ESC Guidelines for the management of patients with supraventricular tachycardia

Supraventricular tachycardia in adults with congenital heart disease

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- The number of adults with congenital heart disease is increasing at a rate of 60% per decade in developed countries
- 1 million adults with congenital heart disease live in the European Union
- HF, cardiac arrhythmias are a common late complication in adults with congenital heart defects.

Pharmacological antiarrhythmic therapy

- narrow QRS SVT
- All antiarrhythmic drugs carry a proarrhythmic risk
- (SA – AV)

- حاصرات بيتا تستخدم لتبطء النقل في AV وممكن استخدامها في تبادل منشأ الاوعية الكبيرة

- (الاميوداورون – فليكانيد – سوتالول) لها اثار محرضة للانظميات خاصة عند
(تطاول QT - نساء مسنات – امراض قلبية وعائية – قصة عائلية لموت مفاجئ – نقص بوتاسيوم)

- فليكانيد فعال جدا عند الرضع

- معظم المراكز خفضو من استخدام الاميوداورون

Recommendations for the therapy of supraventricular tachycardia in congenital heart disease in adults

Recommendation	Class[a]	Level[b]
Anticoagulation for focal AT or atrial flutter should be similar to that for patients with AF.[241,242,499]	I	C
Acute therapy		
Haemodynamically unstable patients		
Synchronized DC cardioversion is recommended for haemodynamically unstable patients.[86–88,491,492]	I	B
Haemodynamically stable patients		
Vagal manoeuvres, preferably in the supine position with leg elevation, are recommended.[41,89–91]	I	B
Adenosine (6–18 mg i.v. bolus) is recommended if vagal manoeuvres fail.[92–94]	I	B
i.v. verapamil or diltiazem should be considered, if vagal manoeuvres and adenosine fail.[92,94–98]	IIa	B
i.v. beta-blockers esmolol or metoprolol) should be considered if vagal manoeuvres and adenosine fail.[97,99,100]	IIa	C
Synchronized DC cardioversion is recommended when drug therapy fails to convert or control the tachycardia.[87,88]	I	B

Chronic therapy		
Catheter ablation in experienced centres should be considered.[292,500,501]	IIa	C
Beta-blockers should be considered for recurrent focal AT or atrial flutter, if ablation is not possible or successful.[237]	IIa	C
In patients with SVT planned for surgical repair of a congenital heart disease anomaly, pre-operative catheter ablation or intraoperative surgical ablation should be considered.[502–504]	IIa	C
Amiodarone may be considered for prevention if ablation is not possible or successful.[505]	IIb	C
Sotalol is not recommended as a first-line antiarrhythmic drug as it is related to an increased risk of pro-arrhythmias and mortality.[496]	III	C
Flecainide and propafenone are not recommended as first-line antiarrhythmic drugs in patients with ventricular dysfunction and severe fibrosis.[497]	III	C

Catheter and surgical ablation

- SVT غير نموذجي
- معدل النجاح اقل

Atrial septal defect

- لانظميات اذينية بنسبة ٥-١٥ %
- RA MRAT
- CTI
- اغلاق الفتحة لا يلغي AT ويجب اجراء ablation
- نسبة النكس حوالي ٤٠- ٤٤%

Ebstein's anomaly

- AT هو الاشيع ٢٥-٦٥ %
- ١٠-٥٠ % لديهم right-sided Aps مثل WPW

Tetralogy of Fallot

- عند حدوث لانظمية اذينية حديثة لأول مرة يجب ان ننفي سبب مثل قصور صمام رئوي شديد

- و التداخل الجراحي ممكن يفيد

Fontan repairs

- AT شائعة بعد عملية فونتان
- AT قليل التحمل هيموديناميكيا عند مرضى البطين الوحيد

THANK YOU