



INSTITUTE FOR CLINICAL AND EXPERIMENTAL MEDICINE DEPARTMENT OF CARDIOLOGY

Cardioneuroablation for AVB

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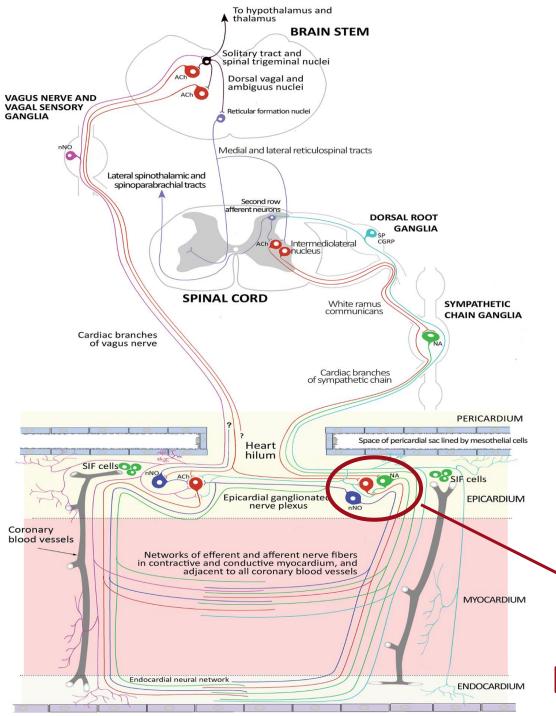
Kocaeli Derince Training and Research Hospital, Kocaeli-Turkey





Disclosures

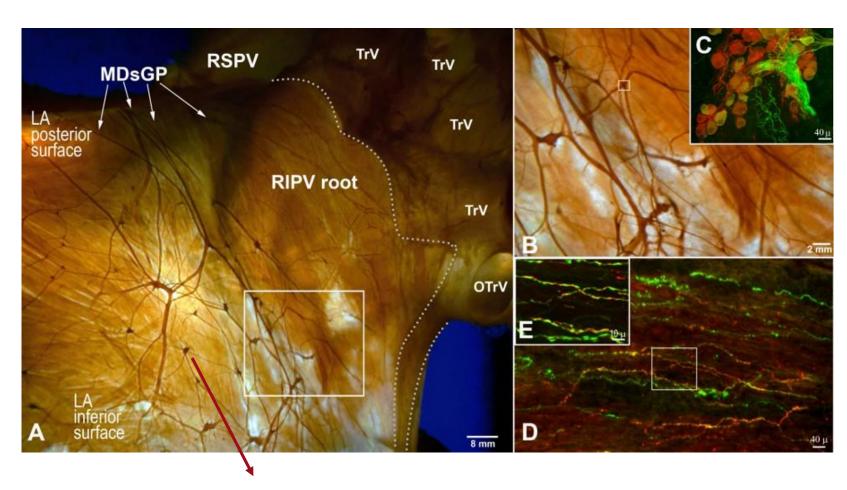
• I have nothing to declare relevant to the topic in discussion



- Cardioneuroablation: catheter based autonomic modulation of intrinsic cardiac nerve system
- ICNS contains both efferent parasympathetic and sympathetic motor neurons, afferent sensory neurons and local circuit neurons/interneurons
- Although most autonomic ganglia are embedded within the epicardium, there is a highly dense network of efferent nerve fibers at the myocardial and endocardial levels.

Epicardial ganglia

Macrophotograph of the posteroinferior surface of LA with the RIPV stained histochemically for acetylcholinesterase



The concept of GP defines grouping epicardial ganglia in different sites

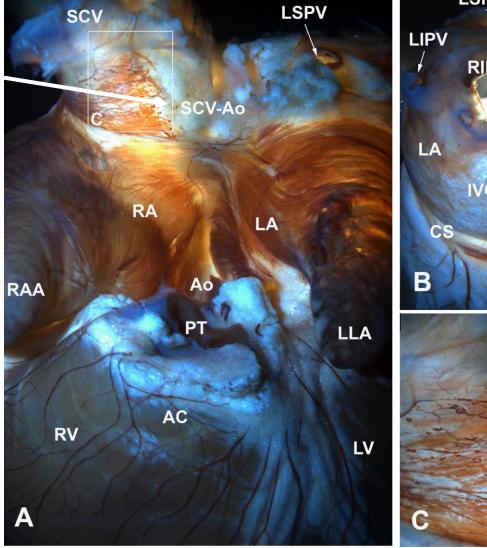
Epicardial ganglia

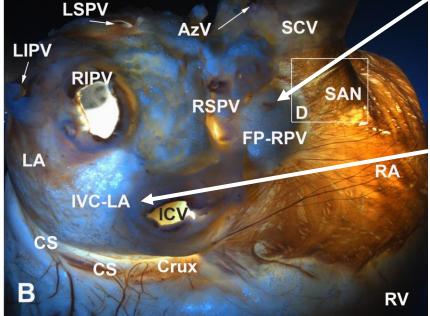
Autonomic innervation in animals

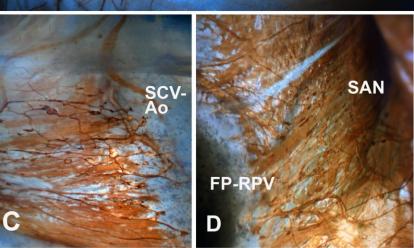
Epicardial Fat Pads Nomenclature

RPV-RA fat pad

Ao-SVC fat pad



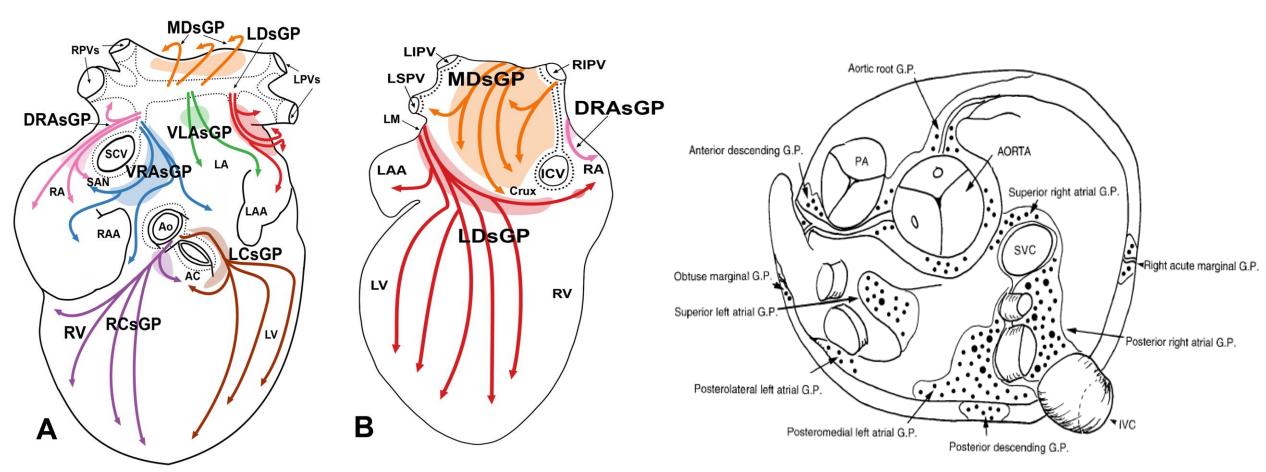




IVC-LA fat pad

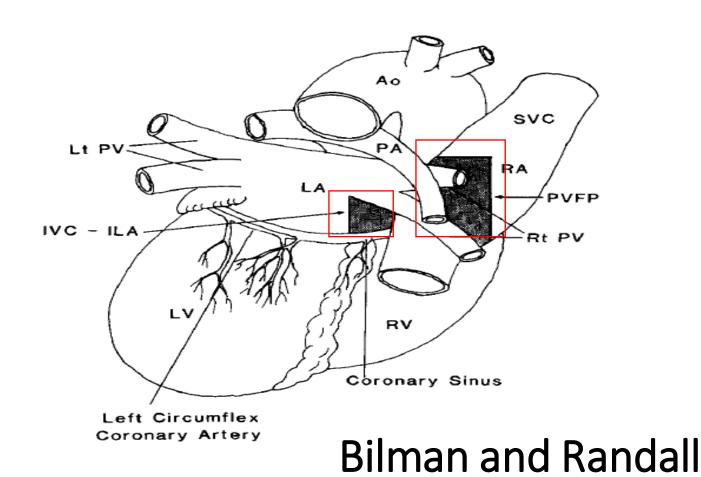
Anatomical organization in human

Intrinsic CANS consists of epicardial ganglia and neuronal extensions of these ganglia on the human atria and ventricles (Ganglionated subplexuses)



Selective innervation of SAN and AVN in animal experiments

The monkey



IVC-ILA + PVFP

BP 100 |

RAE

RVE

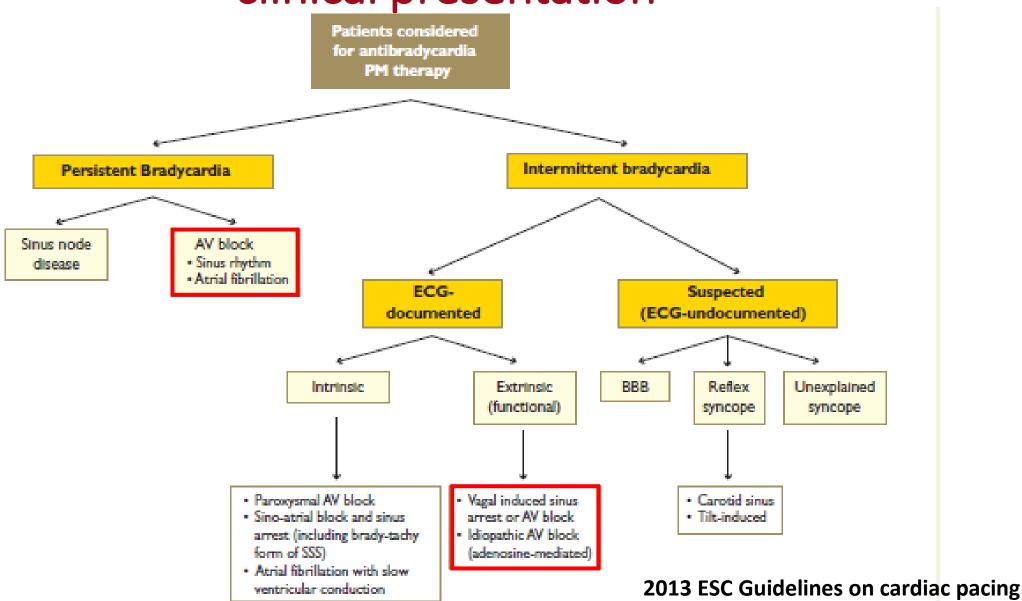
STIM STIM + PAG

RIGHT VAGUS

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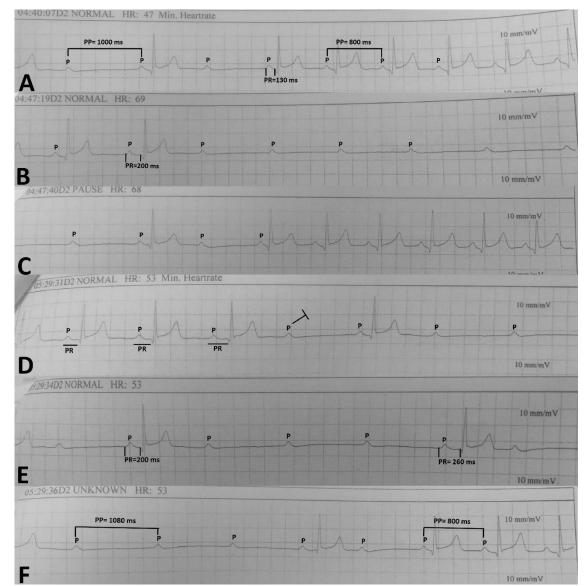
J Auton Nerv Syst. 1989 Feb;26(1):27-36.

Classification of bradyarrhymias based on the patients' clinical presentation



Paroxysmal AVB

HOLTER RECORDINGS of CASE



*ECG characteristics before, during, and after the episode should be carefully examined.

*A clear sinus rate slowing during episode

*PR prolongation before AVB

*Contrary, PR remains unchanged and sinus rate increases or does not change in intrinsic PAVB.

Are all persistent AVB intrinsic?

Evaluate atropine response ID: Name: Medication: Sex: Male Birth Date: Years Hg 103 bpm Symptoms: 10 mm/mV 25 mm/s Filter: H50 d 35 Hz 10:

CLINICAL DATA on AVB

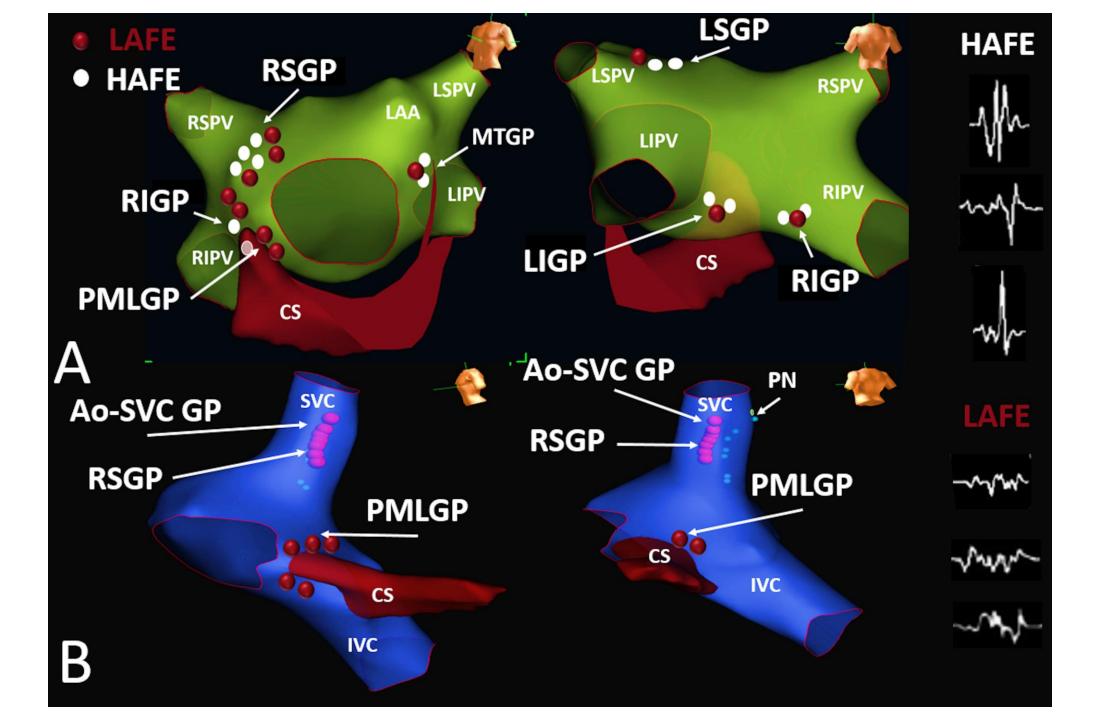


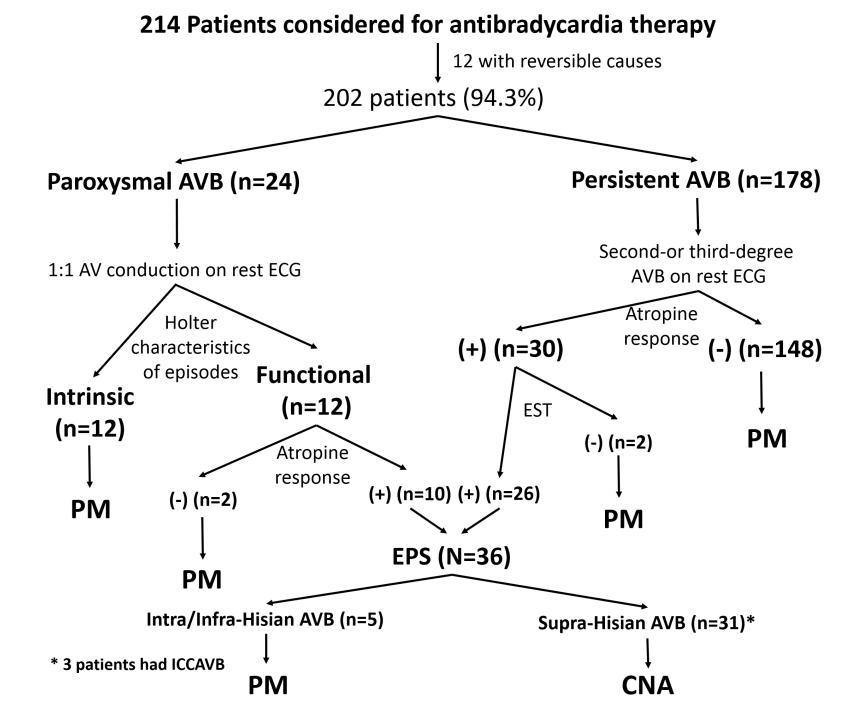
Cardioneuroablation For Atrioventricular Block: A Single Center Experience

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Affiliations

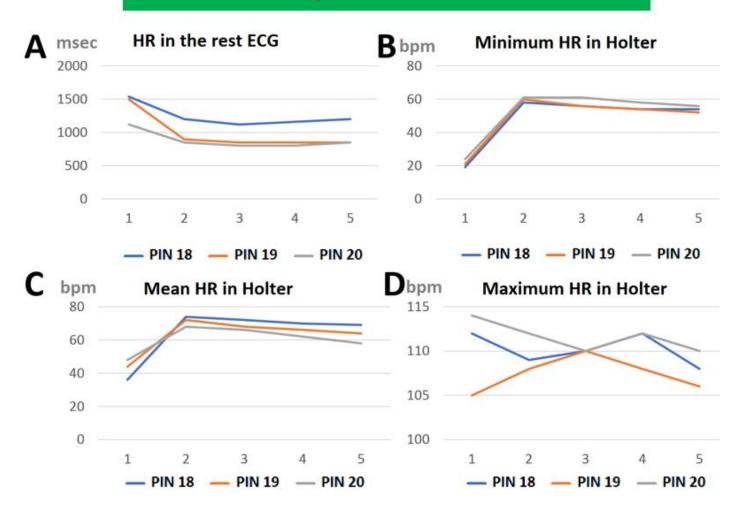
1 Kocaeli Derince Training and Research Hospital, Kocaeli, Turkey 2 Istanbul-Cerrahpasa University Hospital, Istanbul, Turkey 3 Kansas City Heart Rhythm Institute and Research Foundation, Kansas City, United States





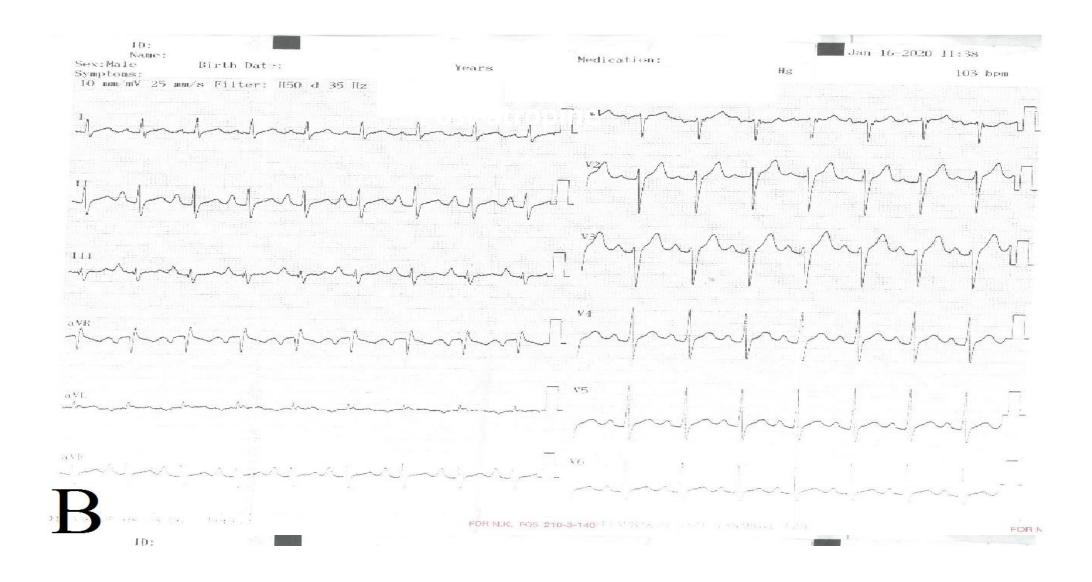
Isolated Congenital Complete AVB

HR values of patients with ICCAVB



Inclusion criteria are an average heart rate less than 50 bpm or abrupt symptomatic pauses in ventricular rate which were 2 or more times the baseline cycle length on Holter recordings

Case-1

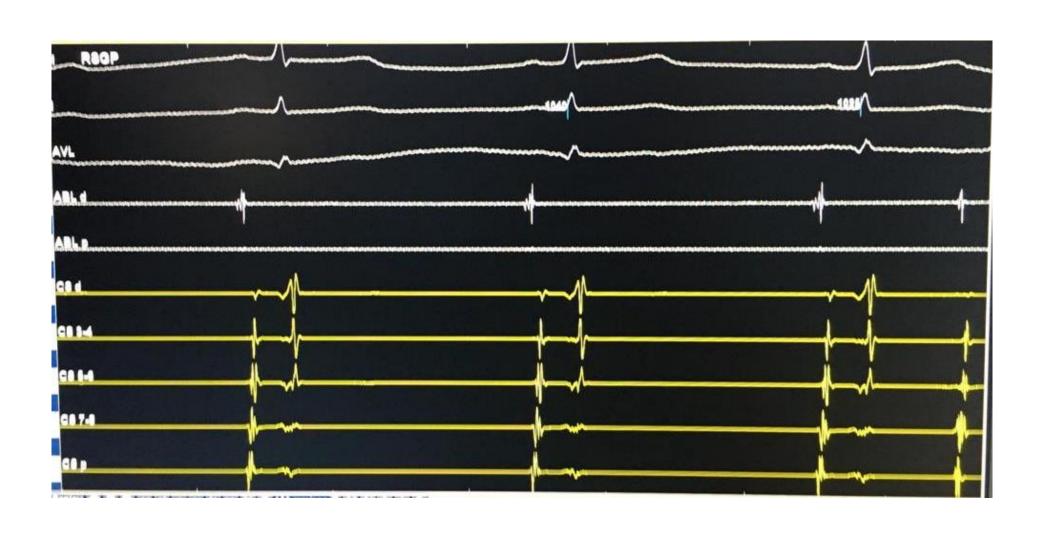


Aksu T et al J Am Coll Cardiol Case Rep. 2020 Sep, 2 (11) 1793-1801.

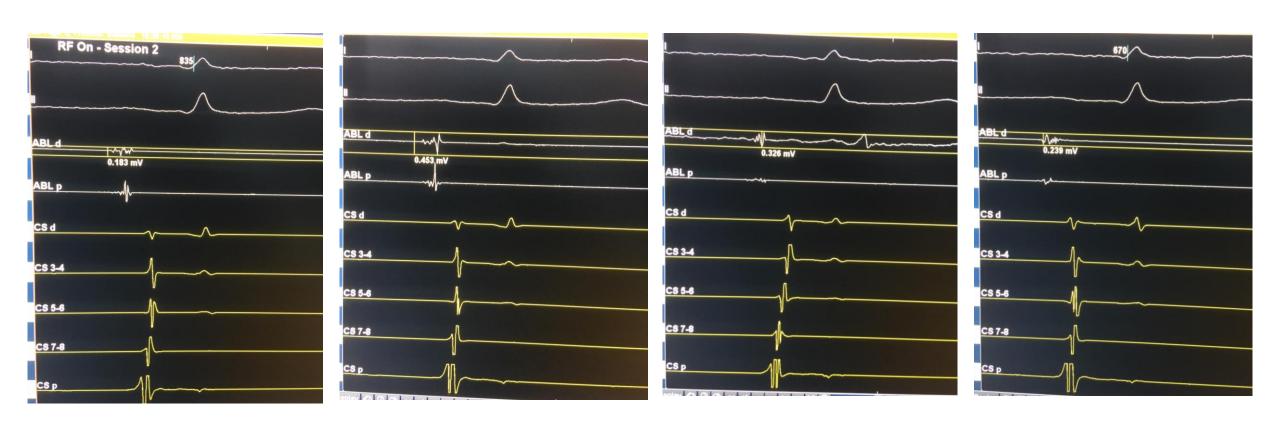
Map RA and LA quickly by using multipolar catheters

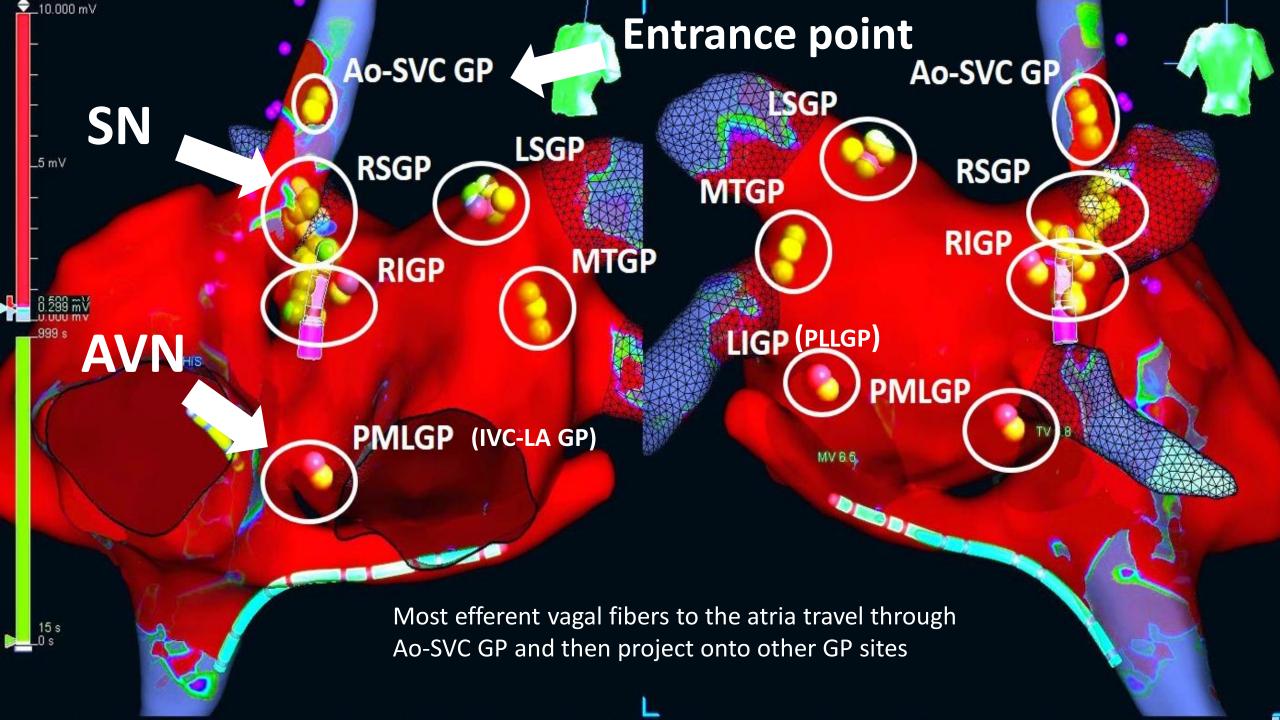


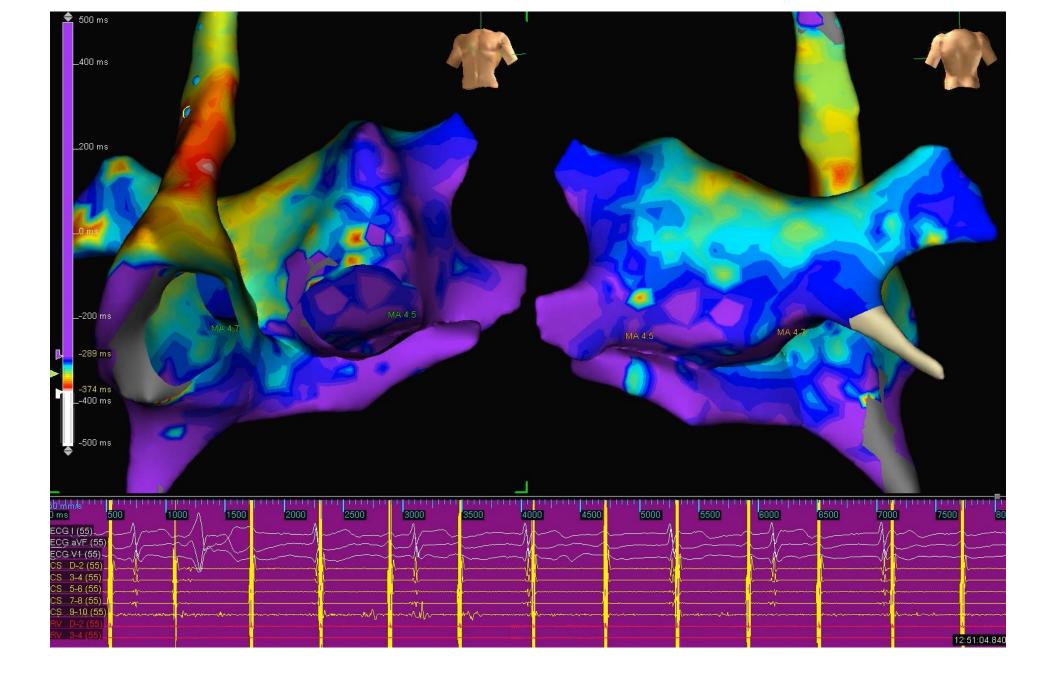
Real-time EGM examples

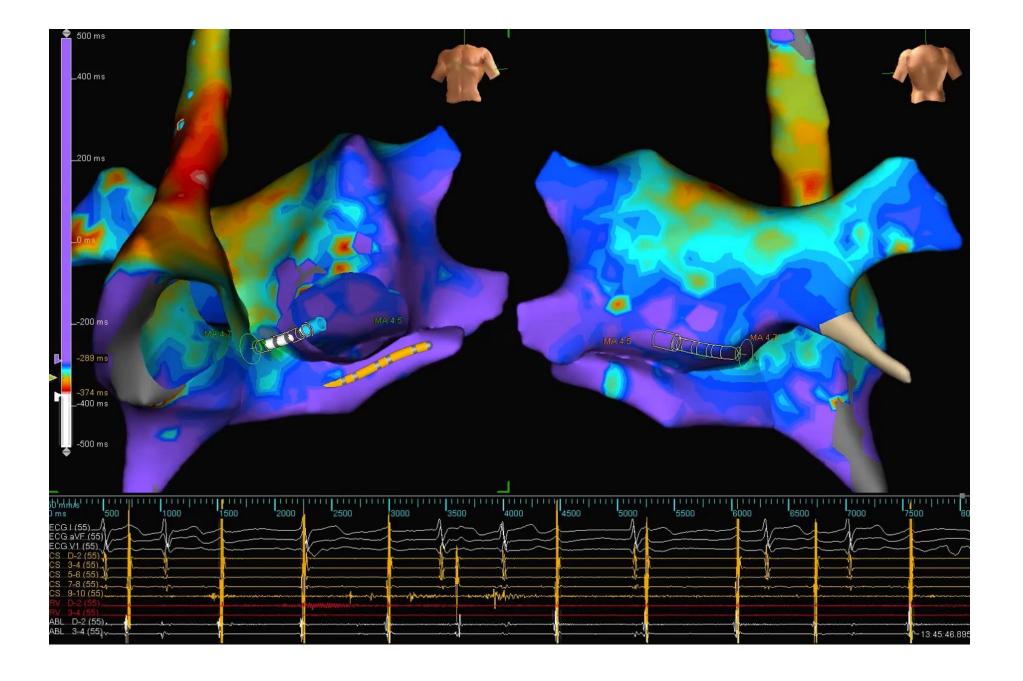


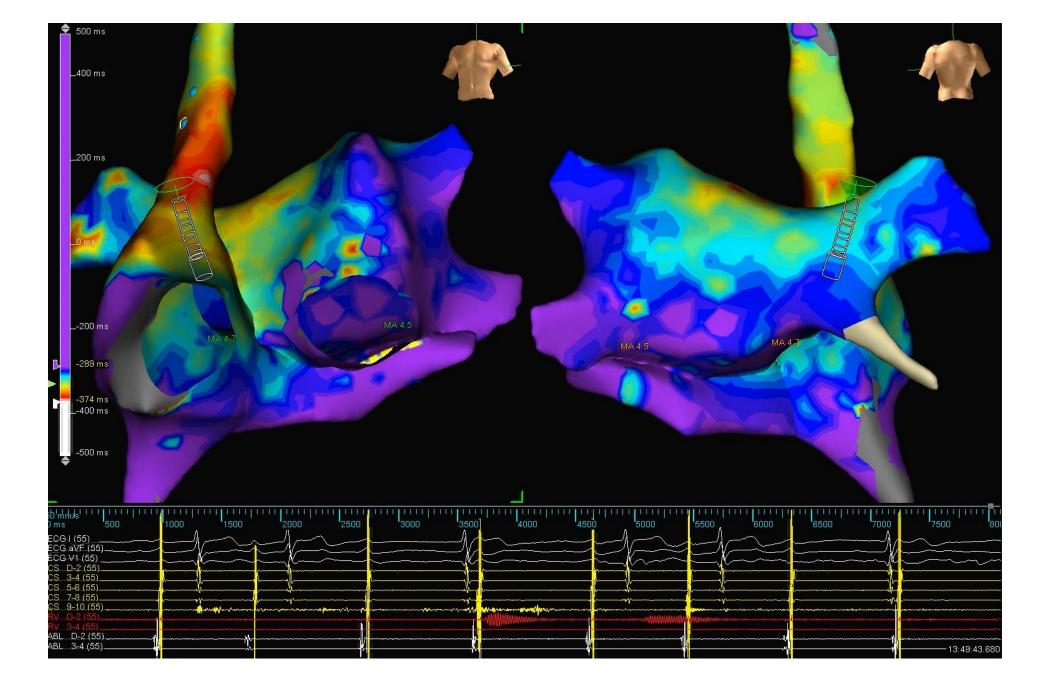
Real-time EGM examples





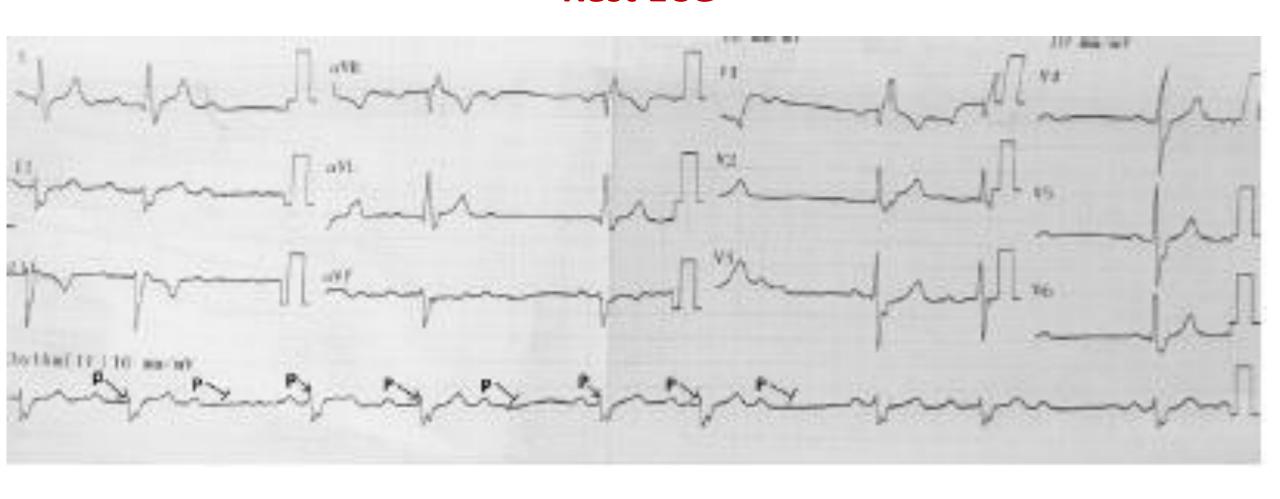




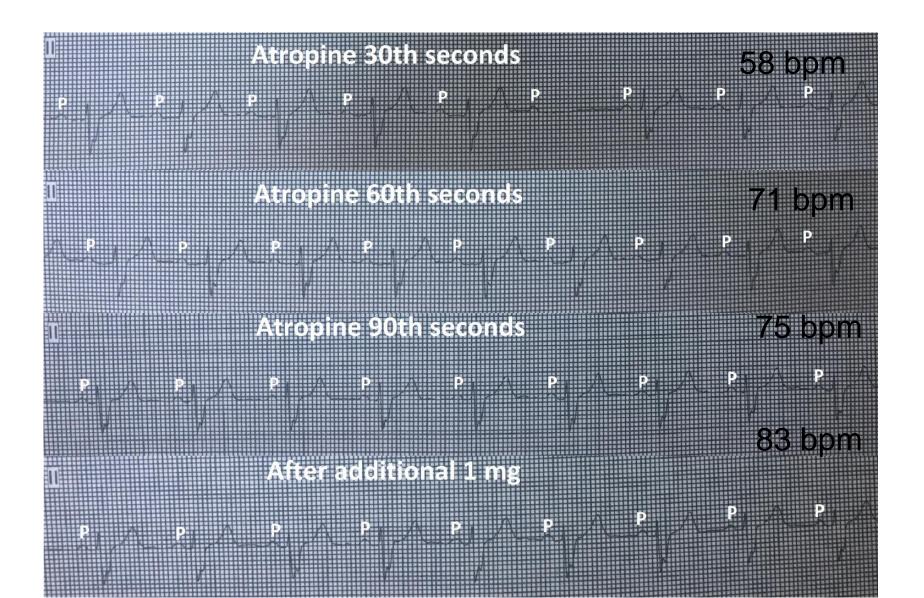


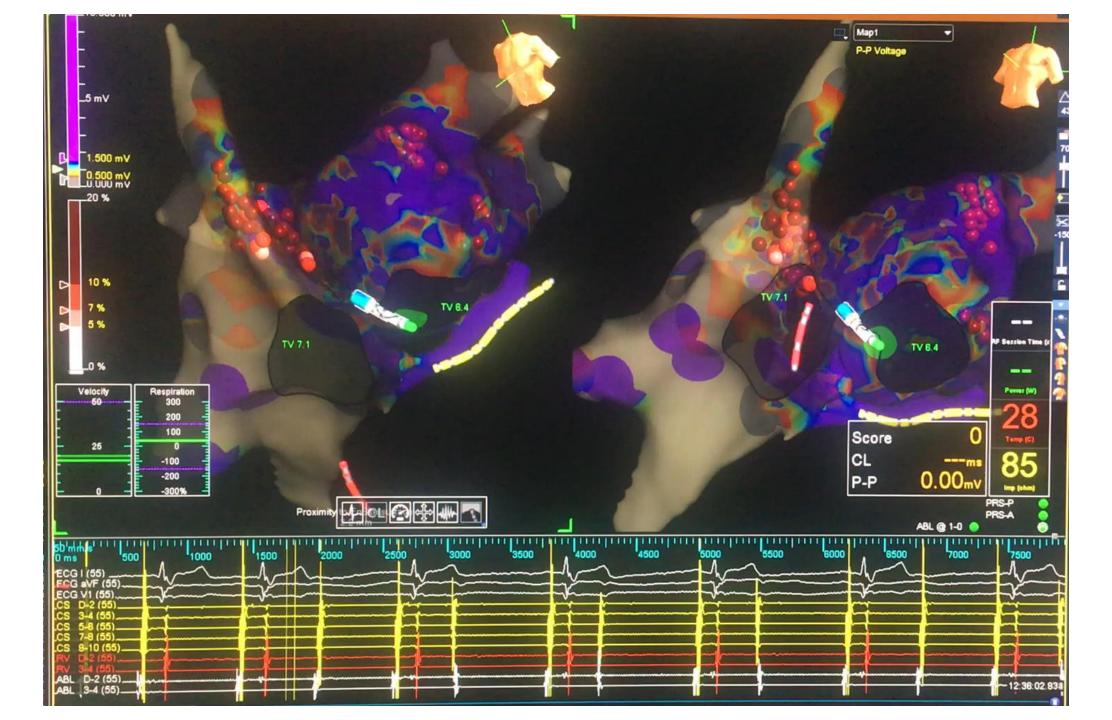
Case-2

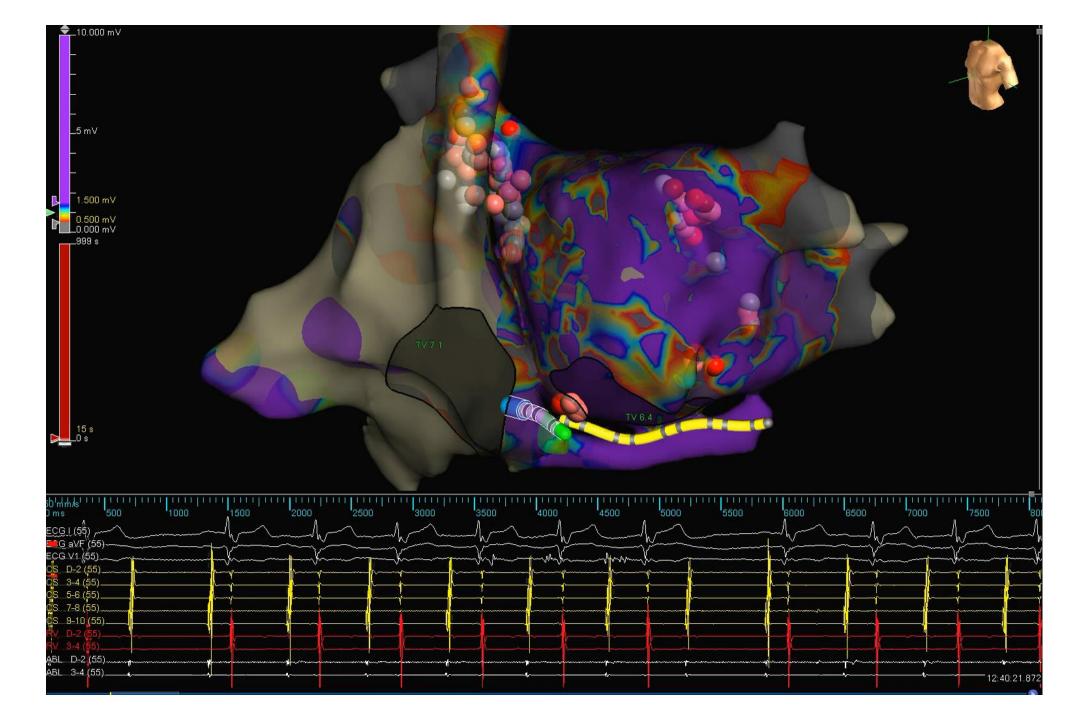
Rest ECG

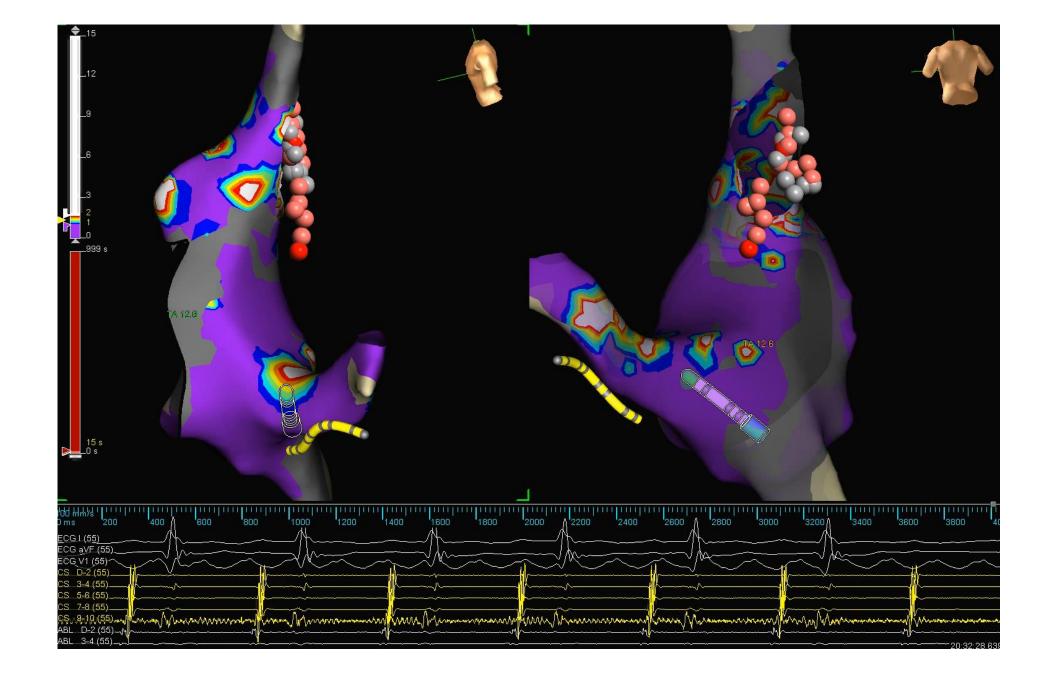


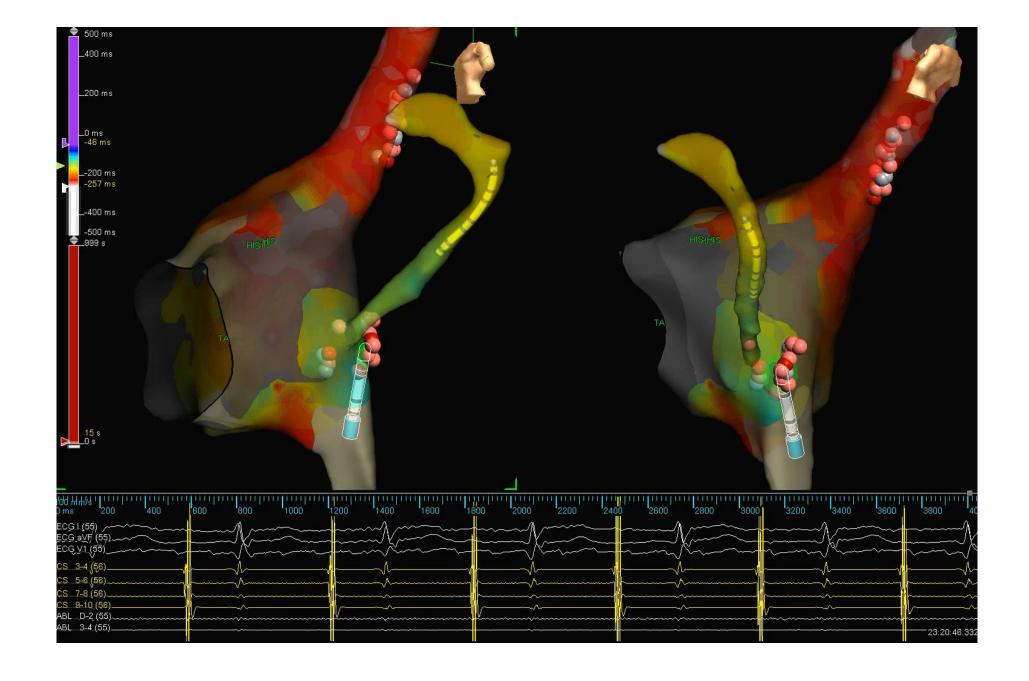
Atropine response



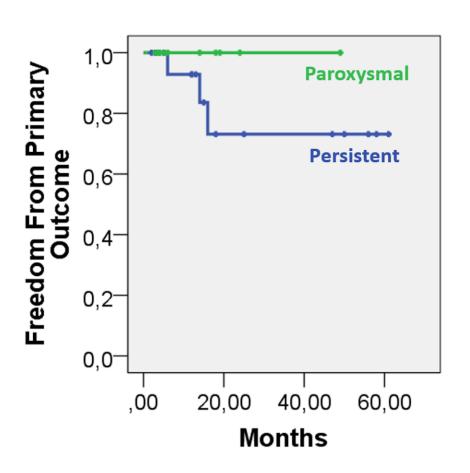








Take home messages



- (1) In a highly selective cohort of FAVB, CNA is associated with substantial and durable reduction in recurrence of AVB episodes during medium-term follow-up
- (2) Results might be better in paroxysmal AVB
- (3) Both bi-atrial or left-sided and right-sided CNA have excellent and comparable acute success rate
- (4) PMLGP might be a valuable target for elimination of atrioventricular nodal vagal innervation in CNA