

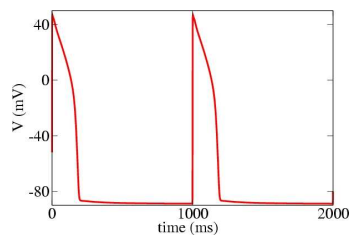
## Arrhythmogenic mechanism involving intrinsic heterogeneities of cardiac tissue

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### Introduction

Cardiac cells are **excitable** systems



Intercellular coupling: **wave propagation**.

Normal rhythm: plane wave

→ Contraction of muscle

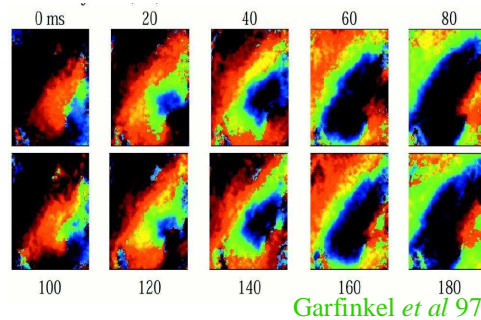
Half plane wave



Spiral wave: **Ventricular Tachycardia**

Spiral wave instabilities

→ **Ventricular fibrillation**  
(Sudden Cardiac Death)

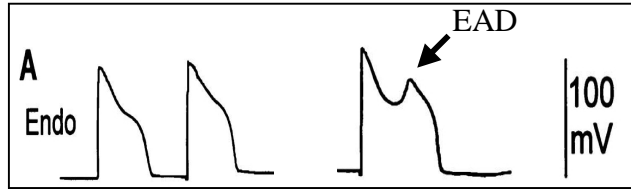


*Garfinkel et al 97*

Question: **How does Ventricular Tachycardia appear?**

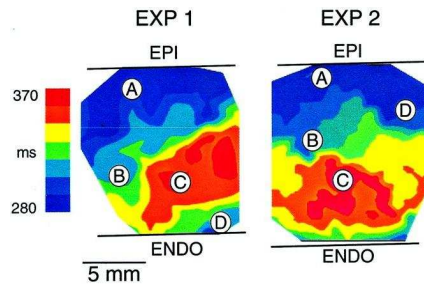
Hypothesis:

1: Early after depolarisations



G.X. Yan *et al* 2001

2: Conduction Block due to Dispersion of Repolarization



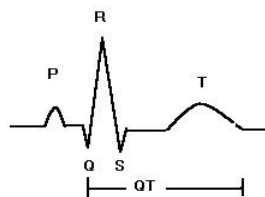
Akar *et al* 2002

→ Study in the case of Long QT Syndrome

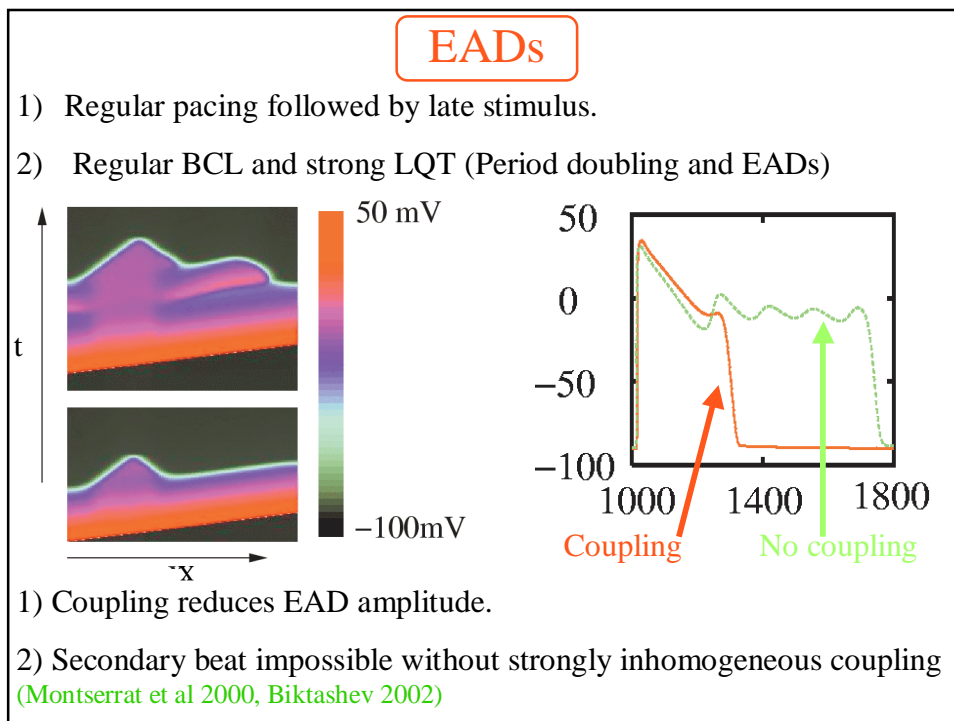
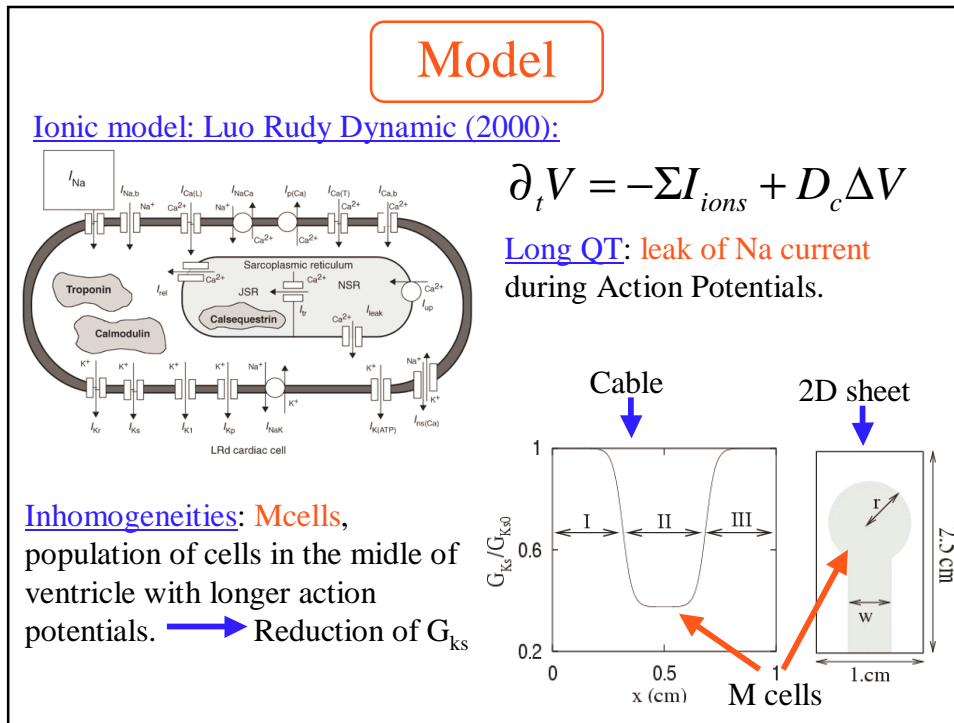
## Long QT syndrome

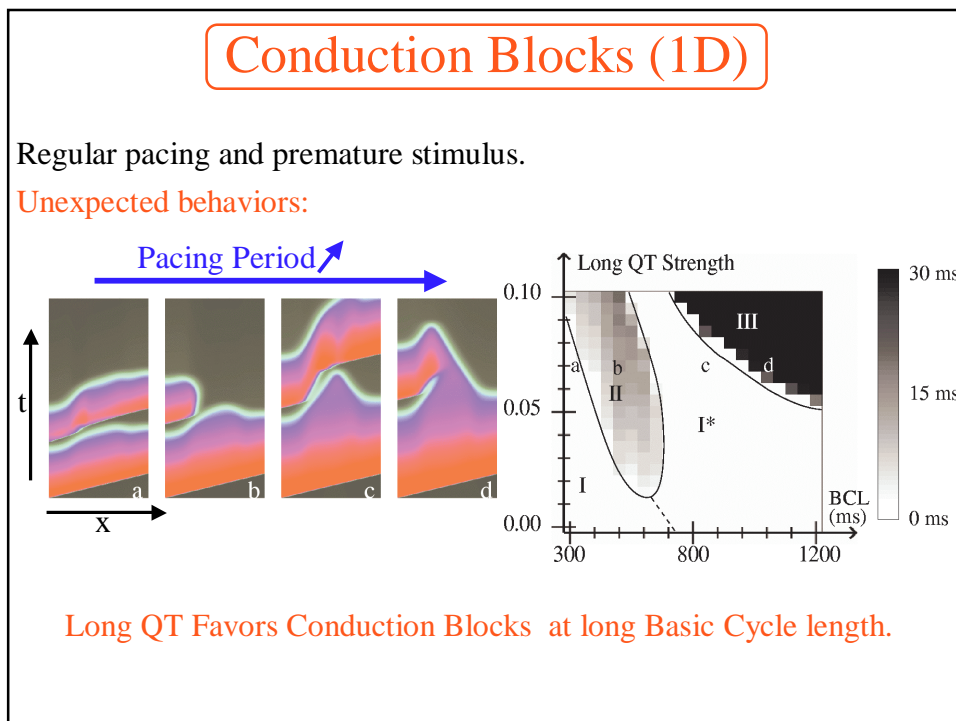
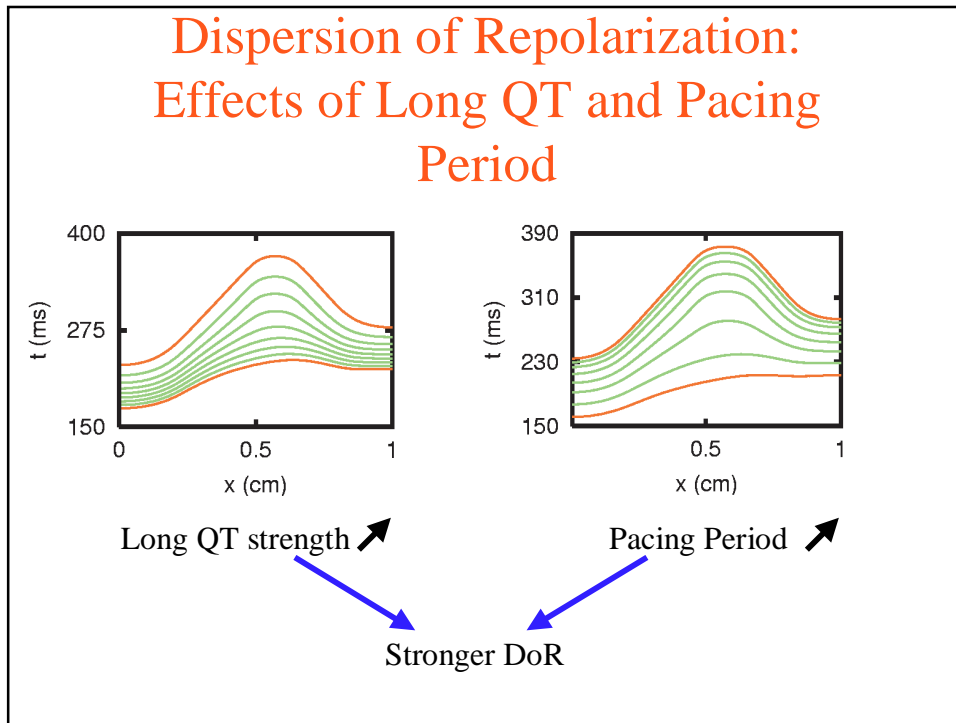
Known to favor a Torsade de Pointes (Ventricular Tachycardia)

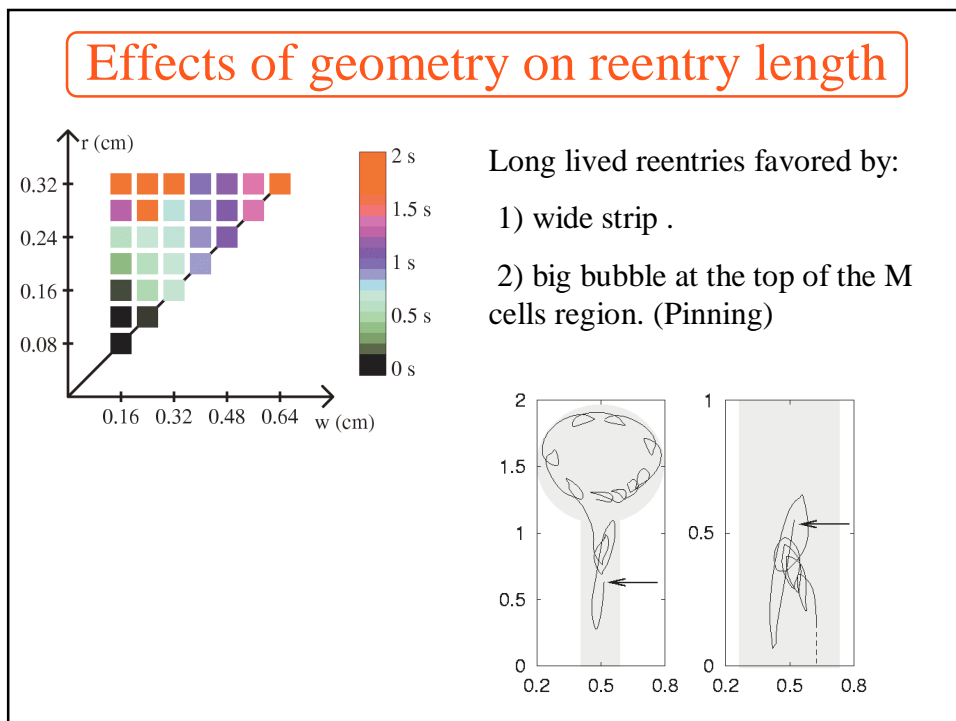
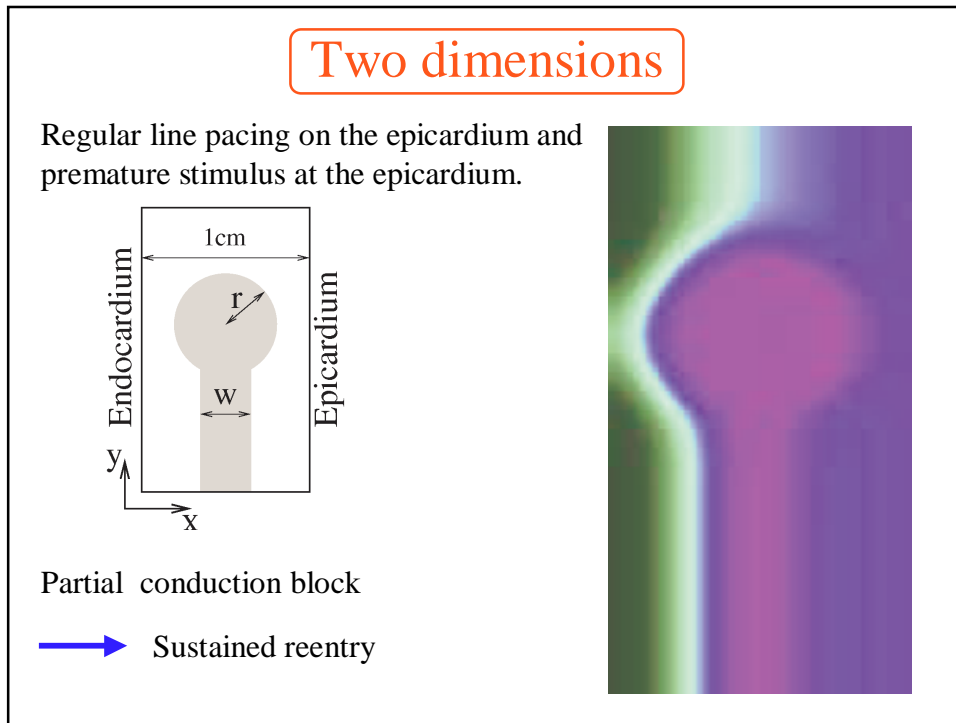
ECG:



- 1) Longer QT interval: **prolonged action potential duration.** → Favors EADs
- 2) Wider T wave: increased dispersion of repolarizations. → Favors Conduction Blocks







## Conclusion

- EADs Can not lead to a premature stimulus without inhomogeneous coupling .
- CB is a possible arrhythmogenic mechanism.
- Importance of the geometric repartition of M cells.

## Perspectives

- 3D. Possible effects of line tension. Subsequent evolution of the spiral wave.
- CB is a possible arrhythmogenic mechanism.
- Importance of the geometric repartition of M cells.