


C Marquié
(Lille)^o
Diapositive 1

***Brabycardie : ce qu'il faut faire
et ne pas faire***



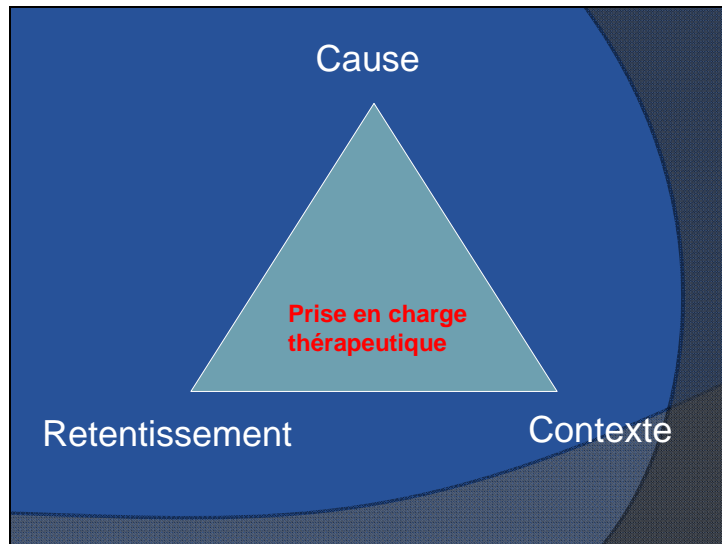
C. Marquié CHRU Lille

Diapositive 2

Causes de bradycardie

- BAV
- Dysfonction sinusale
- Bradycardie sinusale

Diapositive 3



Diapositive 4

MESSAGE 1

Documenter la bradycardie !

Diapositive 5

Bradycardie sinusale

Est-ce grave ?

Diapositive 6

Bradycardie sinusale

- Symptomatologie
- Contexte

Diapositive 7


Bradycardie sinusale

- Traitement
 - Atropine (1 mg)
 - Isuprel* (isoprénaline : 0,2 à 10 mg/24h)
 - Béta2mimétiques
 - De la cause +++
- Ne pas faire
 - Se précipiter
 - Dobu, Dopa, Adré...

Diapositive 8

Bradycardie sinusale

- Adapter le traitement au problème

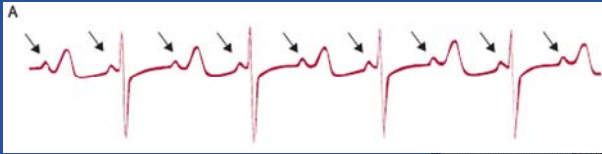


➡ DOCUMENTER +++

Diapositive 9

BAV

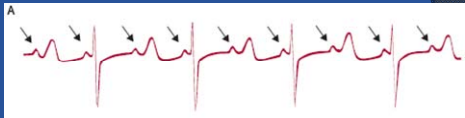
- Symptomatologie
- Contexte




Diapositive 10

BAV

- BAV 2/1

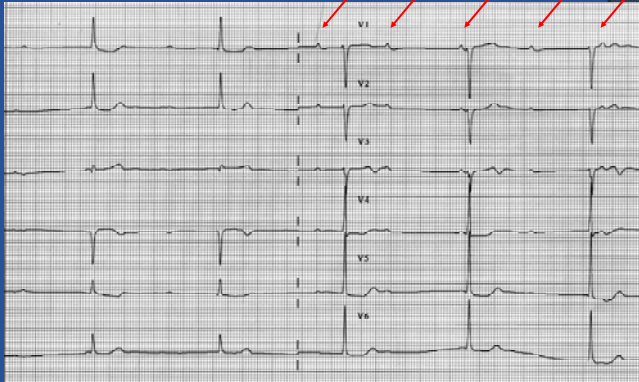


- BAV 2/1



Diapositive 11



BAV III



Diapositive 12

BAV III

- Tolérance
- Contexte
- Largeur des QRS



The slide features a blue background with a white circle icon next to each bullet point. The top right contains a small ECG strip showing a narrow QRS complex. The bottom half of the slide is dominated by a larger ECG strip showing a wide QRS complex, with a red rectangular box highlighting a portion of it.

Diapositive 13

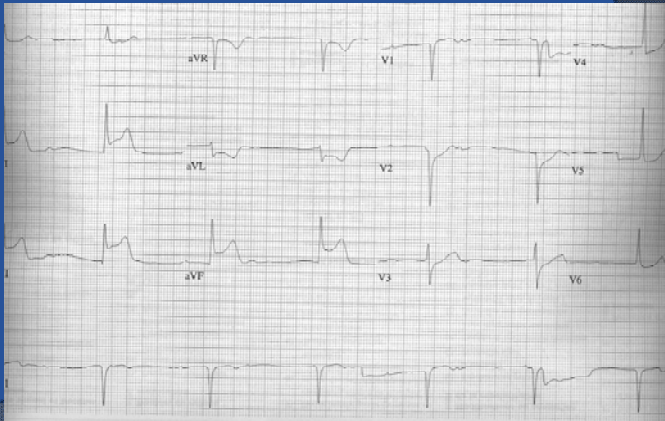
BAV III

- Thérapeutique
 - Atropine*
 - Isuprel*
 - SEES
 - Stimulateur externe
- Ne pas faire :
 - Se précipiter
 - Dopamine, Dobutamine, Adrénaline

The slide has a blue background with a white circle icon next to the main heading and the 'Ne pas faire' section, and a green circle icon next to the 'Thérapeutique' section. The 'Thérapeutique' section contains four green circle icons, and the 'Ne pas faire' section contains two green circle icons.

Diapositive 14

BAV III et IDM



The slide features a blue background with a white circle icon next to the heading. The main content is a 12-lead ECG strip showing a wide QRS complex. The leads are labeled as aVR, V1, V4, aVL, V2, V5, aVF, V3, and V6.

Diapositive 15

BAV III et IDM

- Tolérance
- Signification en terme de gravité
- Valeur de la troponine

Diapositive 16

BAV III et IDM

- Traitement
 - Atropine : classe 1 C
 - SEES : classe 1 C
 - Stimulateur externe
- Ne pas faire
 - Isuprel
 - Dobu, Adré, Dopamine

EJH 2008;29:2909-45

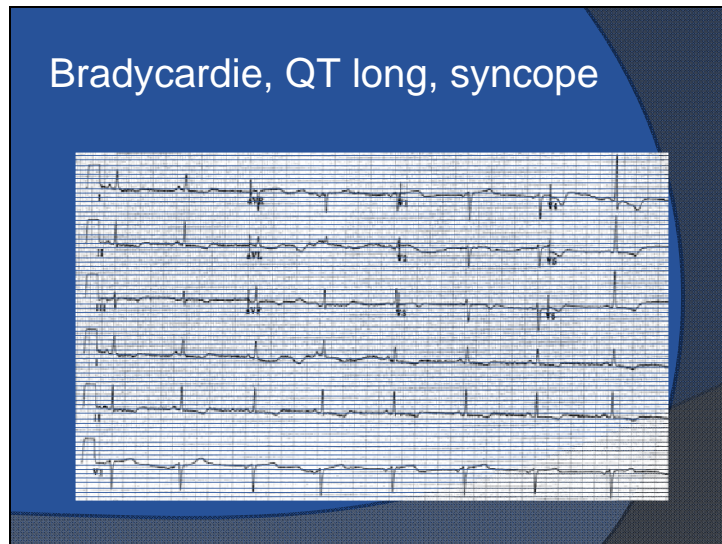
Diapositive 17

Atropine ?

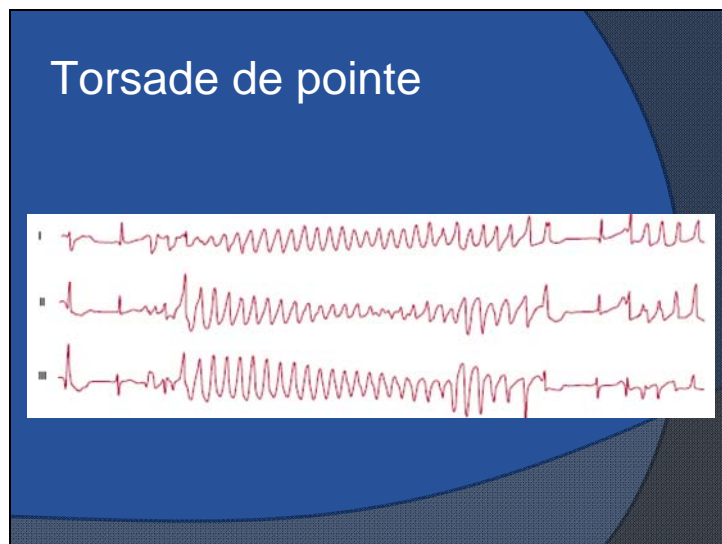
- Etude rétrospective, urgence, USA
- 131 patients
- BC mal tolérée
- 45 BAV, 86 BC
- Injection de 0,5 à 3 mg moy. 1 mg
- 20% de réponse partielle, 27 % réponse complète, 50 % de non réponse, 2,3% d'effet indésirable
- 32% pour BC, 17% pour BAV
- 4 effets indésirables : IDM

Resuscitation 1999;47-55

Diapositive 18



Diapositive 19



Diapositive 20

Bradycardie, QT long, syncope

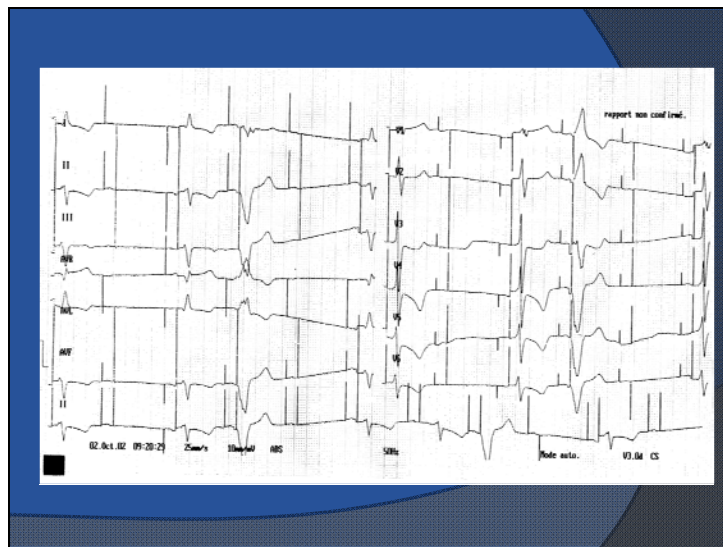
- Chercher le médicament...
- Traitement
 - kaliémie
 - Stopper le FF
 - ACCELERER fréquence cardiaque
 - Isuprel ou SEES
- Ne pas faire
 - Amiodarone sur torsade de pointe



Diapositive 21

Bradycardie et PM

Diapositive 22



Diapositive 23



Diapositive 24

AIMANT

- Fonctionnement du PM en mode asynchrone : stimulation, ne détecte pas
- Fréquence prédéfinie (90-100 bpm)
- Variable selon chaque marque de PM

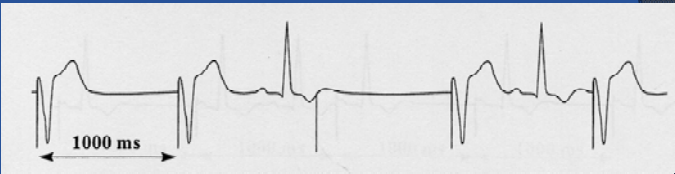
Diapositive 25

VVI

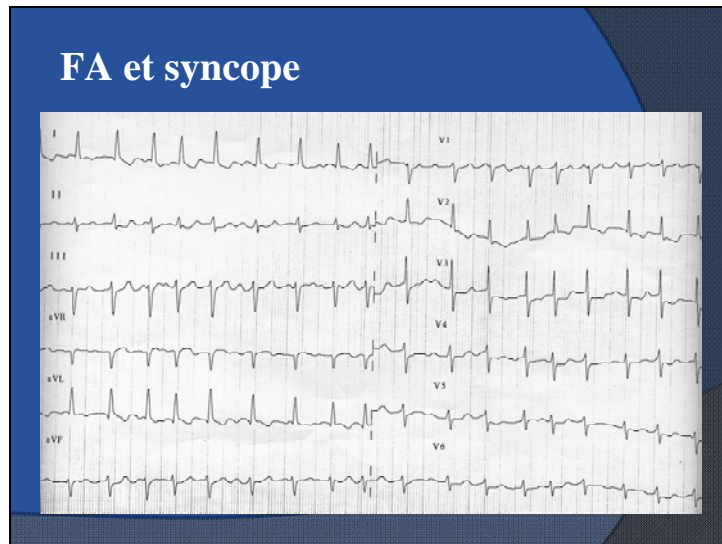
An ECG strip showing a regular rhythm. Each QRS complex is followed by a T wave. The rhythm is consistent, indicating a fixed rate and fixed AV conduction.

Diapositive 26

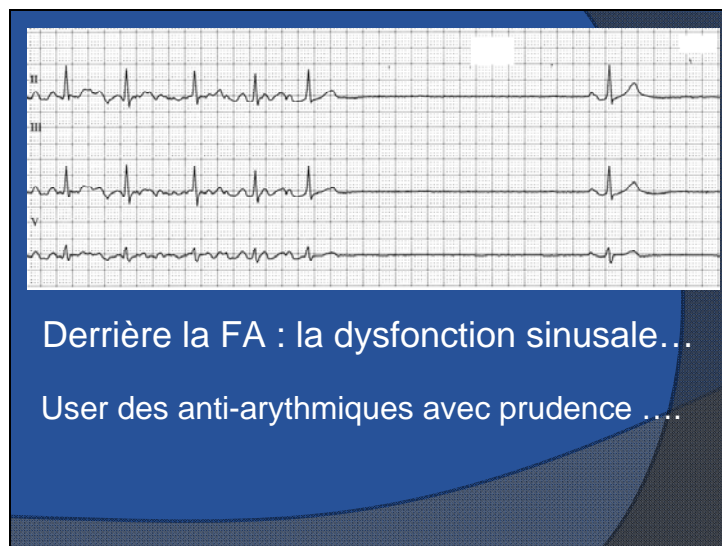
VOO ou aimant

An ECG strip showing a regular rhythm. A scale bar at the bottom left indicates a duration of 1000 ms. The rhythm is consistent, indicating a fixed rate and fixed AV conduction.

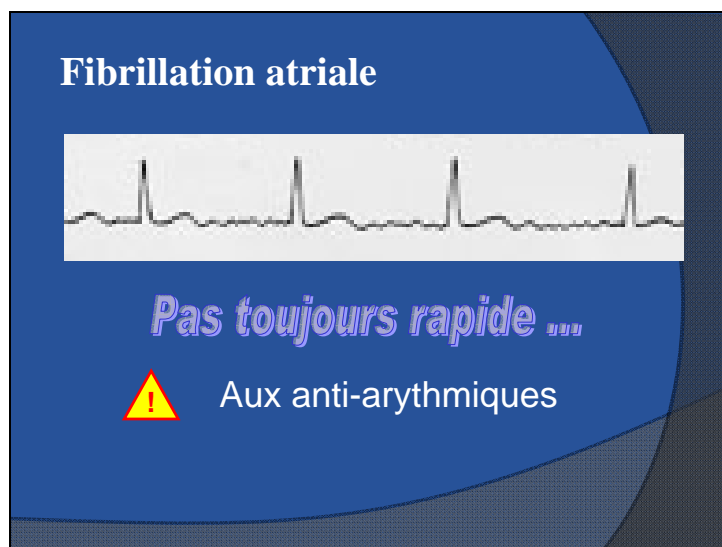
Diapositive 27



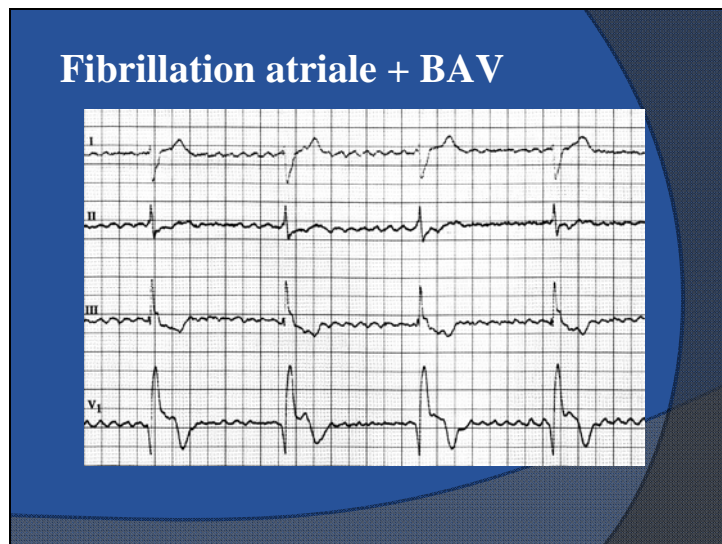
Diapositive 28



Diapositive 29



Diapositive 30



Diapositive 31

CONCLUSION

- Situation fréquente
- URGENCE ≠ PRECIPITATION
- ECG
- Prendre le temps d'apprécier tolérance
- Cause ?
- Thérapeutique adaptée
- Isuprel et IDM 