

# BRADYCARDIE SINUSALE : QUEL BILAN

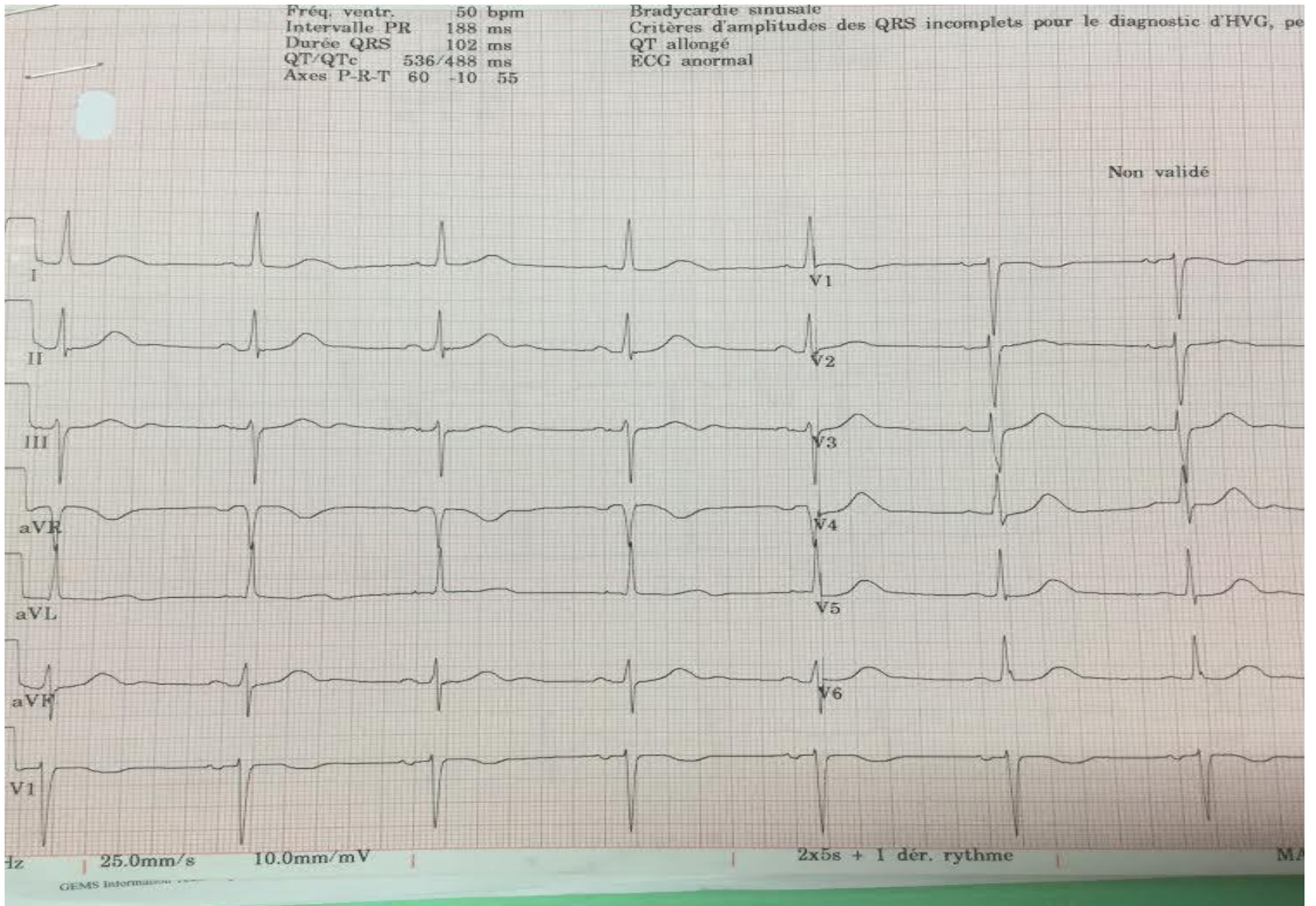
Niro Marjorie

CCA, service de rythmologie, CHU d'Angers

Journée de cardiologie

09/06/2016

# ECG 1



# INTERPRETATION

- Bradycardie sinusale car  $FC < 60/\text{min}$
- Rythme sinusal : onde P + en inferieur et en V1

# Interrogatoire

- Causes extrinsèques :
  - Traitement médicamenteux bradycardisant (b bloquant, amiodarone, digoxine....)
  - Anomalies métaboliques
- Symptômes associés :
  - Syncope
  - Dyspnée d'effort
  - Insuffisance cardiaque

# Symptômes

- 2 hypothèses à éliminer
  - BAV complet paroxystique
  - Dysfonction sinusale symptomatique
- Patients potentiellement éligibles à l'implantation d'un stimulateur cardiaque
- Corrélation des symptômes nécessaires en cas de dysfonction sinusale

# BILAN : SI SYMPTOMES

**Table 6** Diagnosing bradyarrhythmic syncope after the initial evaluation: most useful tests

Prolonged electrocardiogram monitoring strategy	Provocative (laboratory) test strategy
<ul style="list-style-type: none"><li>• Holter</li><li>• External loop recorder</li><li>• Remote at-home telemetry</li><li>• Implantable loop recorder</li></ul>	<ul style="list-style-type: none"><li>• Carotid sinus massage</li><li>• Tilt table test</li><li>• Electrophysiological study</li><li>• Exercise test</li></ul>

ECG = electrocardiogram

# MONITORING ECG

**Table 7** Suggested ECG monitoring techniques depending on symptom frequency

Frequency of symptoms	Suggested ECG monitoring technique
<ul style="list-style-type: none"><li>• Daily</li></ul>	<ul style="list-style-type: none"><li>• 24 h Holter, in-hospital telemetric monitoring</li></ul>
<ul style="list-style-type: none"><li>• Every 2–3 days</li></ul>	<ul style="list-style-type: none"><li>• 48–72 h Holter, in-hospital telemetric monitoring</li></ul>
<ul style="list-style-type: none"><li>• Every week</li></ul>	<ul style="list-style-type: none"><li>• 7 day Holter or external loop recorder</li></ul>
<ul style="list-style-type: none"><li>• Every month</li></ul>	<ul style="list-style-type: none"><li>• 14–30 days external loop recorder</li></ul>
<ul style="list-style-type: none"><li>• Less than once per month</li></ul>	<ul style="list-style-type: none"><li>• Implantable loop recorder</li></ul>

ECG = electrocardiogram.

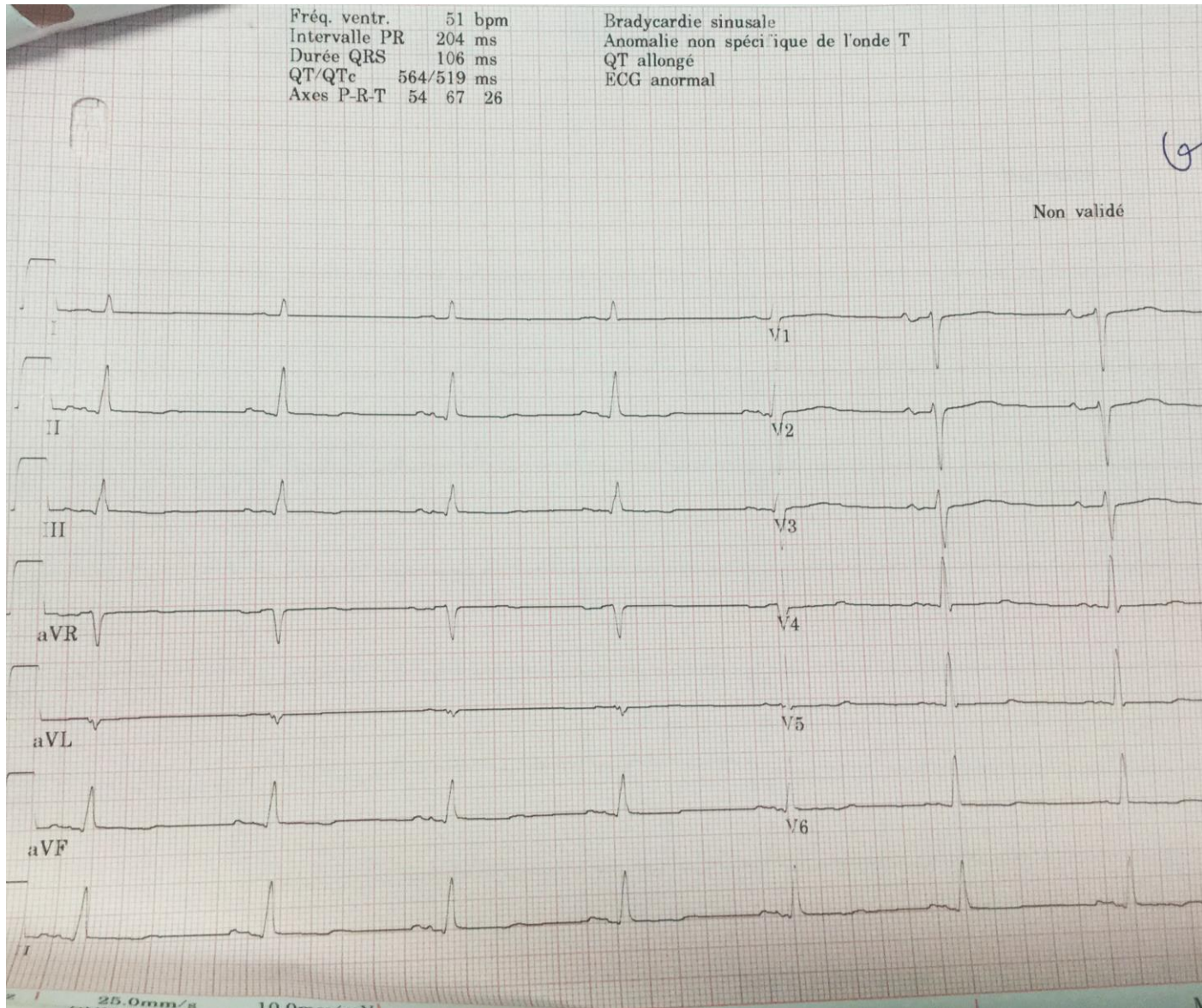
# Indication de stimulateur

## Indication for pacing in patients with persistent bradycardia

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>	Ref. <sup>c</sup>
1) <b>Sinus node disease.</b> Pacing is indicated when symptoms can clearly be attributed to bradycardia.	I	B	1, 6-9
2) <b>Sinus node disease.</b> Pacing may be indicated when symptoms are likely to be due to bradycardia, even if the evidence is not conclusive.	IIb	C	-
3) <b>Sinus node disease.</b> Pacing is not indicated in patients with SB which is asymptomatic or due to reversible causes.	III	C	-
4) <b>Acquired AV block.</b> Pacing is indicated in patients with third- or second-degree type 2 AV block irrespective of symptoms.	I	C	-
5) <b>Acquired AV block.</b> Pacing should be considered in patients with second-degree type I AV block which causes symptoms or is found to be located at intra- or infra-His levels at EPS.	IIa	C	-
6) <b>Acquired AV block.</b> Pacing is not indicated in patients with AV block which is due to reversible causes.	III	C	-



# ECG 2



# Interprétation

- Bradycardie sinusale
- Allongement du QTC > 500 msec



Bradycardie sinusale post-cardioversion après imprégnation en amiodarone

# Conclusion

- Bradycardie sinusale asymptomatique : pas de traitement et pas d'exploration



## **PHYSIOLOGIQUE**

- Bradycardie sinusale symptomatique :
  - Arrêt des traitements
  - Explorations à prévoir : indication d'un stimulateur cardiaque possible