TAQUICARDIA JUNCIONAL RECÍPROCA (TIPO COUMEL)

0$/+(,526 $UWKXU 9LODU GH 2OLYHLUD 025(,5$ -Rm
(/ 72*+/2%, *XVWDYR 6DDG 6LOYD '($5$8-2 *DEULH
)(55(,5$,QJULG\ 0DULD 2OLYHLUD *21d$/9(6 $OLQH

Orientador: 'U 5DIDHO 7KLHVHQ 0DJOLDUL

Filiação: 81,6$ 8QLYHUVLGDGH 6DQWR $PDUR

Liga: /LJD GH &DUGLRORJLD GD)DFXOGDGH GH 0HGLFLQD

Palavras-chave: 0LRFiUGLR 7DTXLFDUGLD $UULWPLD

1. INTRODUÇÃO

(P &RXPHO H FRODERUDGRUHV GHVFUHYHUDP X
456 HVWUHLWR RFRUUHQGR SUHGRPLQDQWHPHQWH HP
DUULWPLD p GHWHFWDGD QR QDVFLPHQWR PDV p IUHTX
DQRV GH LGDGH H HP DGXOWRV MRYHQV 1R HQWDQW
&RXPHO 7& SRGH QmR VHU UHFRQKHFLGD DWp2 LGDG
FDVRV SXEOLFDGRV VXJHUHP XPD SUHGRPLQkQFLD PDV

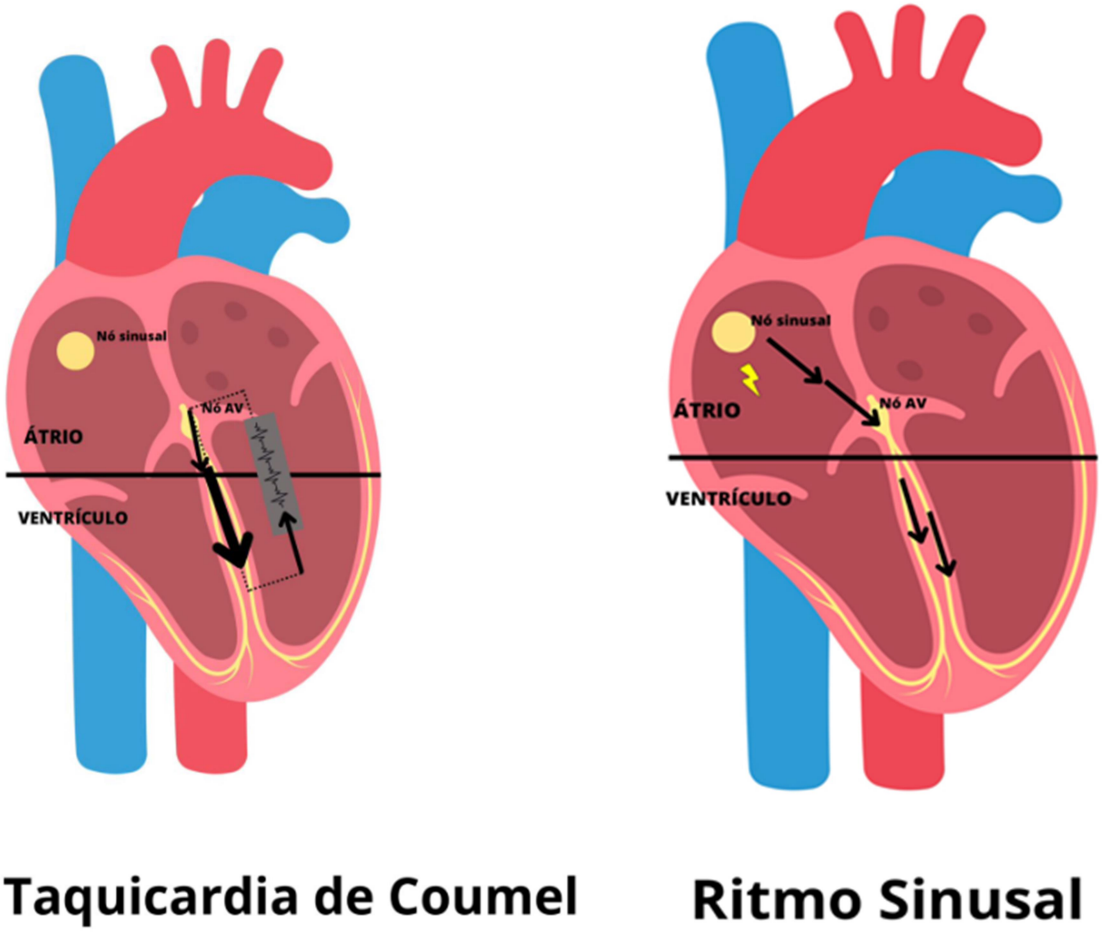
2. FISIOPATOLOGIA

2 VXEVWUDWR GD DUULWPLD p XPD YLD DFHVVyULD
GHFUHPHQWDO TXH p FRPXPHQWH ORFDOL]DGD QD UH
YHQWULFXODU .$1*

1D PDLRULD GRV SDFLHQWHV DIHWDGRV D 7& p
WDTXLFDUGLRPLRSDWLD D TXDO p UHYHUVtYHO FRP R
.$1* $ DWLYDomR DWULDO UHWUyJUDGD SHOD YL
FRP WHPSR LJXDO RX PDLV ORQJR TXH D FRQGXomR DQ

$V RQGDV 3• UHWUyJUDGDV RFRUUHP PDLV SUy[LP
VXFHGHP $R +ROWHU p FRPXP REVHUYDPRV IOXWXDo
GHSHQGHQWHV GH FRQGXomR GHFUHPHQWDO 1D JUD
H[DPH GH +ROWHU R ULWPR VLQXVDO HVWiYHO p REVHU
2 LQtFLR GD WDTXLFDUGLD RFRUUH VHP DWLYLGDGH HF
FKDPDGR ³FLFOR 3 3 FUtWLFR´ SDUD R LQtFLR GD W
HQFXUWDPHQWR SURJUHVVLYR GRV 55 HP ULWPR VLQX
ItVLFRV RX HVWUHVVH HPRFLRQDO 2 ULWPR VLQXVDO
GXUDQWH D QRLWH LQGLFDQGR SDUWLFLSDomR GD PR
VLQXVDO p QRUPDO VHP DOWHUDo}HV GR LQWHUYDOR 3

Figura 10.1 5HSUHVHQWDomR GLDJUDPiWLFD GD 7DTXLFDUGLD GH &RXP
GR ULWPR VLQXVDO j GLUHLWD



Fonte: ,PDJHQV HODERUDGDV SHORV DXWRUHV EDVHDGDV HP .</$7 6

3. Quadro Clínico

6LQWRPDWRORJLD GH XPD WDTXLFDUGLD VXSUDYH
GRU WRUiFLFD GLVSQHLD GLDIRUHVH WRQWXUD RX V
HQWUH H ESP

4. Diagnóstico

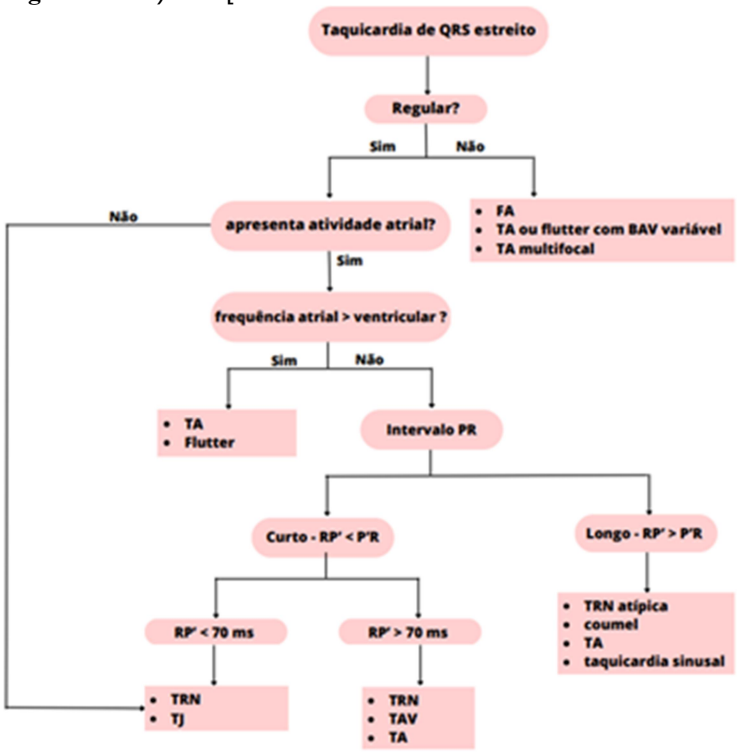
e LPSRUWDQWH QR PDQHMR GLVWLQJXLU HQWUH
UHHQWUDQWH GH FRPSOH[R HVWUHLWR $V FDUDFWHUt
456 PRUIRORJLD GD RQGD 3 H UHVSRVWD D PDQREUDV
VXD GLVWLQQomR

2V FULWpULRV GR (&* SDUD R GLDJQyVWLFR GH 7& I
2 LQWHUYDOR 53 FRPSOH[R 456 DWp DWLYDomR GD R
35 GHYLGR j ORFDOL]DomR H SURSULHGDGHV GH FRQ
3URSRUomR $9 GH VHP GLVVRFLDomR DWULRYHQW

$V RQGDV 3 LQYHUWLGDV VmR IUHTXHQWHPHQWH YLV
D9)
1mR UHTXHU XPD H[WUDVVtVWROH HP WHPSR FUtWLFR
1mR DVVRFLDGR D FRQWUDo}HV DWULDLV SUHPDWXUD
2 LQWHUYDOR 35 QXQFD p SURORQJDGR
$ IUHTXrQFLD FDUGtDFD p QRUPDOPHQWH XP SRXFR P
VXSUDYHQWULFXODUHV WtSLFDV SRGH VHU FRQIXQG
5HVSRVWD D PDQREUDV YDJDLV FRP GHVDFHOHUDomR
SURORQJDPHQWR GRV LQWHUYDORV 53 H 35 H HYHQW
HP VHJXLGD
$ FRQGXomR $9 p JHUDOPHQWH VHQVtYHO j DGHQRVLQ
EORTXHLR $9 PDV WDPEpP UHFRUUHQWH ORJR GHSR
2 456 p QRUPDO H HVWUHLWR GXUDQWH R ULWPR VLQ

2 GLDJQyVWLFR GHILQLWLYR GR VXEVWUDWR GD DU
LQWUDFDUGtDFR (() 2 (() SHUPLWH XPD DQiOLVH GH
DQRUPDO LQFOXLQGR D ORFDOL]DomR SUHFLVD GR ORF

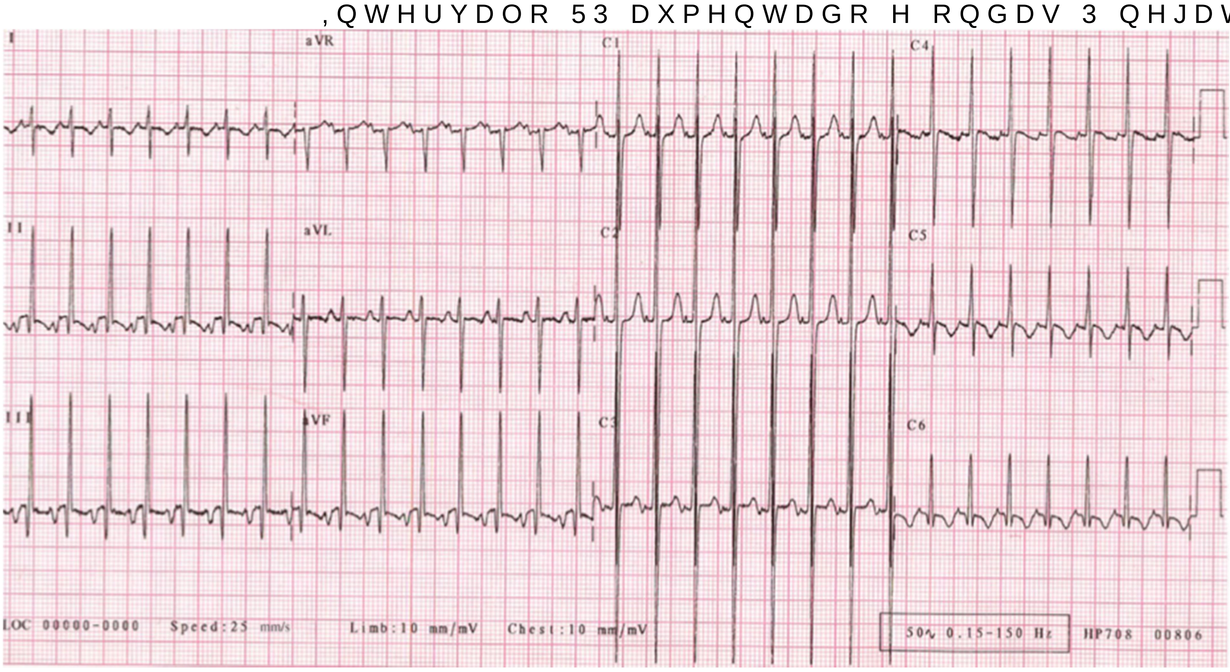
Figura 10.2)OX[RJUDPD SDUD WDTXLFDUGLD GH 456 HVWUHLWR



/HJHQGD

‡ 7- 7DTXLFDUGLD MXQFLRQ
‡ 7$ 7DTXLFDUGLD DWULDO
‡ 7$9 7DTXLFDUGLD SRU
UHHQWUDGD DWULRYHQWUL
‡ 751 7DTXLFDUGLD SRU
UHHQWUDGD QRGDO
‡)$)LEULODomR $WULDO
‡ %$9 %ORTXHLR
DWULRYHQWULFXODU

Figura 10.3 (OHWURFDUGLRJUDPD GH GHULYDo}HV HYLGHQFLDQGR DO
,QWHUYDOR 53 DXPHQWDGR H RQGDV 3 QHJDWLYDV



Fonte: .</$7

5. Tratamento

2 WUDWDPHQWR GD 7& SRGH VHU PHGLFDPHQWRVR
IDUPDFROyJLFR FRVWXPD VHU SRXFR HIHWLYR VHQGR I
GH PDLV GH XP DJHQWH DQWLDUUtWPLFR 9$.60$11
HQWUH DPLRGDURQD H IOHFDLQLGD LQGLVSRQtYHO H
PRVWURX HILFD] SDUD FRQWUROH GD WDTXLFDUGLD H U
IRU LQVWLWXtGR SUHFRFHPHQWH .</$7 3URSDIHQ
XWLOL]DGRV $ FODVVLILFDomR GH 9DXJKDQ :LOOLDPV
FRQVXOWDGD QD 4XDGUR DEDL[R

Quadro 10.1 &ODVVLILFDomR GH 9DXJKDQ :LOOLDPV

&/$66(	0(&$1,602	)È50$&26
	%ORTXHDGRUHV GH FDQDLV +&1 ,YDEUDGLQD
,	%ORTXHDGRUHV GH FDQDLV GH VyGLR UDSLGDPHQWH	4XLQLGLQD OLGRFDtQD SUR FDLQDPLGD
,,	,QLELGRUHV H DWLYDGRUHV DXWRQ{PLFRV	&DU
,,,	%ORTXHDGRUHV GH FDQDLV GH SRWiVVLR	$PLR
,9	0RGXODGRUHV GH FiOFLR	9HUDSDPLO 'L
9	%ORTXHDGRUHV GH FDQDLV PHFDQR VHQVLWLYRV	ÈFLGR PHIHQkPLFR DLQGD HVWXGR
9,	%ORTXHDGRUHV GH FDQDLV GDV MXQo}HV LQWHUFRPXQLFDQWHV	&DUEHQR[RORQD DLQGD VRE
9,,	0RGXODGRUHV GH IDWRUHV WHFLGXDLV	,(&$

A ablação por cateter é o tratamento de es
terapia medicamentosa ou como tratamento i
inicial confirmando o diagnóstico a ablação po
mais empregada no entanto a crioablação pod
por reduzir o risco de bloqueio atrioventricul
terapias ablativas pode chegar a VAKSMANN
porém a recorrência de PJRT é elevada send
um procedimento para sucesso definitivo além
mapeamento e ablação da via acessória devem se

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