

Techniques Ablatives Ablation technologies



39^{ème} SÉMINAIRE DE CARDIOLOGIE CONGÉNITALE ET PÉDIATRIQUE

Early 90's

Surgical treatment

<1 year: life threatening arrhythmia >1 year: medically refractory arrhythmia *Case et al, Am J Cardiol 1989 Crawford et al, J Thorac Cradiovasc Surg 1990*

Direct current catheter ablation

Lemery et al, Circ 1992 Perry et al, Am J Cardiol 1992 **Comparaison of catheter ablation using radiofrequency versus direct current energy** *Huang et al, JACC 1991*

Percutaneous Radiofrequency Catheter Ablation for supraventricular Arrhythmias in Children Van Hare et al, JACC 1991



Radiofrequency Catheter Ablation of Incesssant, Medically Resistant Supraventricular Tachycardia in Infants and Small Children Case et al, JACC 1992

7 pts 3.4 to 13 kg



Radiofrequency catheter ablation in children and adolescents Kugler et al, NEJM 1994

625 Patients / 725 procedures 20 centers







Pediatric Radiofrequency Catheter Ablation Registry. Success, Fluoroscopy Time, and Complication Rate for Supraventricular Tachycardia Kugler et al, JCE 2002

7610 pts



NASPE Expert Consensus Conference

Friedman et al, PACE 2002





Technology Breakthroughs





EHRA and AEPC-Arrhythmia Working Group joint consensus statement Brugada et al, EUROPACE 2013





PACES/HRS expert consensus statement on the use of catheter ablation in children and patients with congenital heart disease *Saul et al, HR 2016*

Energy

Radiofrequency



Lesion

- 5 to 6 mm in diameter
- 2 to 3 mm deep



Radiofrequency





Heat lost to circulating blood Zone of conductive heating Zone of resistive heating



Efficacy

- Power delivered
- Tissu contact
- Tissu temperature reached
- Duration of delivery

Saul et al, Circ. 1994

Radiofrequency







Lesion size X 3



Cryoablation

ATH



+ 70oC 50 W 60 seconds

-75oC 1 x 4 minutes

Source: Khairy P, et al. Circulation 2003; 107:2045-2050

• Cryo mapping





• Cryo ablation



Riccardi et al, Ital Heart J 2003

RF vs Cryo



		RF	Cryo	
Sucess rate	AVRT	92%	70 to 85%	
	AVNRT	97%	80 to 97%	
AV block		1 to 3%	0%	
Recurrence		10%	7 to 45%	

- With Cryo
 - Lower risk of coronary injury
 - Less pain
 - Lower fluoroscopy time
 - Less local thrombus
 - Lower operator stress

Triedman JK, J Cardiovasc electrophysiol. 2009 Drago et al, Pediatric Cardiol. 2006 Kriebel et al, J Cardiovasc electrophysiol. 2005 Bar-Cohen et al, H Rhythm. 2006

Nonfluoroscopic Electroanatomic mapping



Complex anatomy and substrat









3D Carto + UNIVU



Safety margin



Safety margin







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<u>Study Map Point Catheter ECG Display Imaging Window Tools Help</u>

Radiation Exposure

- Risk of Leukaemia X3 for cumulative radiation dose > 30mGy
- Risk of Brain Tumor X2 for cumulative radiation dose > 60mGy





 Cancer incidence rate + 24% after CT scan exposure (4.5 mSv)

Mathews et al, BMJ 2012



Risk of cancer after cardiac catheterization procedure in childhood

- Dose to lung and breast
 - 1 to 17 mSv
 - ASD or PDA closure
 - Pulmonary valvulation
- Lifetime attributable risk of cancer
 - 4.2 per 1000 in boys (lung)
 - 22.2 per 1000 in girls (breast)



Journy et al. INSERM 1018 Under review







Magnetic navigation

Magnetic Navigation

Small magnets in the tip of the catheter align parallel to magnetic field lines



Niobe – Magnetic positions

- Magnets are rotated away from the patient table
- 5 Gauss line for this position is marked on the floor



MAGNETIC FIELDS ARE <u>ALWAYS</u> ON!







In conclusion



Save the date



World Congress of Pediatric & Congenital Rhythm Disorders

2018 Special Focus Arrhythmias in Adult Congenital Heart Disease

Save the date!

October 13-16 2018 Munich [Le Meridien, Munich, Germany]