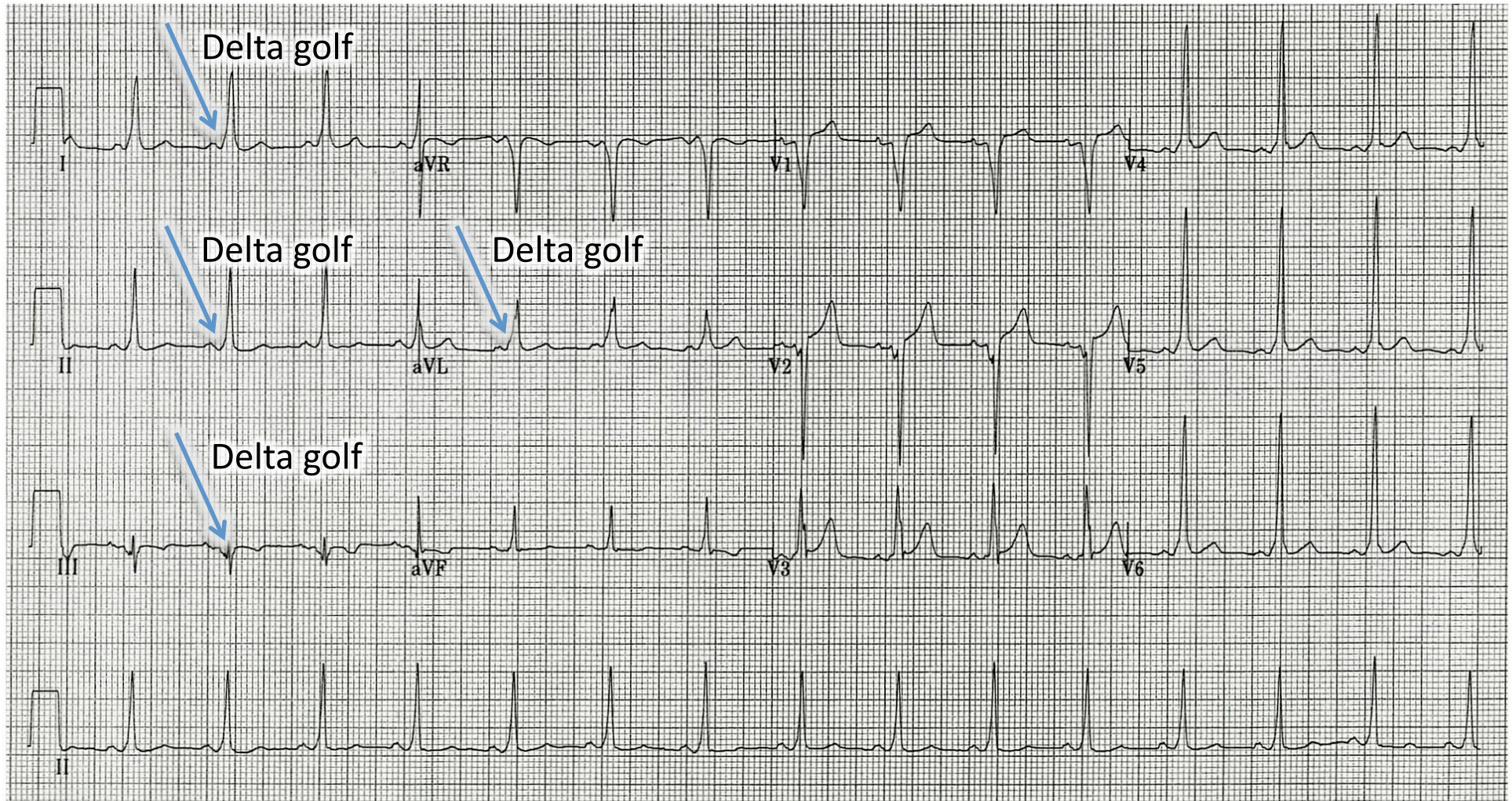


Courtesy of J. Rademakers, RN, Roermond, The Netherlands

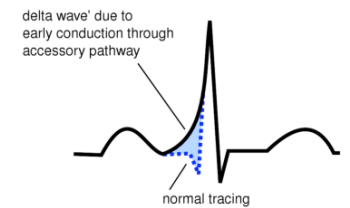
# Maak uw keuze...

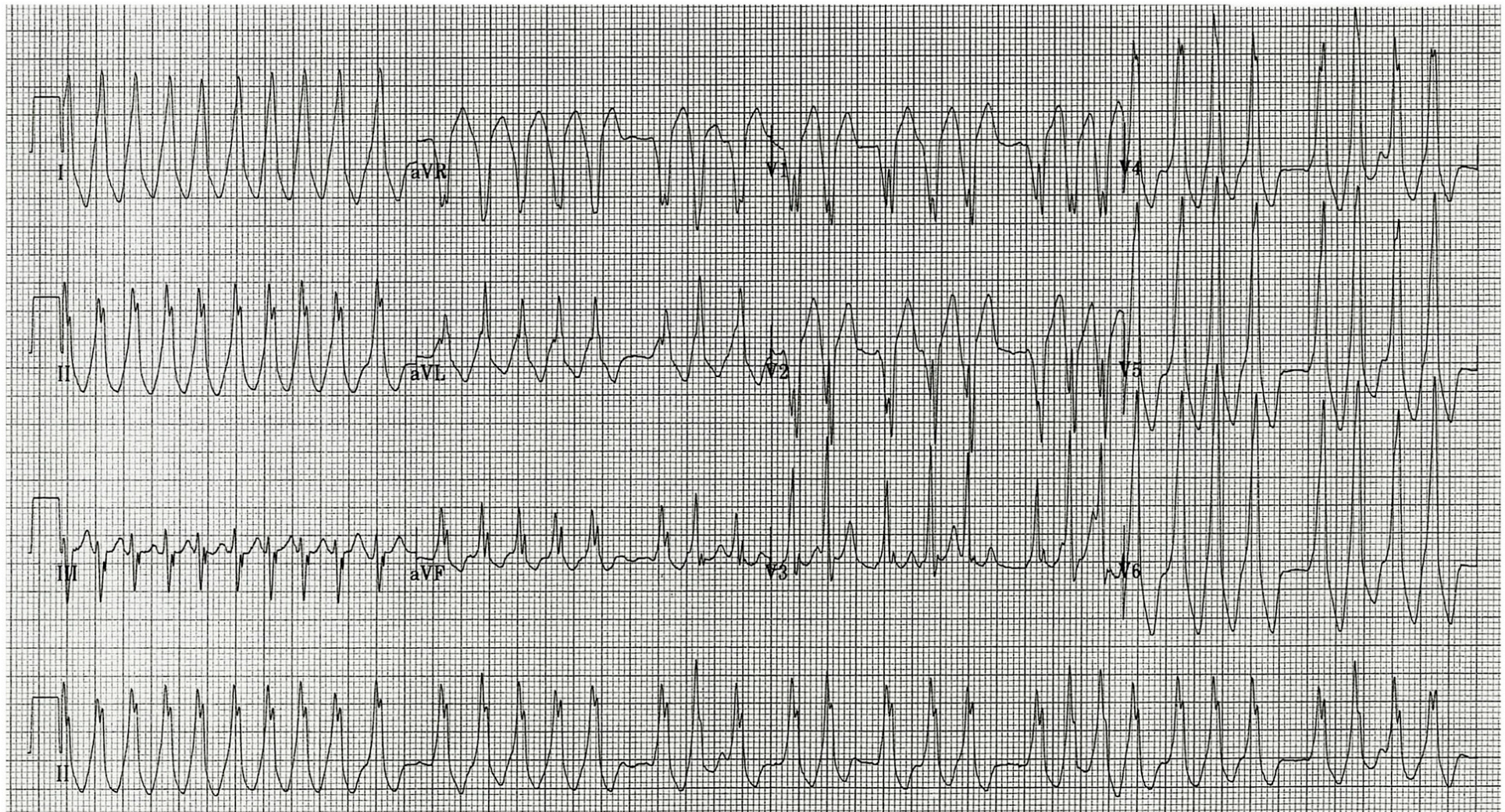
1. LBTB
2. Doorgemaakt AS infarct
- ✓ 3. WPW





Pre-exitatie: kort PQ interval en delta golf

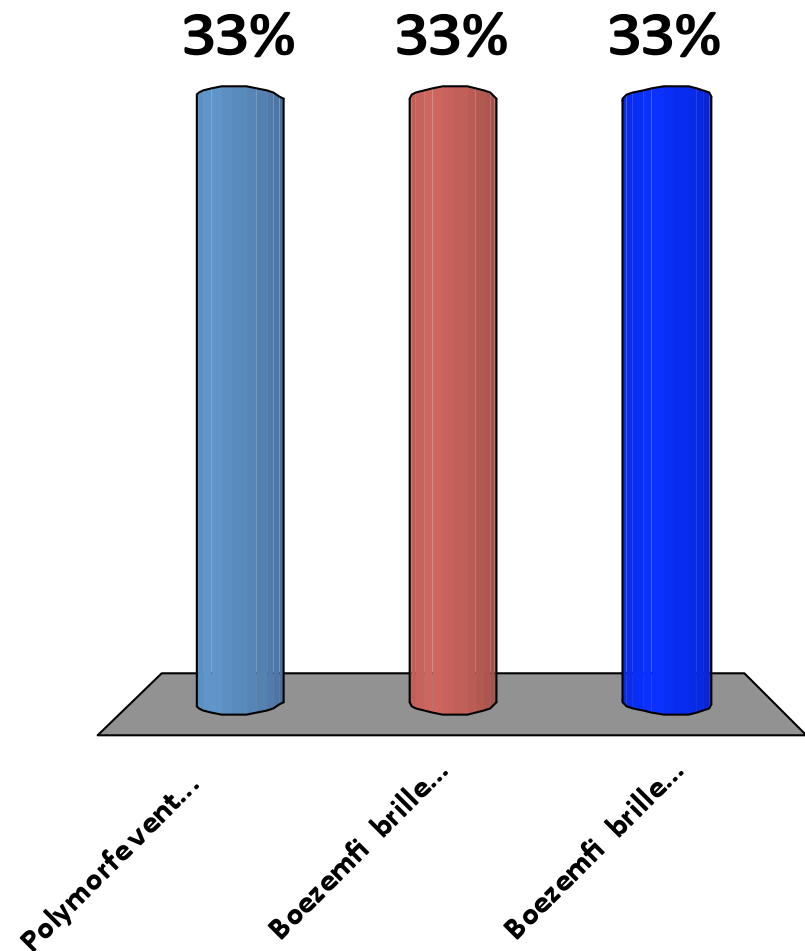




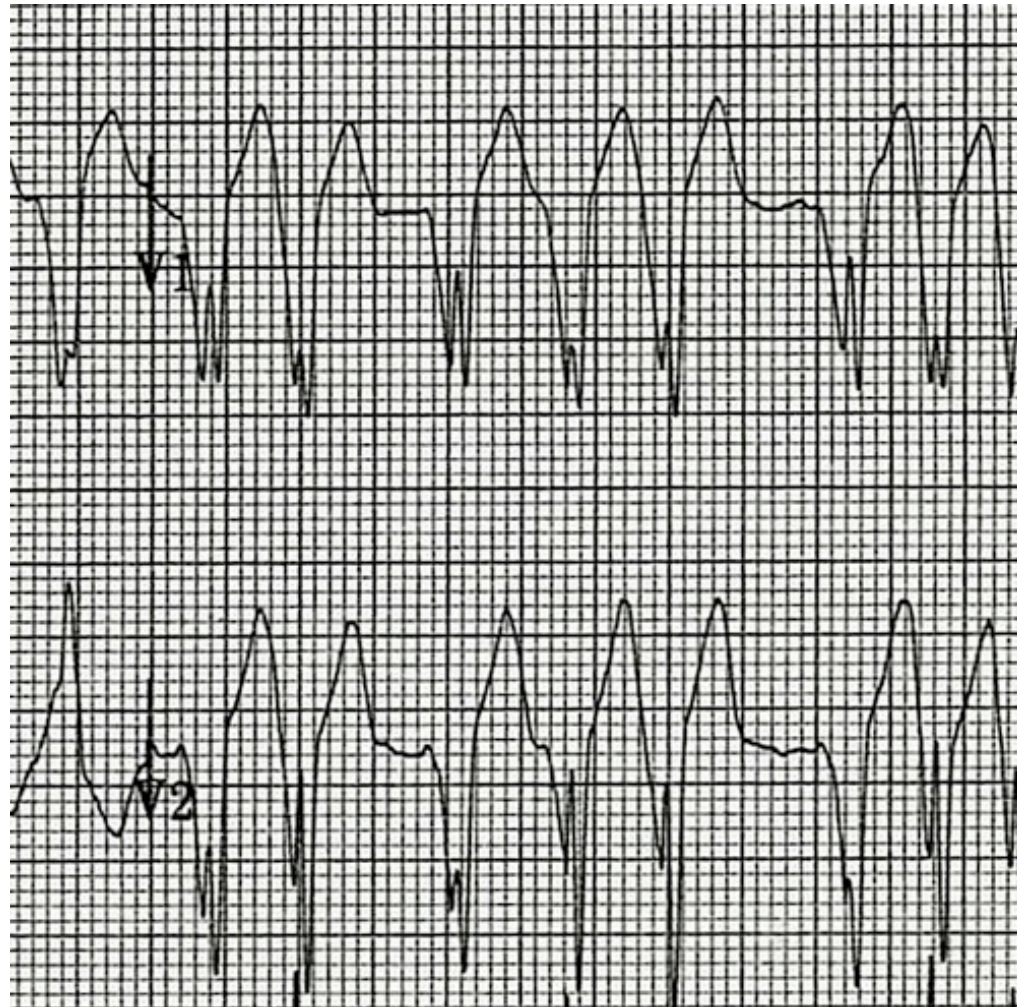
Courtesy of J. Rademakers, RN, Roermond, The Netherlands

# Maak uw keuze...

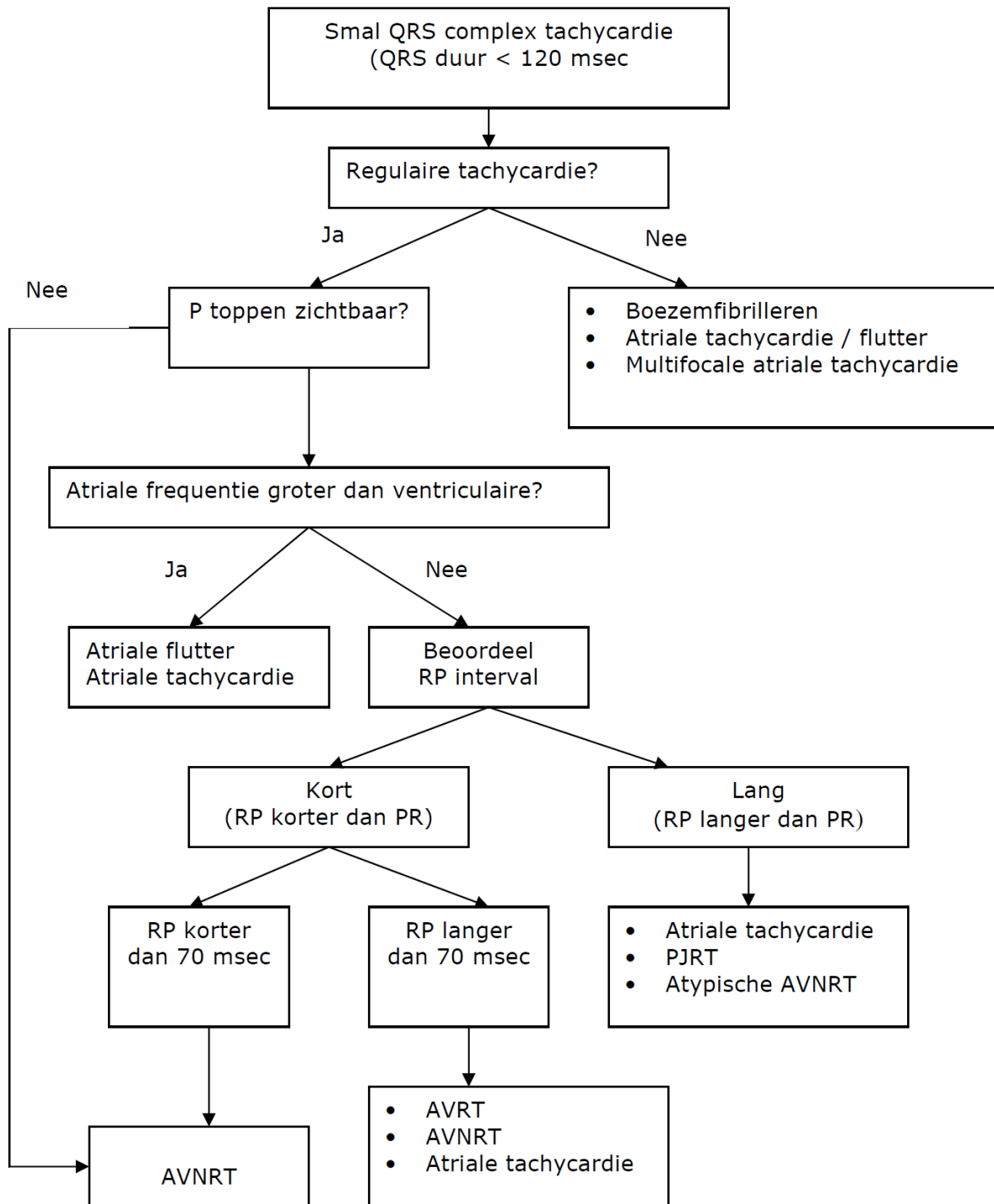
1. Polymorfe ventrikeltachycardie
2. Boezemfibrilleren met LBTB
- ✓ 3. Boezemfibrilleren via accessoire bundel (WPW)

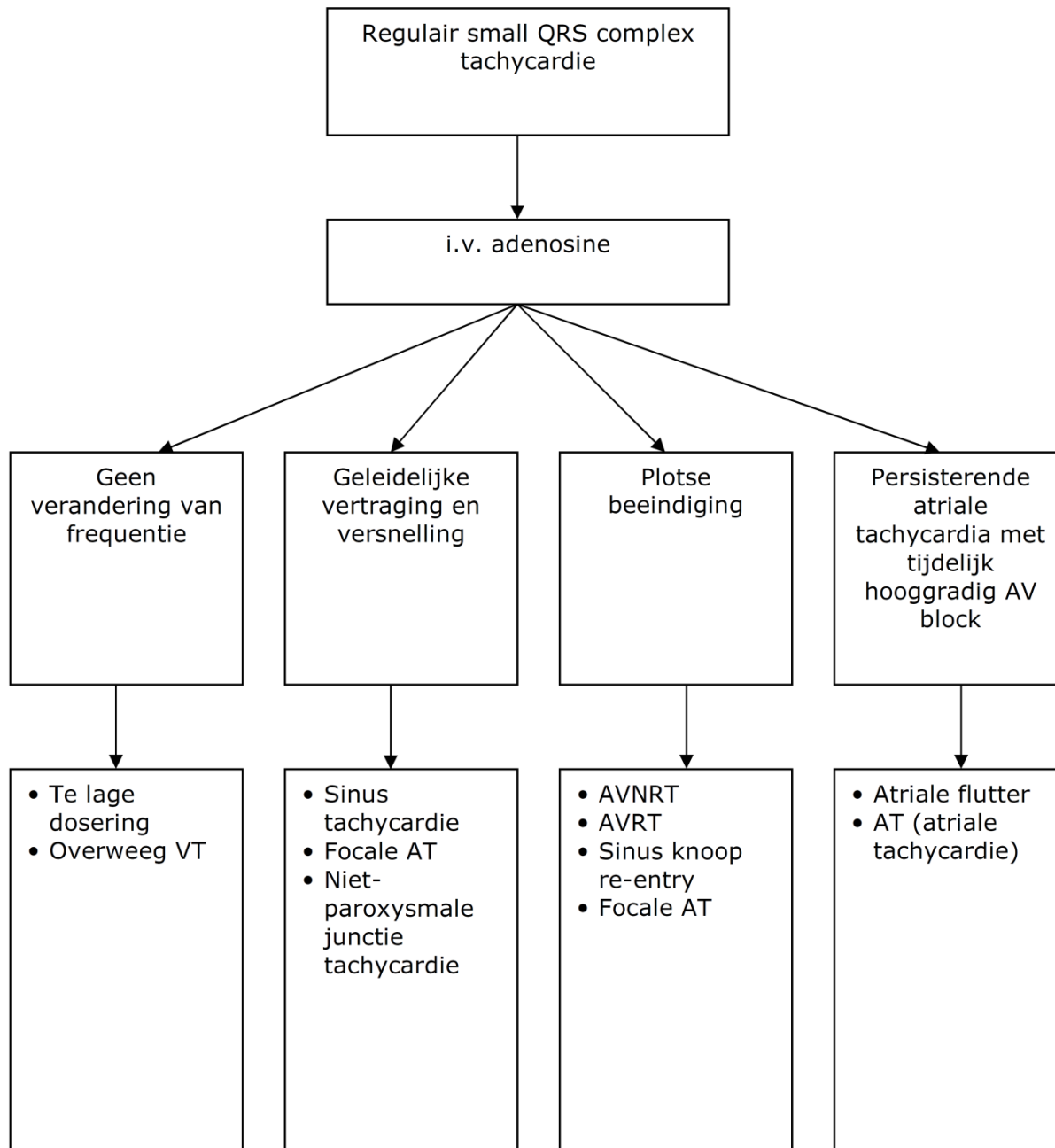






Fast Broad Irregular: FBI, boezemfibrilleren bij WPW





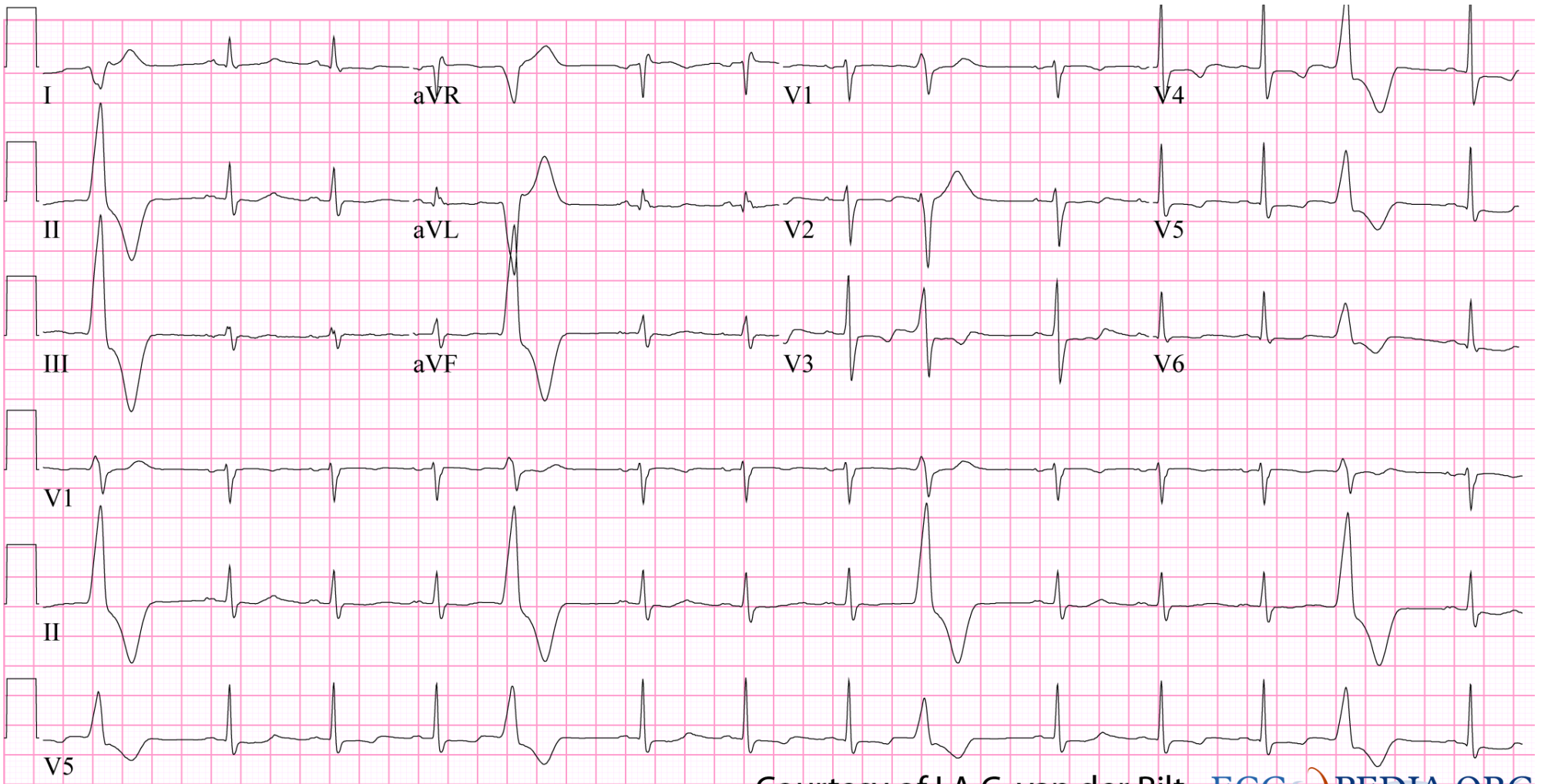
# Ventriculaire ritmestoornissen

- Ventriculaire extrasystole (VES)
- (Idio)ventriculair escape ritme
- Accelerated IdioVentricular Rhythm (A.I.V.R.)
- Ventriculaire tachycardie
- Ventriculaire flutter
- Ventrikelfibrilleren
- Ventriculaire parasystolie

# Indeling VT

	<u>Regulair</u>	<u>HR(bpm)</u>	<u>P-top</u>	<u>Therapie</u>
<i>Altijd Breed QRS(&gt;0,12)!</i>				
Ventriculaire tachycardie	Ja(meestal)	110-250	AV dissociatie	Cardioversie, overpacing, medicatie
Ventrikel flutter	Ja	150-300	-	Defibrillatie
Ventrikel Fibrilleren	Nee	400-600	-	Defibrillatie
AIVR	Ja(meestal)	50-110	AV dissociatie	Geen
Torsades de pointes	Nee	150-300	AV dissociatie	Oorzaak behandelen

# PVC



25mm/s 10mm/mV 100Hz 005E 12SL 235 CID: 248

Courtesy of I.A.C. van der Bilt [ECGPEDIA.ORG](http://ECGPEDIA.ORG)  
part of [cardionetworks.org](http://cardionetworks.org)

## **Breed complex tachycardie**

**-Ventriceltachycardie**

-SVT met aberrante  
geleiding

-Ventricelfibrilleren

-Ventricelflutter

-AVRT/WPW

-(anders...)

Breedcomplex Tachycardie:  
VT of SVT?

- Klinische kenmerken
- Brugada criteria
- Andere criteria

## VT

### Klinische kenmerken

Brugada criteria

Andere criteria

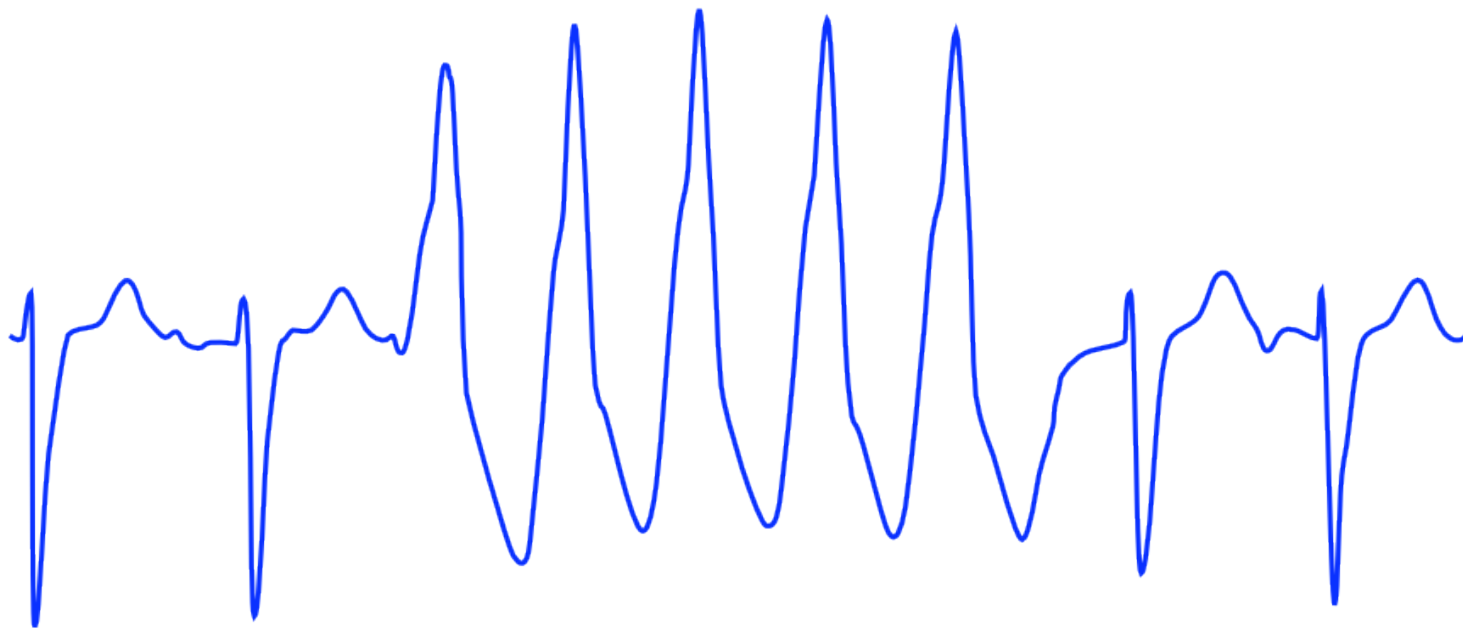
### Klinische kenmerken

- Patiënt ouder dan 65 jaar
- Myocardinfarct in VG
- “Horizontal entrance”
  - A priori kans op VT hoog!

### Definities

- **Non-sustained VT:** 3 of meer slagen, max 30 seconde
- **Sustained VT:** > 30 seconde (of minder indien gecardioverteerd)
- **Monomorfe VT:** alle ventriculaire slagen hebben dezelfde configuratie
- **Polymorfe VT:** de ventriculaire slagen veranderen van configuratie.





# VT

Klinische kenmerken

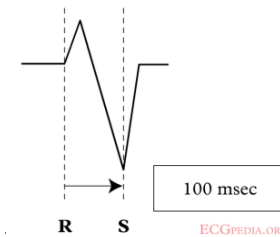
**Brugada criteria**

Andere criteria

- Fusieslagen? (SP 100)



- RS afwezig over de voorwand? (SN 21, SP 100)
- RS duur in een precordiale afl > 100ms (SN 66, SP 98)



- AV dissociatie (SN 82, SP 98,



- Morfologische criteria

# VT

Klinische kenmerken

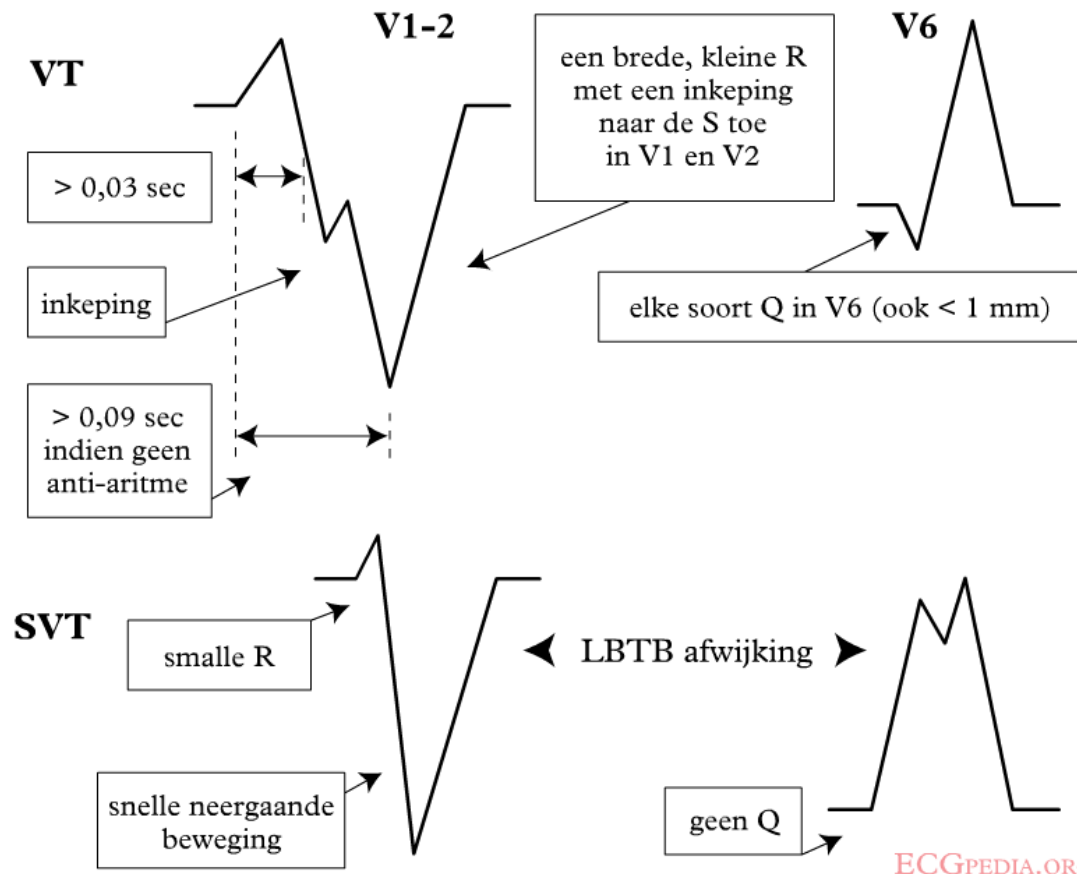
## Brugada criteria

Andere criteria

## Morfologische criteria: LBTB

Argumenten voor VT:

- Slurred or notched neergaand been van S golf in afleiding V1 of V2
- Begin Q tot nadir QS >60 ms in V1 of V2 (LR >50:1)
- Q of QS in V6 (LR >50:1)



# VT

Klinische kenmerken

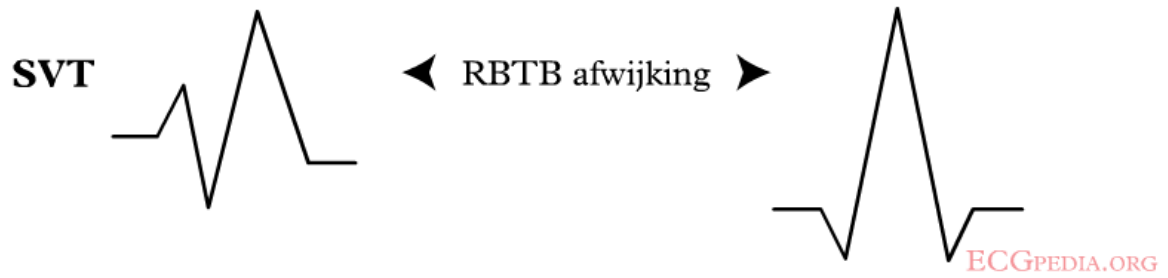
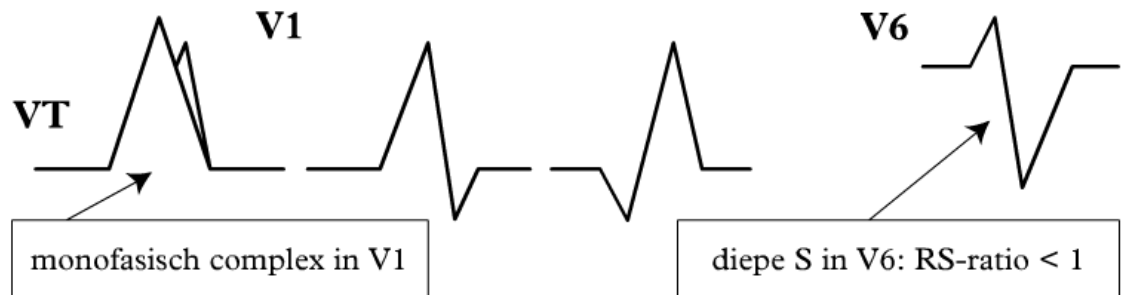
**Brugada criteria**

Andere criteria

## Morfologische criteria: RBTB

Argumenten voor VT

- Monofasische R of qR in V1
- R hoger dan R' (rabbit-ear sign) (LR >50:1)
- rS in V6 (LR >50:1)



# VT

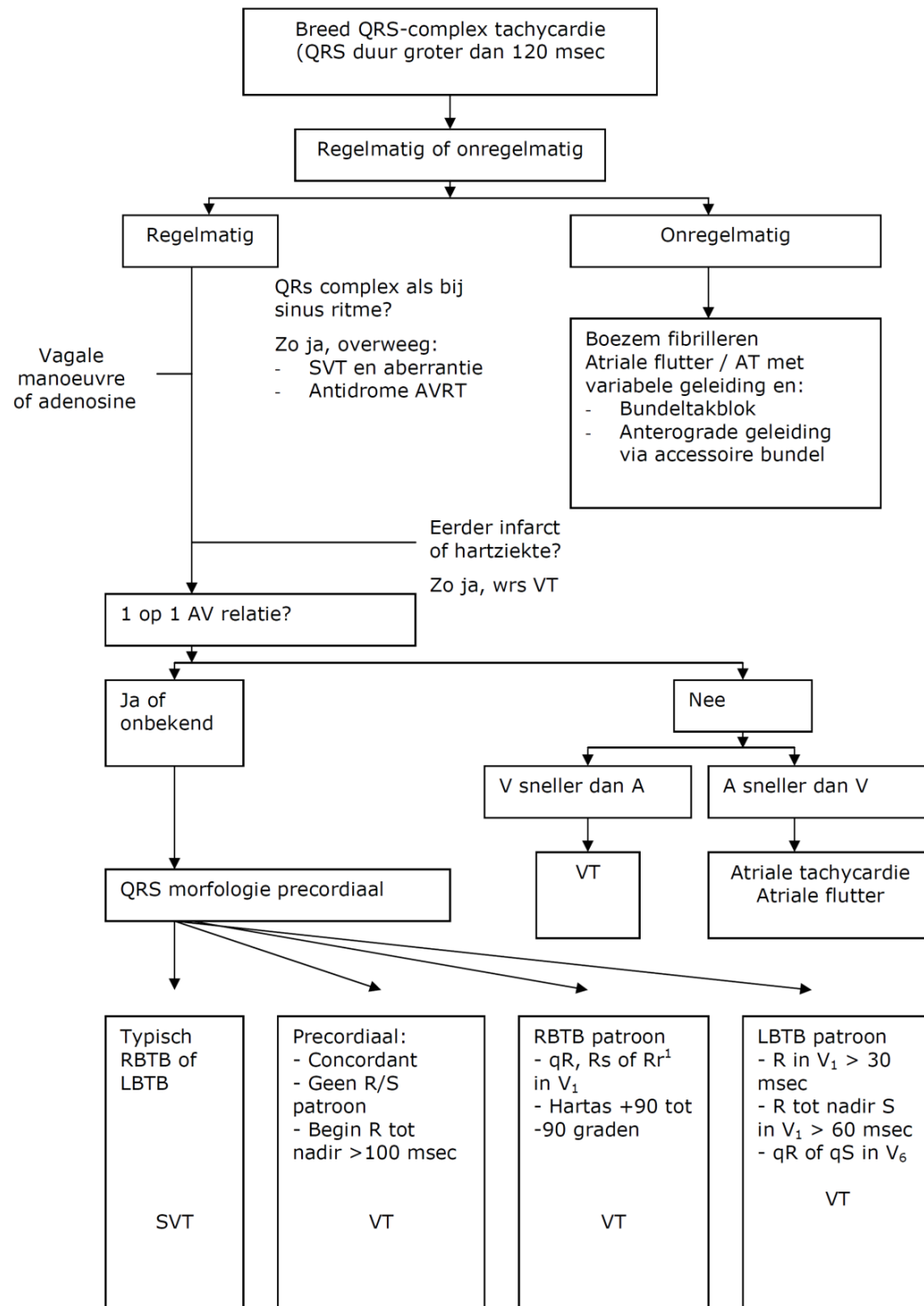
Klinische kenmerken

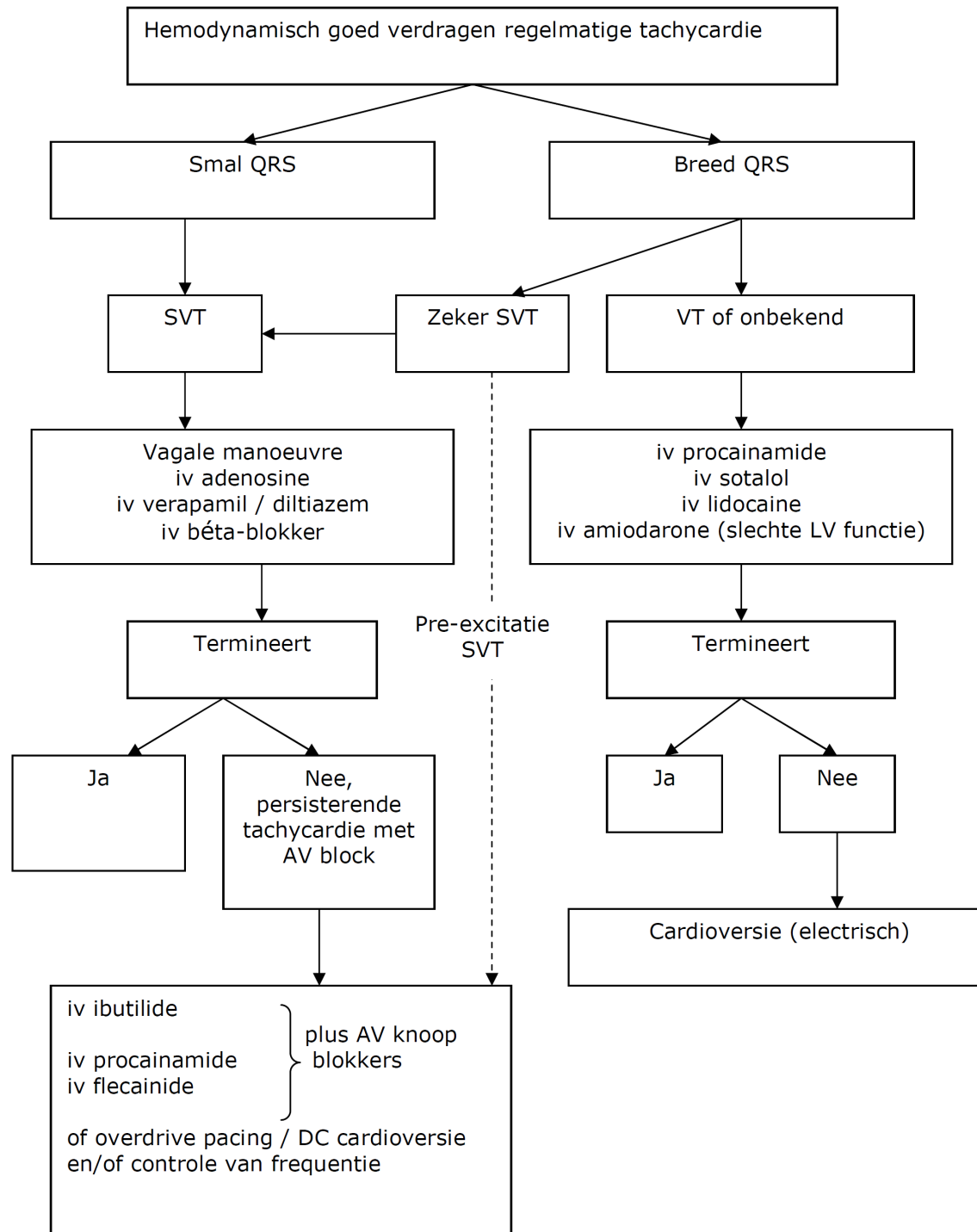
Brugada criteria

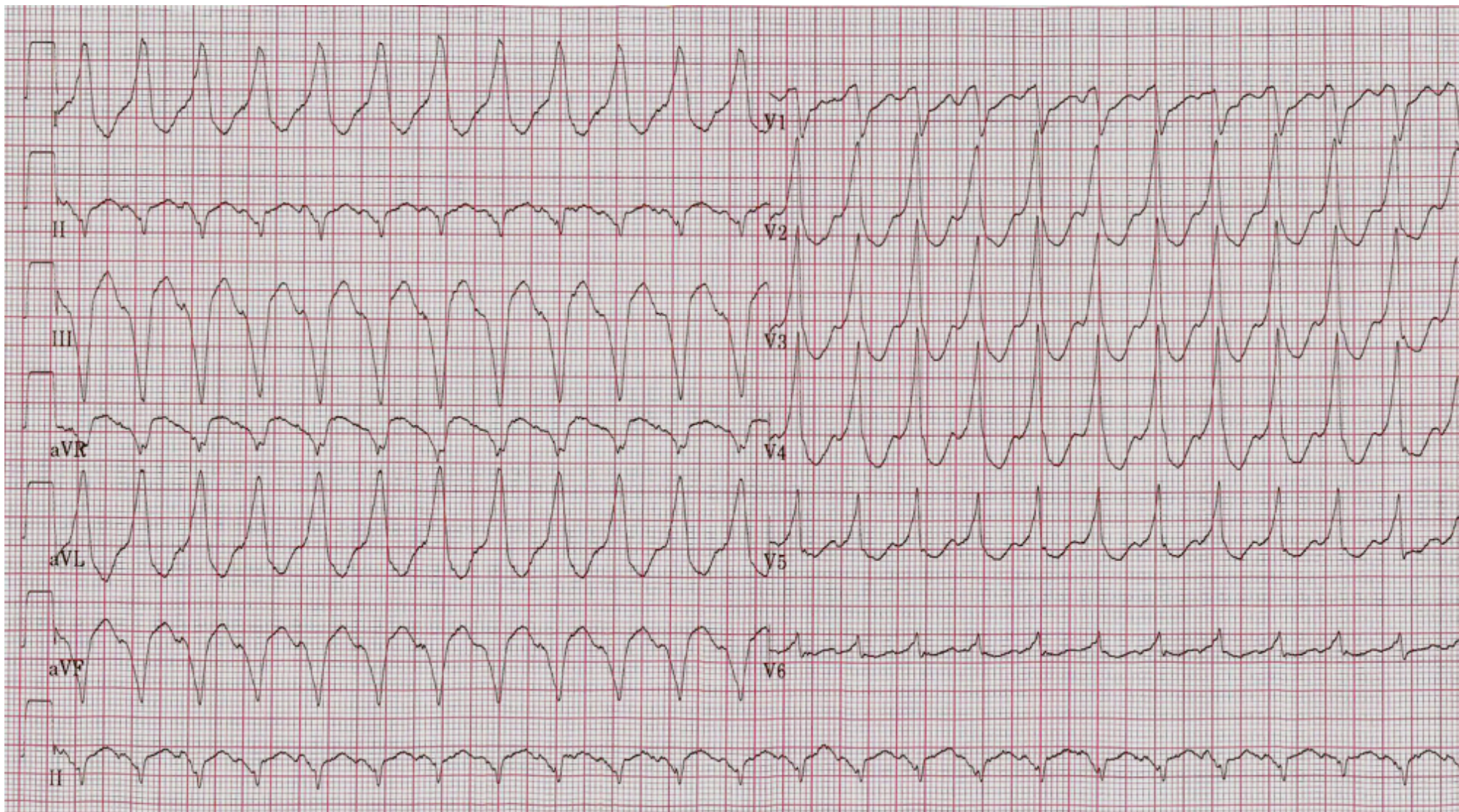
**Andere criteria**

## Argumenten vóór VT:

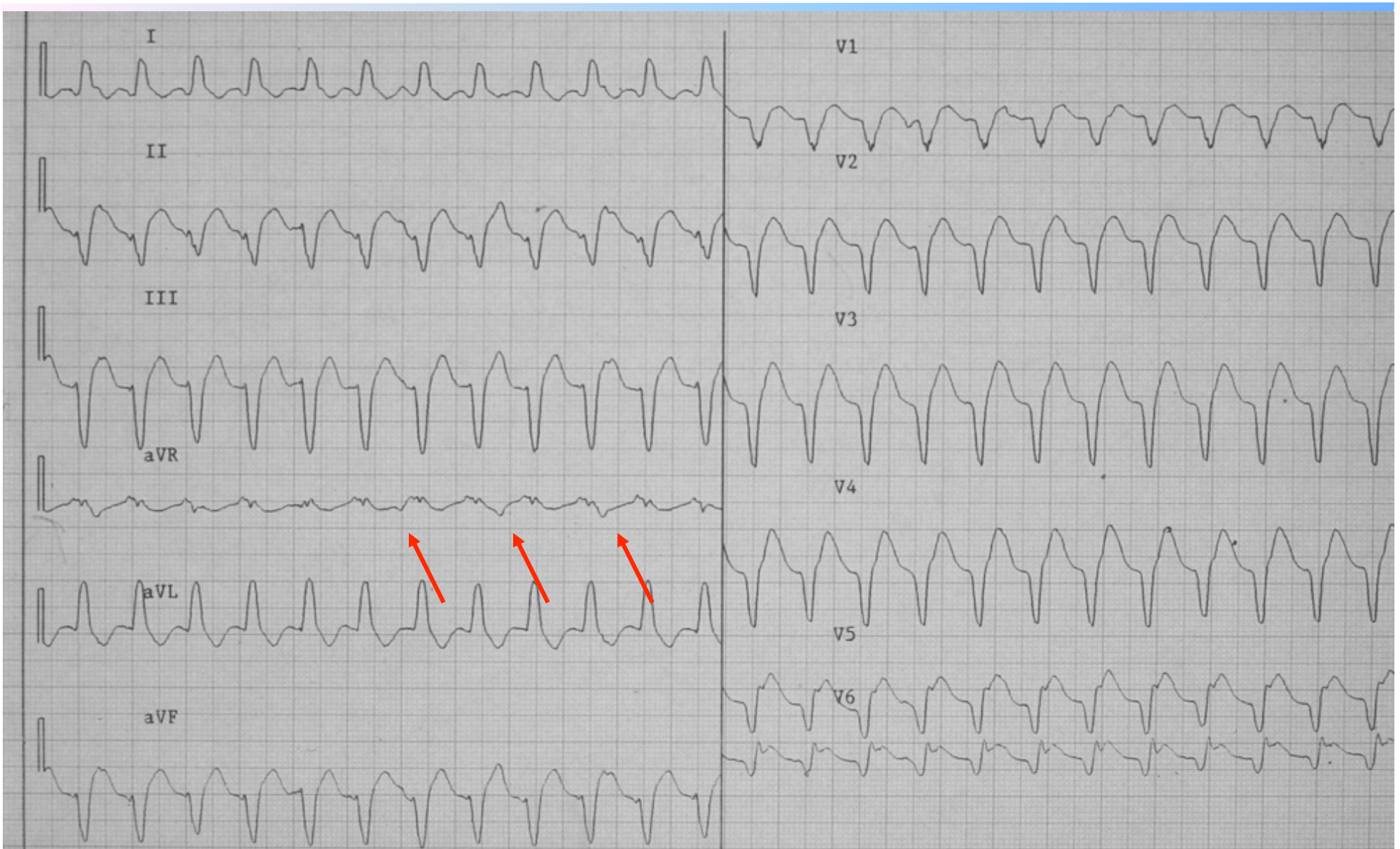
- Positief complex in AVR
- Raaklijn 1<sup>e</sup> 40ms (*V<sub>i</sub>*) tov raaklijn laatste 40ms (*V<sub>t</sub>*)
- Extreme hartas



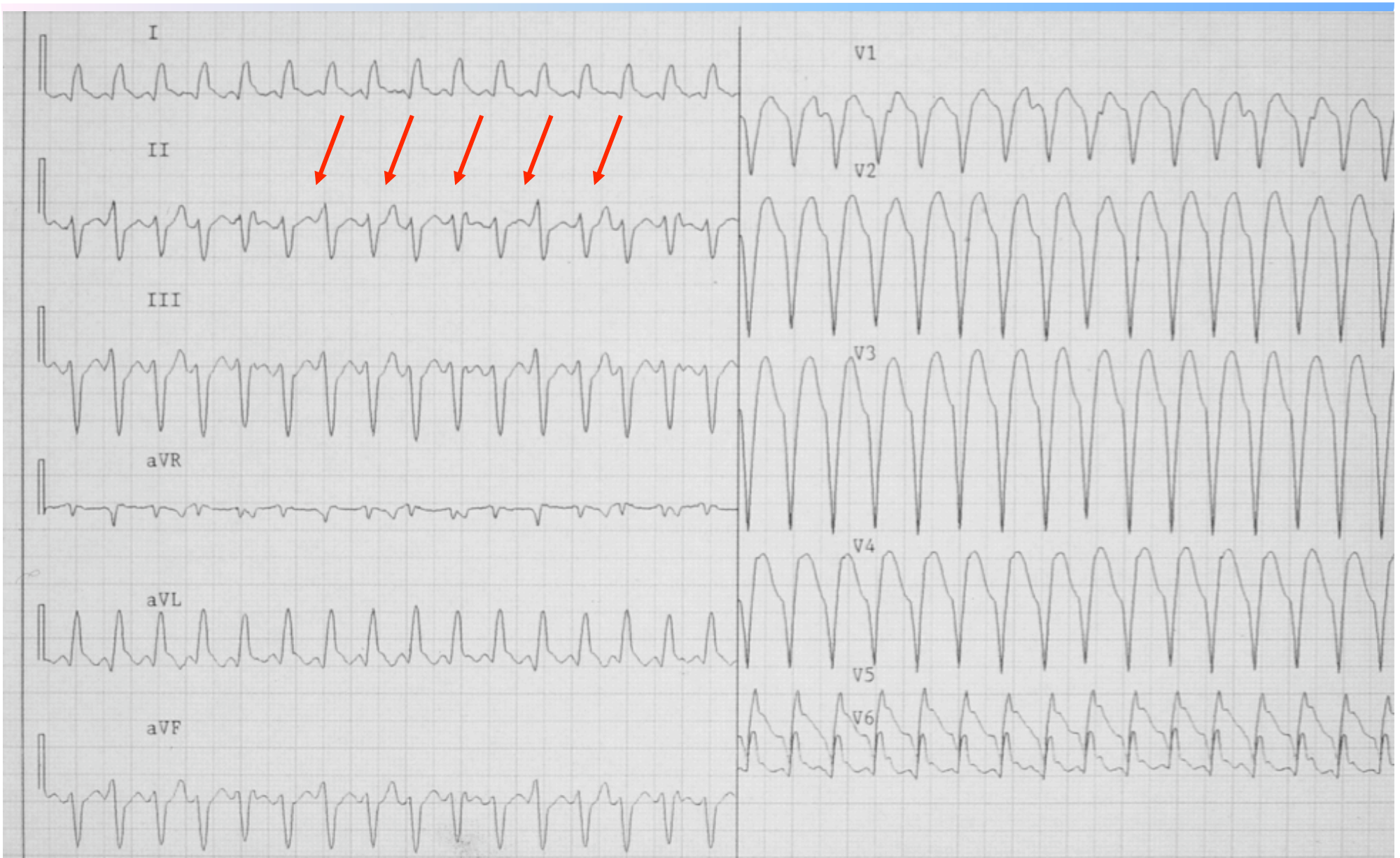




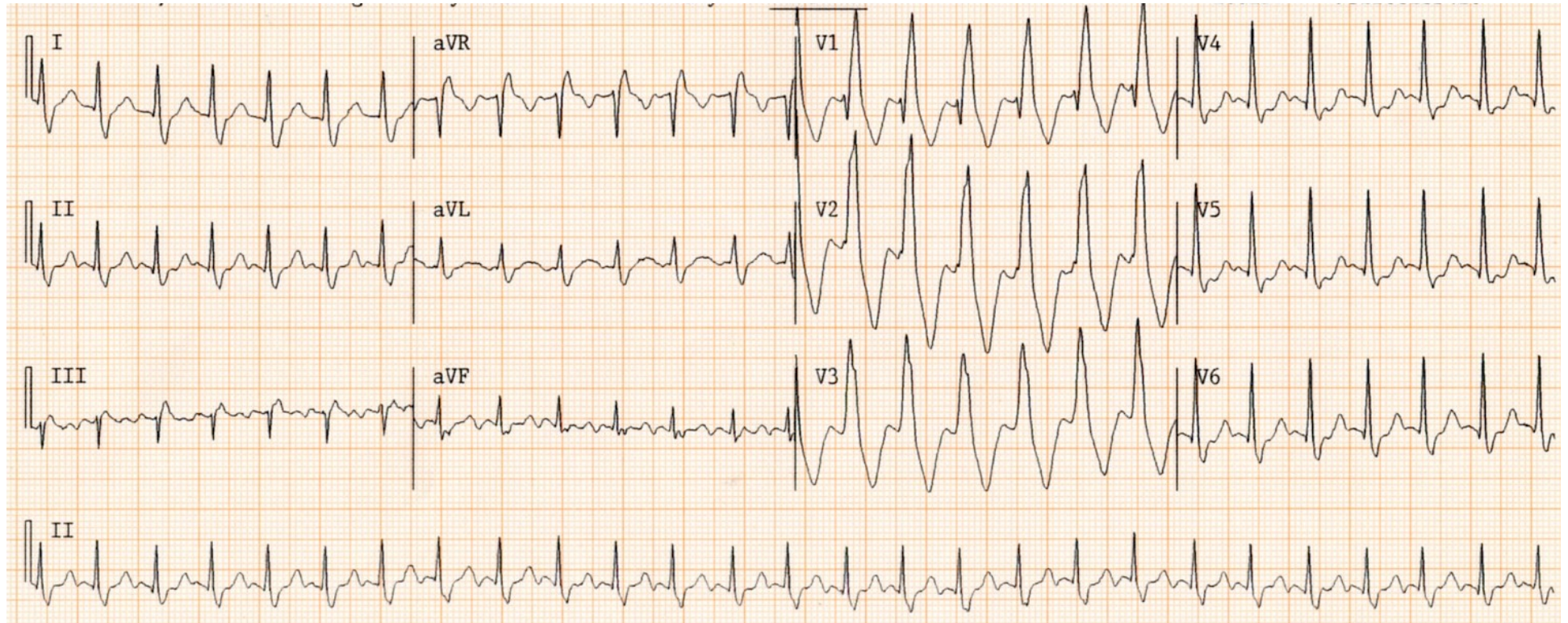




**Ventrikeltachycardie**



**Ventrikeltachycardie**



## **Breed complex tachycardie**

-Ventriceltachycardie

**-SVT met aberrante  
geleiding**

-Ventricelfibrilleren

-Ventricelflutter

-AVRT/WPW

-(anders...)

## Typisch jongere patiënt

- SVT:
  - AVNRT
  - Boezemfibrilleren
  - Boezemflutter
  - AVNRT
- + aberrantie:
  - LBTB
  - RBTB

## **Breed complex tachycardie**

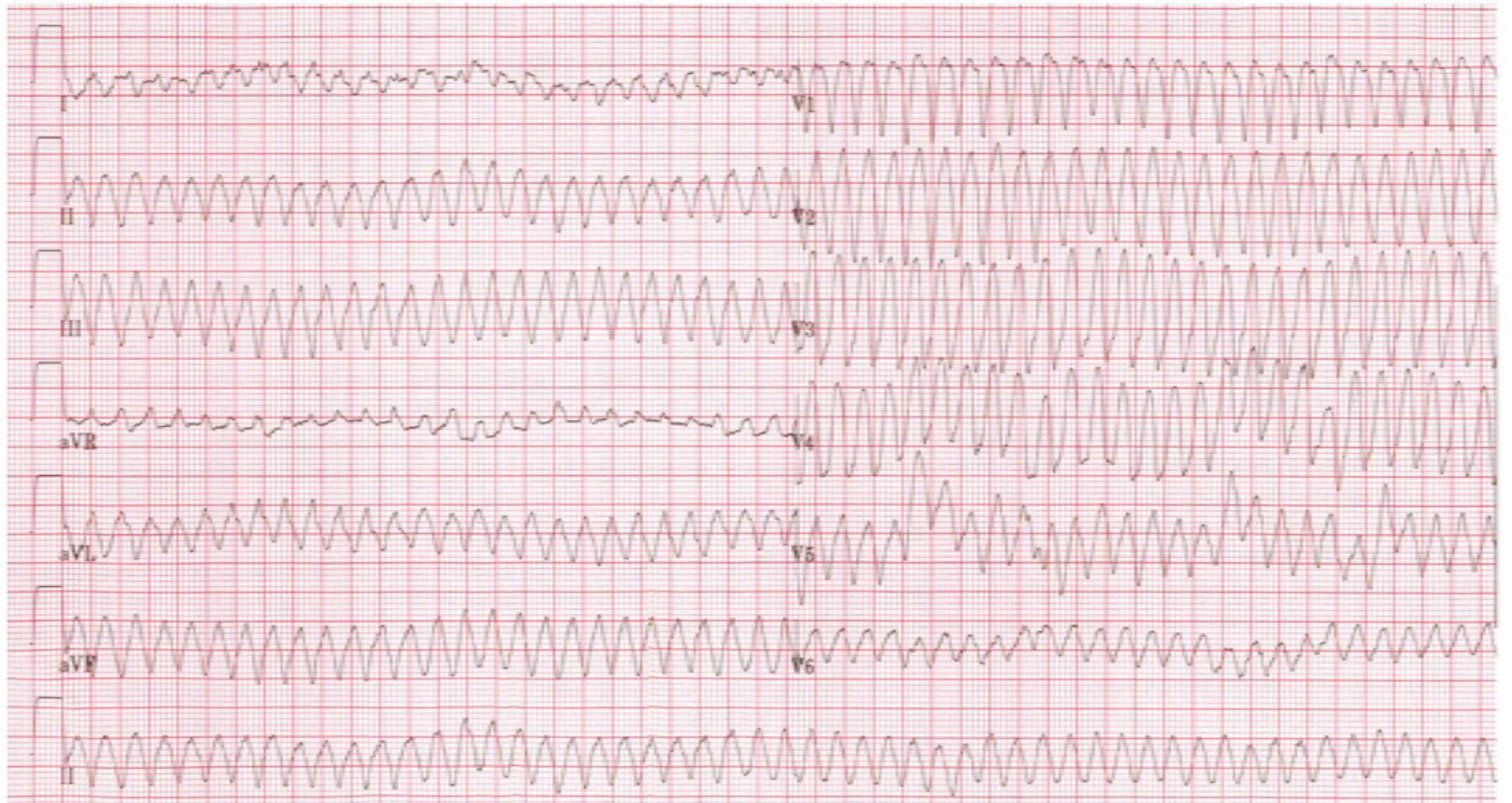
- Ventriceltachycardie
- SVT met aberrante geleiding
- Ventricelfibrilleren**
- Ventricelflutter
- AVRT
- (anders...)



## Ventrikelfibrilleren

## **Breed complex tachycardie**

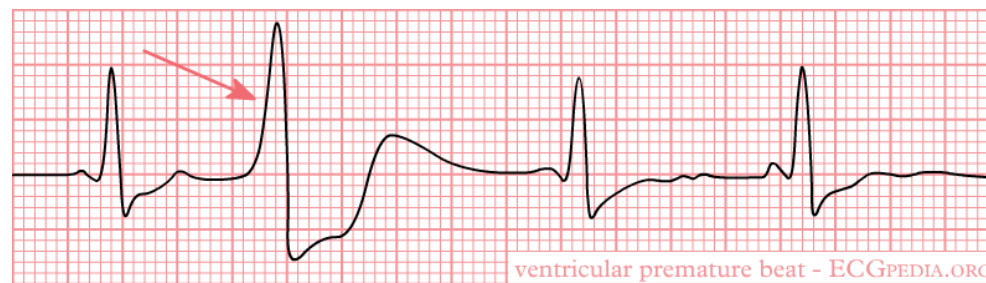
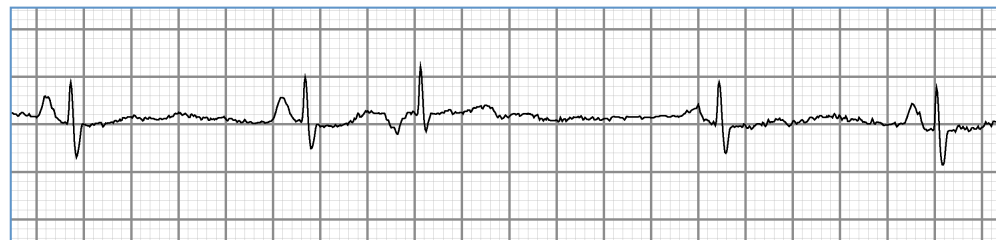
- Ventriceltachycardie
- SVT met aberrante geleiding
- Ventricelfibrilleren
- Ventricelflutter**
- AVRT/WPW
- (anders...)





# Extrasystolen

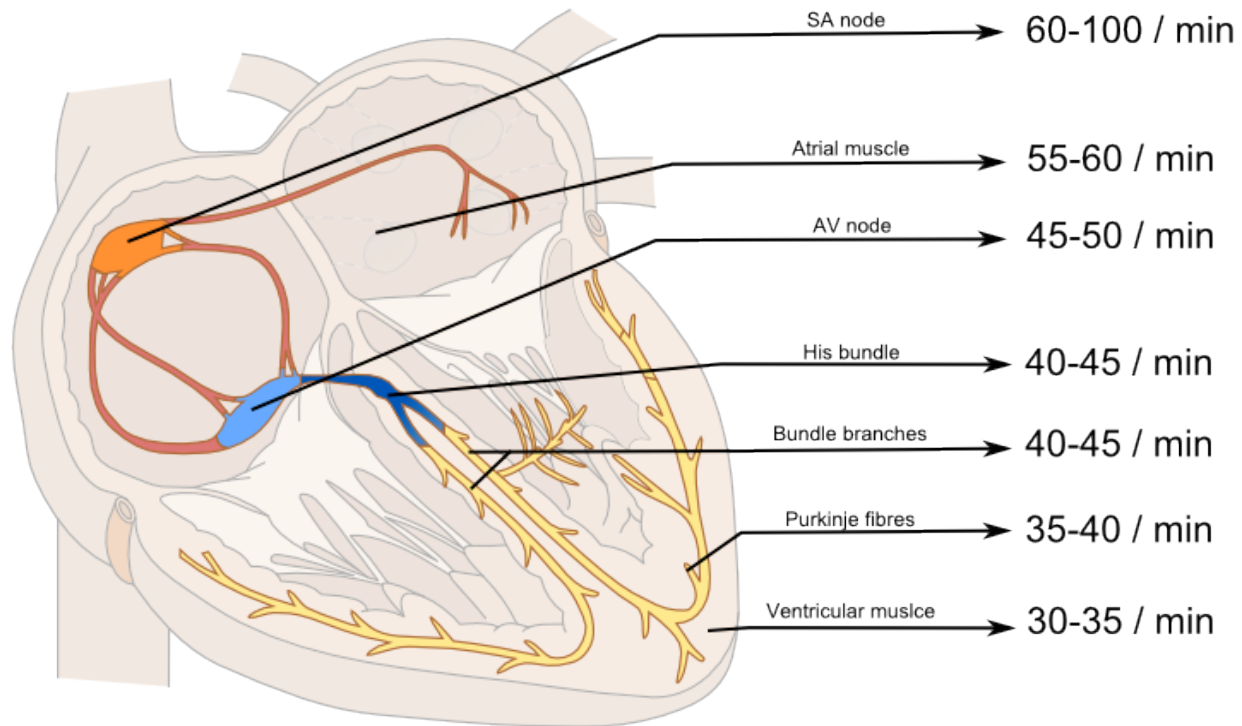
- Boezemextrasystole  
Non-compensatoire pauze
- Ventrikeextrasystole  
Compensatoire pauze

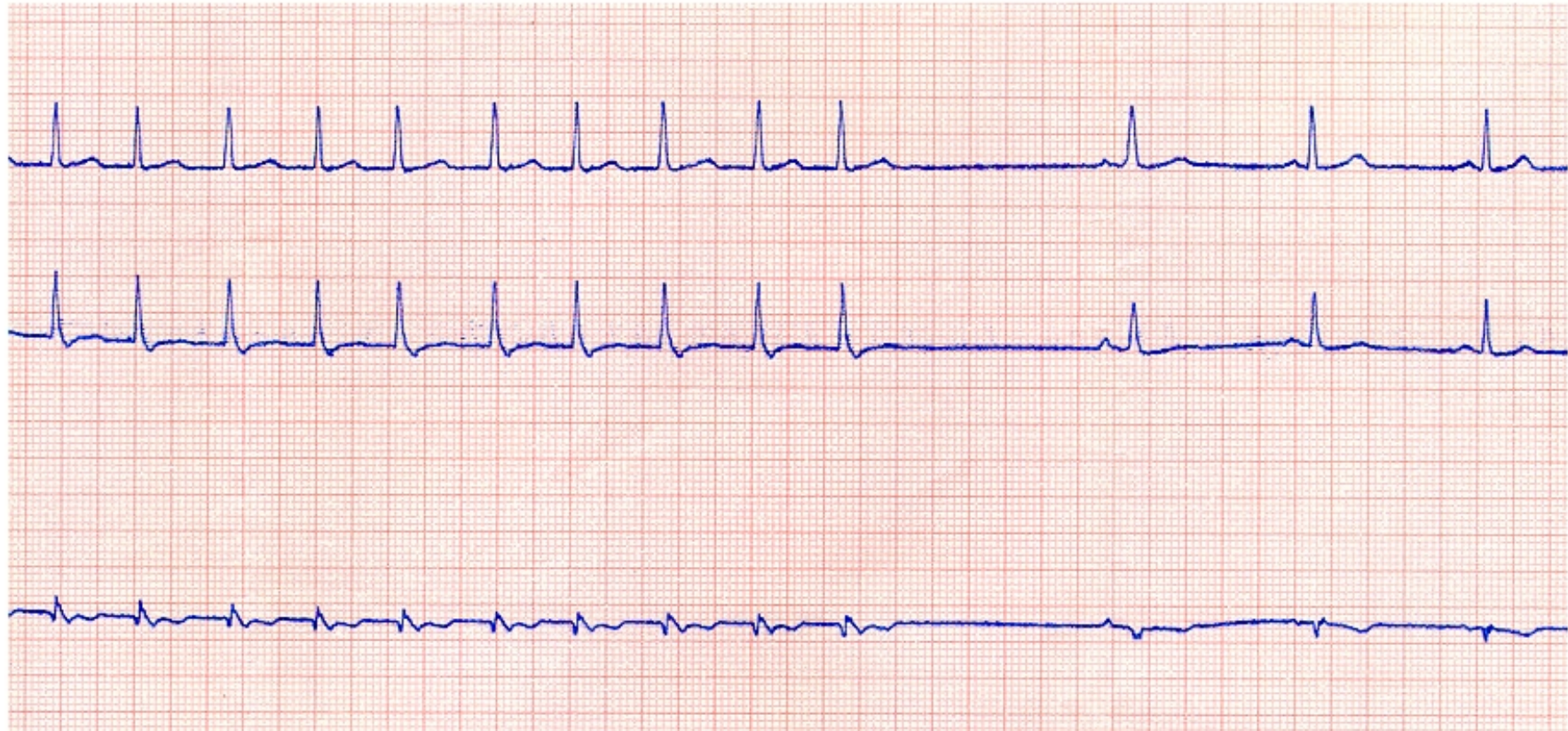


# Klinische betekenis VES

- In 15.637 apparently healthy men aged 35 to 57 years. The prevalence of VPBs was 4.4%. In a subgroup of patients with frequent (2 or more uniform VPCs every 2 minutes) and complex VPBs (multiforms, pairs, runs, R-on-T) the risk of sudden cardiac death was 4.2. (Abdalla et al. Am J Cardiol 1987 1036-42)
- In the Framingham study 12% of men and 33% of women without clinically evident coronary heart disease had frequent or complex VPBs. (more than 30 VPBs / hr or multiform premature complexes, ventricular couplets, ventricular tachycardia, or R-on-T ventricular premature complexes). In men, this was associated with a two fold increase of death. (Bikkina et al. Ann Intern Med 1992 1053)
- 73 asymptomatic healthy subjects with frequent and complex ventricular ectopy had normal survival during 6.5 years follow-up. (Kennedy et al. NEJM 1985)

# Escaperitme





Courtesy of W.G. de Voigt, MD, PhD, Amsterdam, The Netherlands