

ECG en Hartritmestoornissen

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opbouw

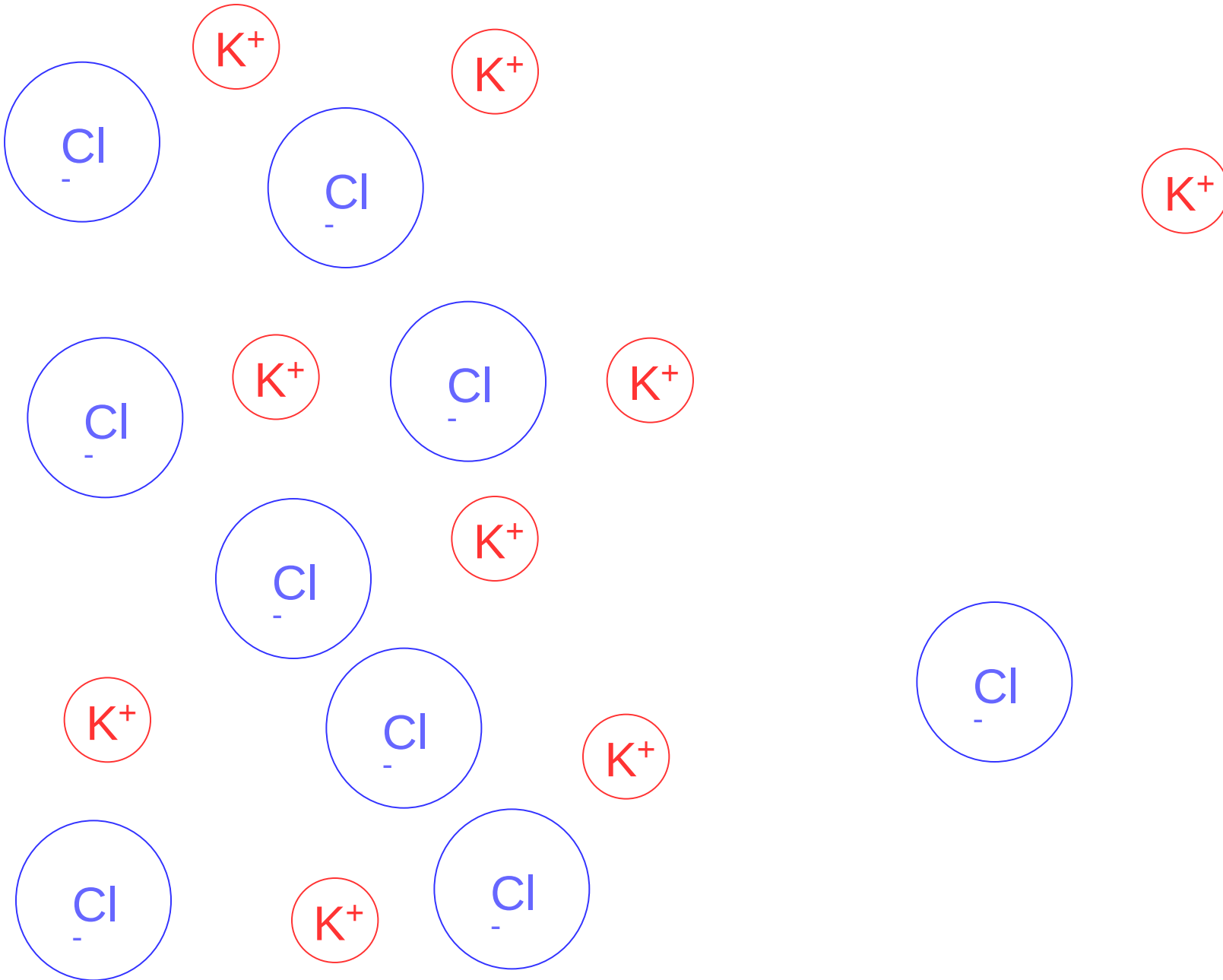
- Inleiding over ECG
- Pauze?
- Practicum ritmestoornissen

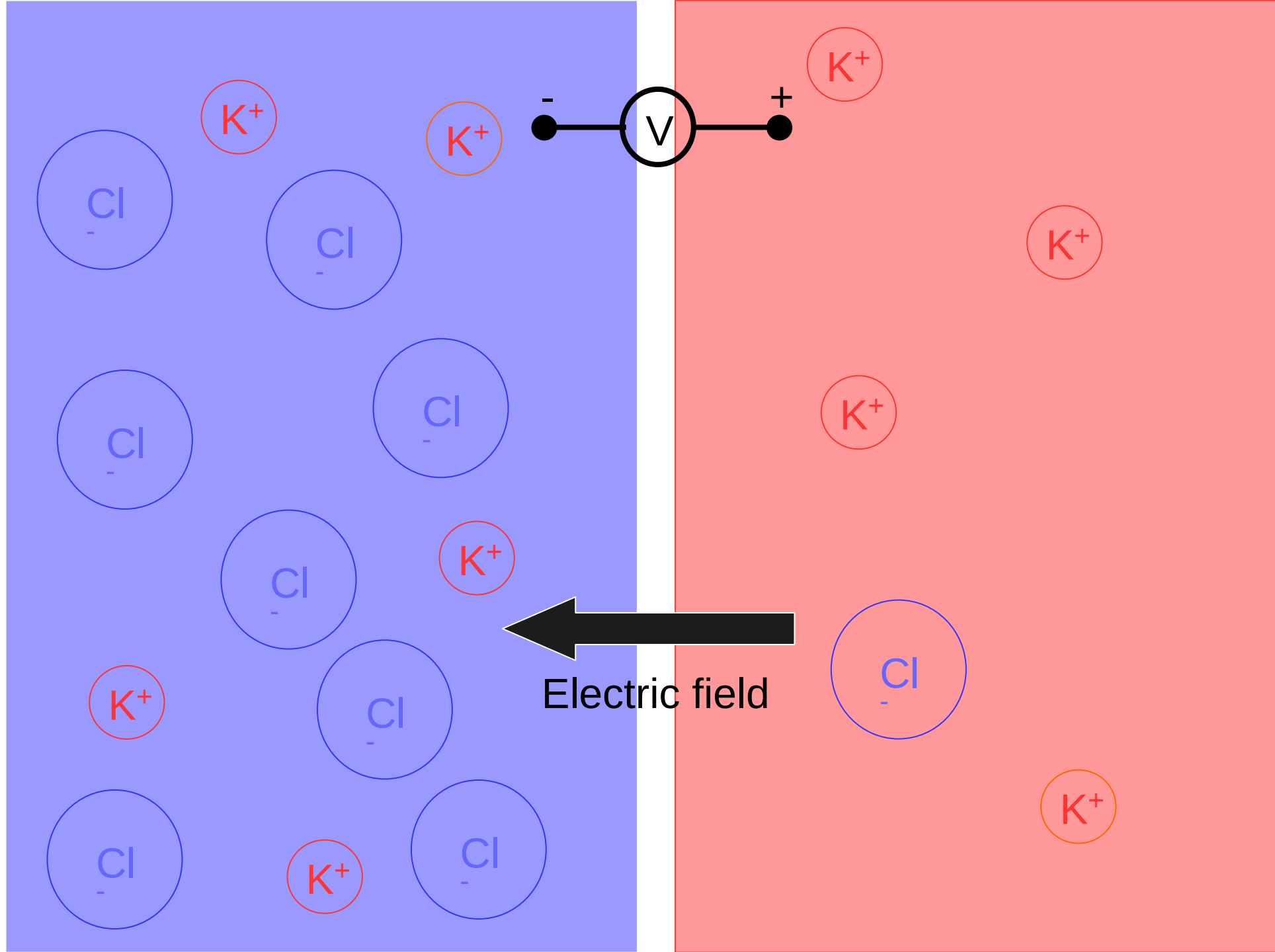
Structuur van de cel membraan

- lipide dubbellaag
- Eiwit kanalen en moleculen: selectief permeabel voor ionen (Na^+ , K^+ , Ca^{2+} , Cl^{2-})

Electrochemisch evenwicht

- Er is meer Kalium in de cel (150 mmol) dan erbuiten (5 mmol)
- Het membraan is enigszins doorlaatbaar voor K^+ ionen





Electrochemisch evenwicht

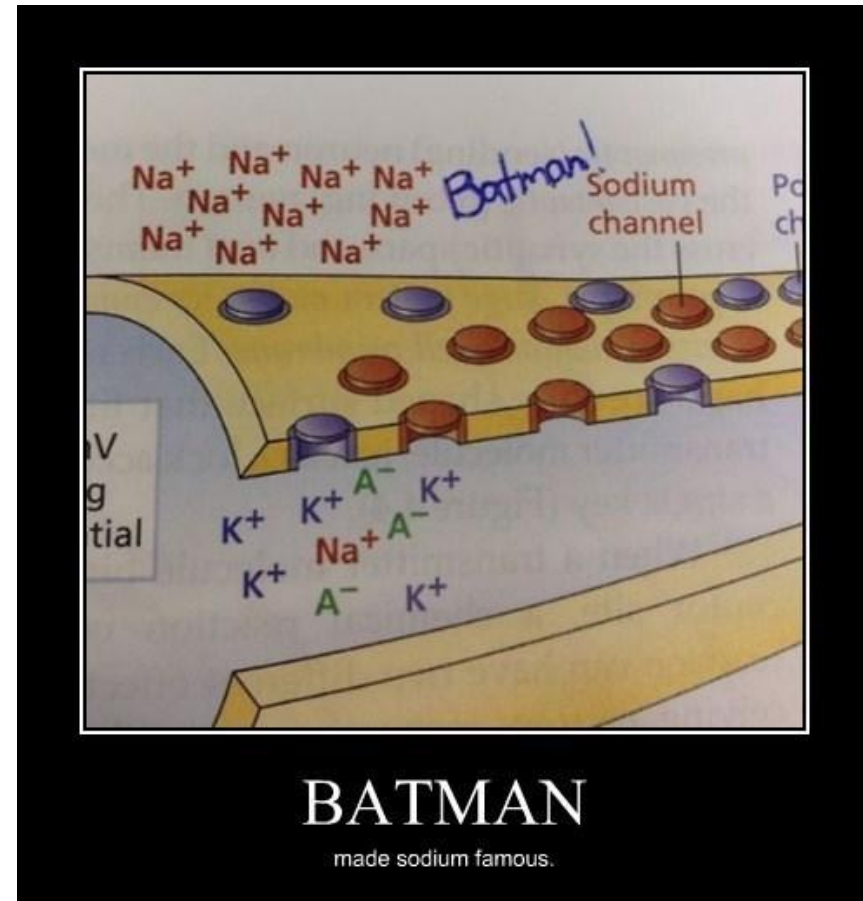
- Er is meer Kalium in de cel (150 mmol) dan erbuiten (5 mmol)
- Het membraan is enigszins doorlaatbaar voor K^+ ionen
 - ⇒ Kalium stroomt naar buiten
 - ⇒ Binnenkant cel wordt negatief geladen
 - ⇒ K^+ stroomt minder hard naar buiten
 - ⇒ evenwicht tussen diffusie en elektrische krachten (negatieve terugkoppeling)

Natrium

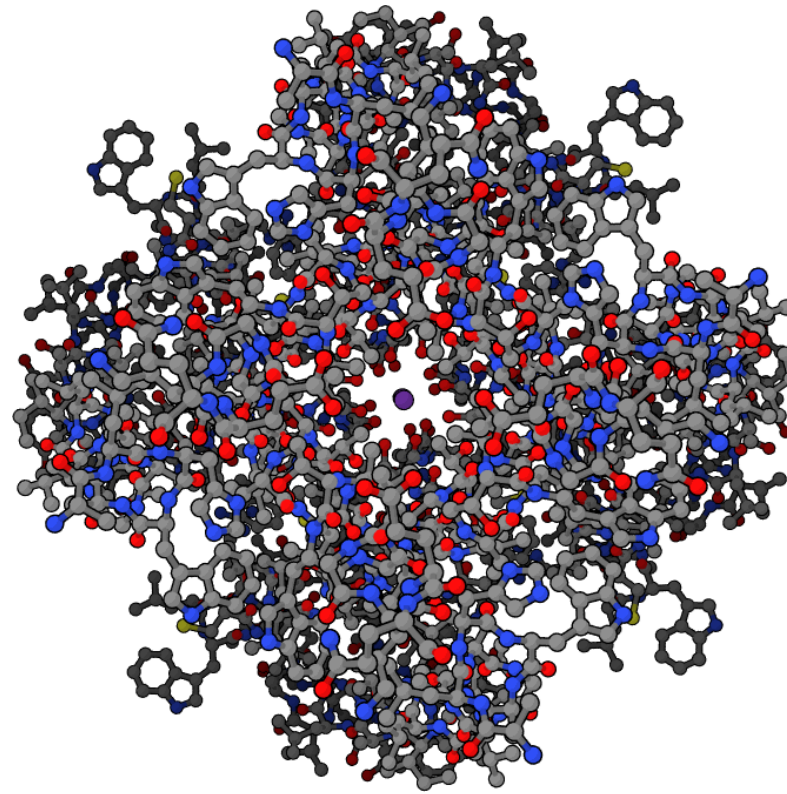
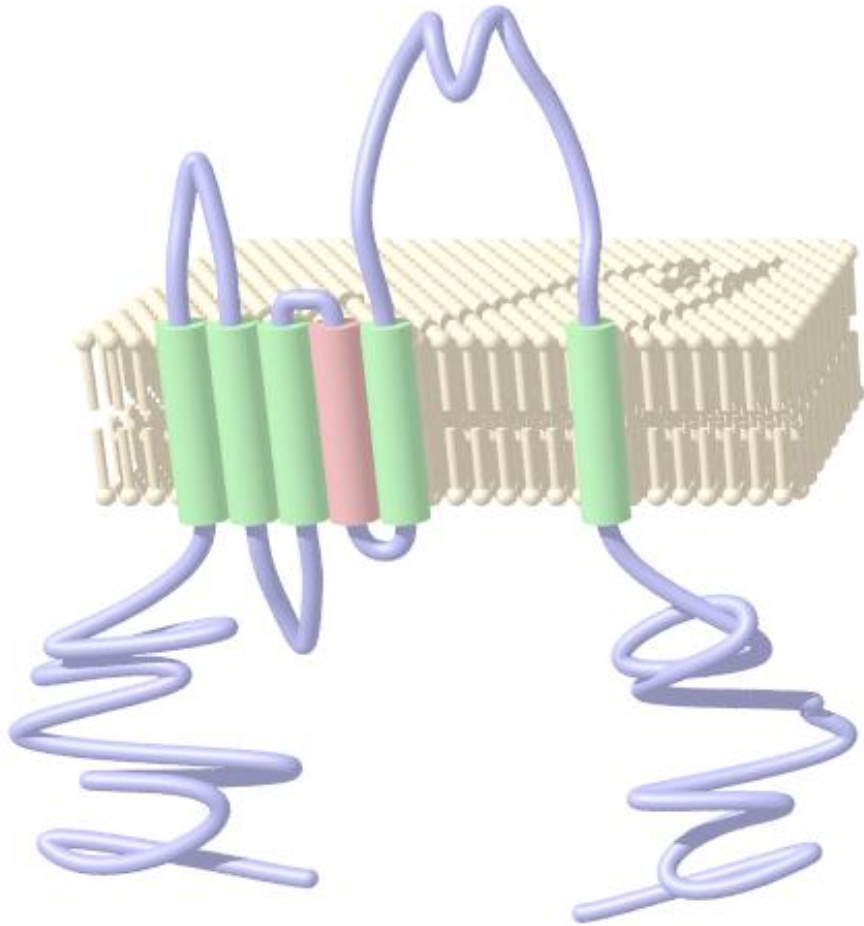
Behalve Kalium is ook Natrium niet in evenwicht

Meer Na^+ buiten

⇒ Ander evenwicht
(positiever)

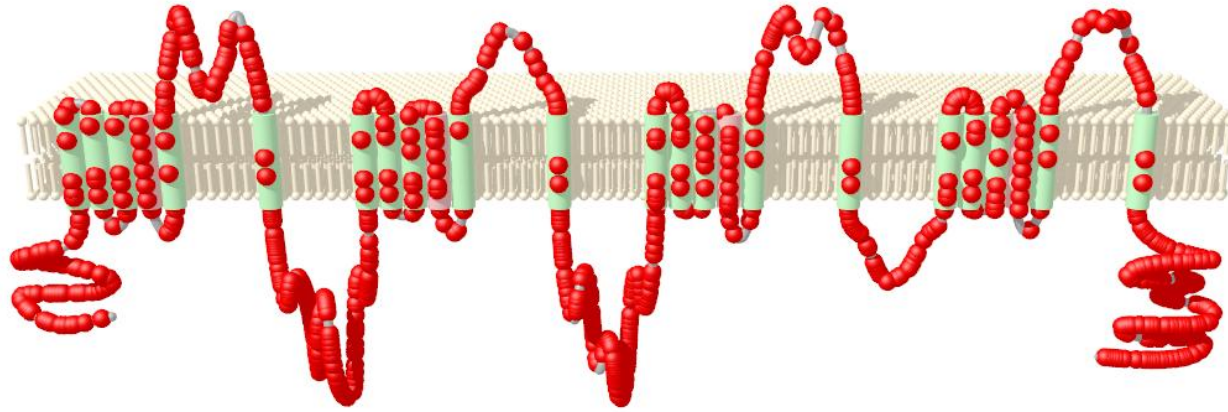


Kalium kanaal ($K_v11.1$)

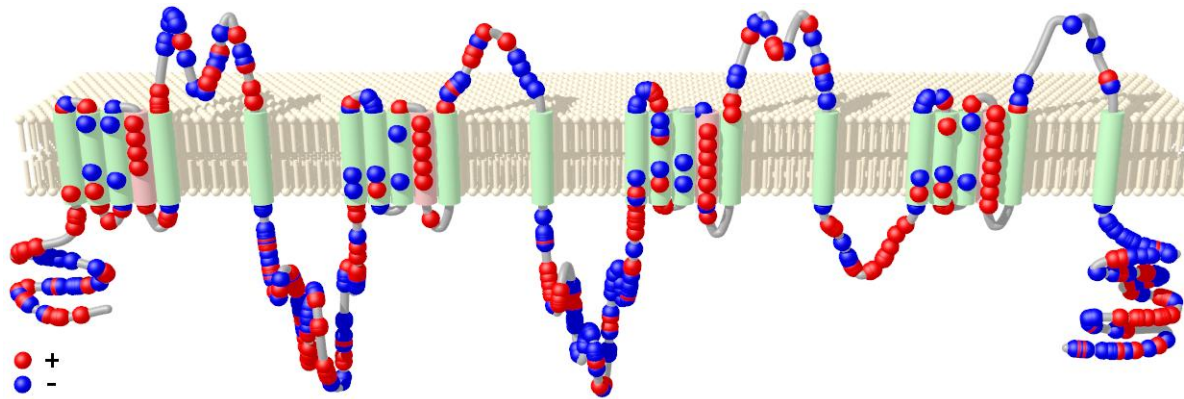


Eigenschappen van $NA_v1.5$

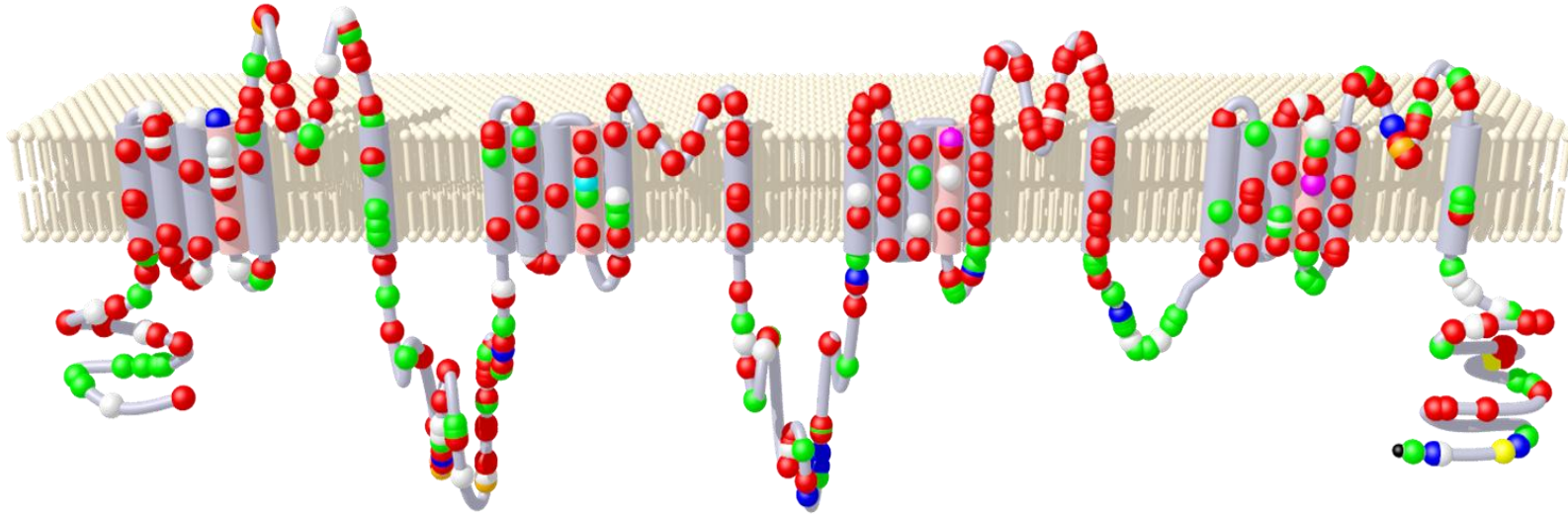
Hydrofiel



Lading



Mutaties in $NA_v1.5$ kanaal (2011)



Rode bollen: brugadasyndroom

Groen: LQT3

Andere kleuren minder frequente ziektebeelden

Elk bolletje is een familie

In (hart)spier/zenuw-cel in rust

$$E_{K^{+}} \sim -90 \text{ mV}, E_{Na^{+}} \sim +60 \text{ mV}$$

Permeabiliteit voor K^{+} is veel groter dan van
voor Na^{+}

$$\Rightarrow \text{Cel: } -90 - -60 \text{ mV}$$

Veranderende potentialen

Potentiaal kan veranderen als permeabiliteiten veranderen.

In membraan van zenuw en (hart)spiercellen bevinden zich spanningsgevoelige Natriumkanalen waarvan de geleidbaarheid een functie is van de potentiaal over de membraan (in hart $NA_v1.5$, gen: SCN5a)

Actiepotentiaal: de opgaande flank

Vanwege een (externe) reden daalt de spanning (van -90 mV naar minder negatief)

Sommige $\text{Na}_v1.5$ kanalen gaan open

⇒ spanning daalt verder

⇒ meer kanalen open

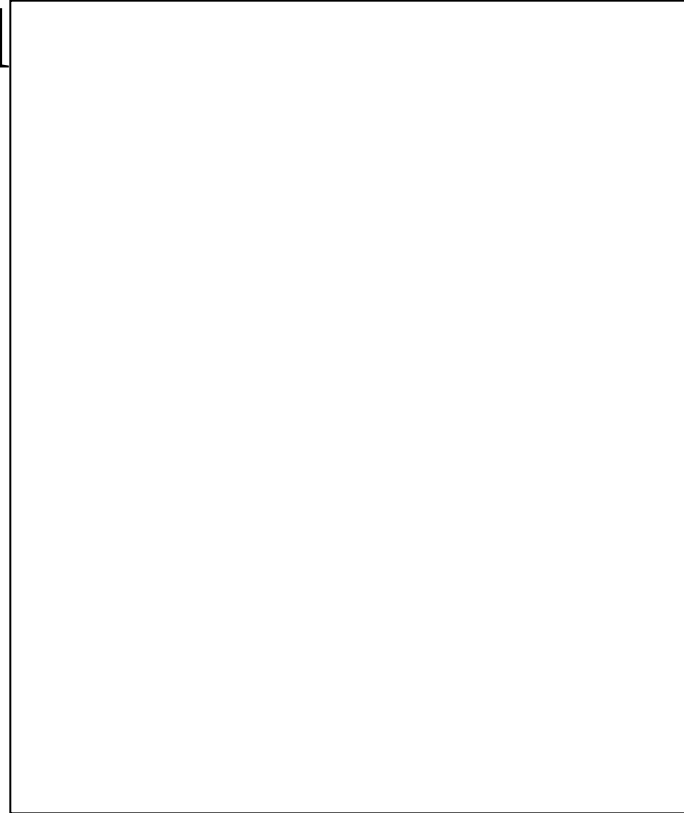
⇒ spanning daalt verder

... (positieve terugkoppeling)

Action Potential zenuwcel

Snel veranderende potentiaal

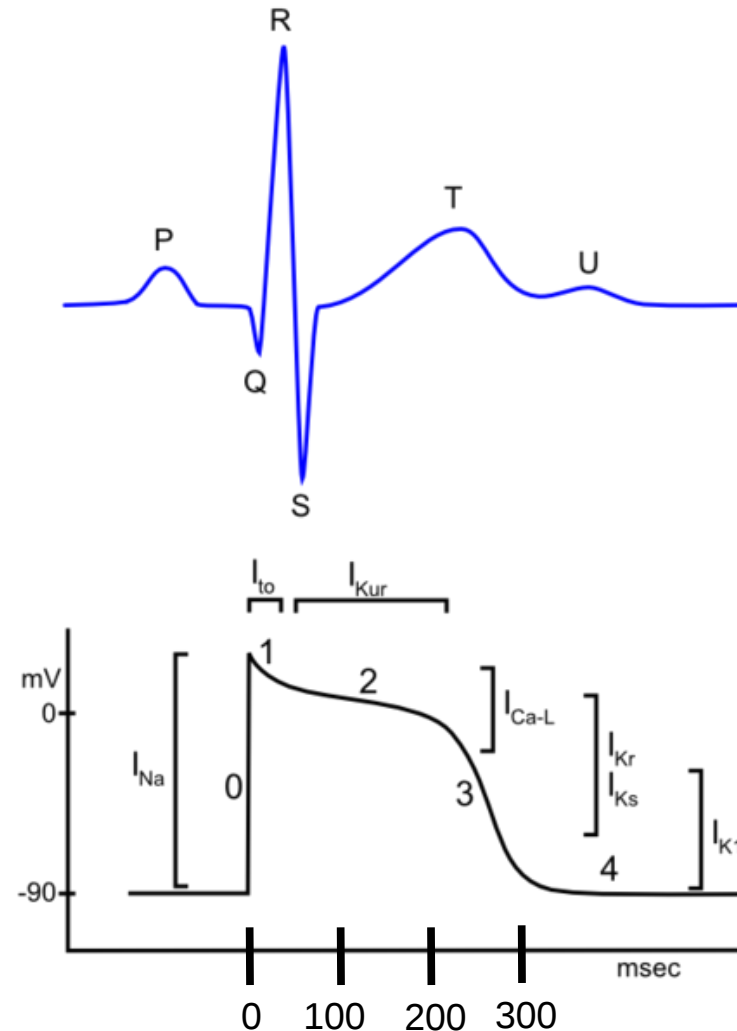
Zenuwcel: “spike”



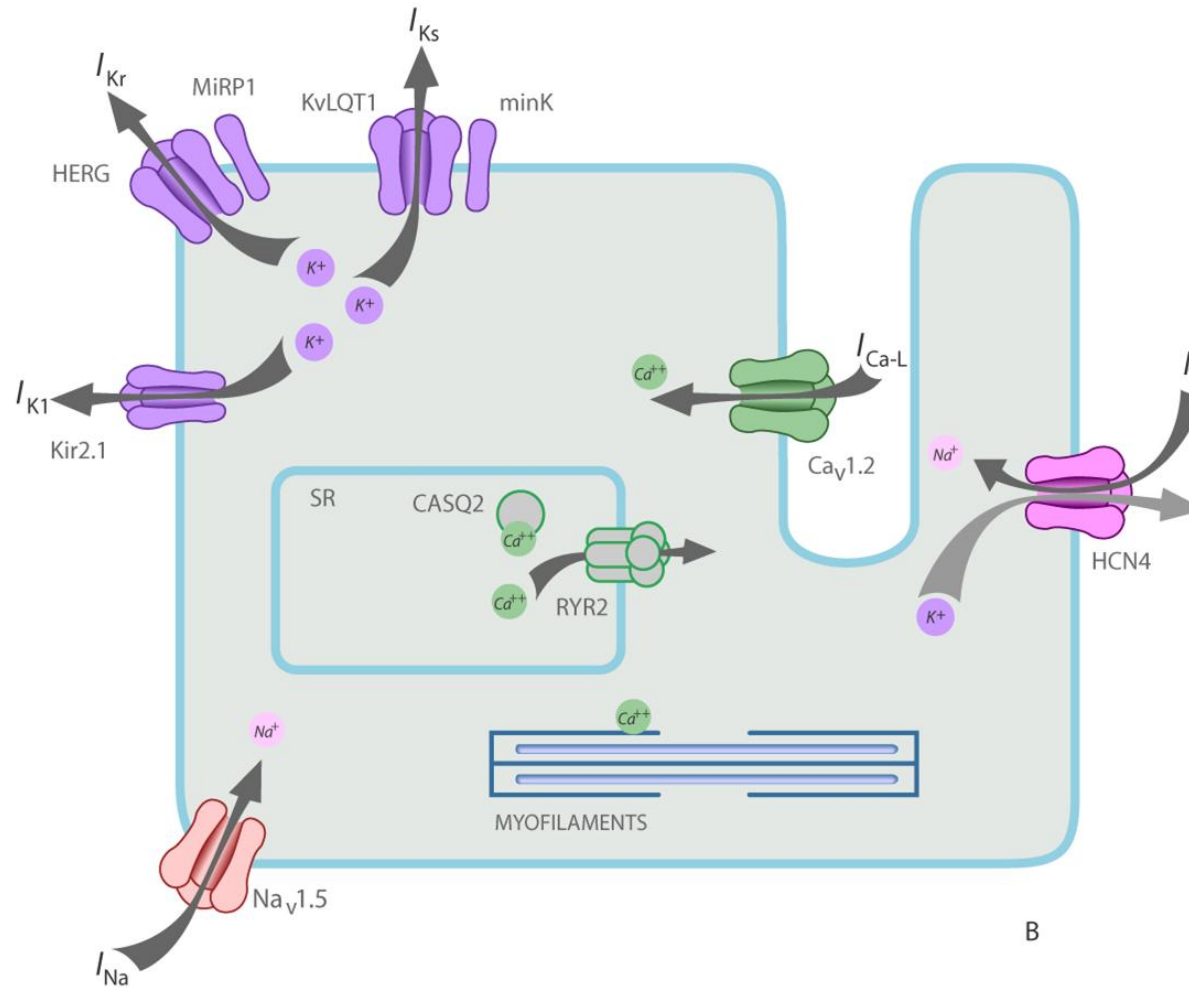
Action Potential van hartcel

Snelle upstroke

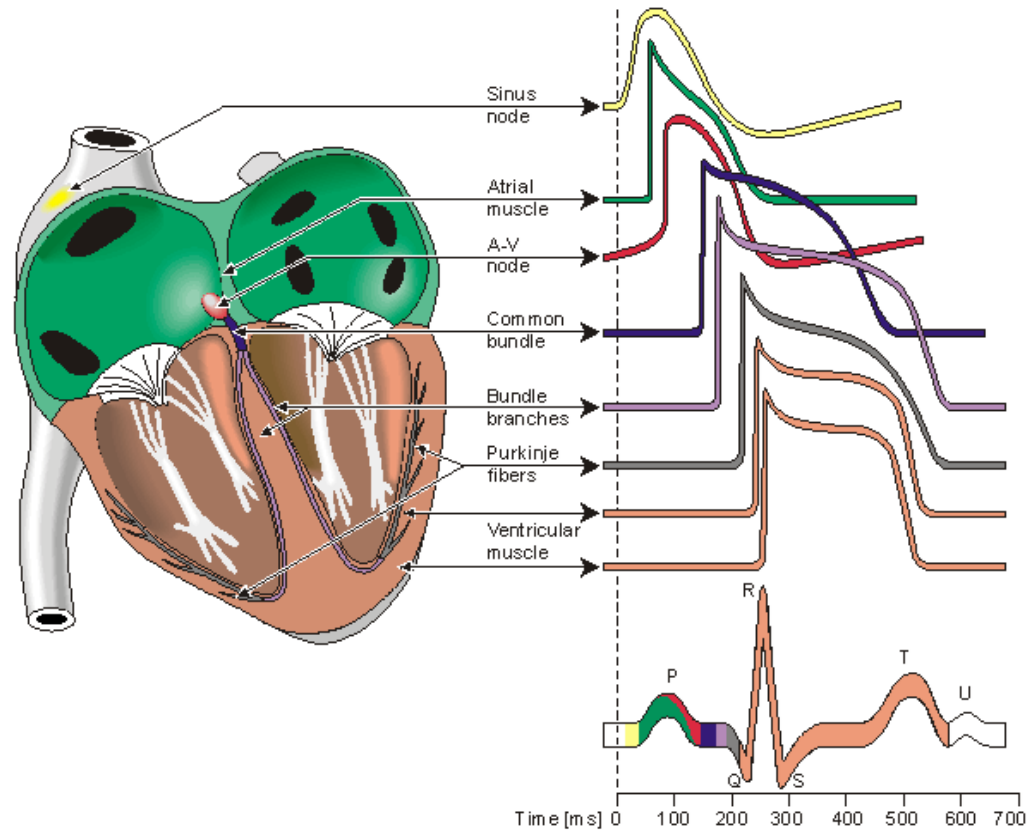
Hartcel: “plateau”



Ion channels



Voortgeleiding

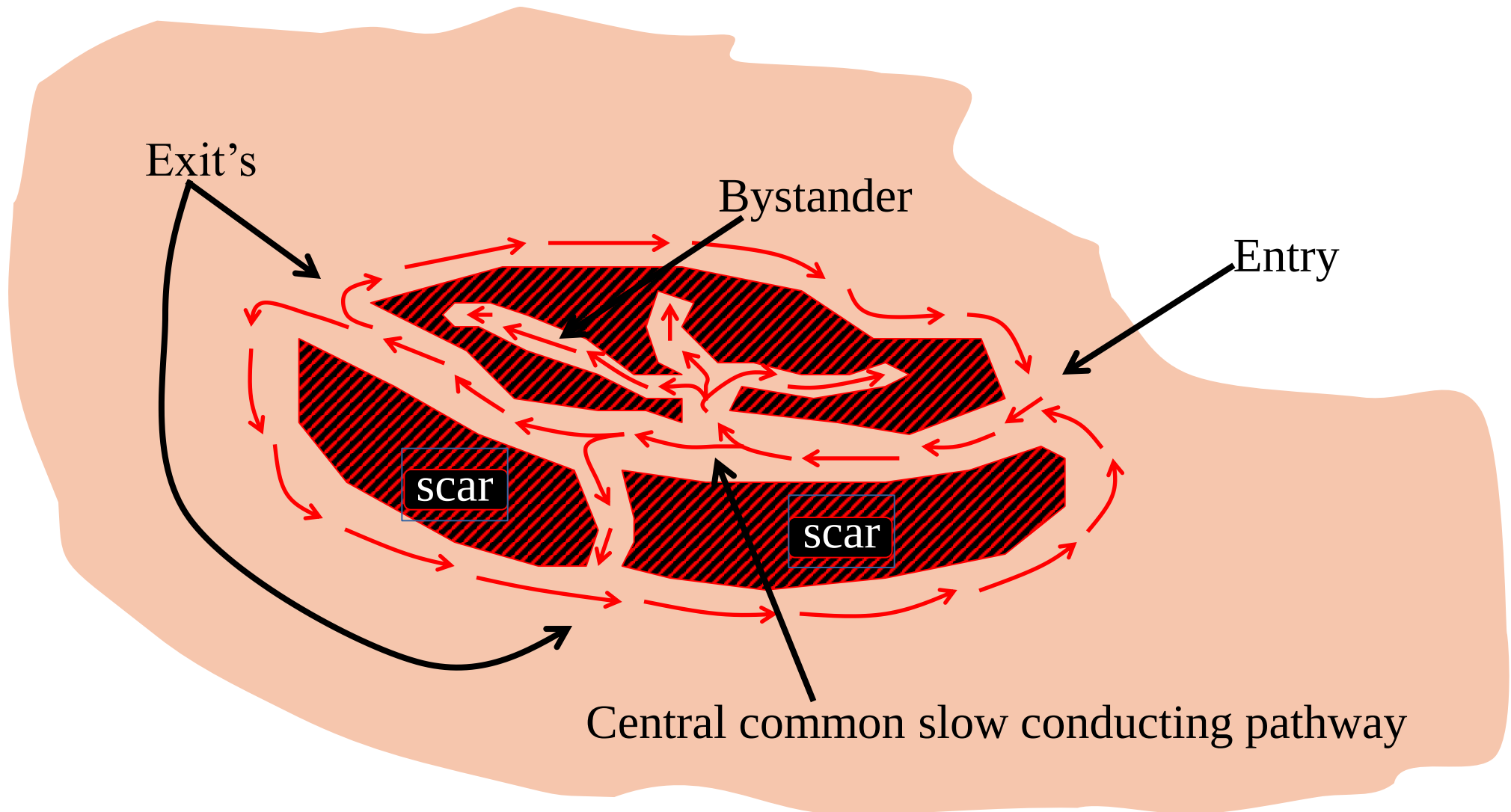


2 filmpjes over reanimeren

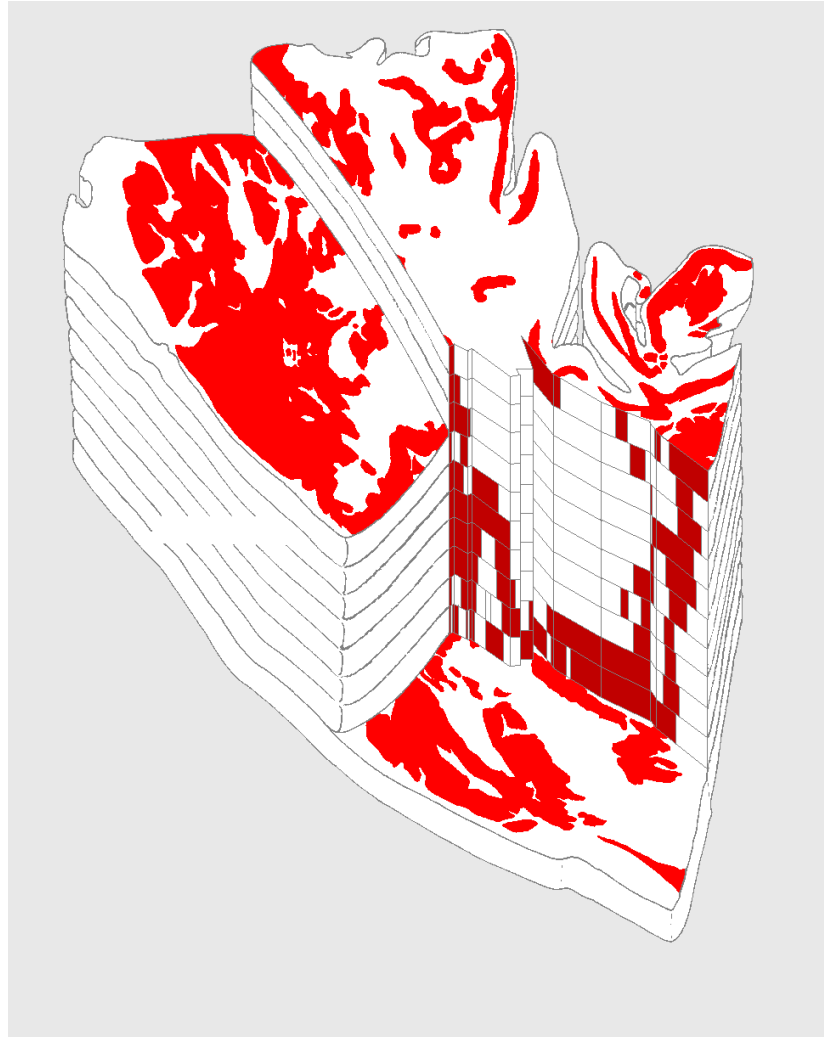
Vinger aan de pols, interview met Prof. Ruud Koster
en gereanimeerde

Voetbalwedstrijd met speler die opstaat

Mechanism of Postinfarction Reentrant Ventricular Tachycardia

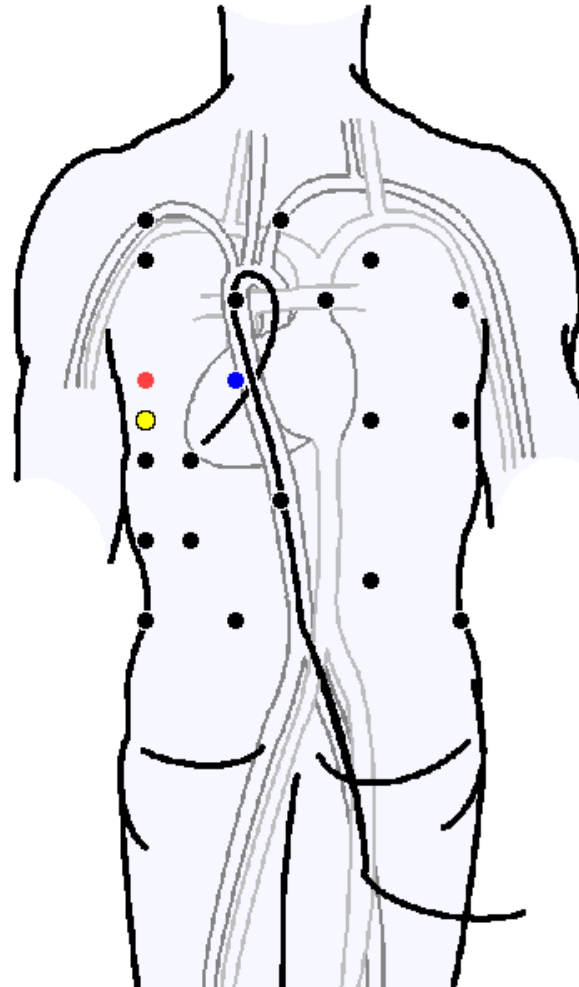
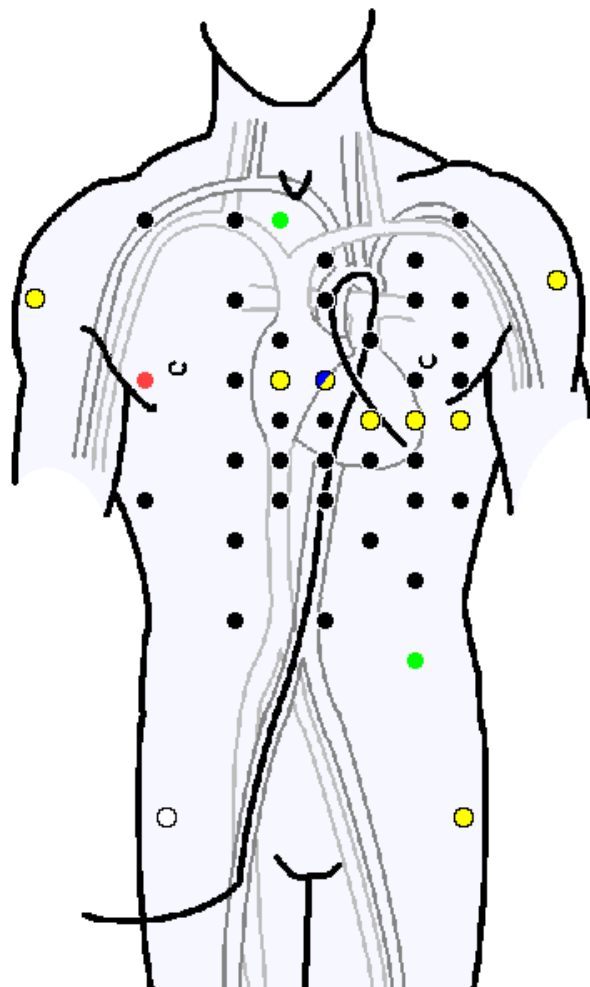


Reconstruction of infarct



Arrhythmia resection

BSM, XYZ, and Catheter



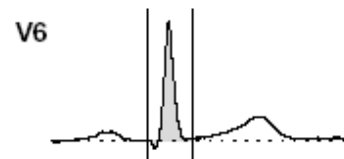
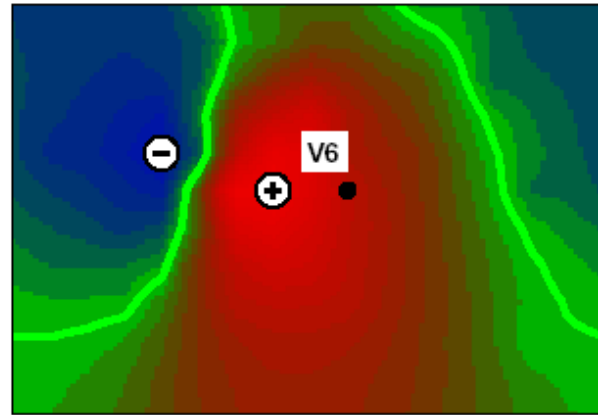
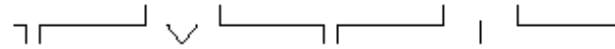
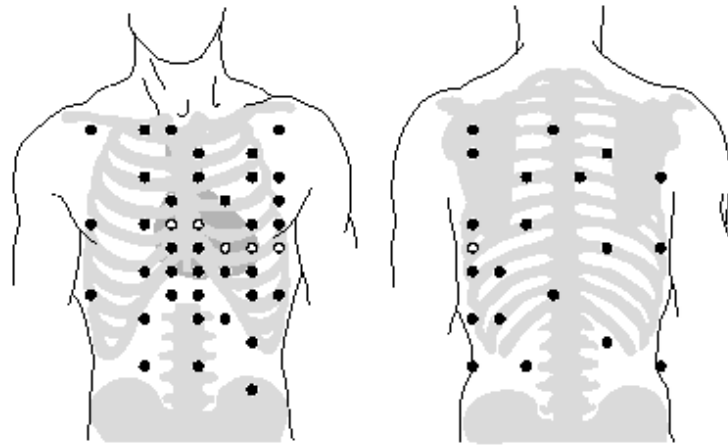
Standard 12

X-Lead

Y-Lead

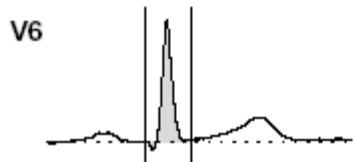
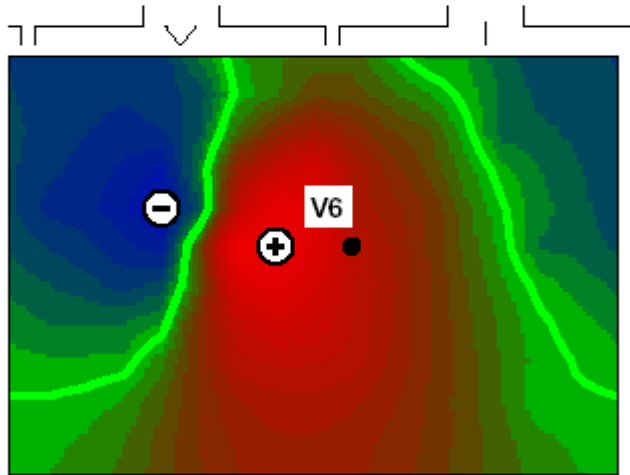
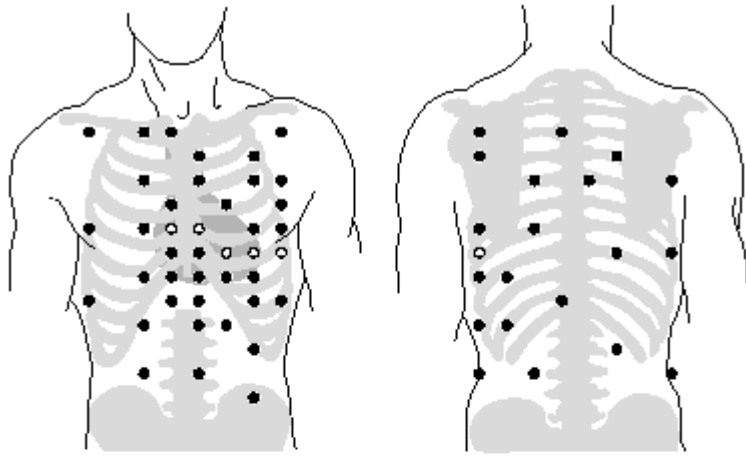
Z-Lead

BSM representation

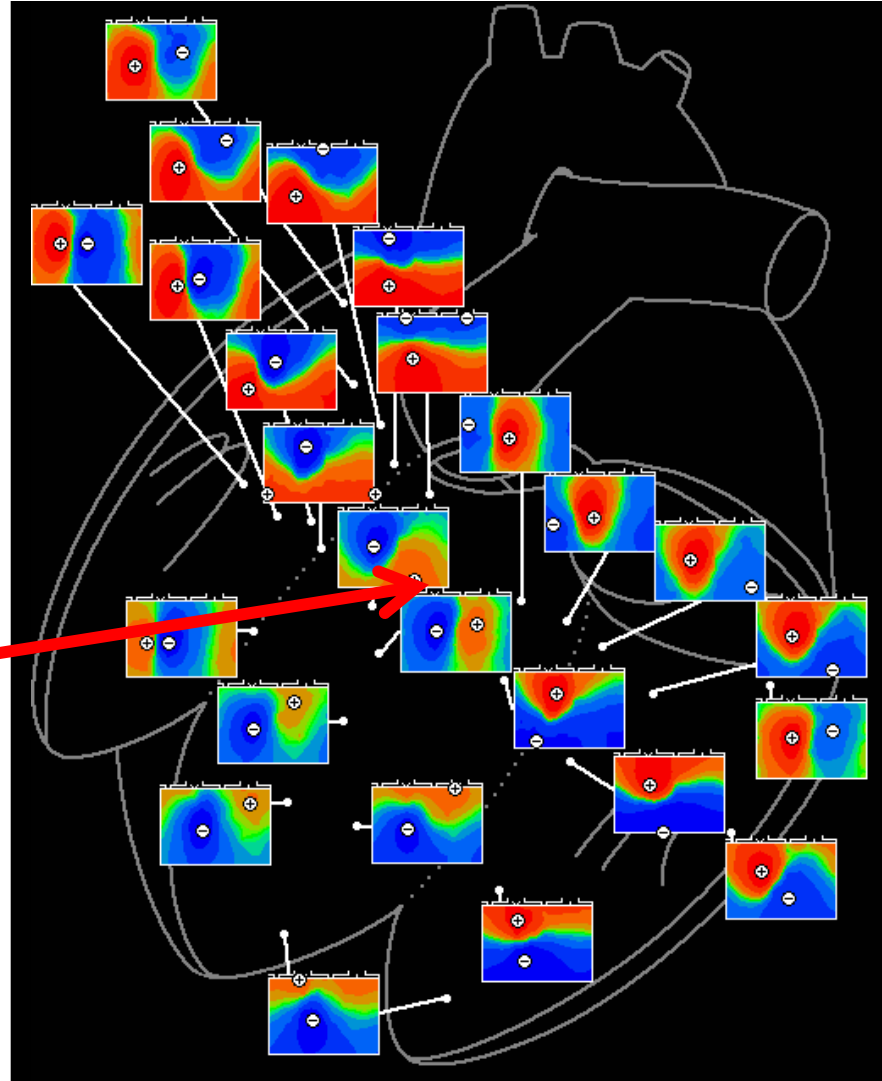


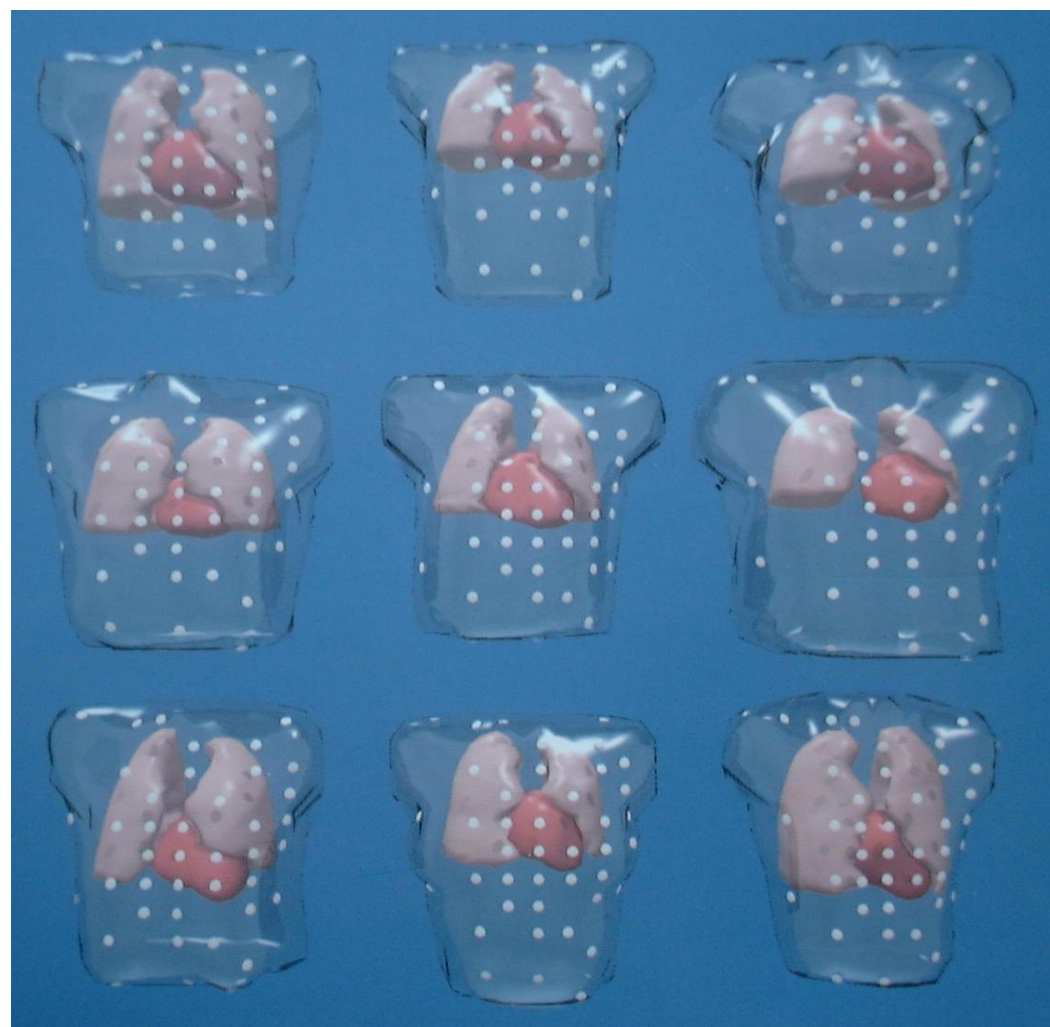
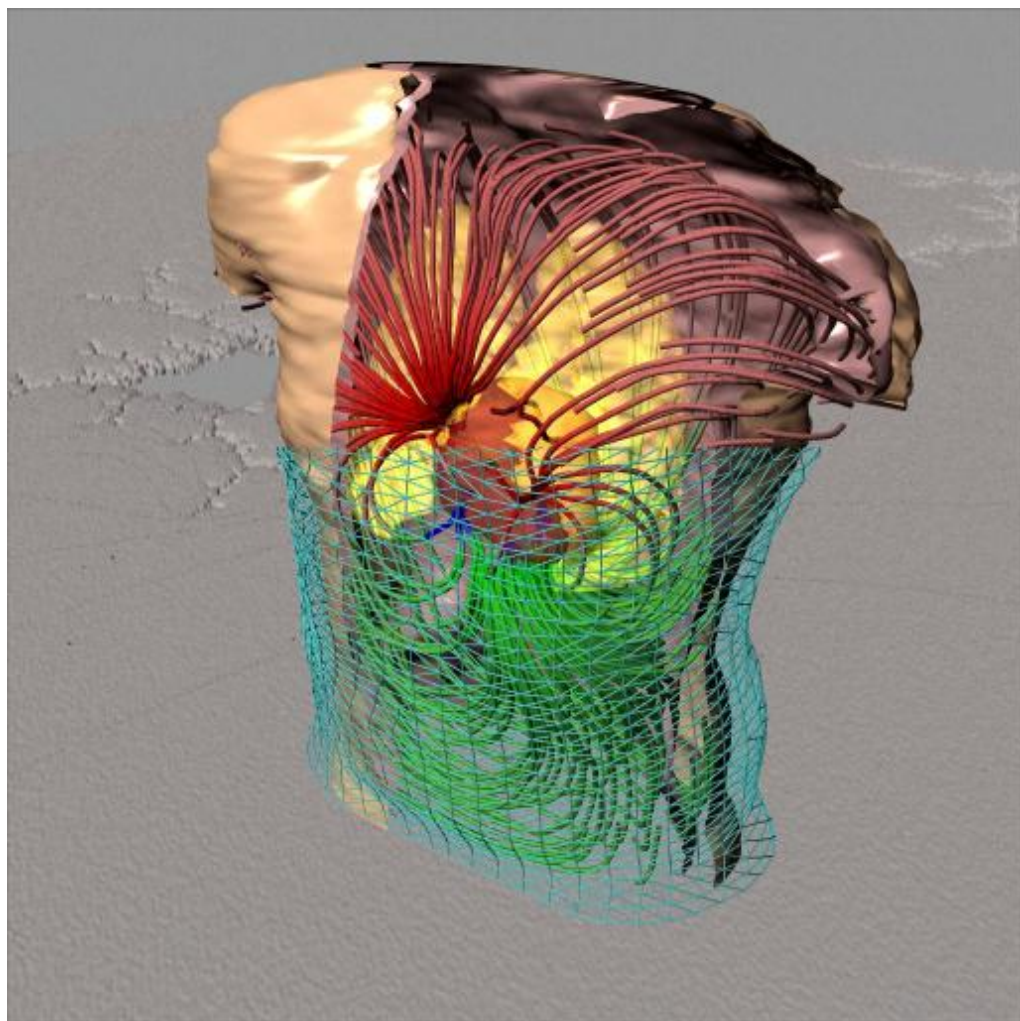
⊕ 66 mVms
⊖ 31 mVms

Arrhythmia Localization



⊕ 66 mVms
⊖ 31 mVms





MRI recordings of beating hearts

