

BRADYCARDIE SINUSALE : QUEL BILAN

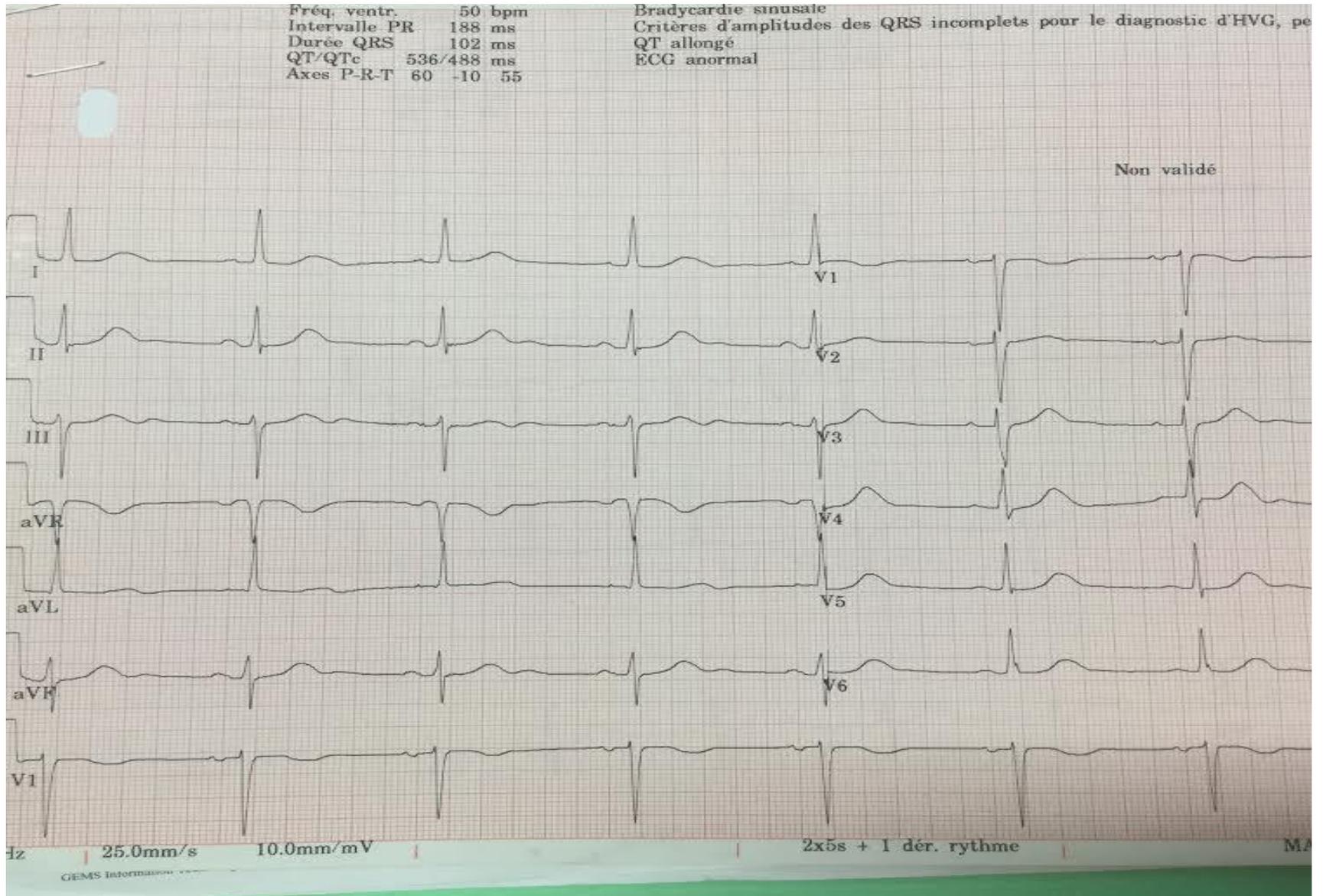
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ECG 1



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">• Holter• External loop recorder• Remote at-home telemetry• Implantable loop recorder	<ul style="list-style-type: none">• Carotid sinus massage• Tilt table test• Electrophysiological study• Exercise test

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

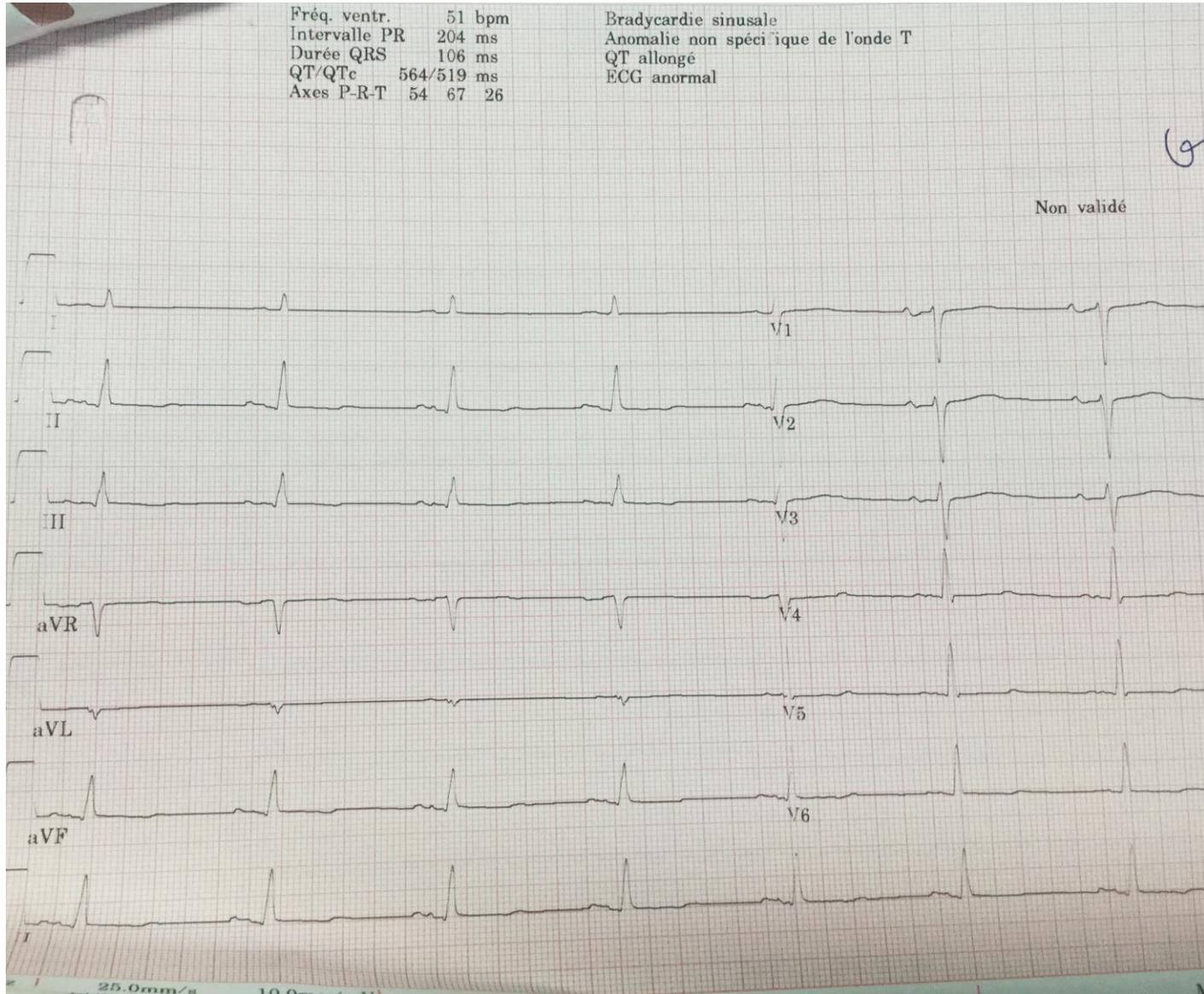
ECG = electrocardiogram.

Indication de stimulateur

Indication for pacing in patients with persistent bradycardia

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

ECG 2



Interprétation

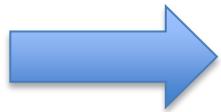
- Bradycardie sinusale
- Allongement du QTC > 500 msec



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