



CITY HOSPITAL

ICCS

Istituto Clinico Città Studi

The ICM Value in AF Diagnosis: the New LinQ injectable Technology

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The Old and the New

- N=121
- 30 min
- surgical creation of pocket
- 3 cases of decubitus
- 7 patients refused to device size



- N=62
- 45 sec
- no surgery
- no decubitus
- no patients refused injection, including young women

Injecting the LinQ

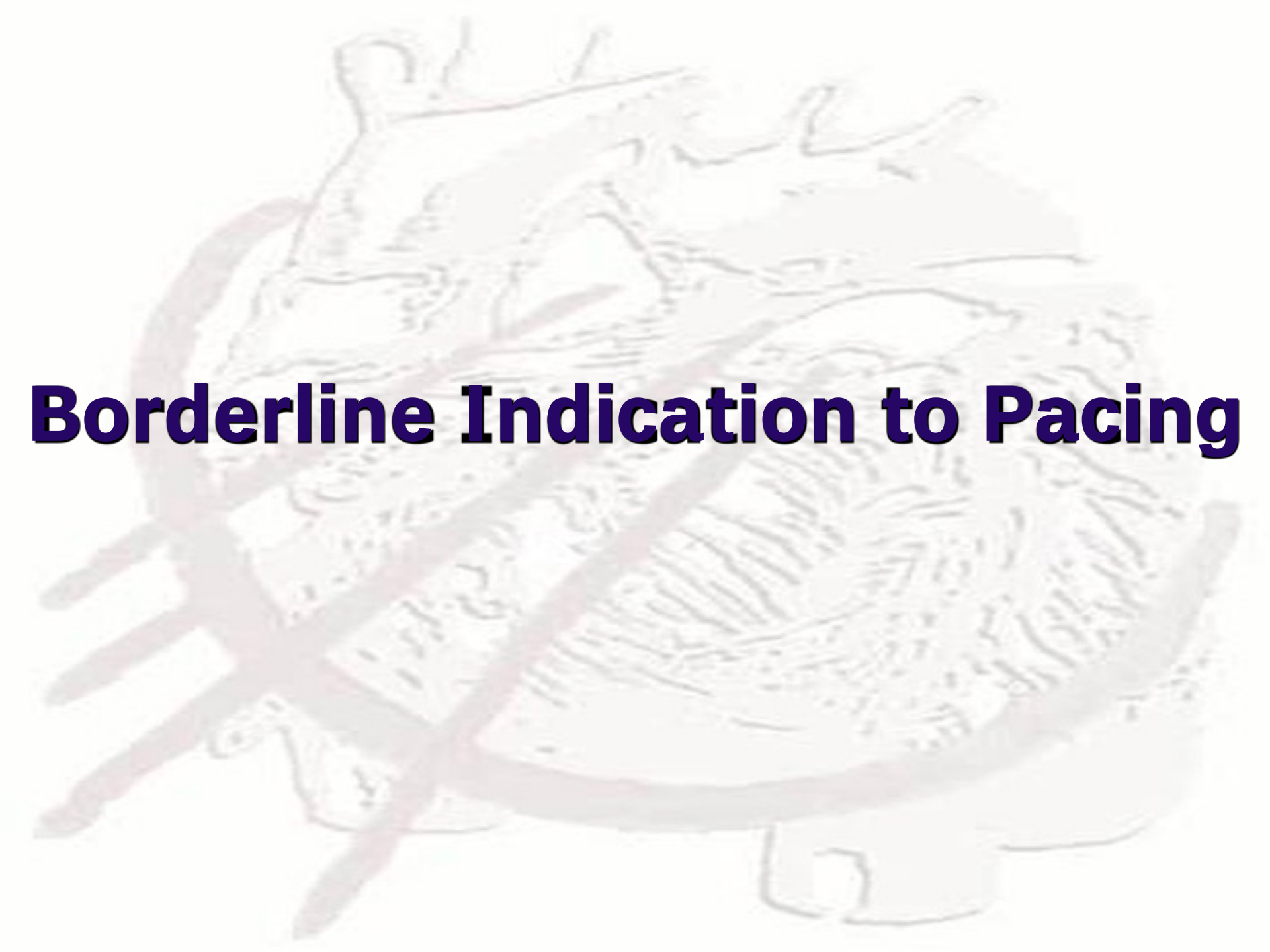


ICCS Experience

- 62 patients injected for:
 - Unexplained syncope n=14
 - Cryptogenic ischemia n=12
 - AF management, including ablation issues n=28
 - Borderline indication to pacing n=8

Automatic Follow-up

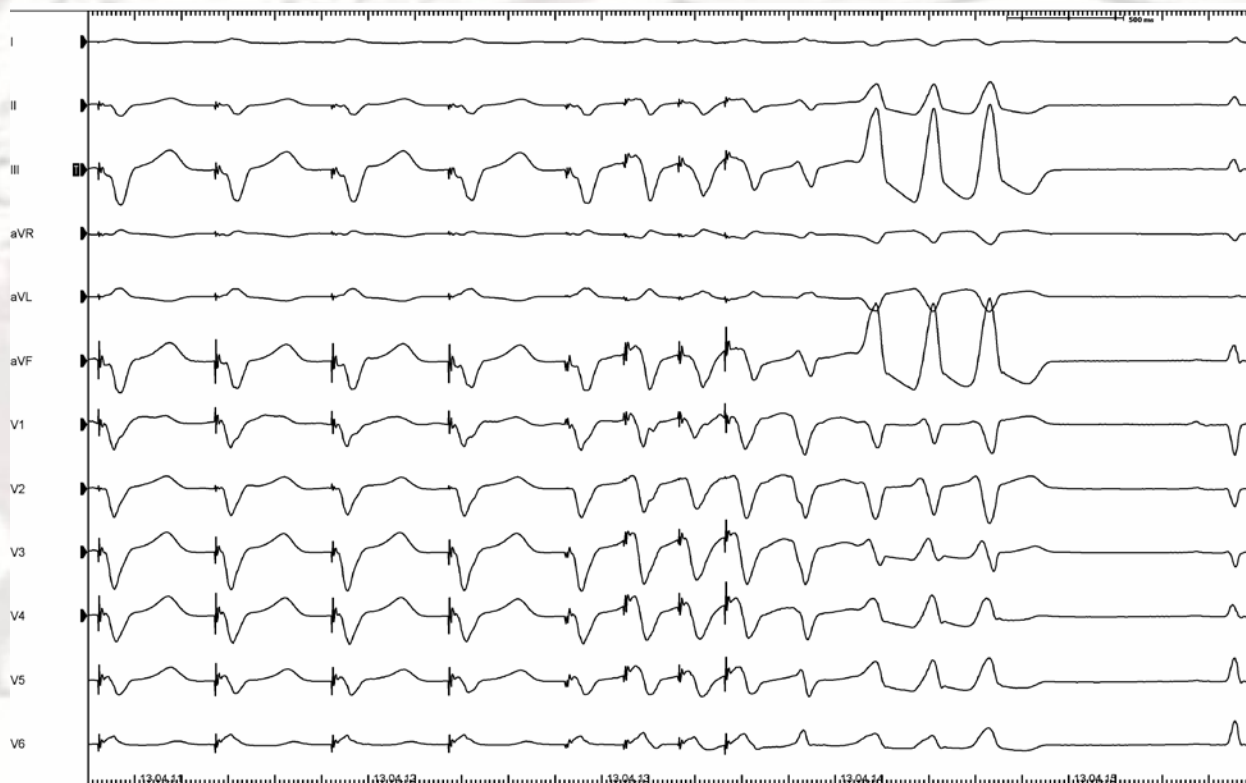
- Automatic follow-up enable faster diagnosis of still-non-symptomatic arrhythmias



Borderline Indication to Pacing

MUST-T PATIENTS

NEGATIVE PES



20:26:28

0.1 mV

400 ms

V S

8 9 0

1 3 9 0

1 5 5 0

V S

4 1 0

7 9 0

V S

2 8 0

7 9 0

V S

3 5 0

T S

3 7 0

T S

2 9 0

T S

3 3 0

T S

3 5 0

T S

2 9 0

T S

3 0 0

T S

2 7 0

T S

3 8 0

T S

3 7 0

20:26:38

400 ms

T S

2 8 0

T S

3 2 0

T S

3 0 0

T S

3 0 0

T S

3 1 0

T S

2 9 0

T S

2 7 0

T S

2 8 0

T S

3 8 0

V S

2 9 0

T S

3 2 0

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2 8 0

T S

1 2 0

V S

4 5 0

V S

1 0 3 0

V S

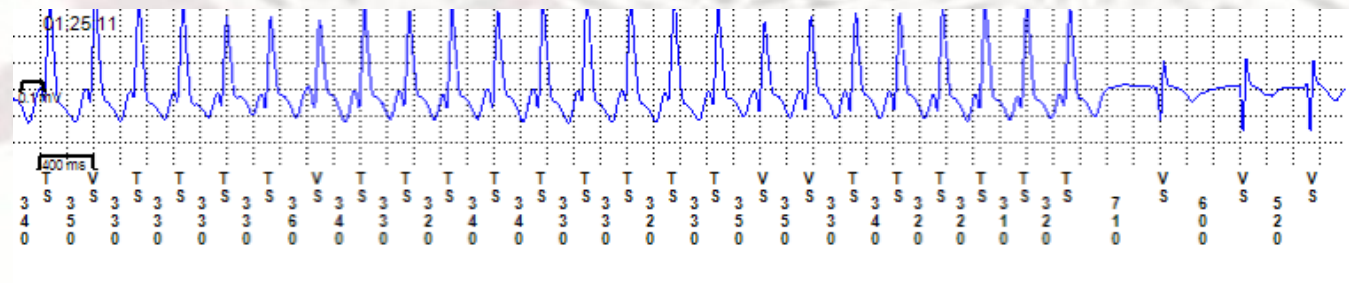
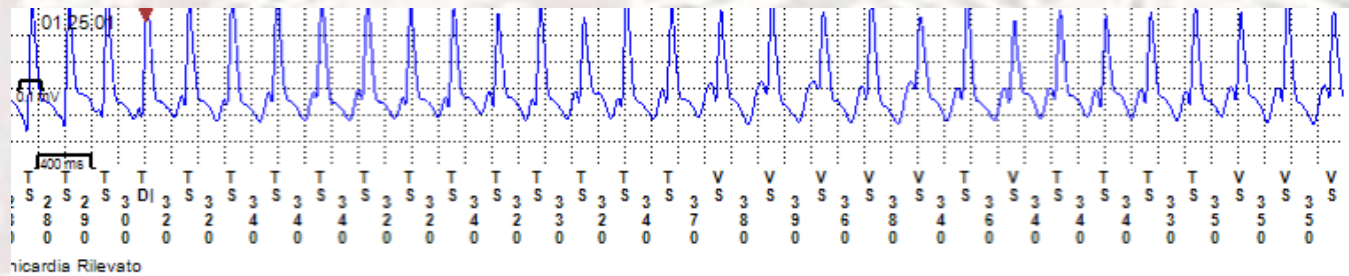
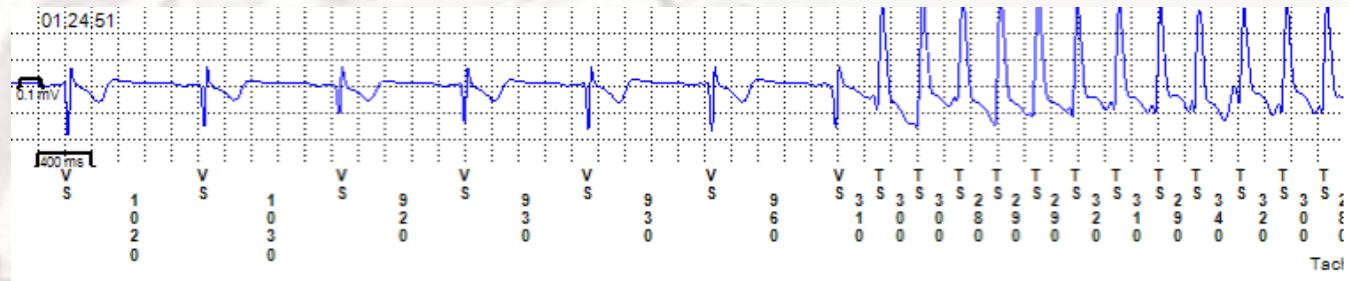
4 2 0

V S

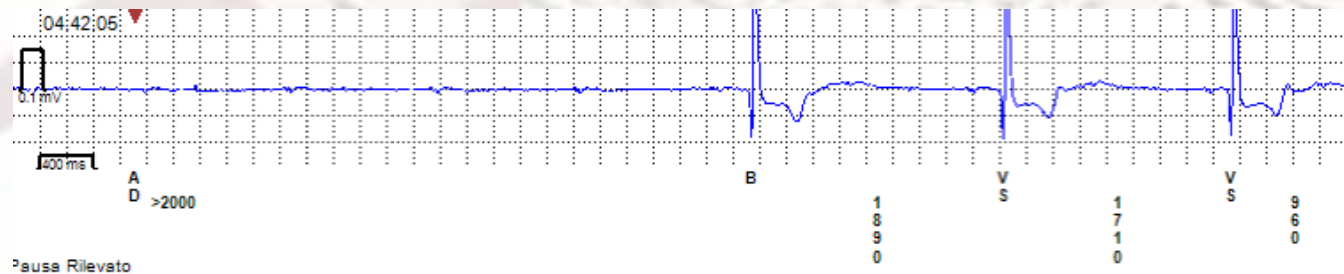
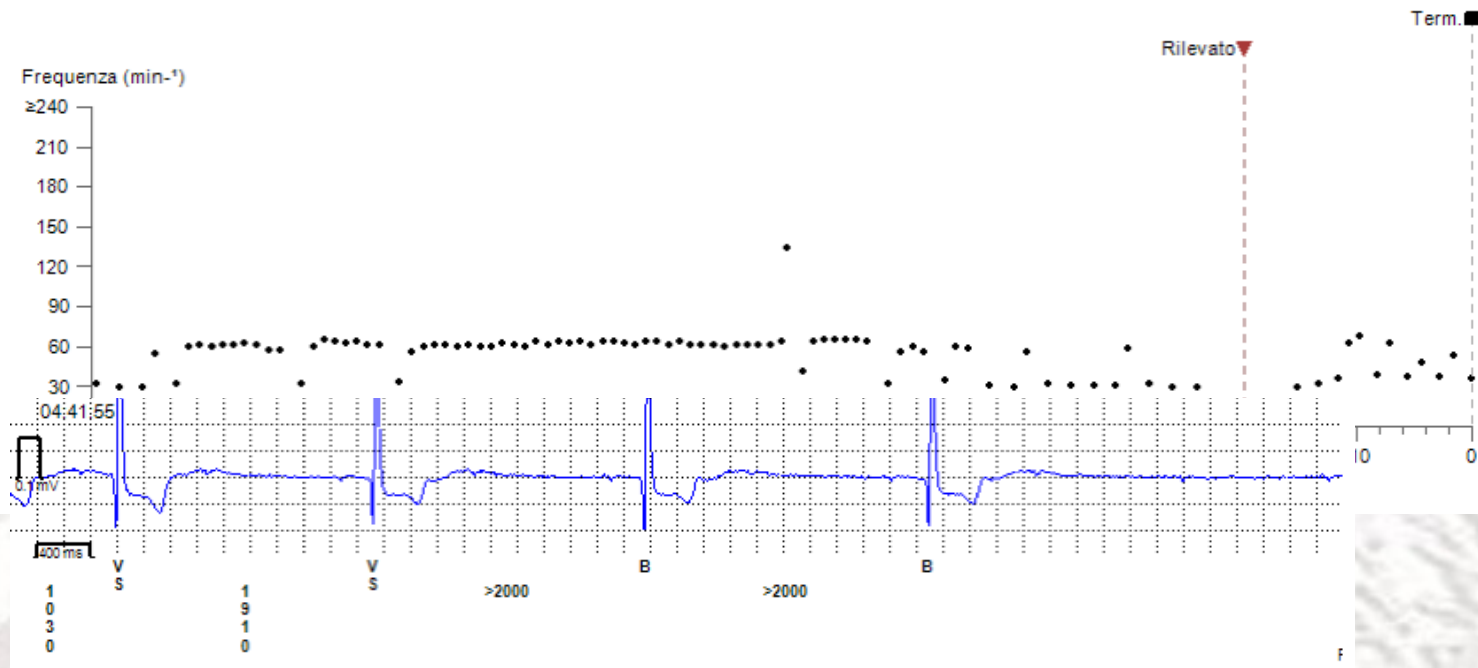
1 5 9 0

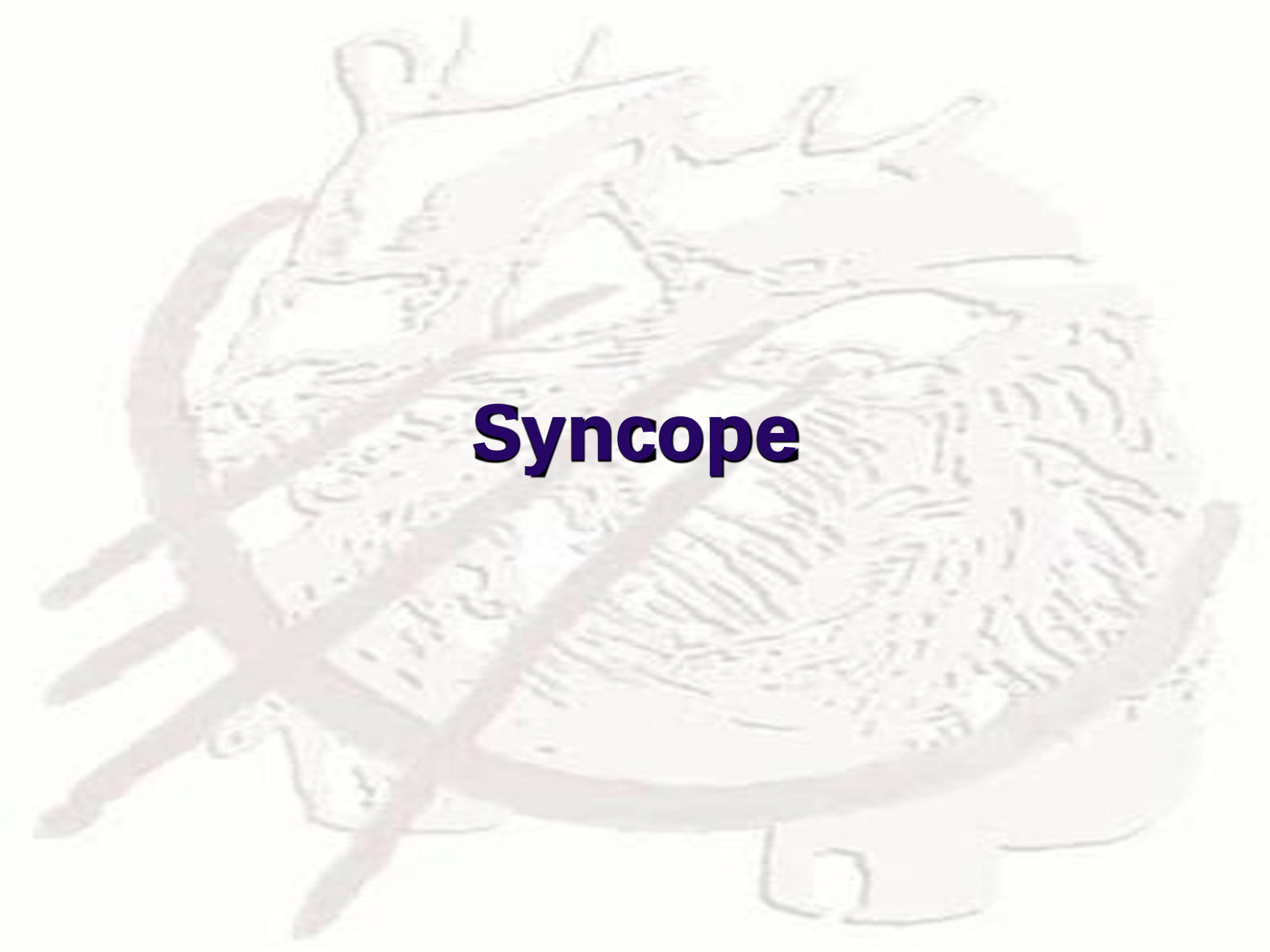
Tachicardia Rilevato

MUST-T PATIENTS NEGATIVE PES



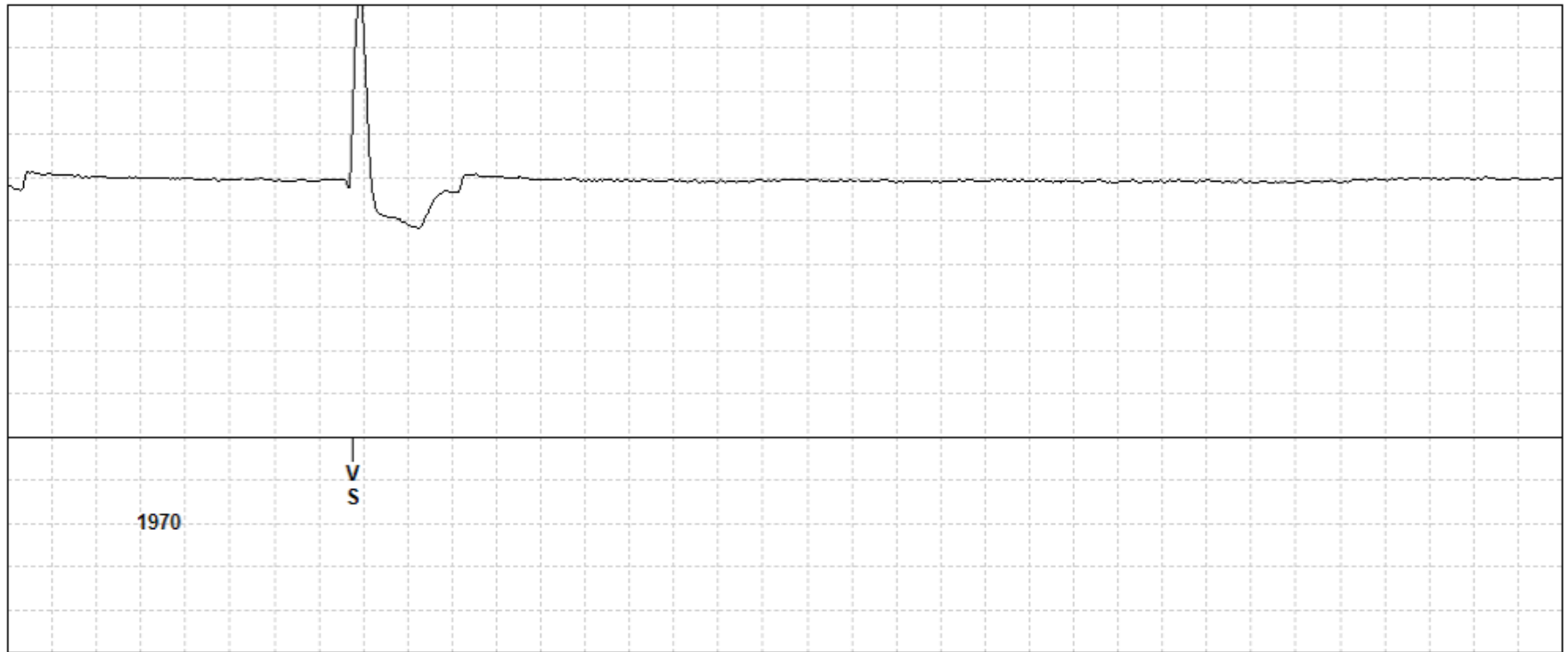
"VAGAL" 1° AV BLOCK



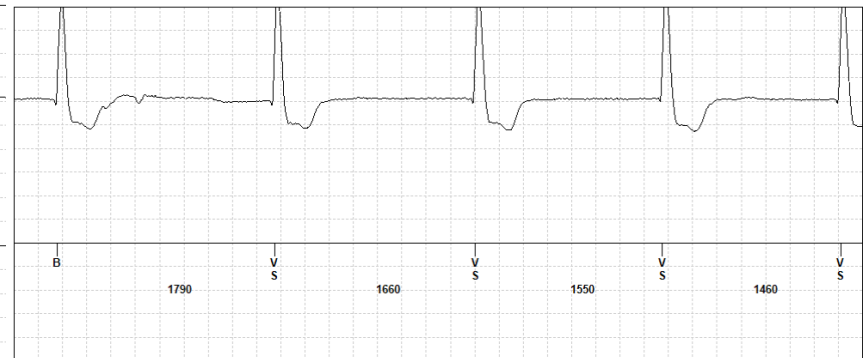
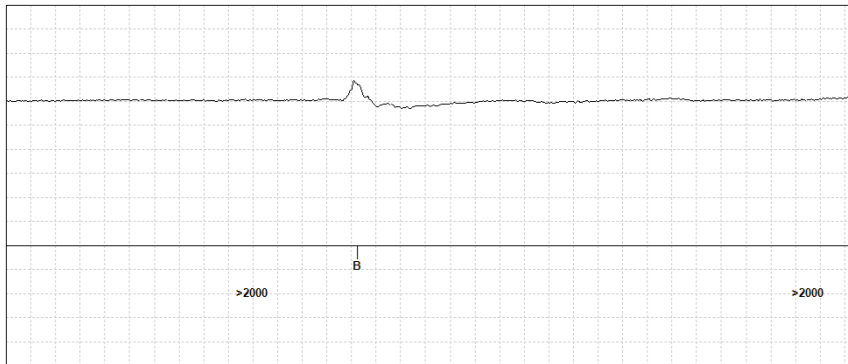
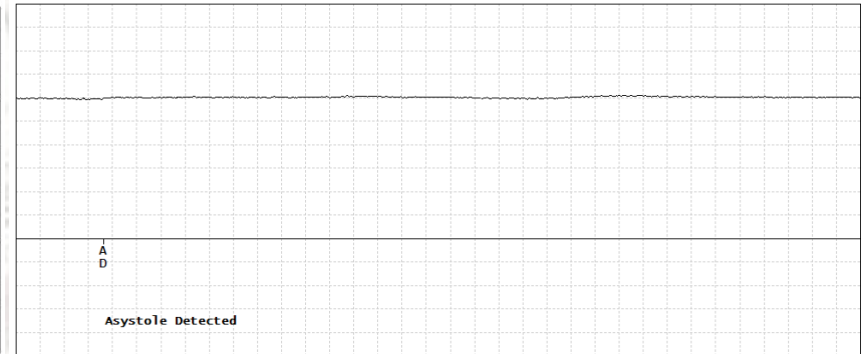
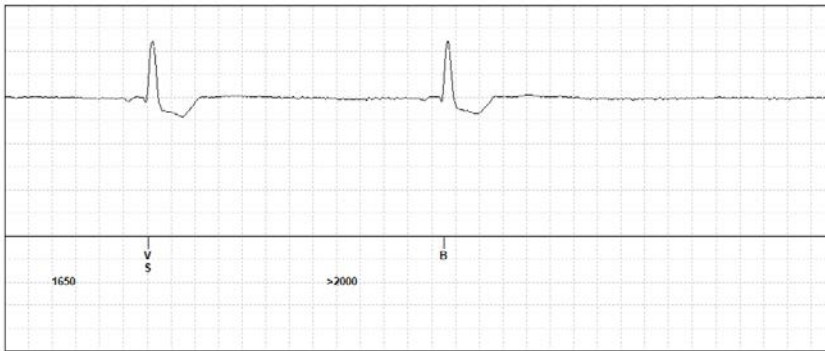


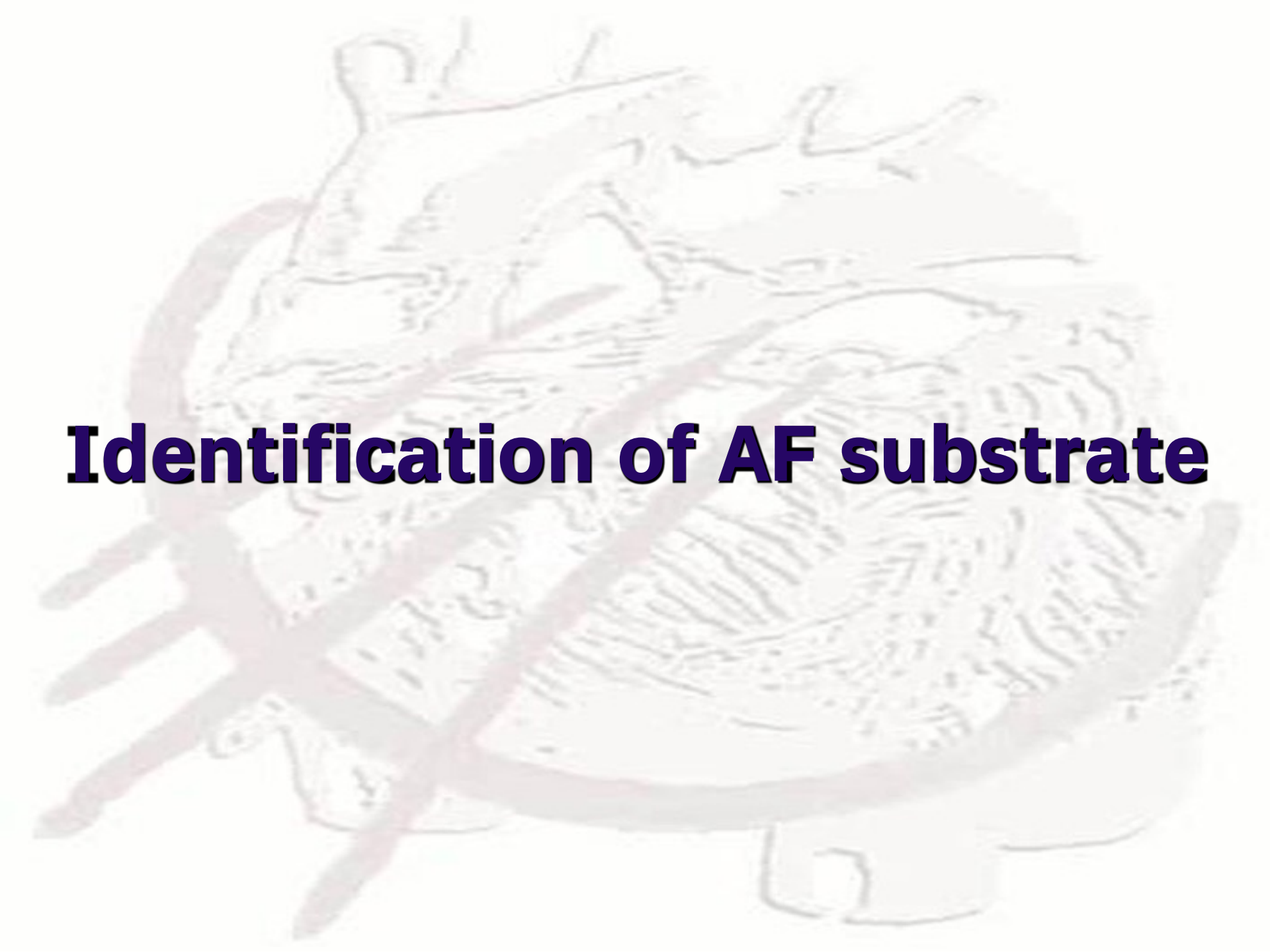
Syncope

OCT 2, ASYMPTOMATIC 6 s



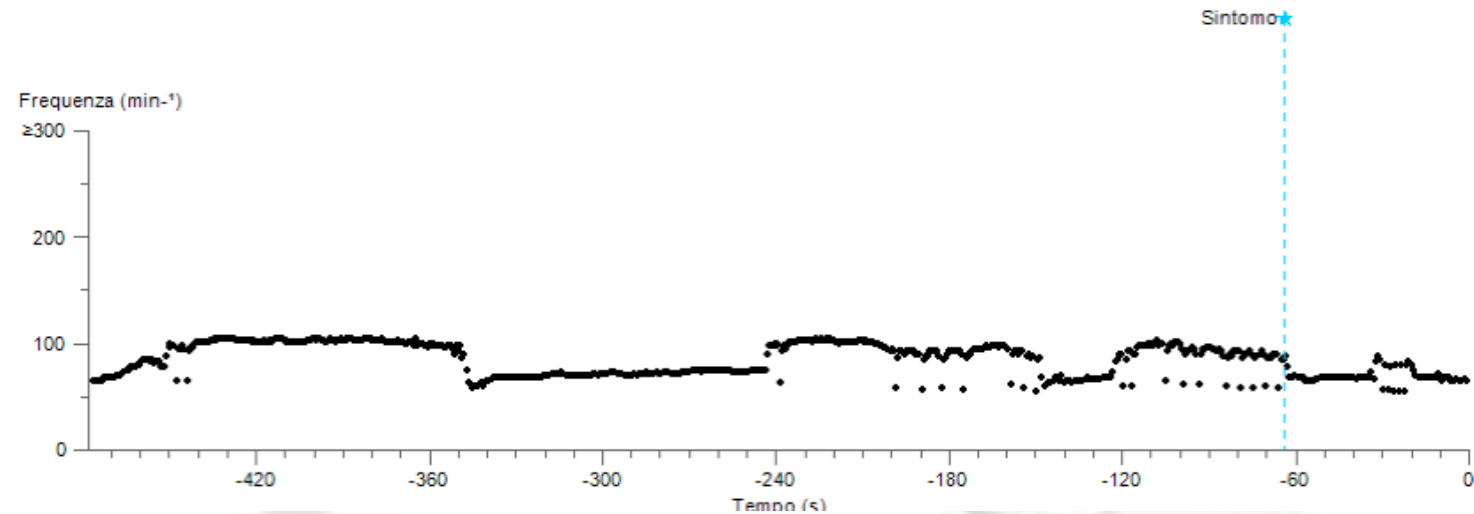
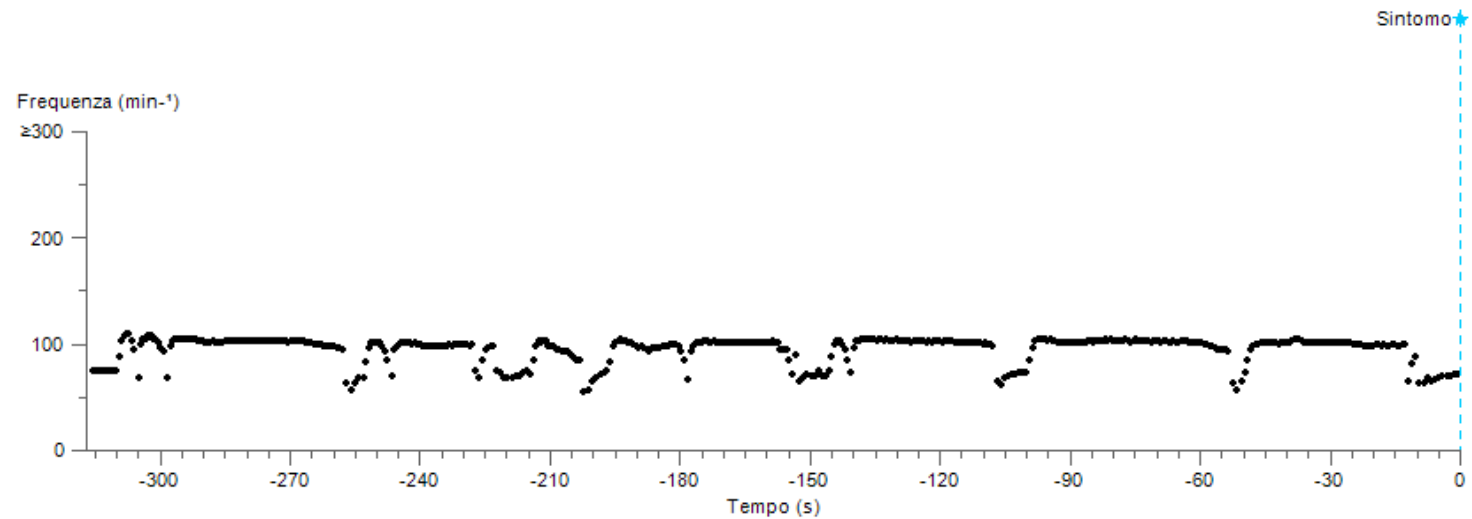
OCT 19, SYMPTOMATIC 16 s



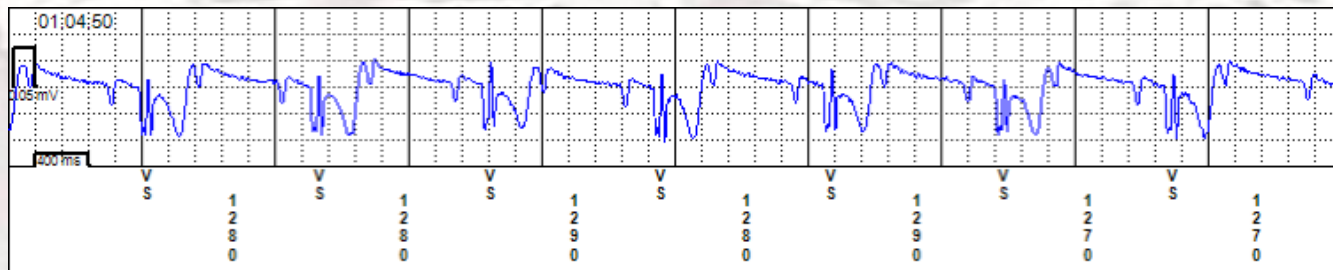


Identification of AF substrate

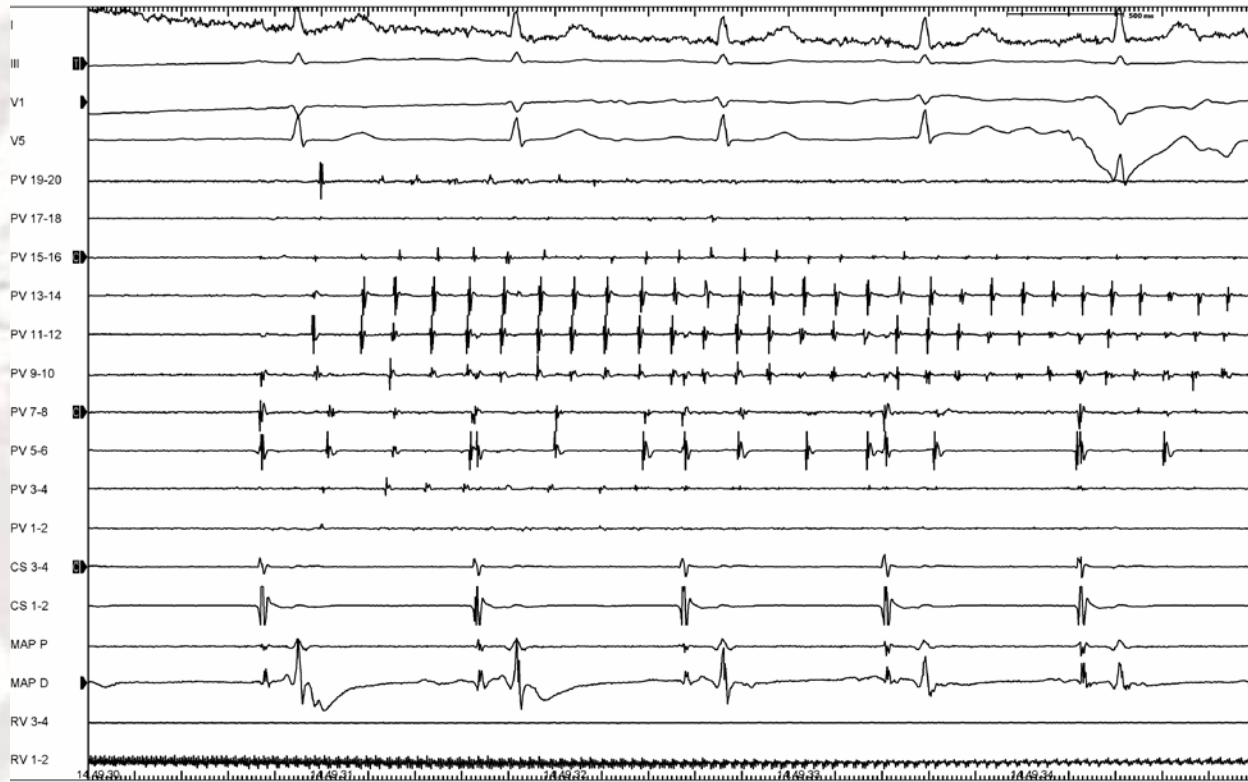
TRIGGER BASED AF



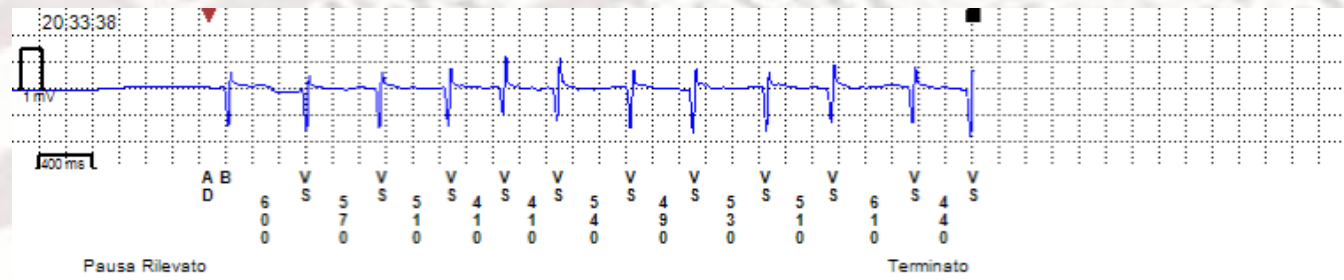
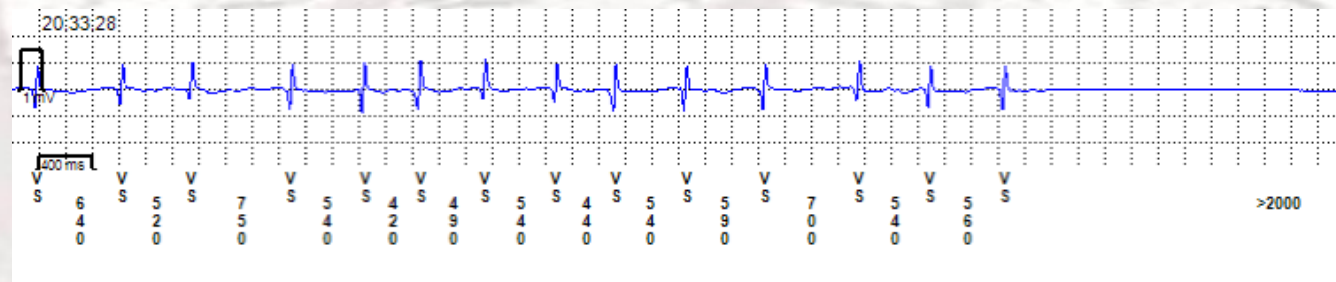
AAD-RELATED AV BLOCK



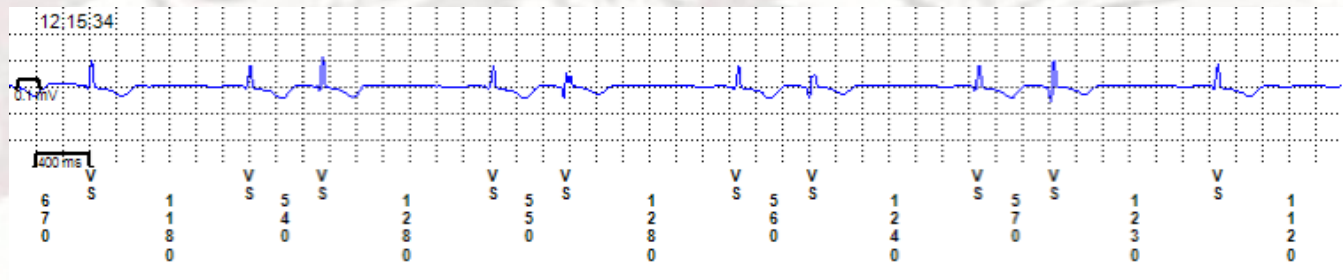
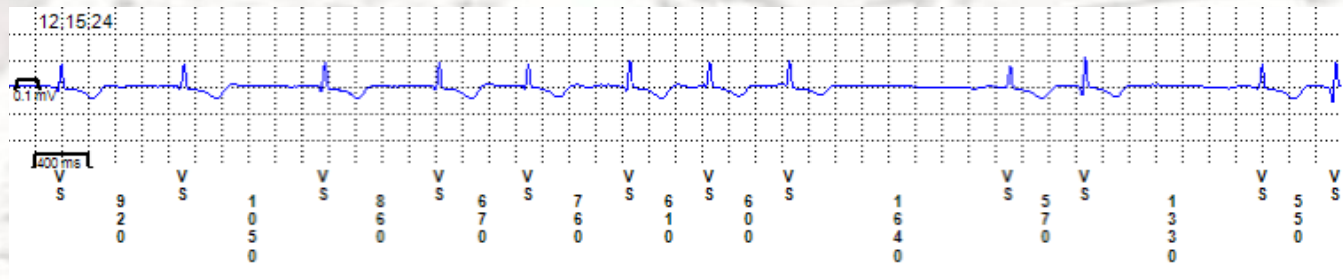
SUCCESSFUL ABLATION

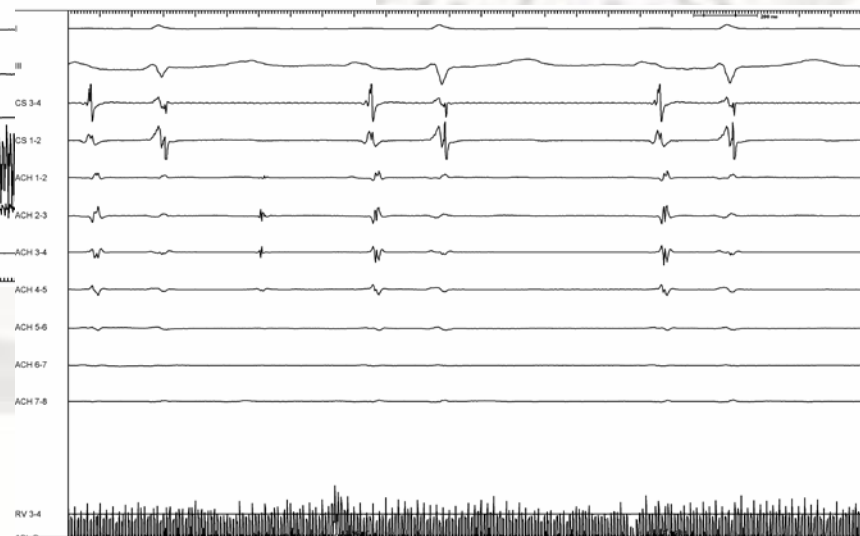
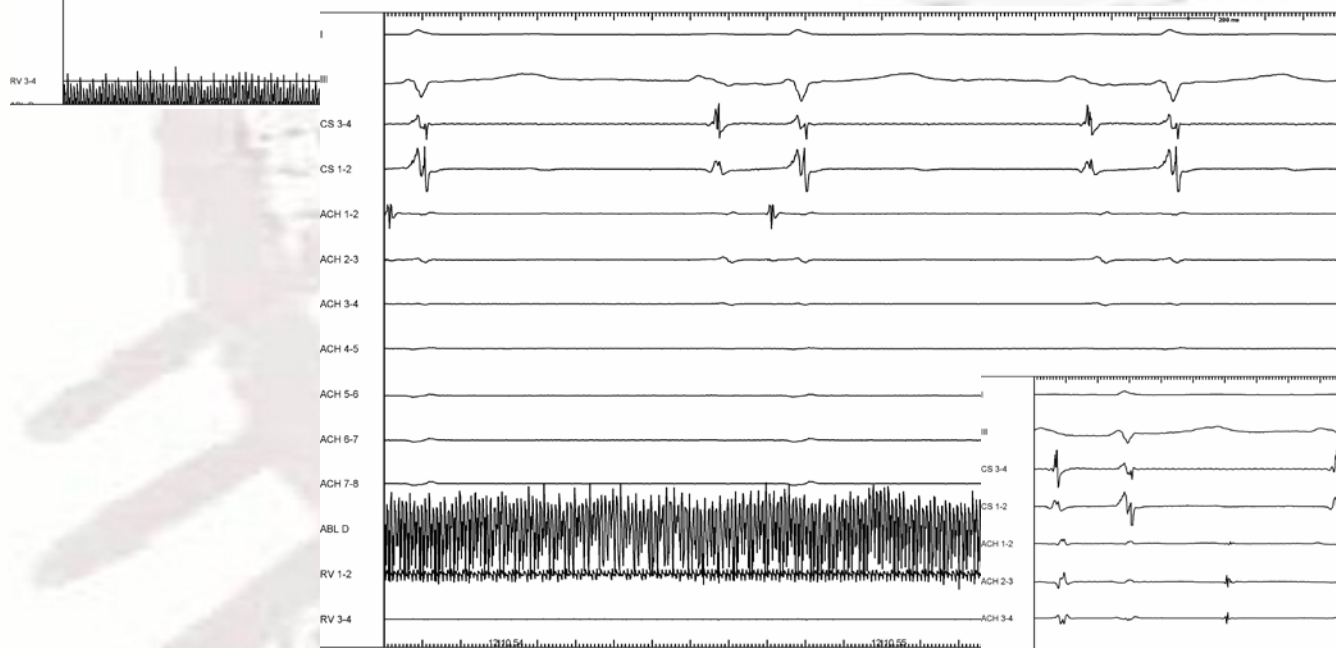
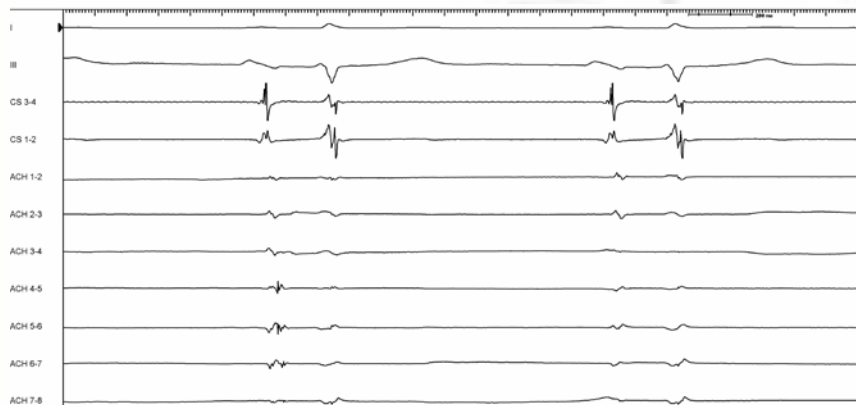


ABLATION OR PACE?

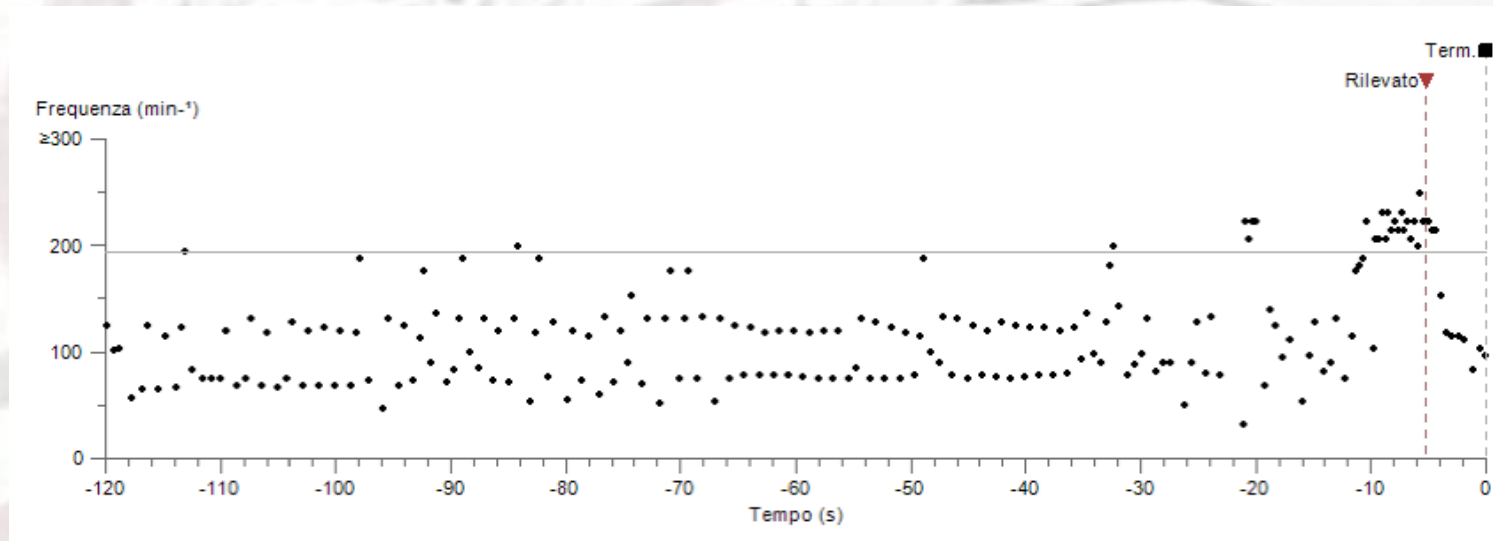


ECTOPY-BASED AF (1)

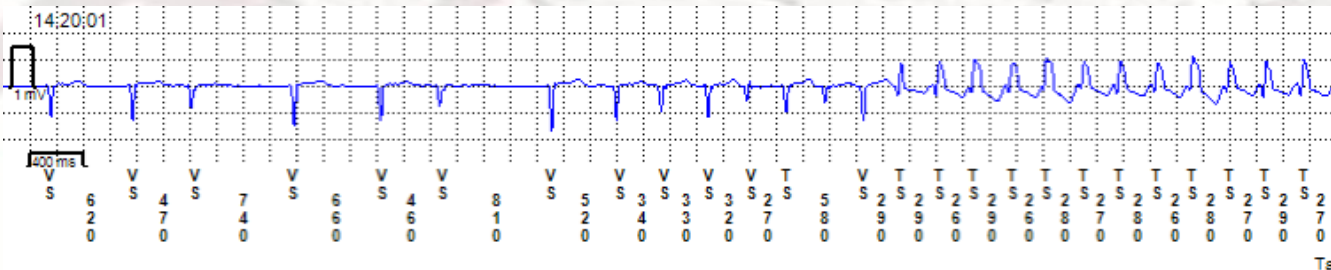
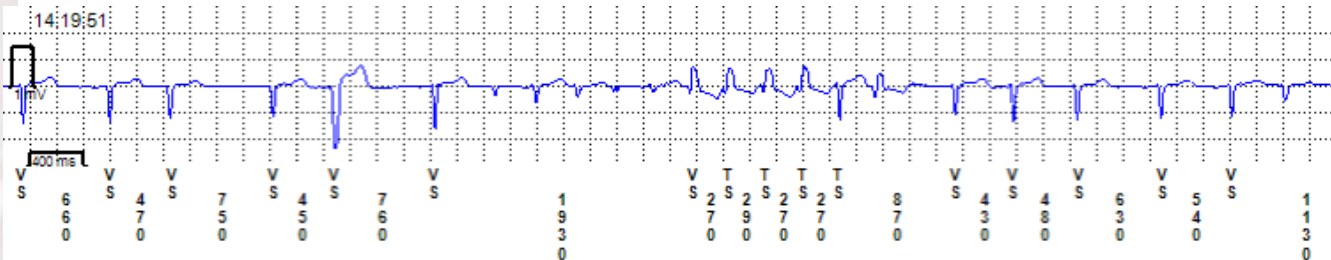
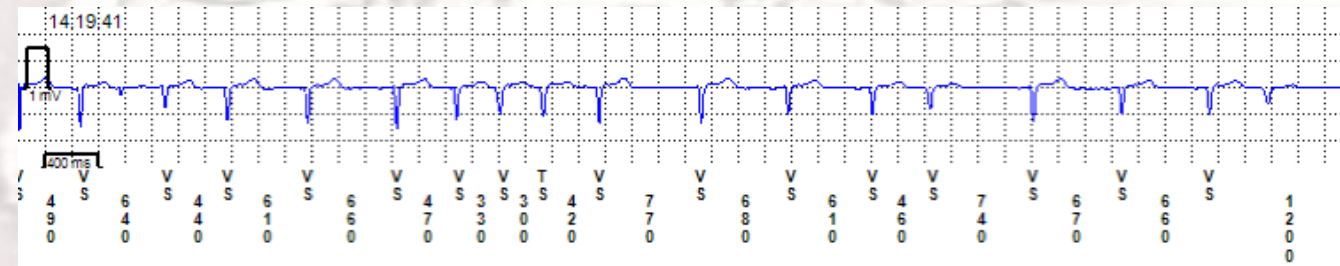




ECTOPY-BASED AF (2)



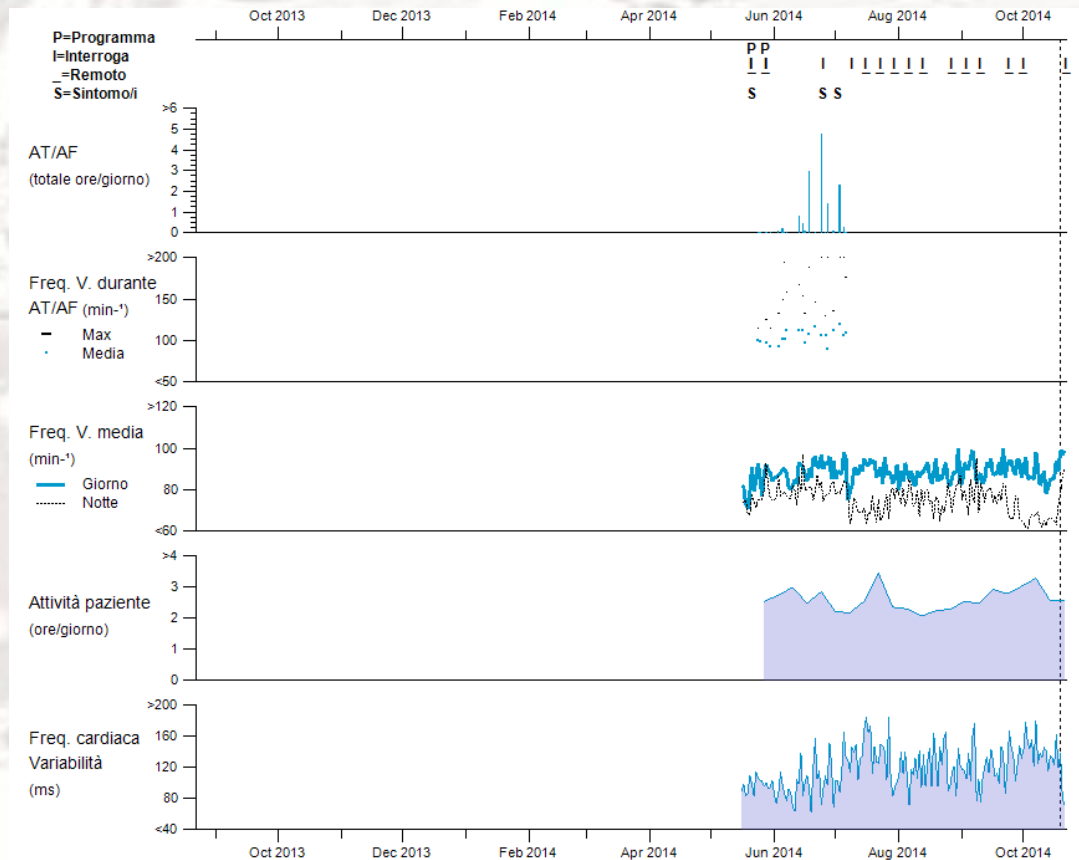
ECTOPY-BASED AF (2)



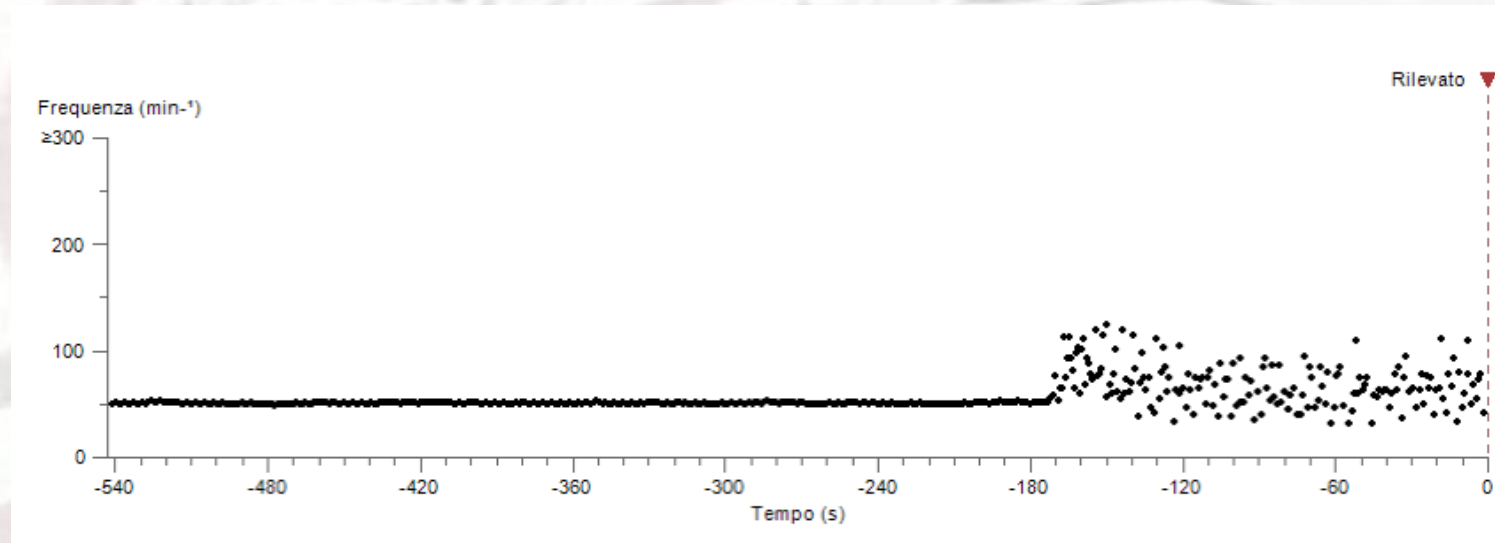
SUCCESSFUL LIPV ONLY ABLATION



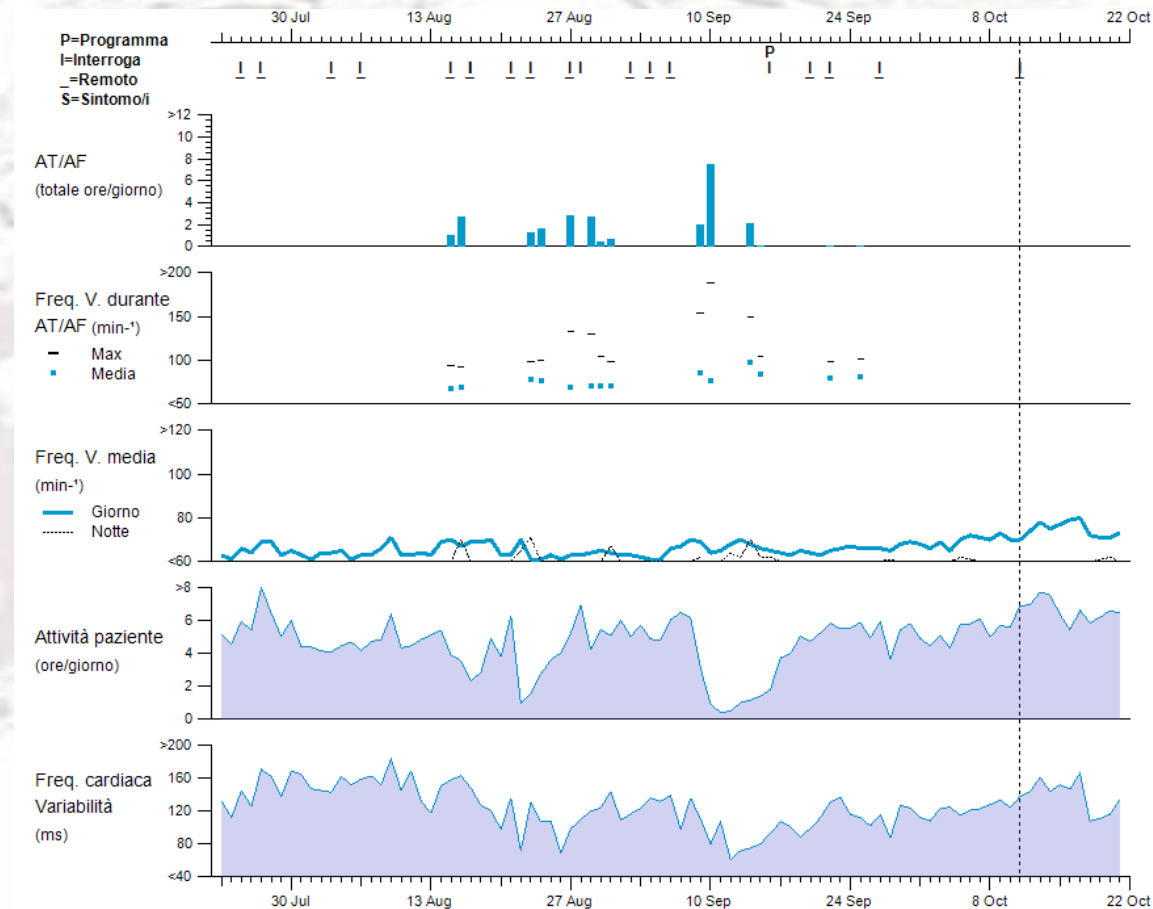
SUCCESSFUL LIPV ONLY ABLATION



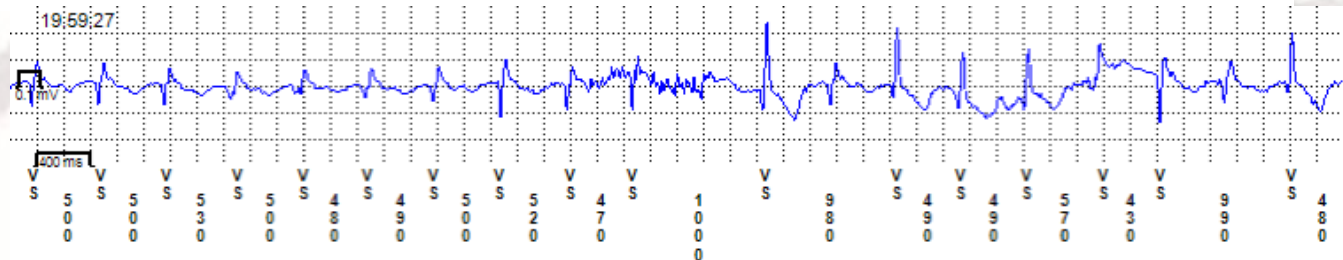
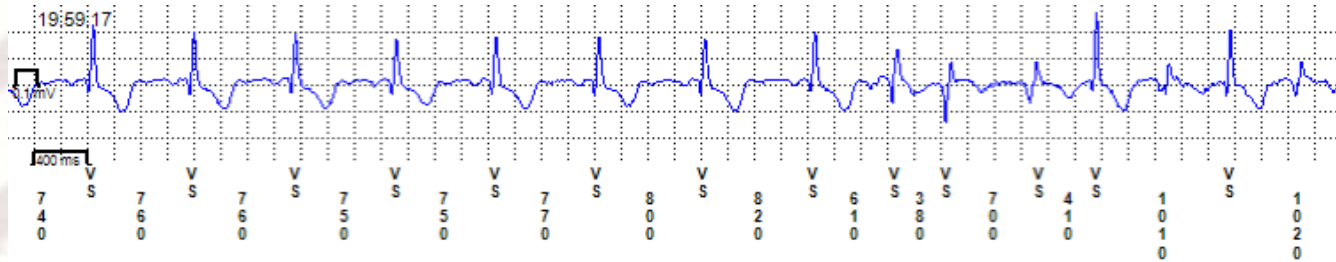
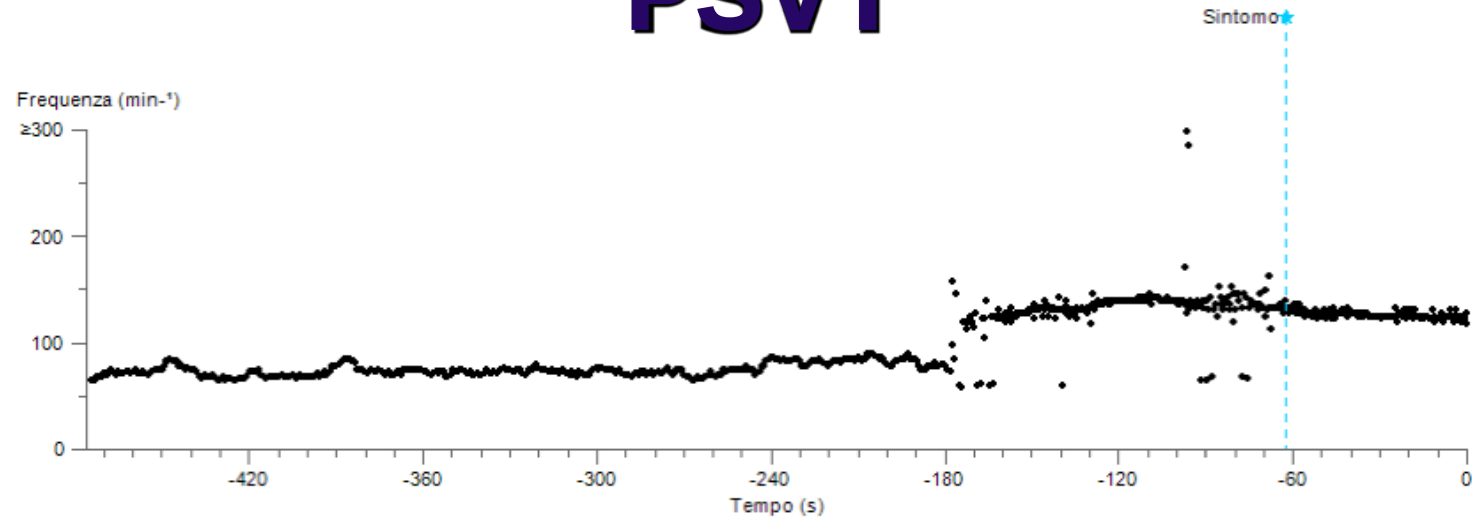
NON TRIGGER AF "LONE" AF



SUCCESSFUL ANTRAL 4 PV ABLATION



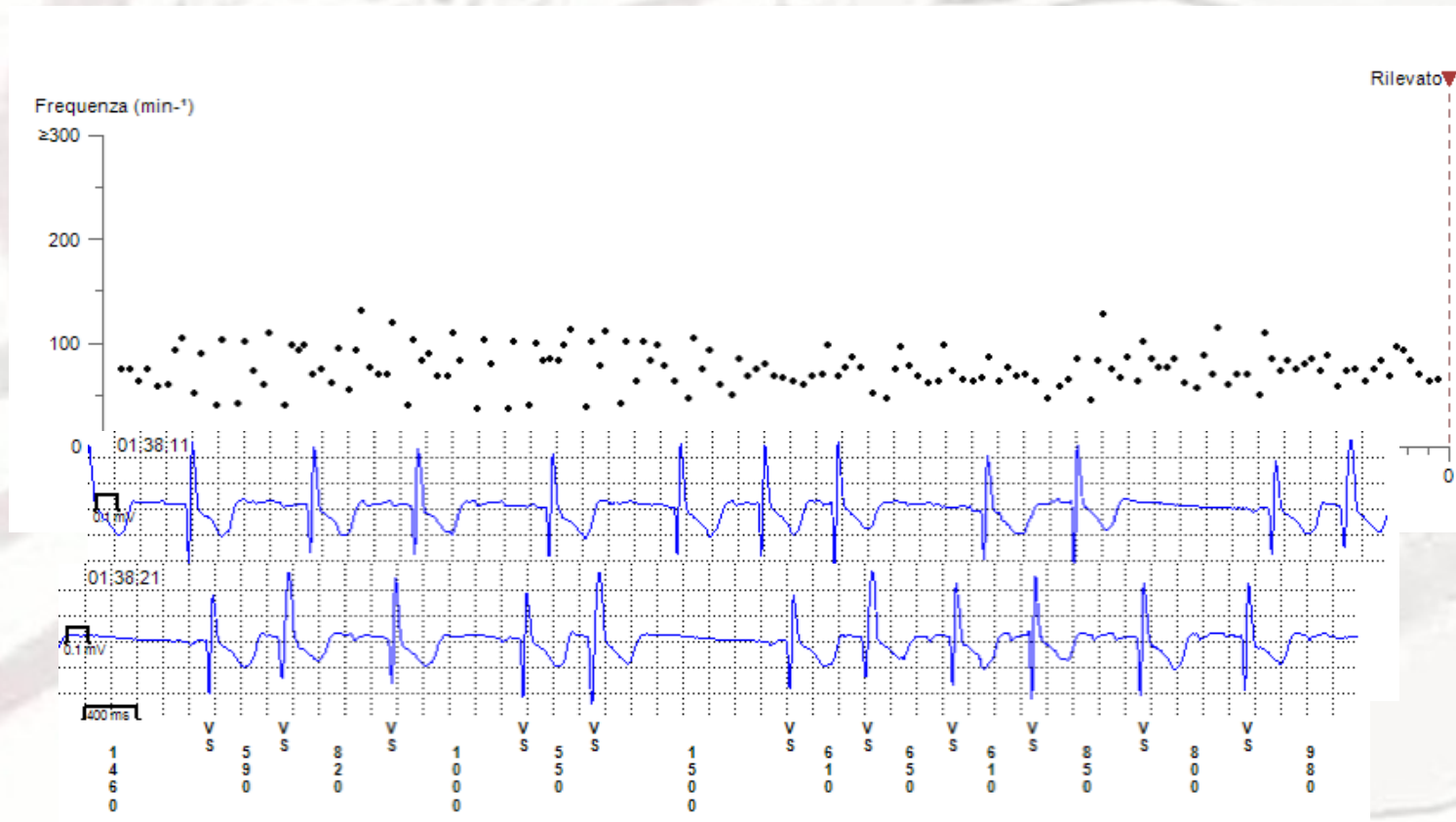
WAITING FOR PV ABLATION PSVT



AVNRT



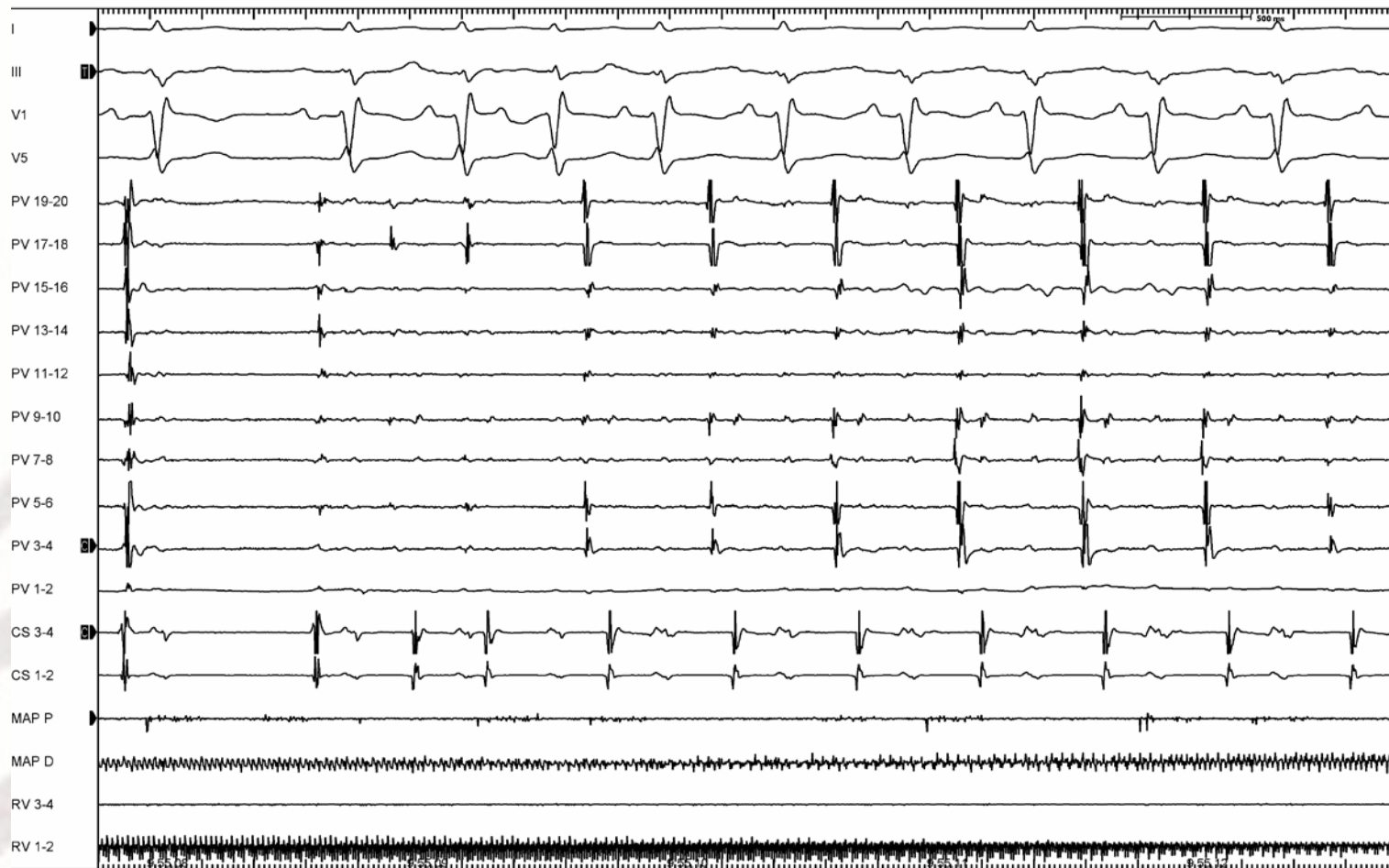
ECTOPY-BASED AF (3)



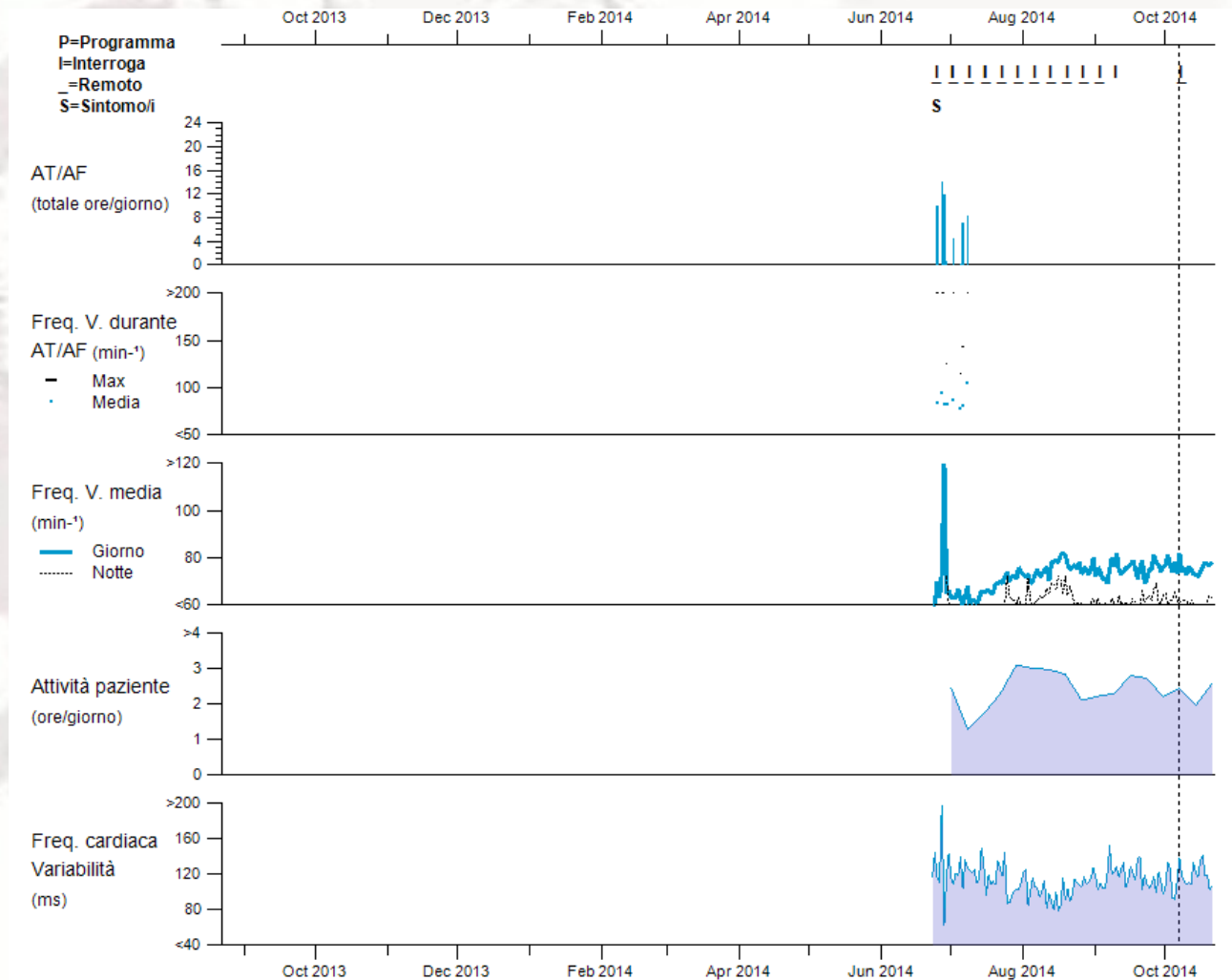
SUCCESSFUL LSPV ONLY ABLATION



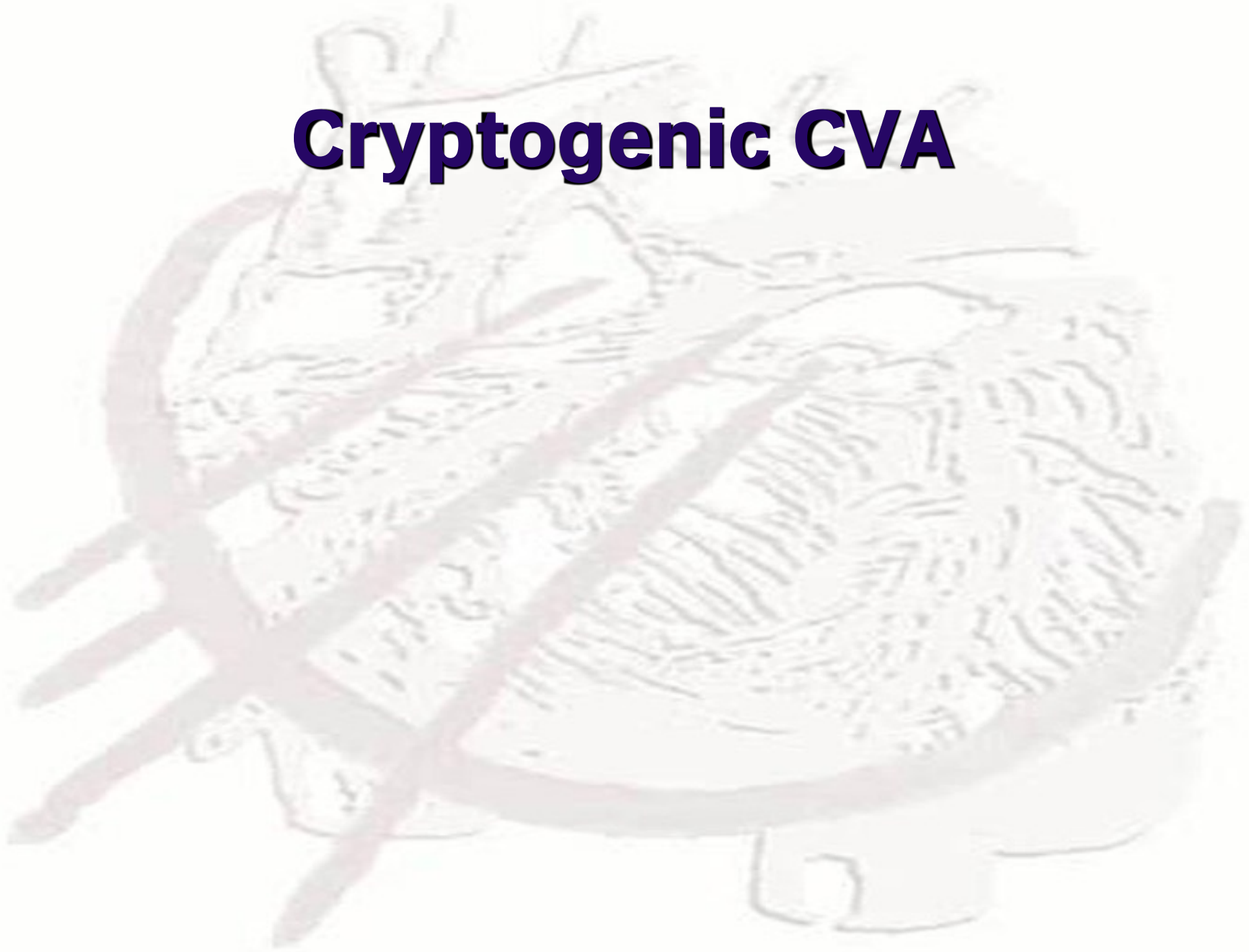
SUCCESSFUL LSPV ONLY ABLATION



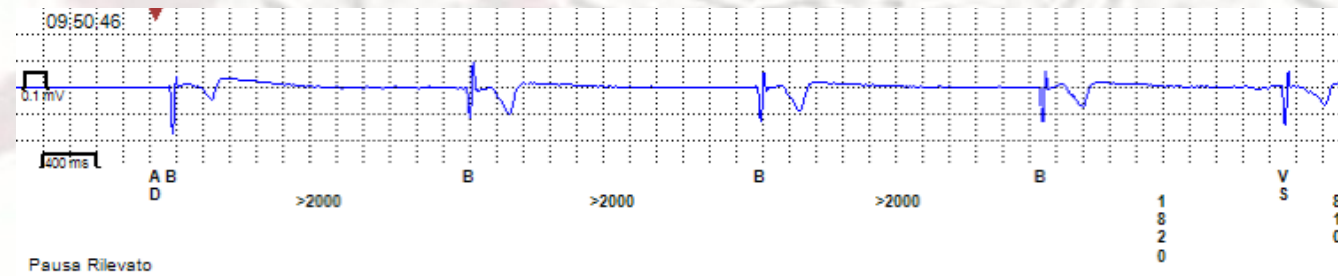
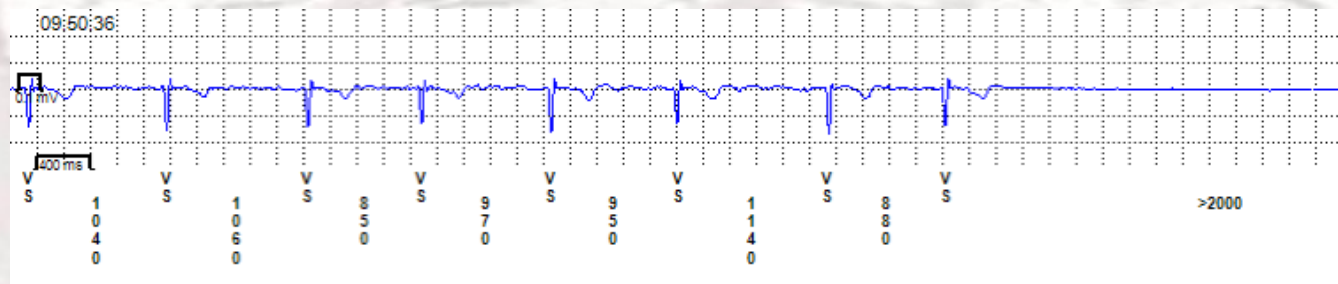
SUCCESSFUL LSPV ONLY ABLATION



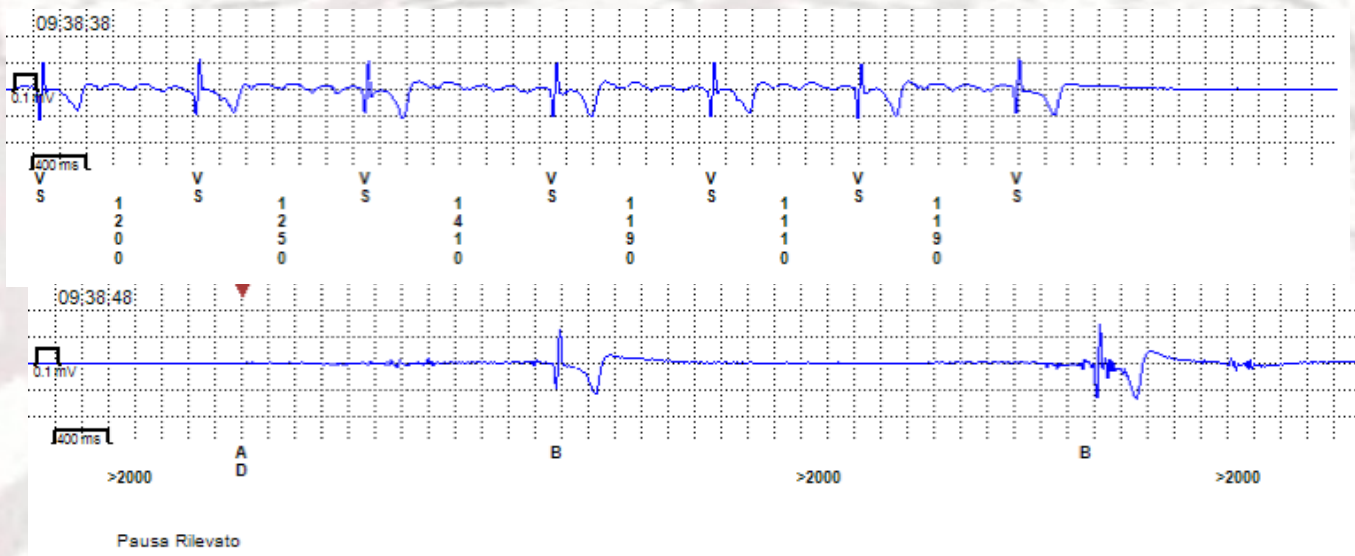
Cryptogenic CVA



15 DAYS AFTER HOSPITAL DISCHARGE



15 DAYS AFTER HOSPITAL DISCHARGE



Conclusions

- Ambulatory insertion, 1 min.
- Automatic every-day follow-up enables faster diagnosis of causes of syncope and ictus (pre-clinically)
- Evaluation of AF substrate relevant to ablation to tailor intervention: are we burning too much in young patients?

ICCS - Ongoing study

- Less tissue is ablated, the less are complications
- Thus, young patients (<50y) with lone AF and trigger-based onset of AF can undergo to adenosine testing during the EP study to search the “culprit” PV with automatic activity

Preliminary data

- N=9
- All with LinQ
- Median targeted PV=2,5
- All patients discharged without any AAD, only apixaban 5 mg bid for 30 days
- 8/9 no longer AF
- 1/9 recovered conduction in common LPV (done yesterday)



**Thank you for your
attention**