

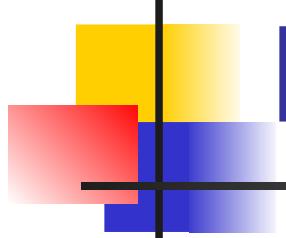
Entrainment – Basic Principles



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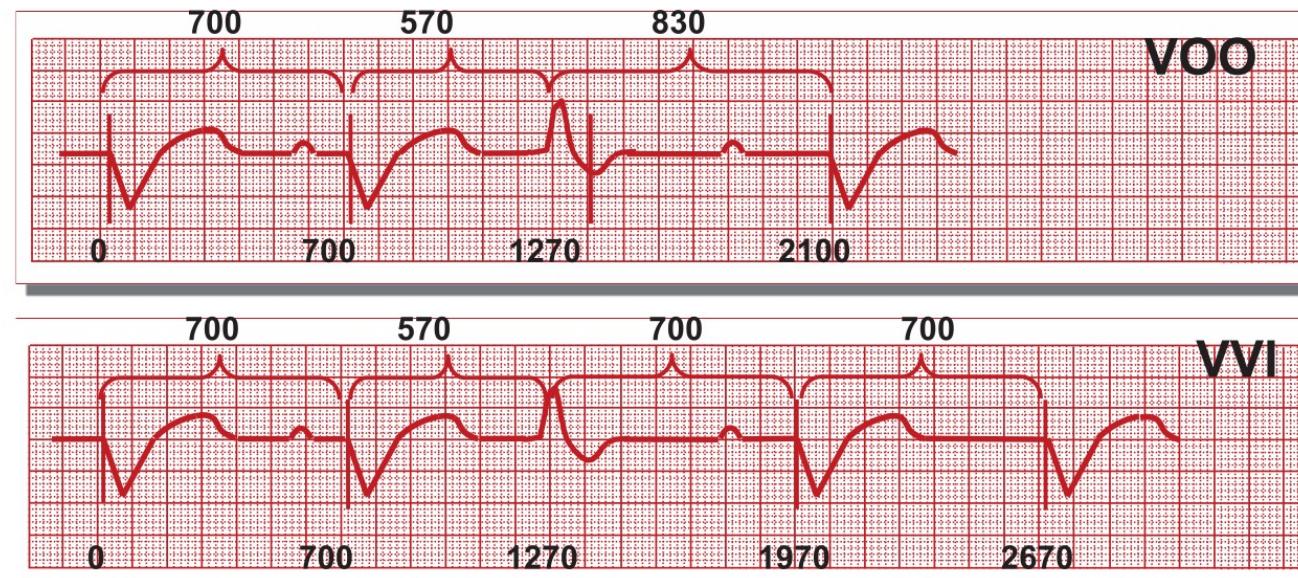


What is entrainment?

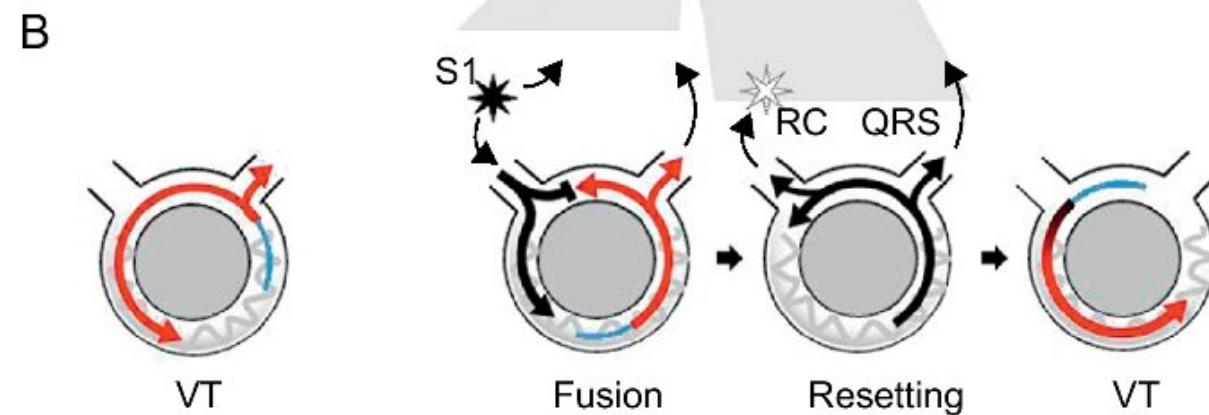
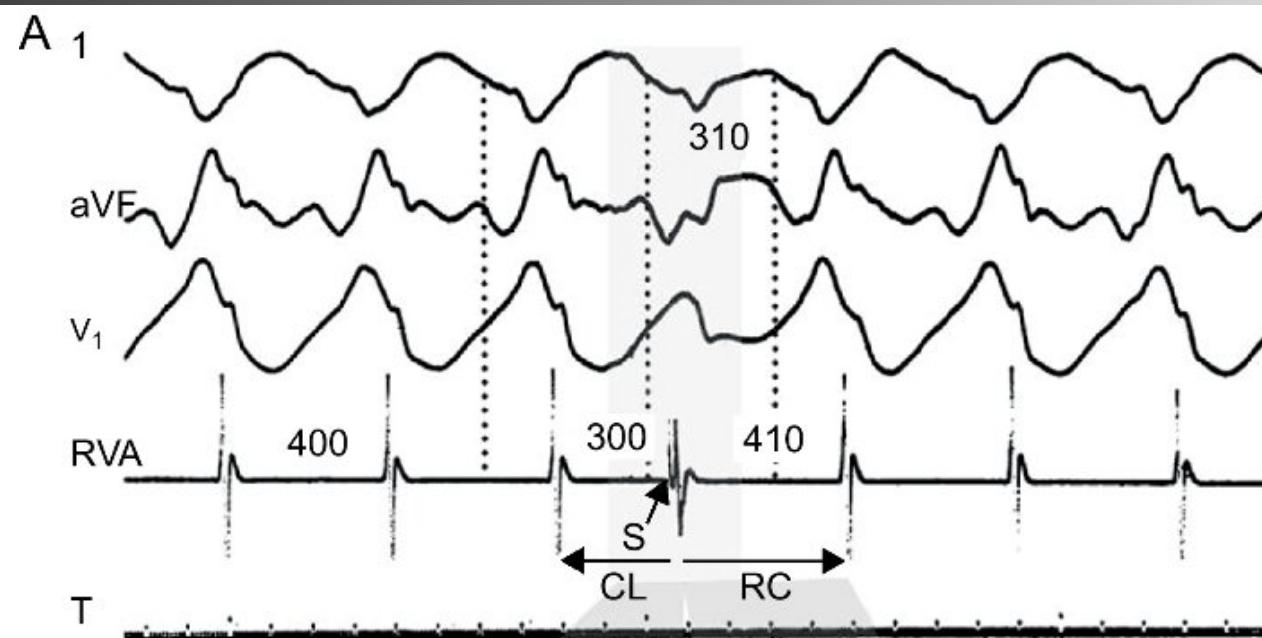


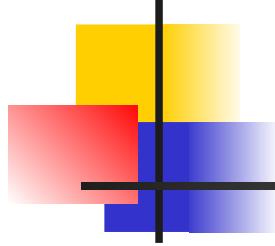
Reset

- Setting a clock back to starting point
- Premature beat with “non-compensatory pause”



Reset in the context of reentry

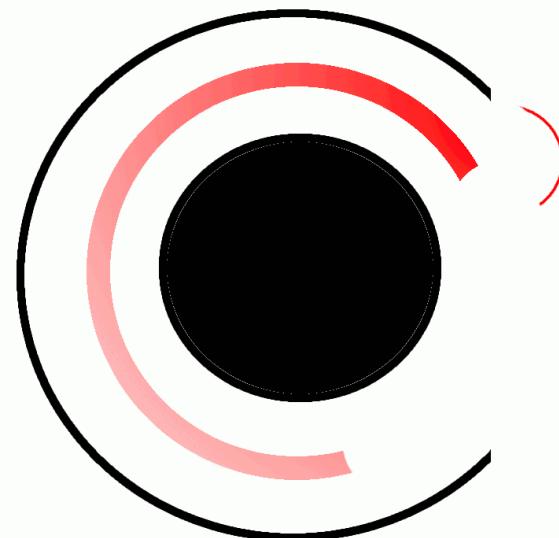




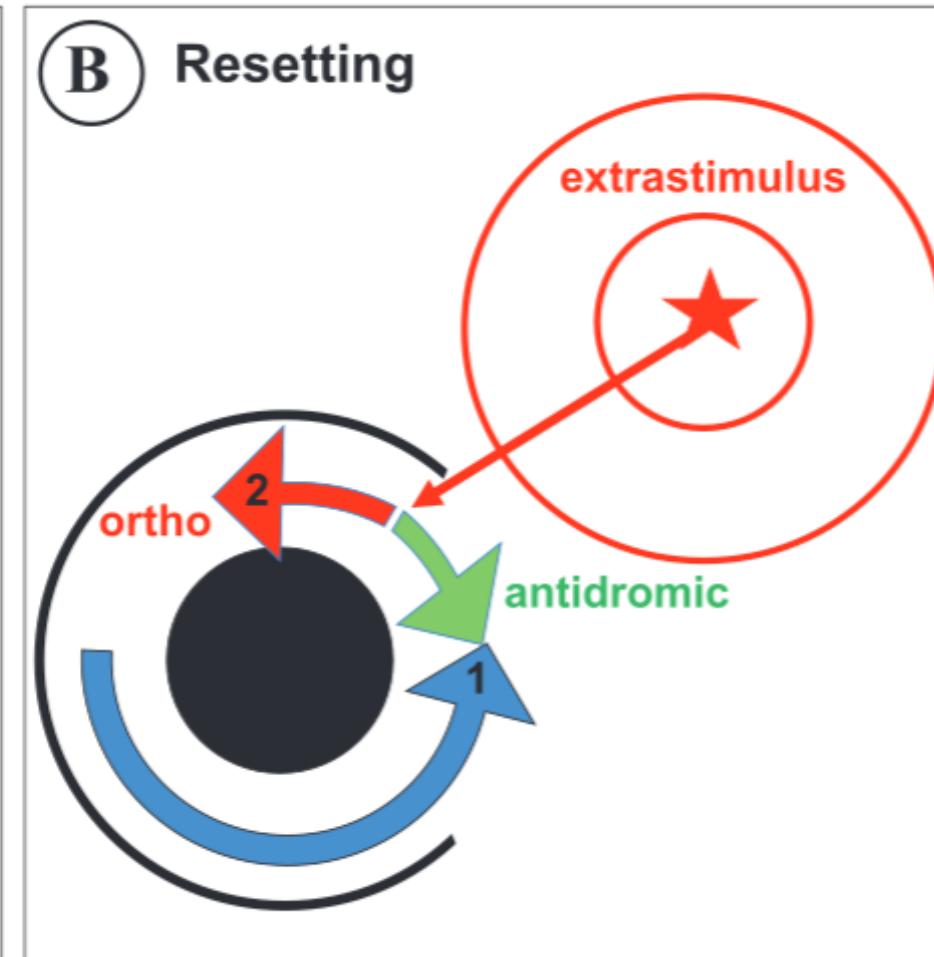
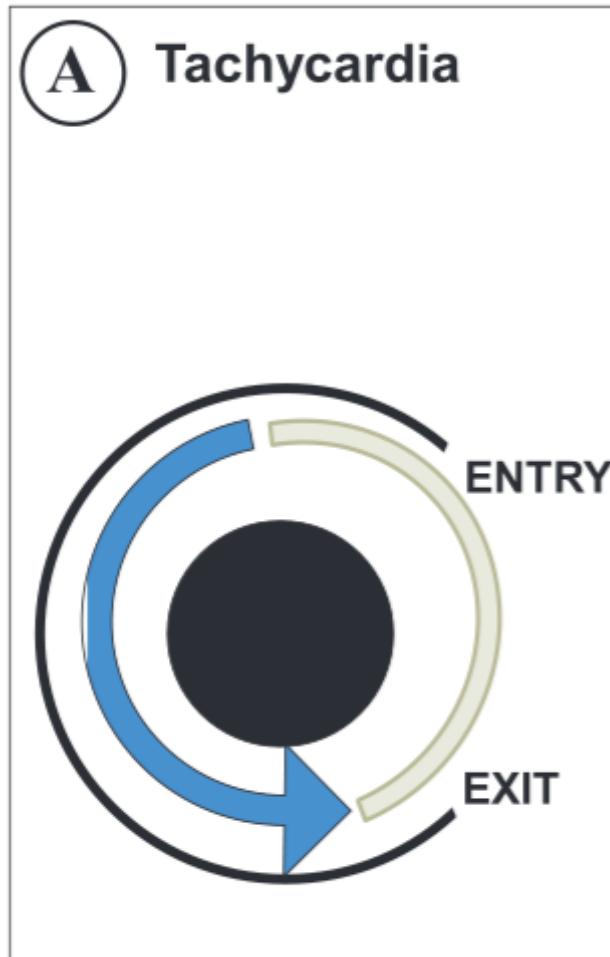
Entrainment

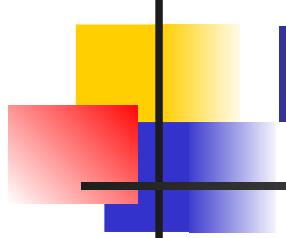
Entrainment is continuous resetting

Reentrant circuit
Excitable gap
No entrance block



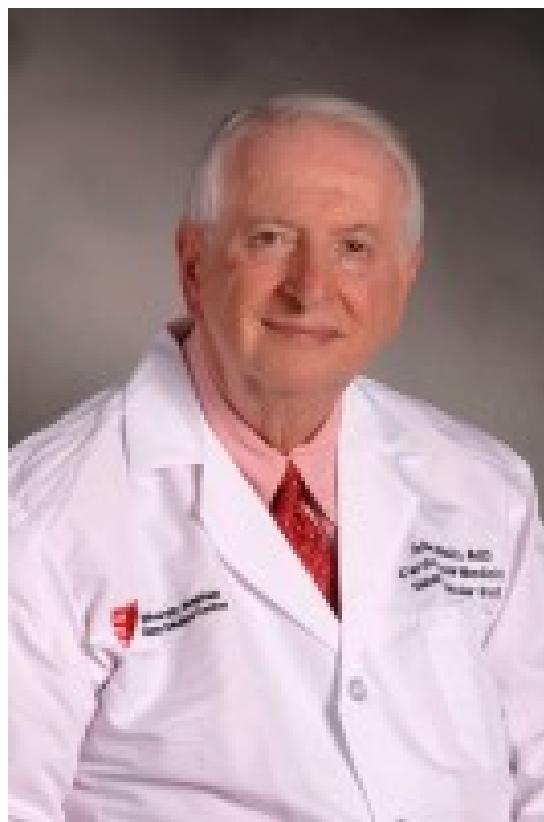
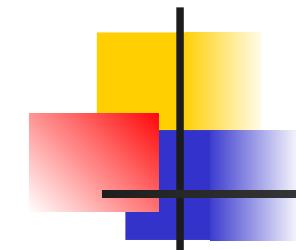
Mechanism of reset

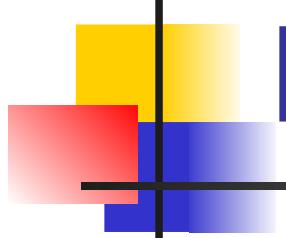




Identifying entrainment

- Continuation of tachycardia after cessation of pacing doesn't always mean entrainment
- Overdrive suppression of automatic focus
- Termination and reinitiation of reentry
- Waldo proposed two criteria, two more added later

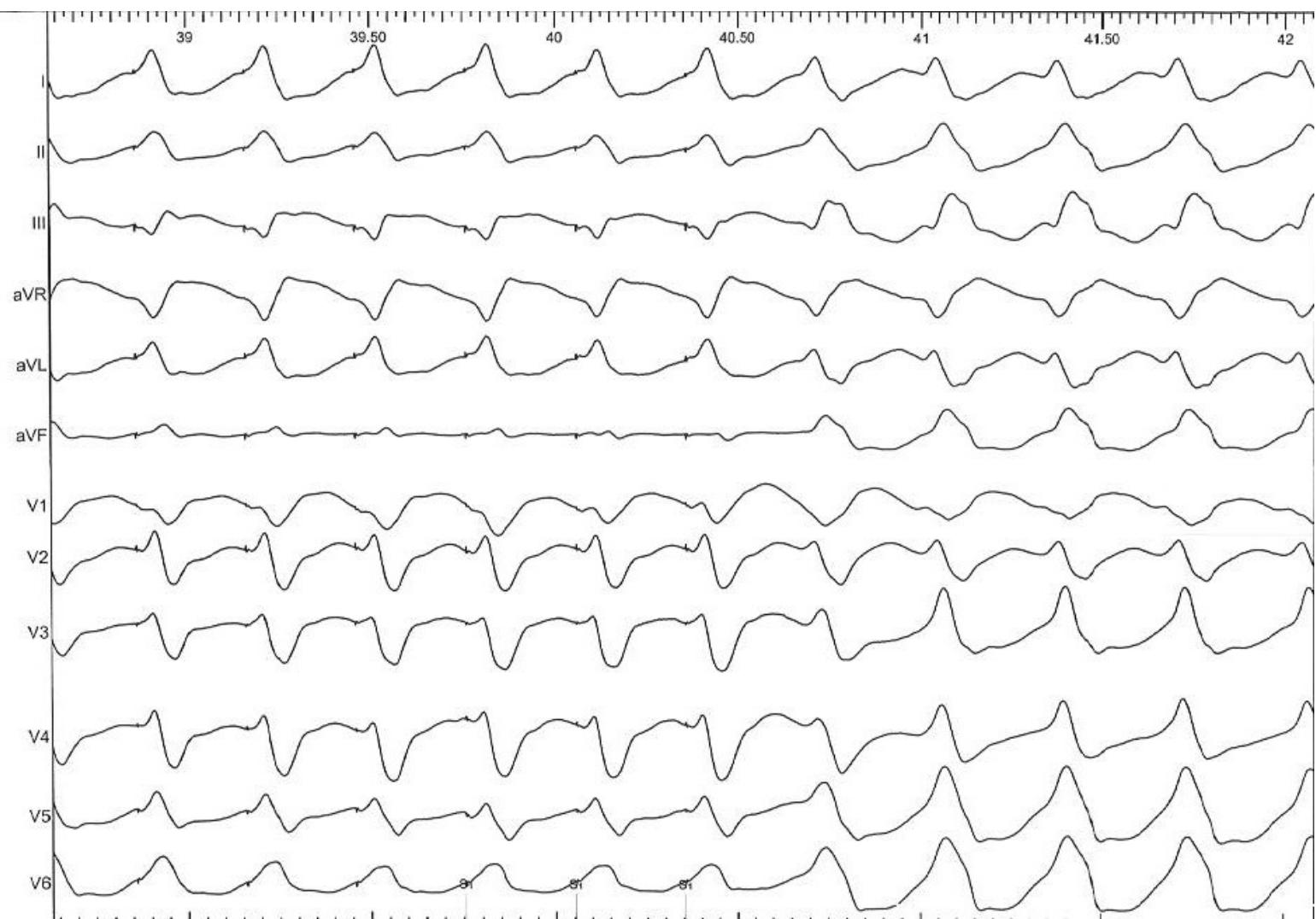


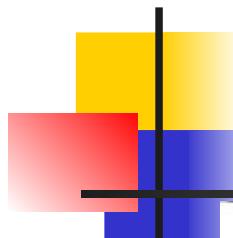


Four criteria

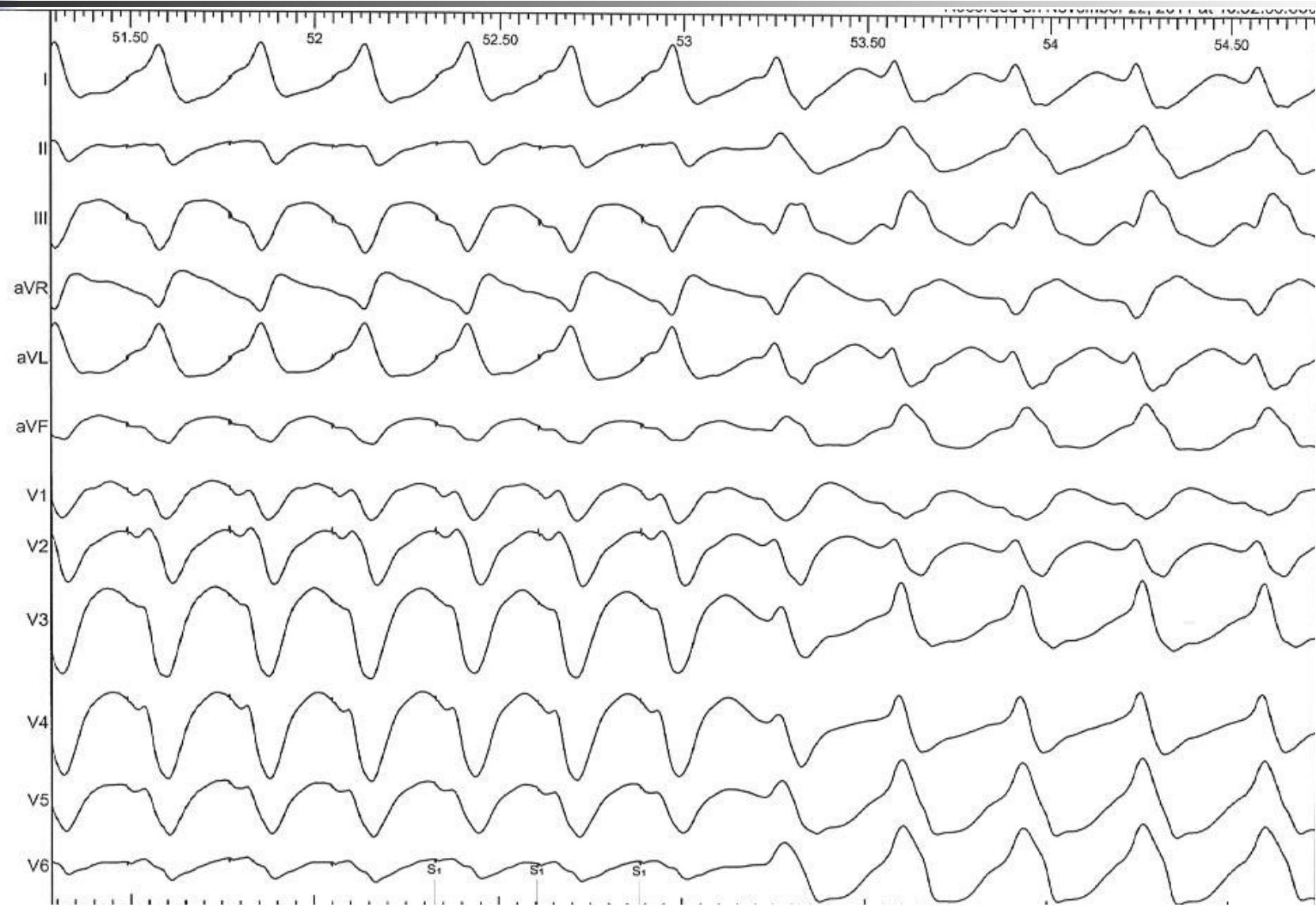
- Constant fusion
- Progressive fusion
- Localised conduction block with termination
- Intracardiac equivalent of progressive fusion

Fusion is the hallmark of entrainment - Constant fusion

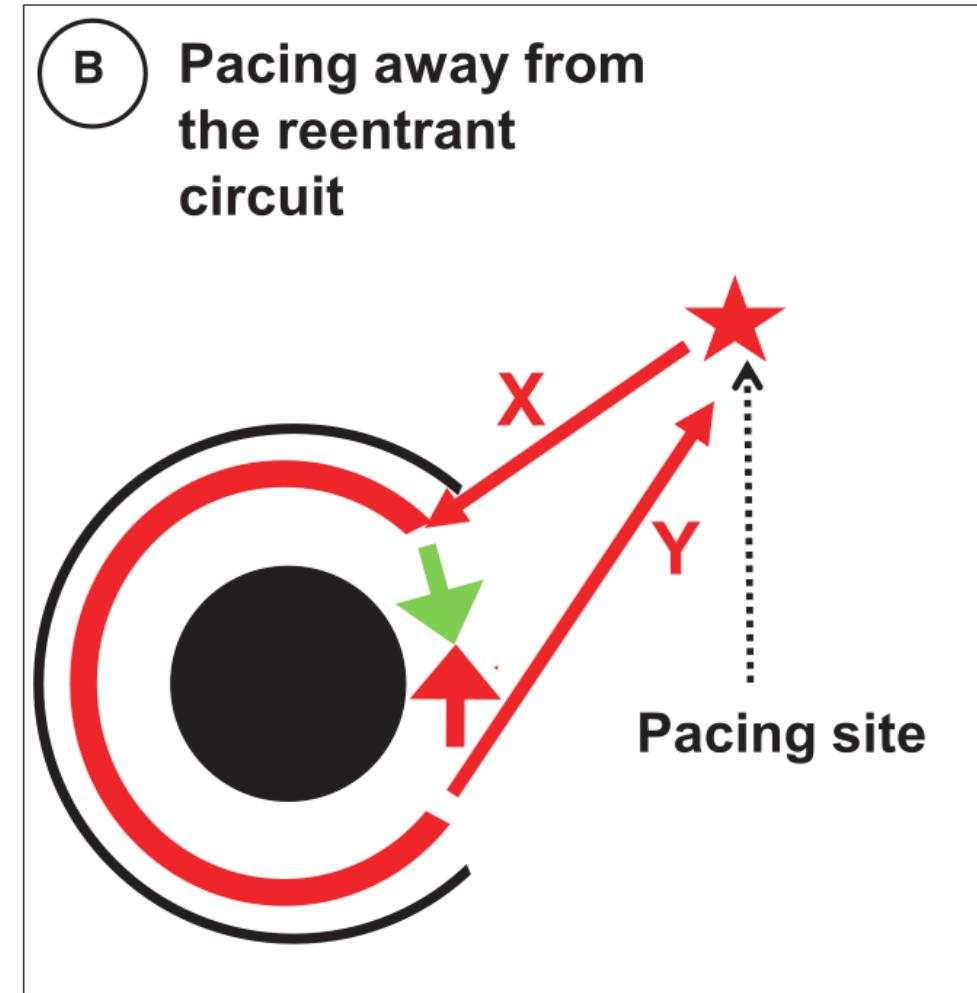
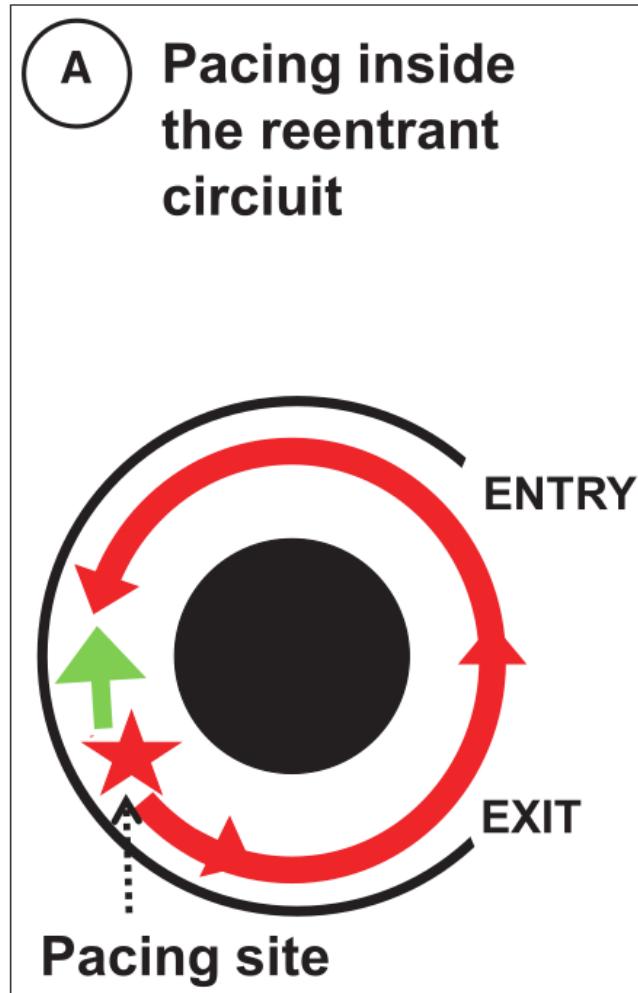




Progressive fusion

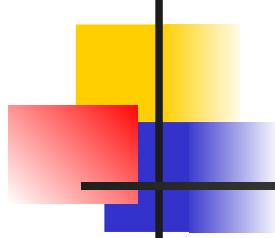


Post pacing interval



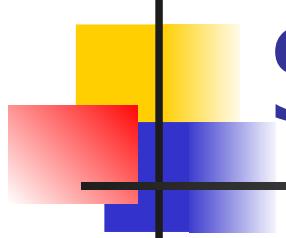


How to do - General tips



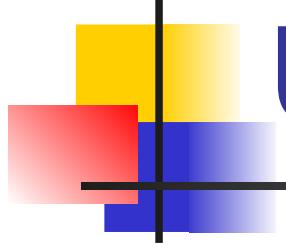
Pacing CL

- Confirm tachycardia CL is stable
- Pace 20-30 ms shorter than tachycardia CL
- Faster – decrement in circuit
- Slower – measurement error



Synchronize ?

- Always pace in synchronous mode
- Learn to set up
- Usually signal from pacing site itself
- Choose another signal if required

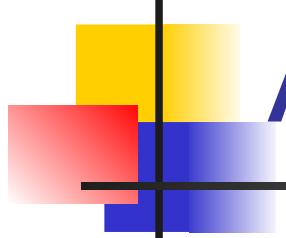


Unipolar or bipolar ?

- More precise localization with unipolar pacing
- Unipolar more likely to saturate, makes measurement difficult

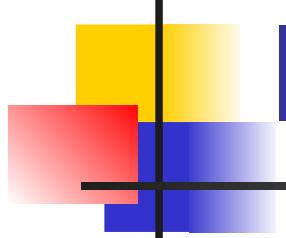


Scenario 1 - Atrial flutter



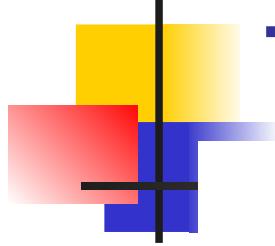
Atrial flutter

- Identify mechanism
- Identify chamber
- Identify isthmus

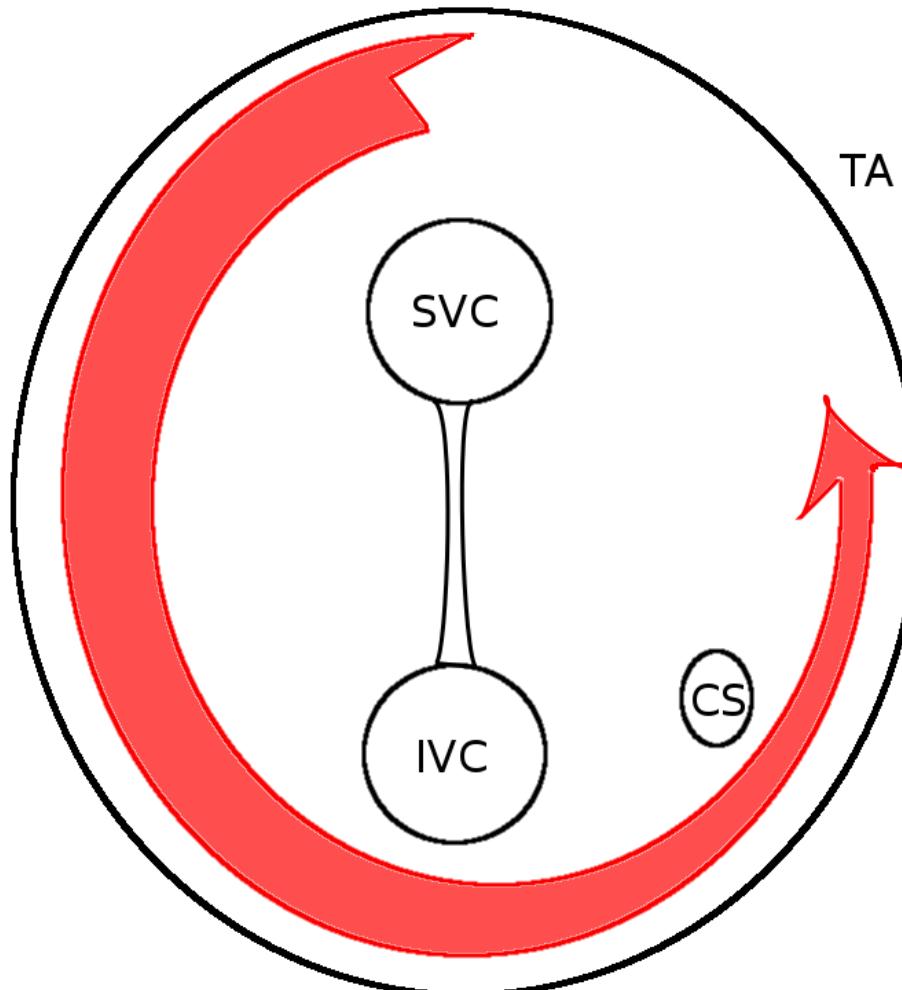


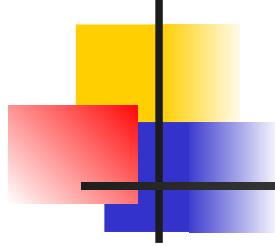
Identify chamber of origin

- Entrainment from multiple sites, usually
 - High right atrium
 - Proximal CS
 - Distal CS

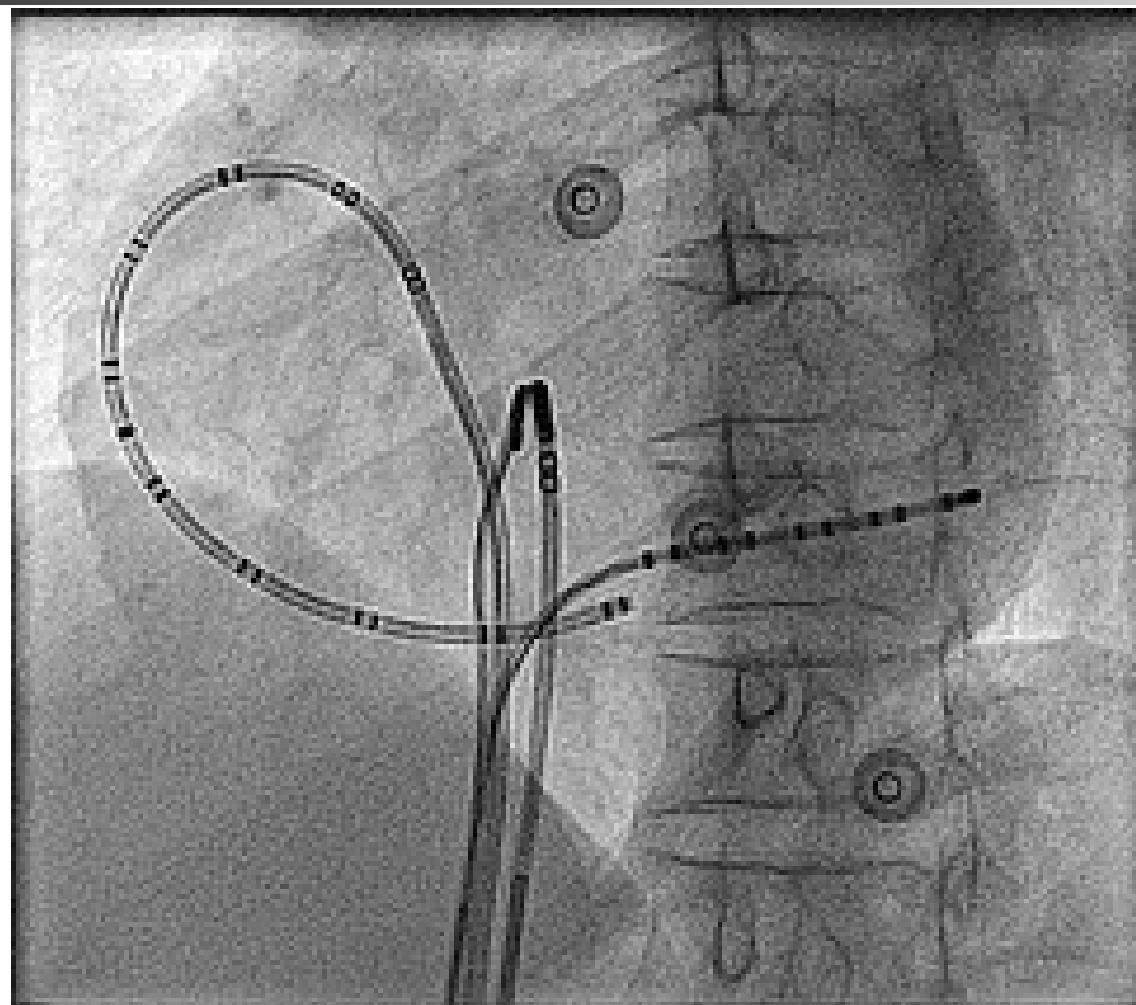


Typical Atrial flutter

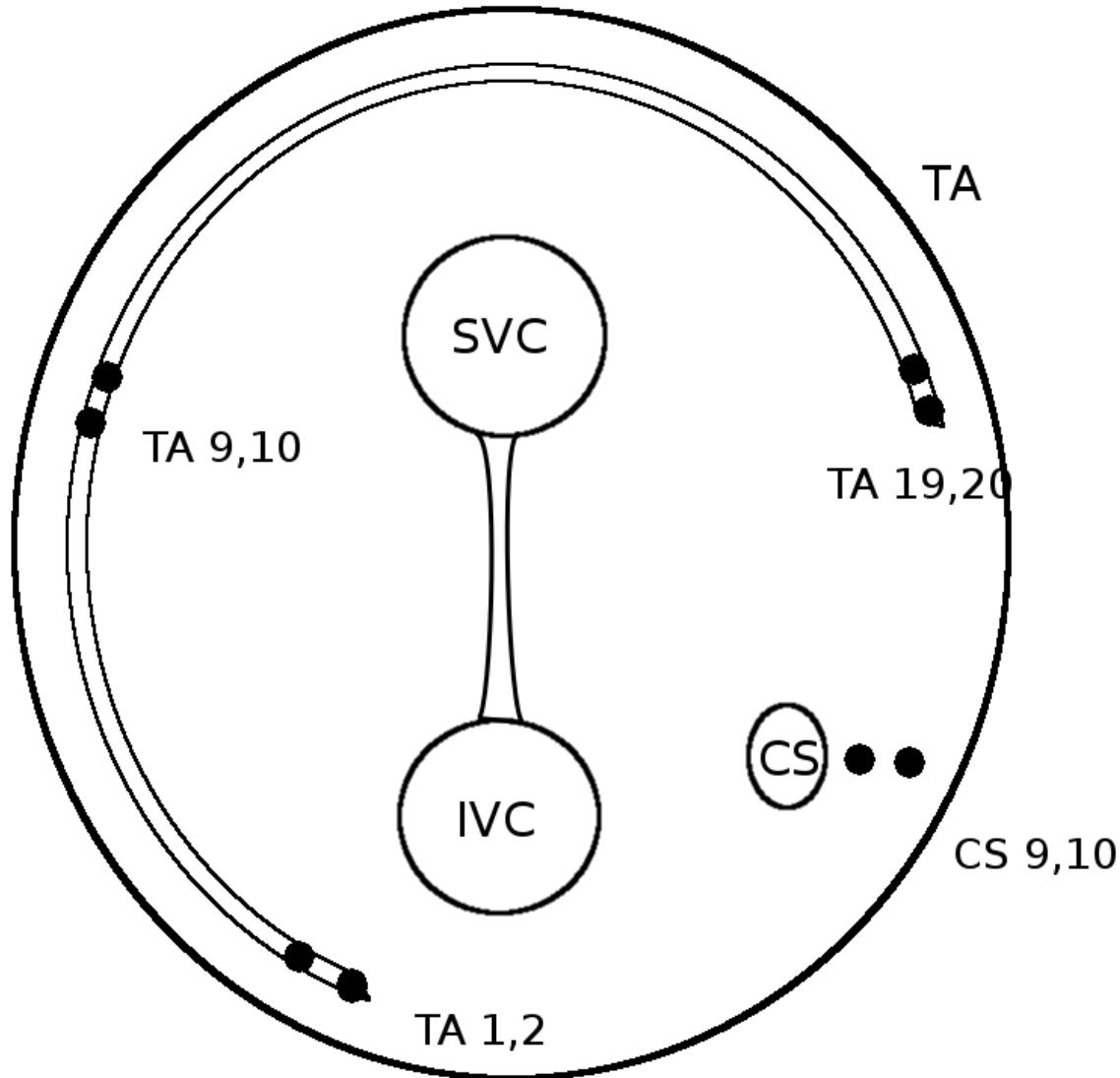




Catheters

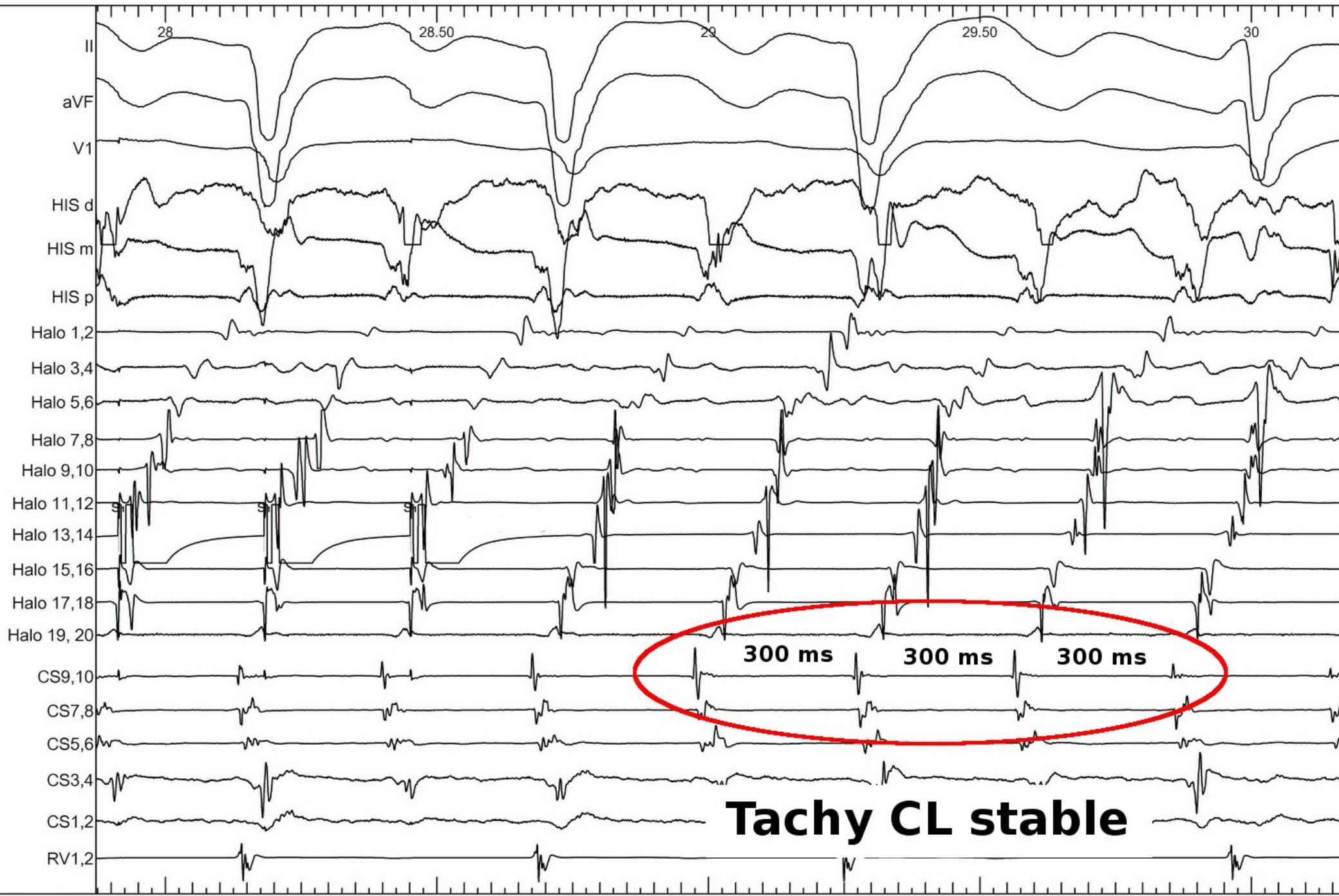


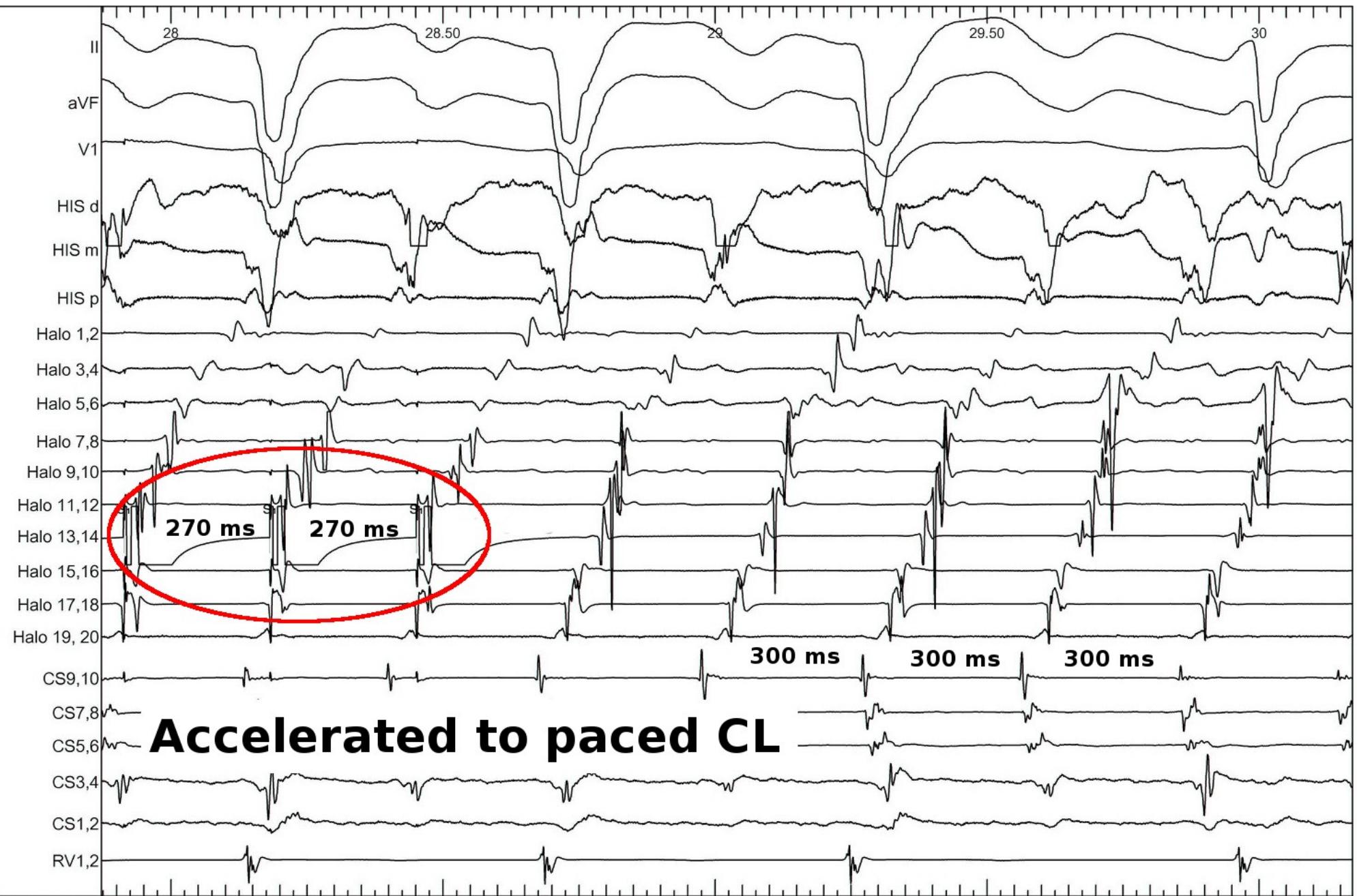
Catheters



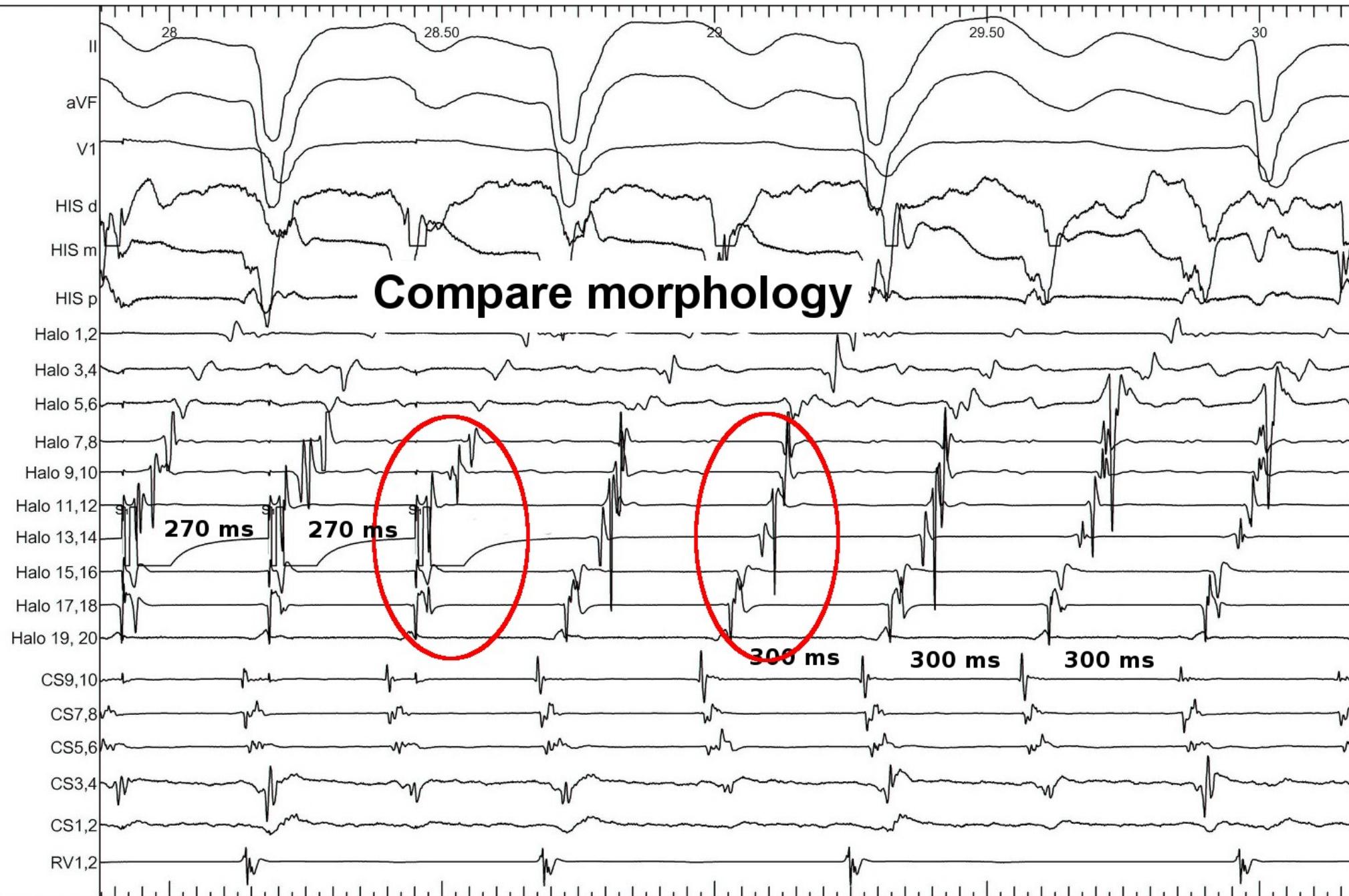
Atrial flutter - Pacing from lateral RA

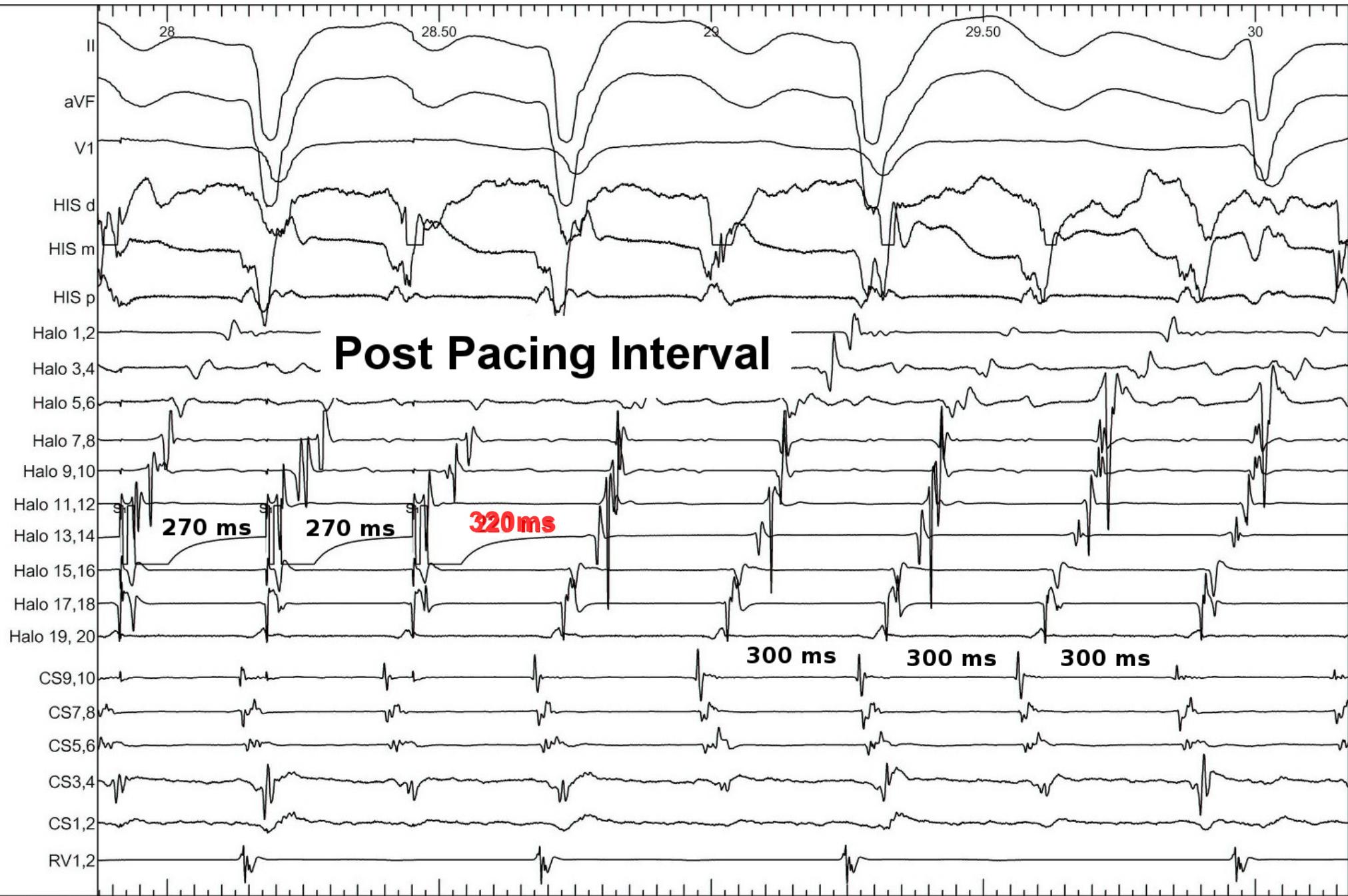


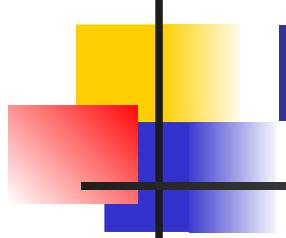




Compare morphology

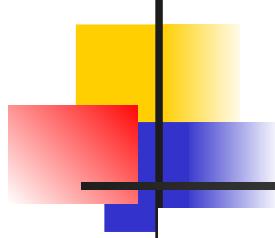




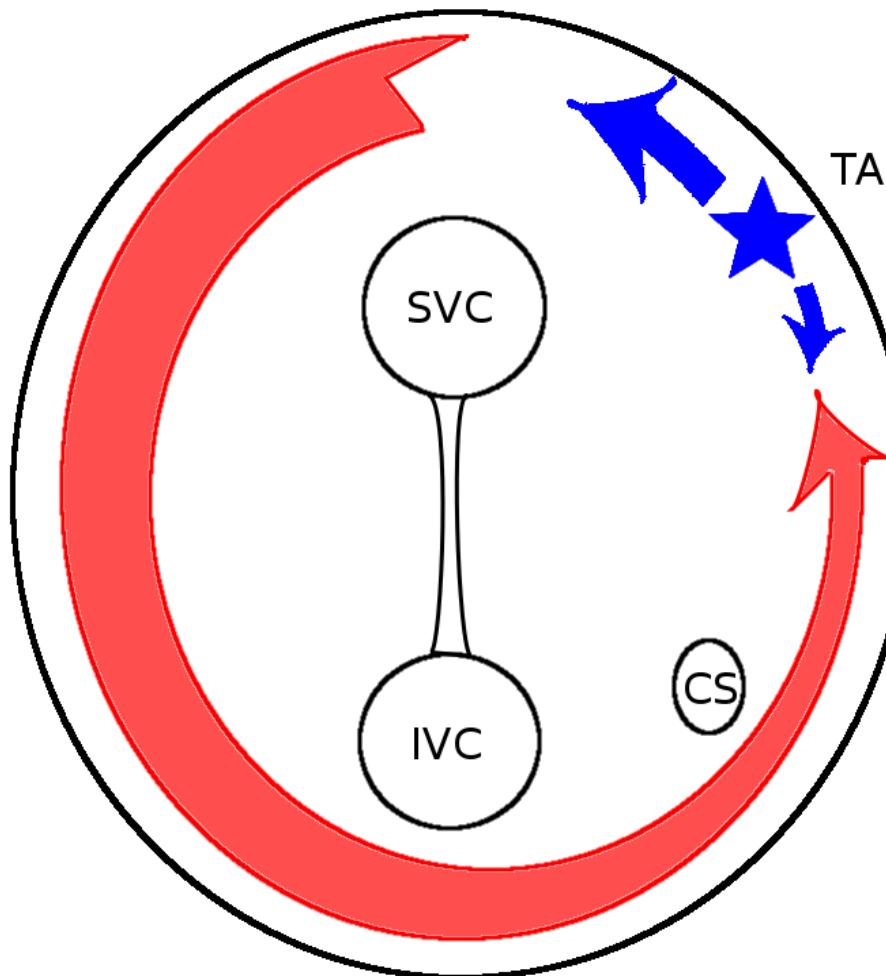


Interpretation

- Entrainable - Reentry
- PPI - TCL < 30 ms - In the circuit
- Manifest fusion - Not in slow area



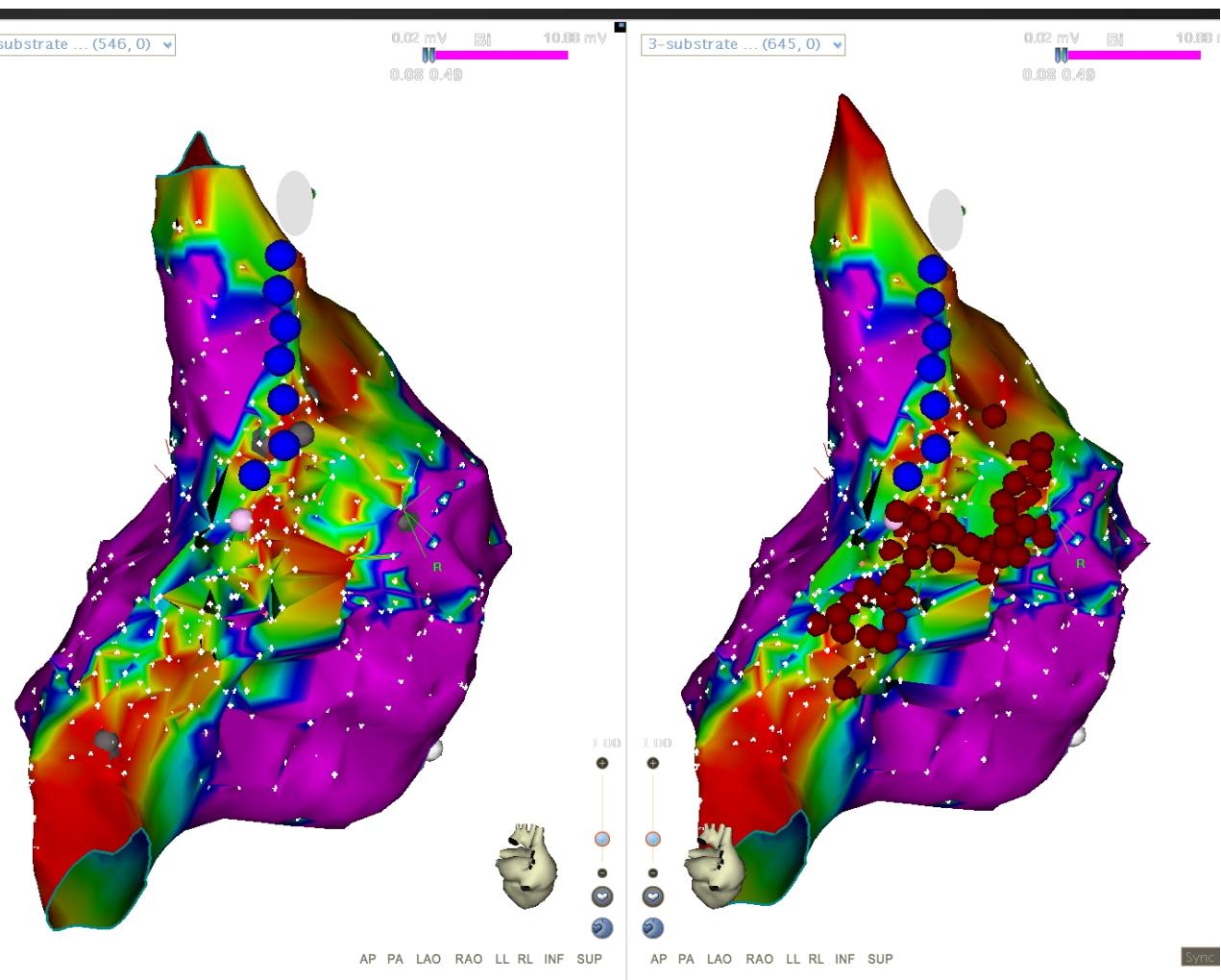
Fusion



Pacing from isthmus

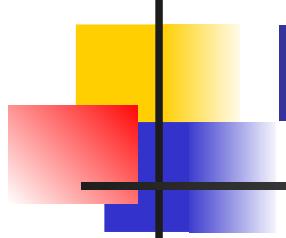


Atypical flutter



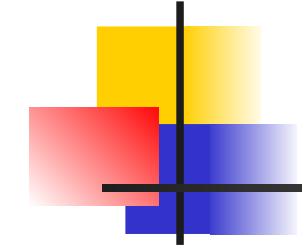
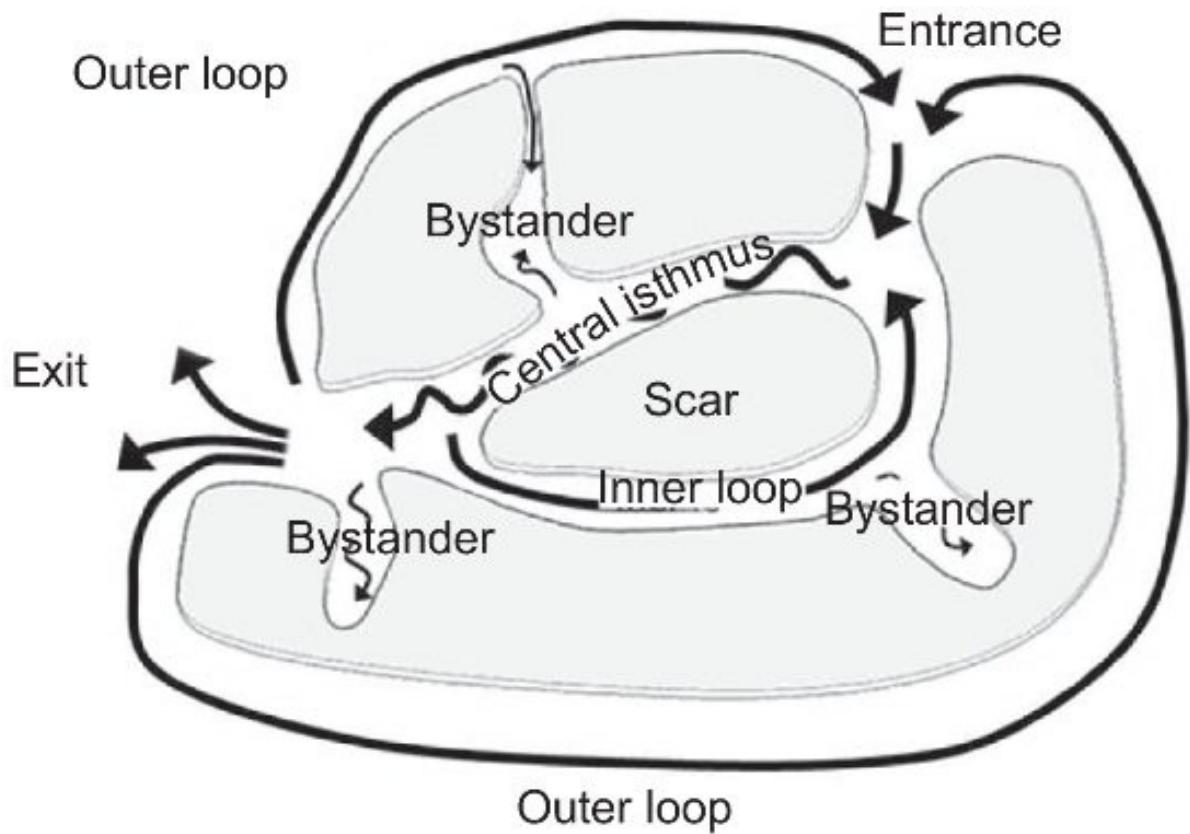


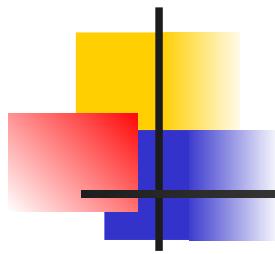
Scenario 2 - Ventricular Tachycardia



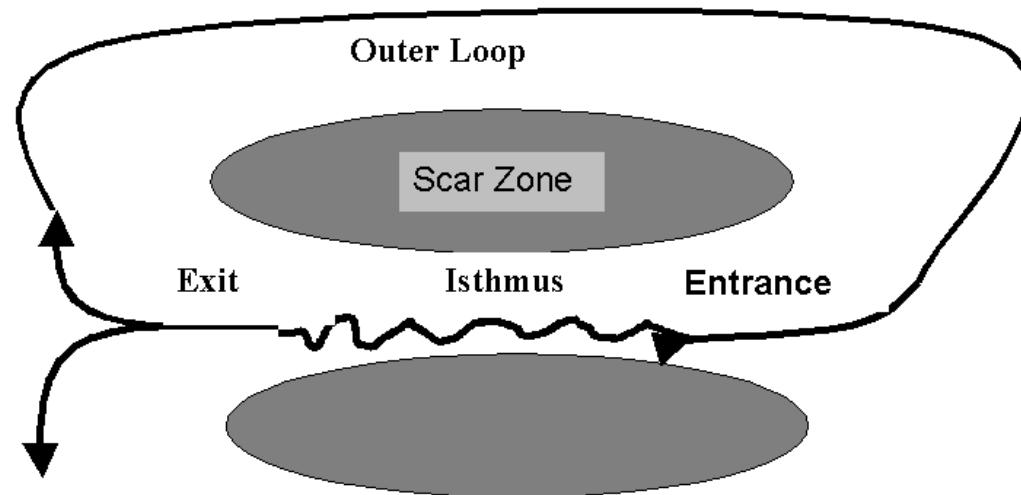
Identifying isthmus

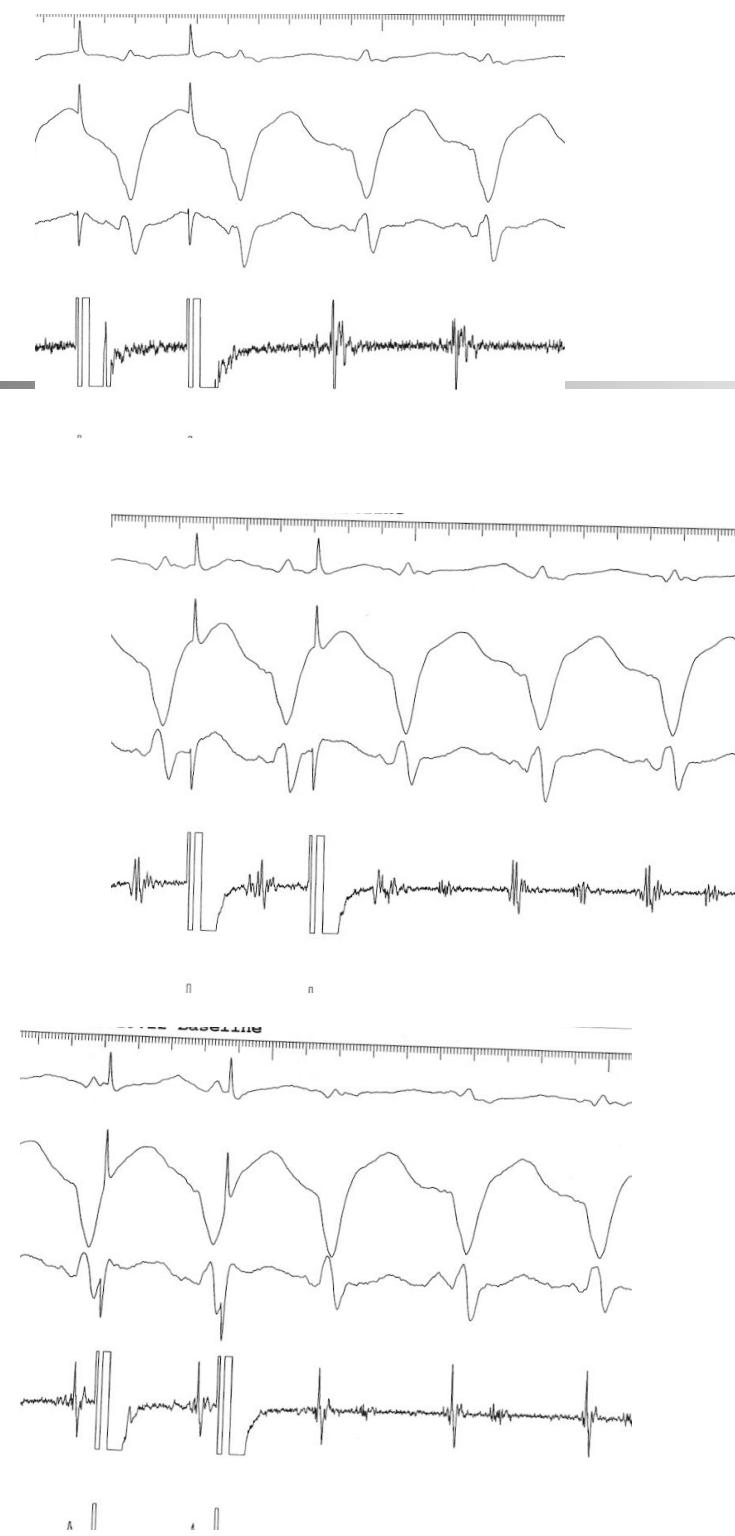
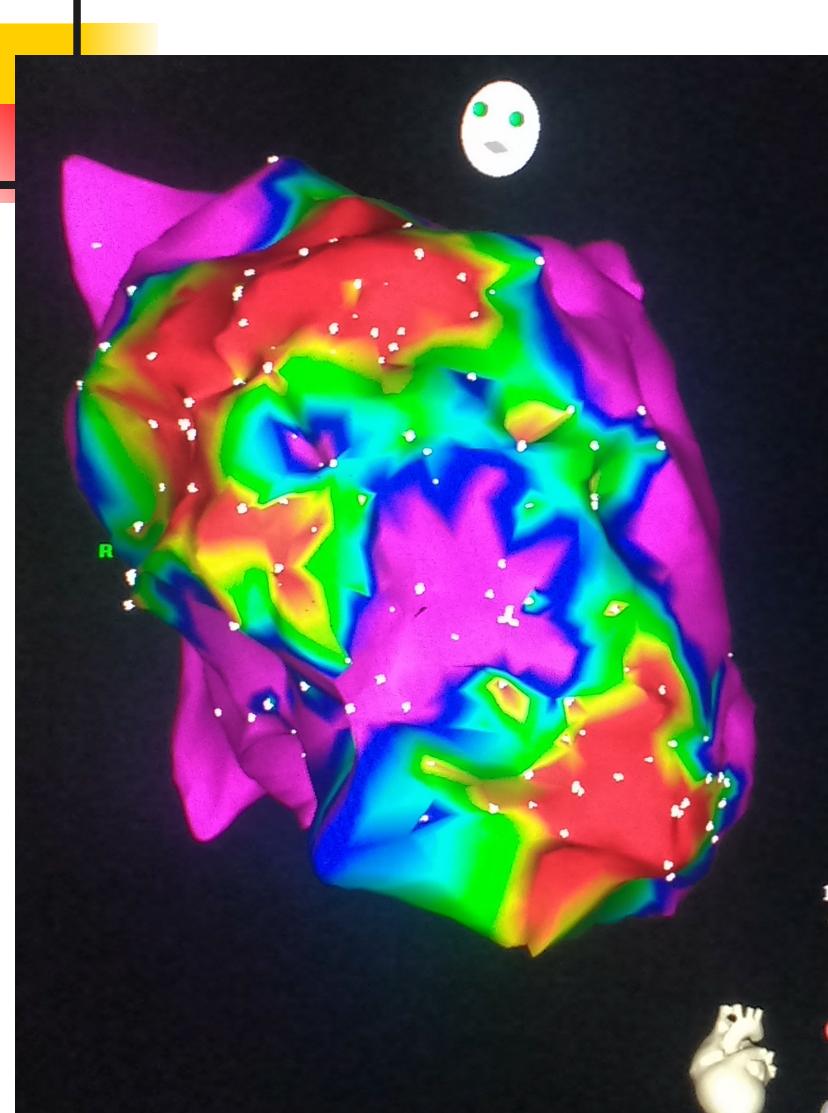
- Fusion with $\text{PPI} > \text{TCL}$ - outside the circuit
 - Fusion with $\text{PPI} = \text{TCL}$ - in circuit
 - No fusion with $\text{PPI} = \text{TCL}$ - in isthmus
 - No fusion, $\text{PPI} > \text{TCL}$ - bystander
-
- Stim to QRS indicates location in isthmus
 - S to QRS - EGM to QRS

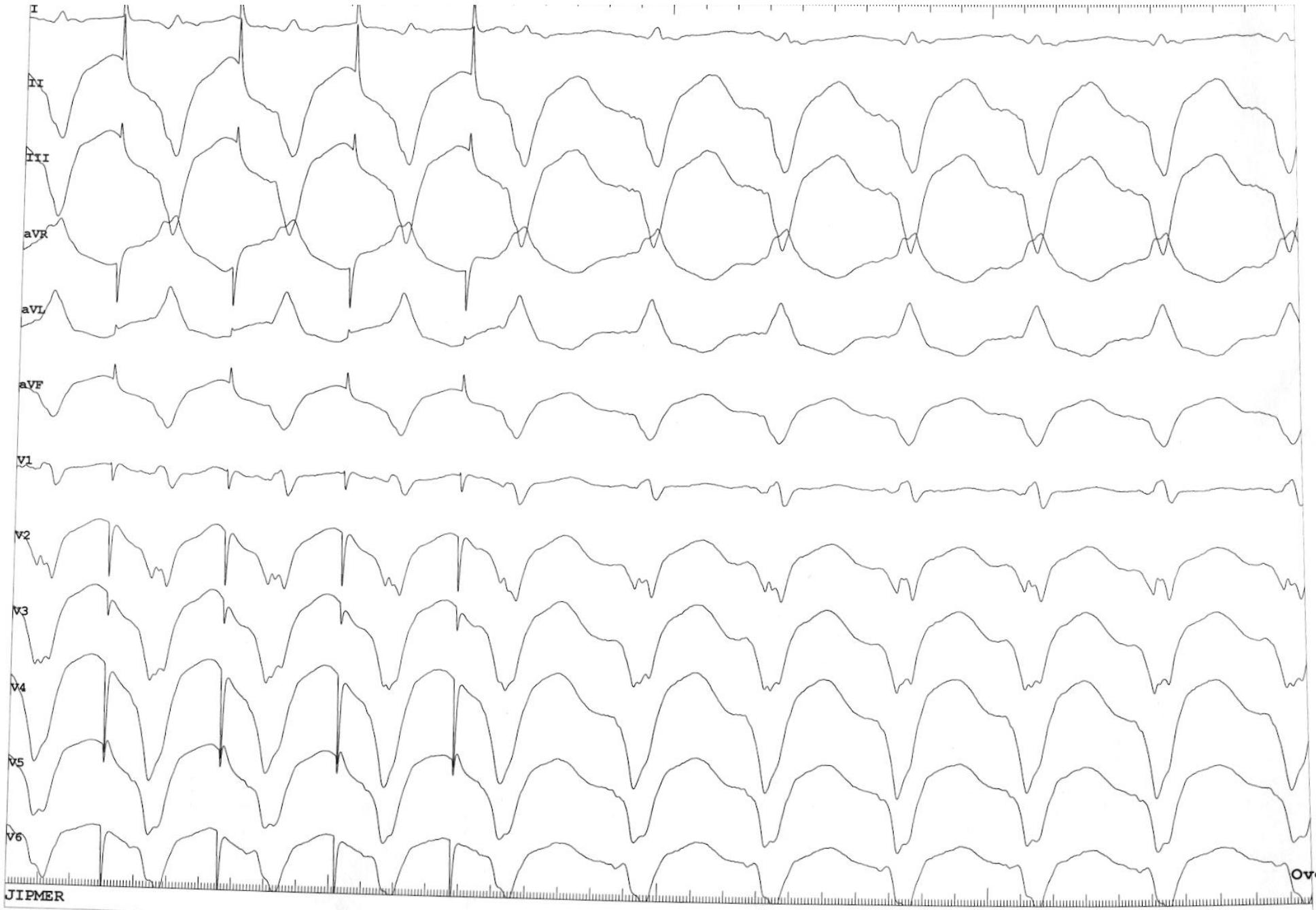


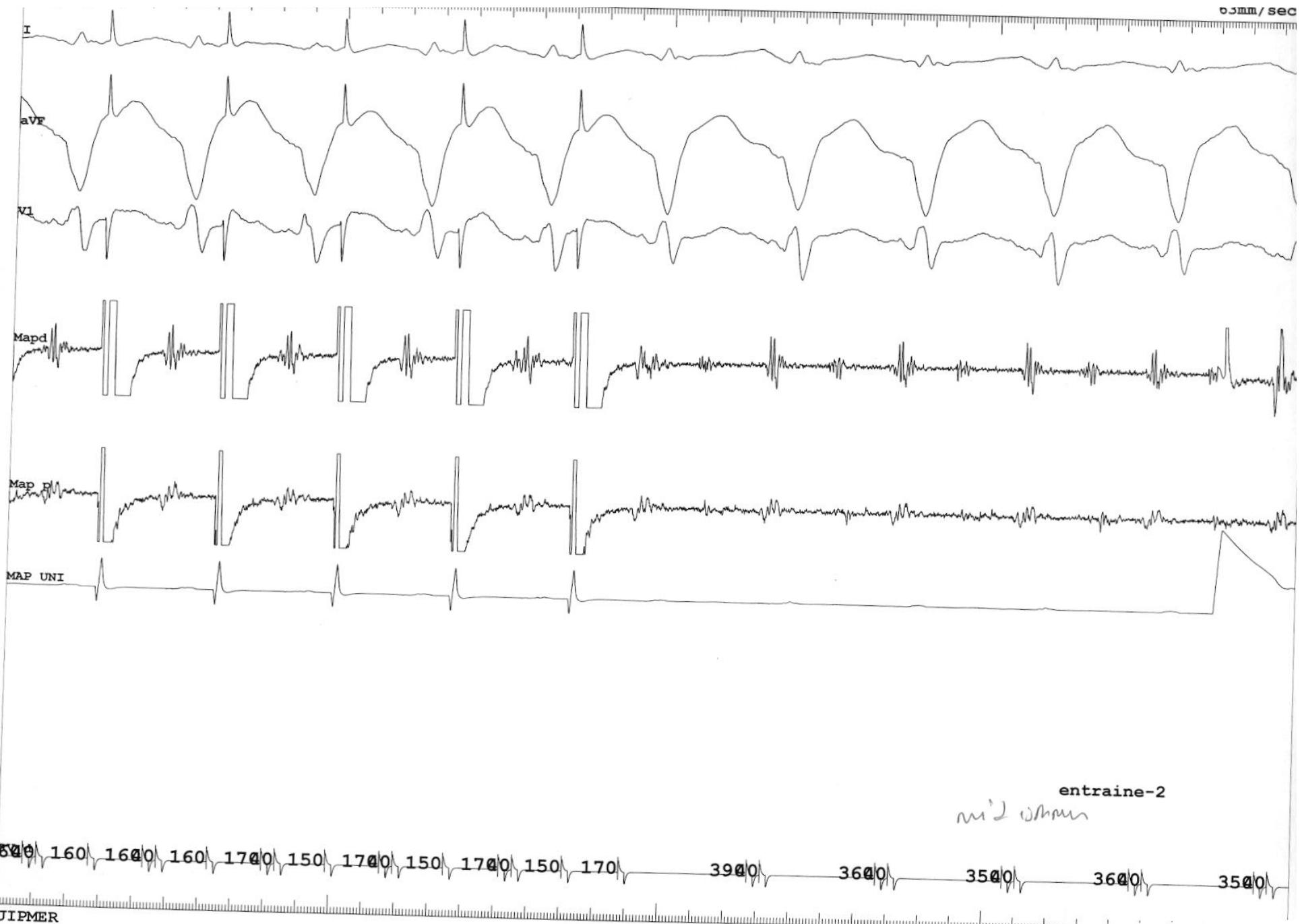


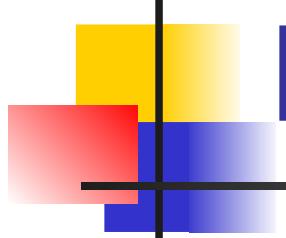
Simplified model





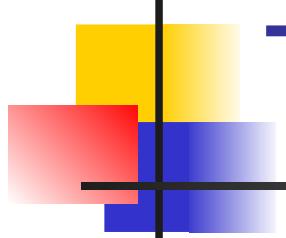






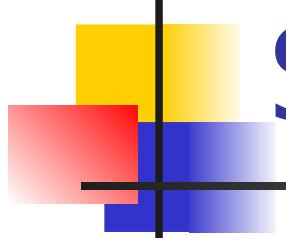
Miscellaneous uses

- Entrainment of SVT
 - PPI - TCL
 - Entrainment with fusion
- Bundle branch reentry



Tips and tricks

- Decrement - pace as close to TCL as possible
- Measure to local signal, not far field
- When the return signal is not well seen
 - Signal from adjacent catheter
 - N+1 method



Summary

- Entrainment is often intimidating in the beginning
- But once concepts are understood, it is much easier
- Utility in diverse areas