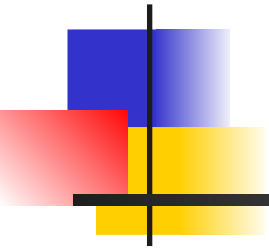
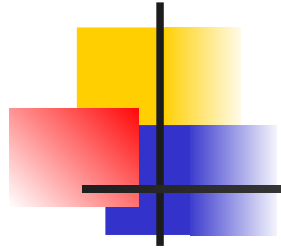


Entrainment – Basic Principles



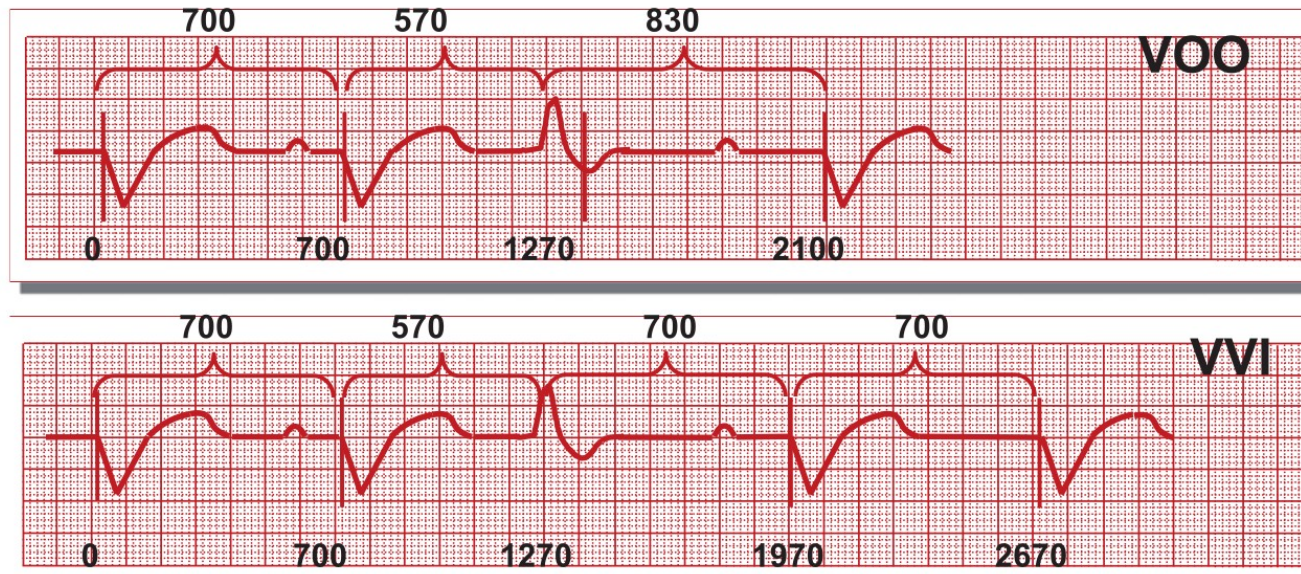
Raja Selvaraj
JIPMER



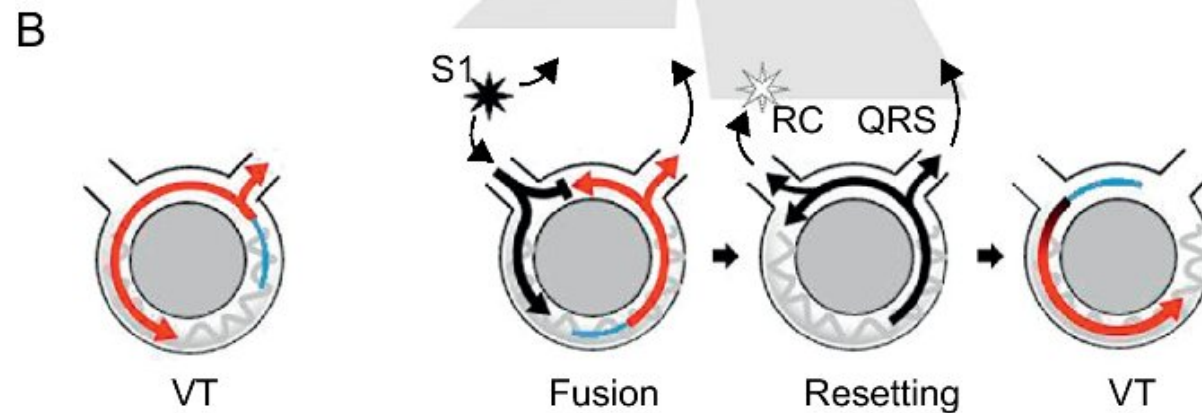
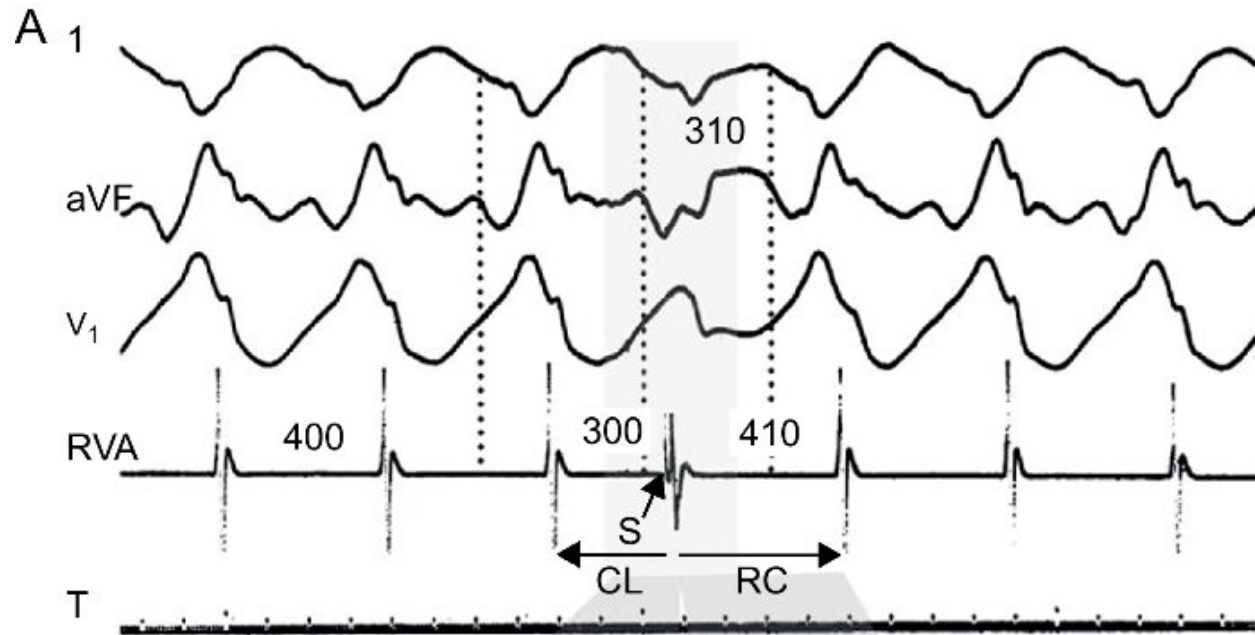
What is entrainment?

Reset

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



Reset in the context of reentry





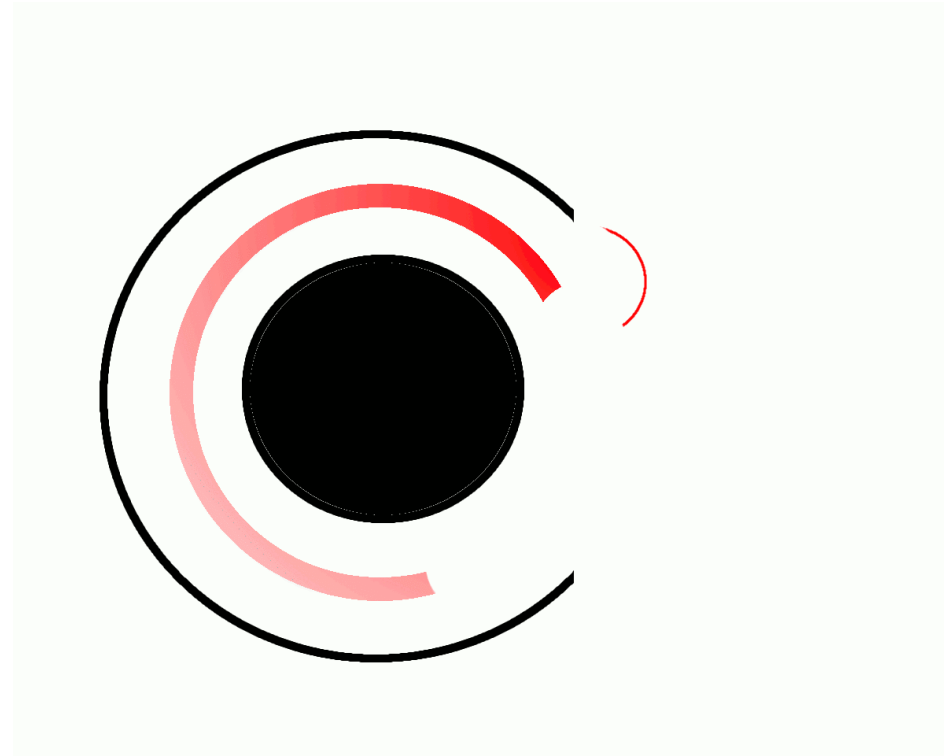
Entrainment

Entrainment is continuous resetting

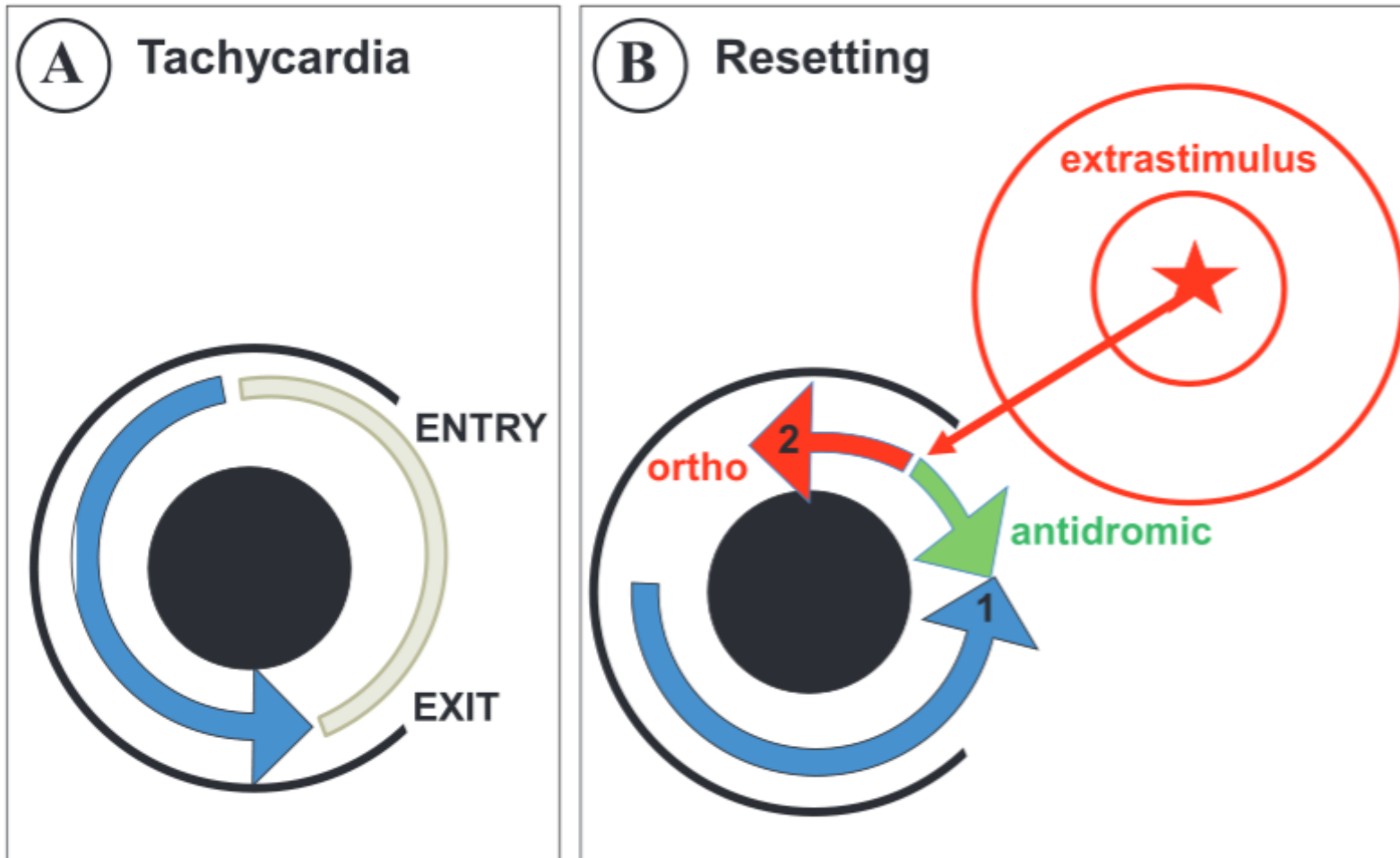
Reentrant circuit

Excitable gap

No entrance block



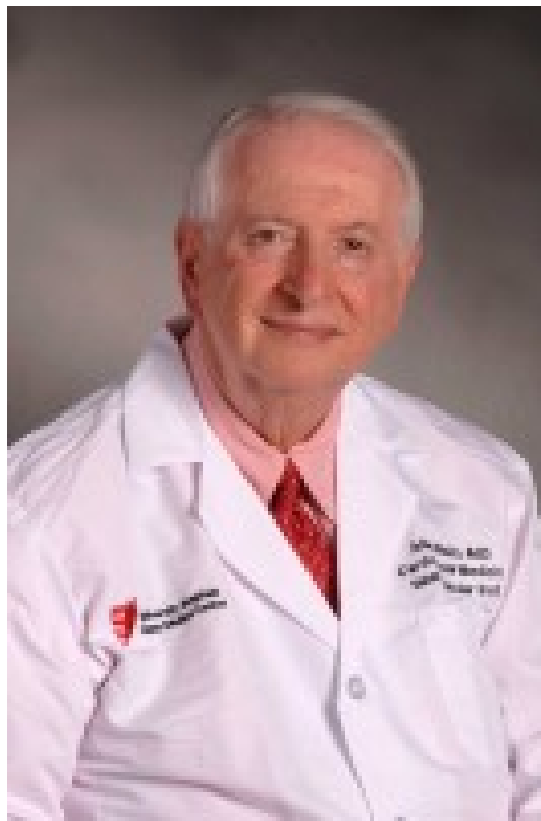
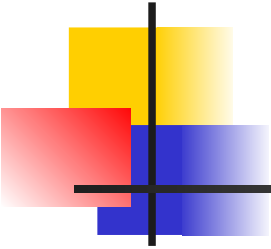
Mechanism of reset





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

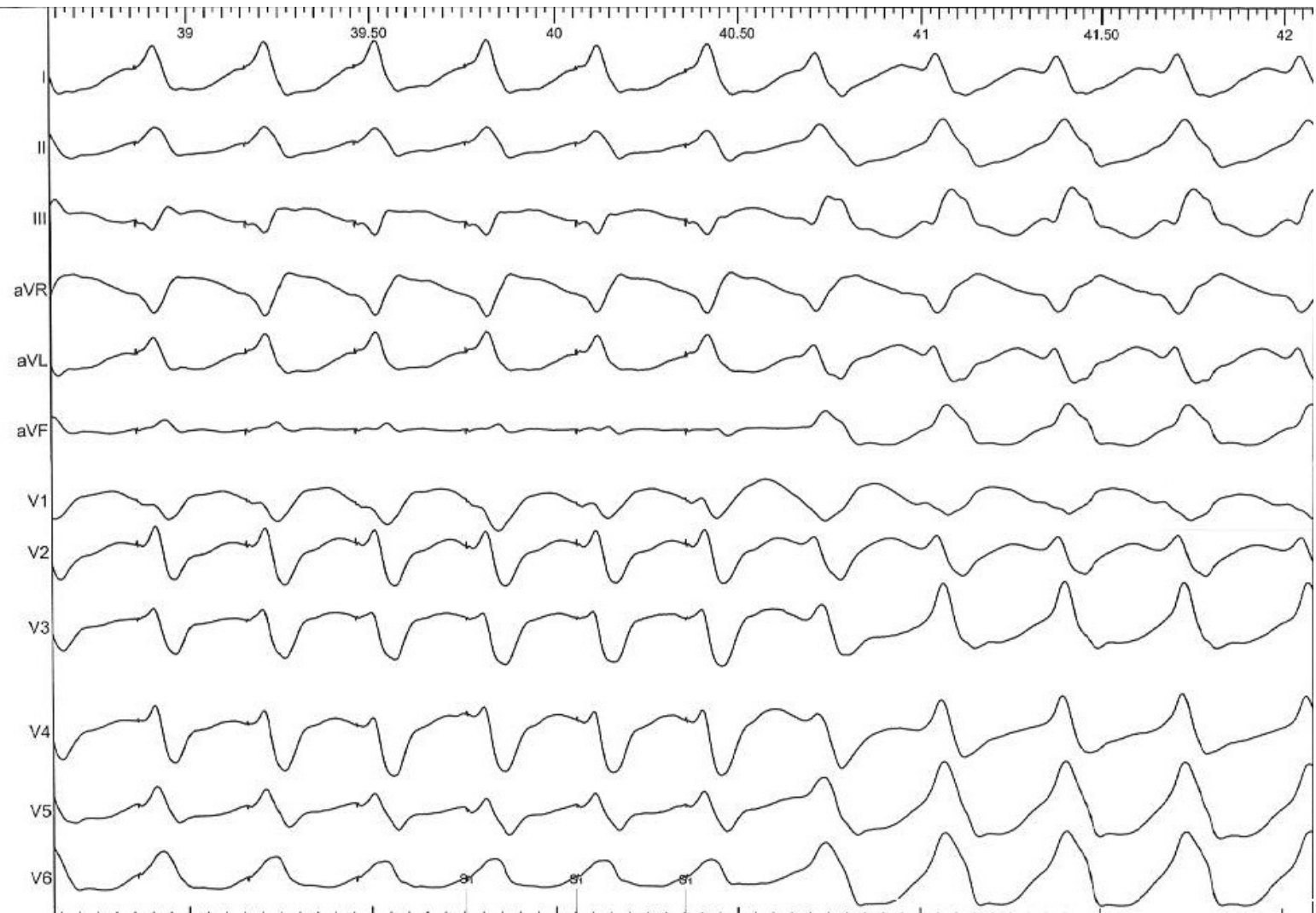




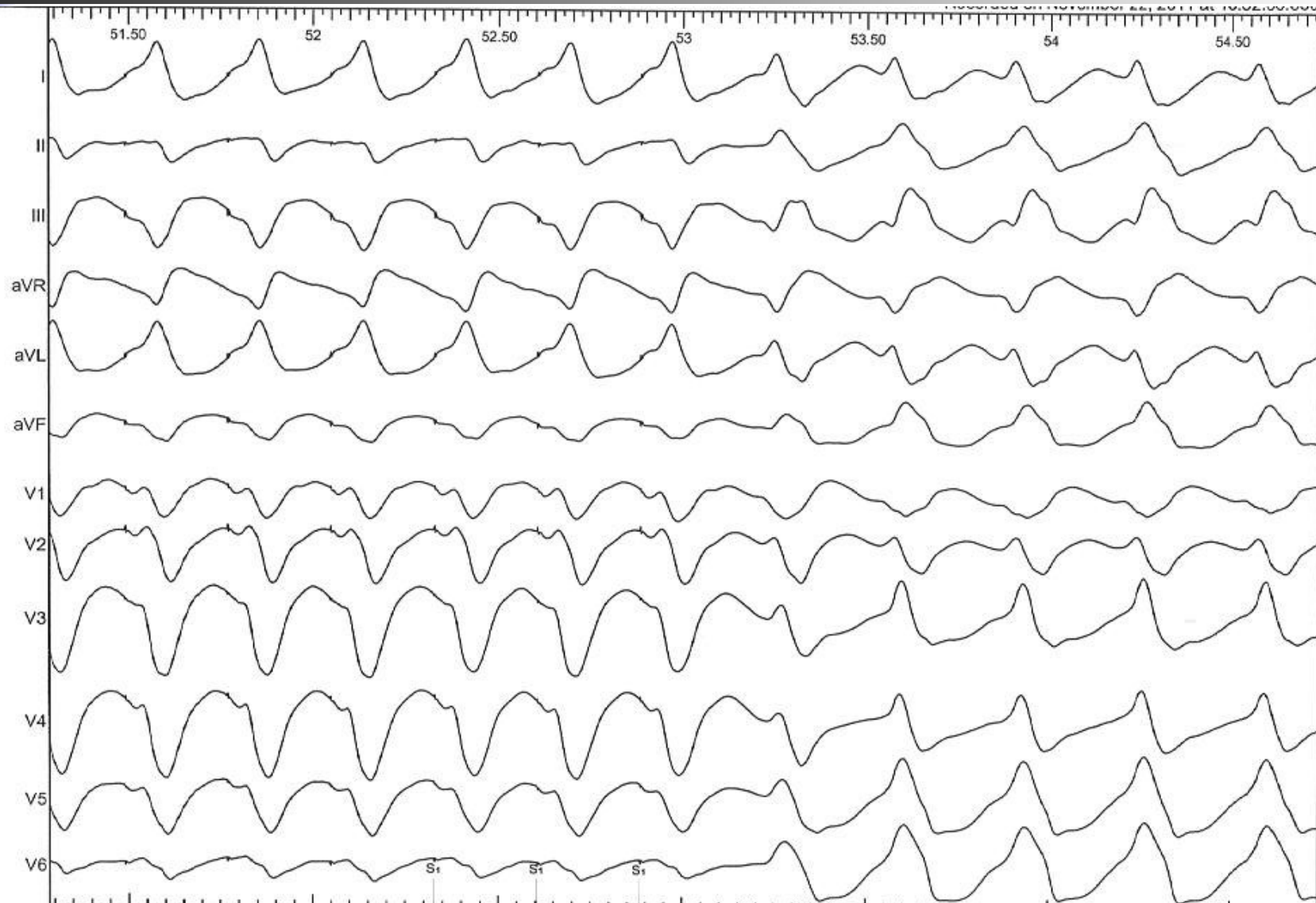
Four criteria

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

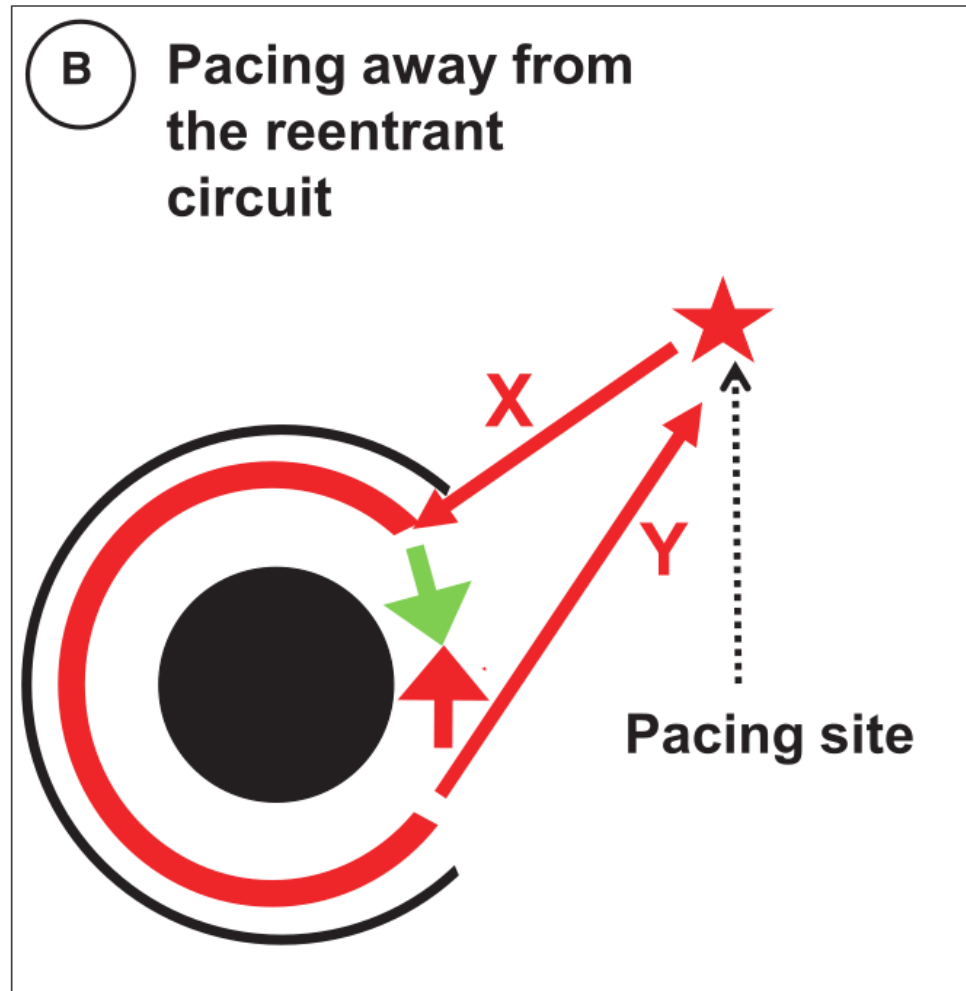
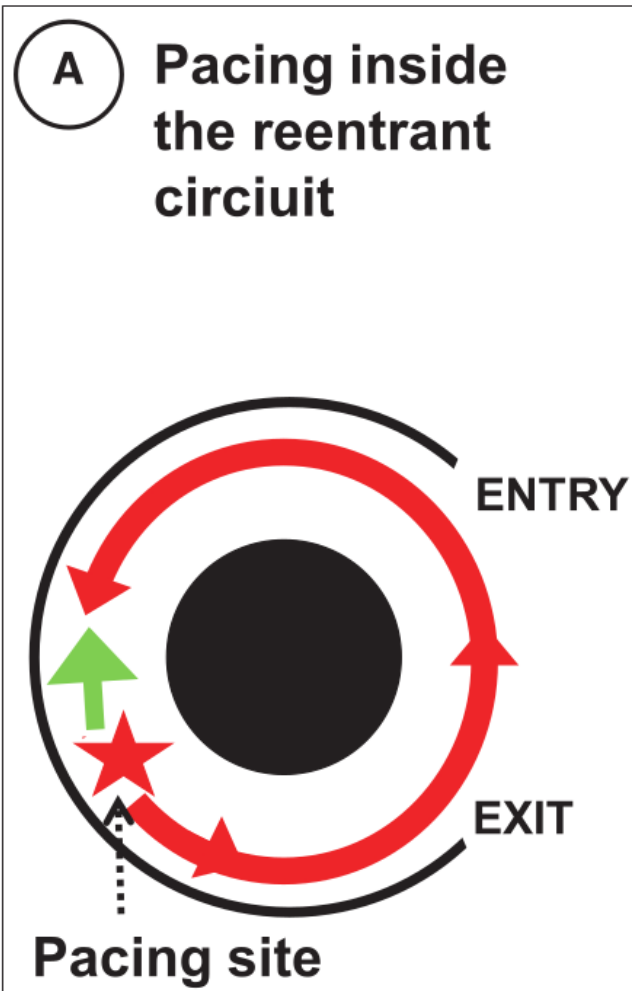
Fusion is the hallmark of entrainment - Constant fusion

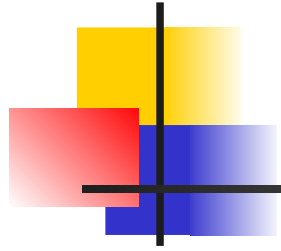


Progressive fusion



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

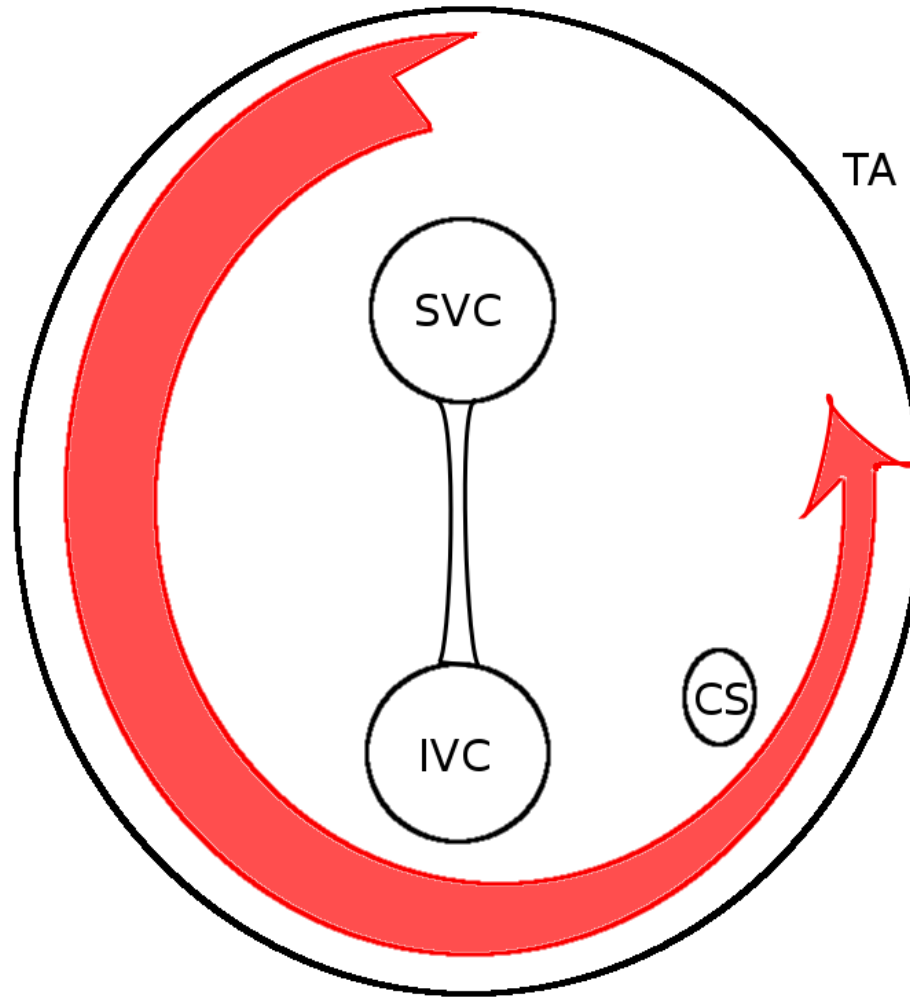
- Identify mechanism
- Identify chamber
- Identify isthmus



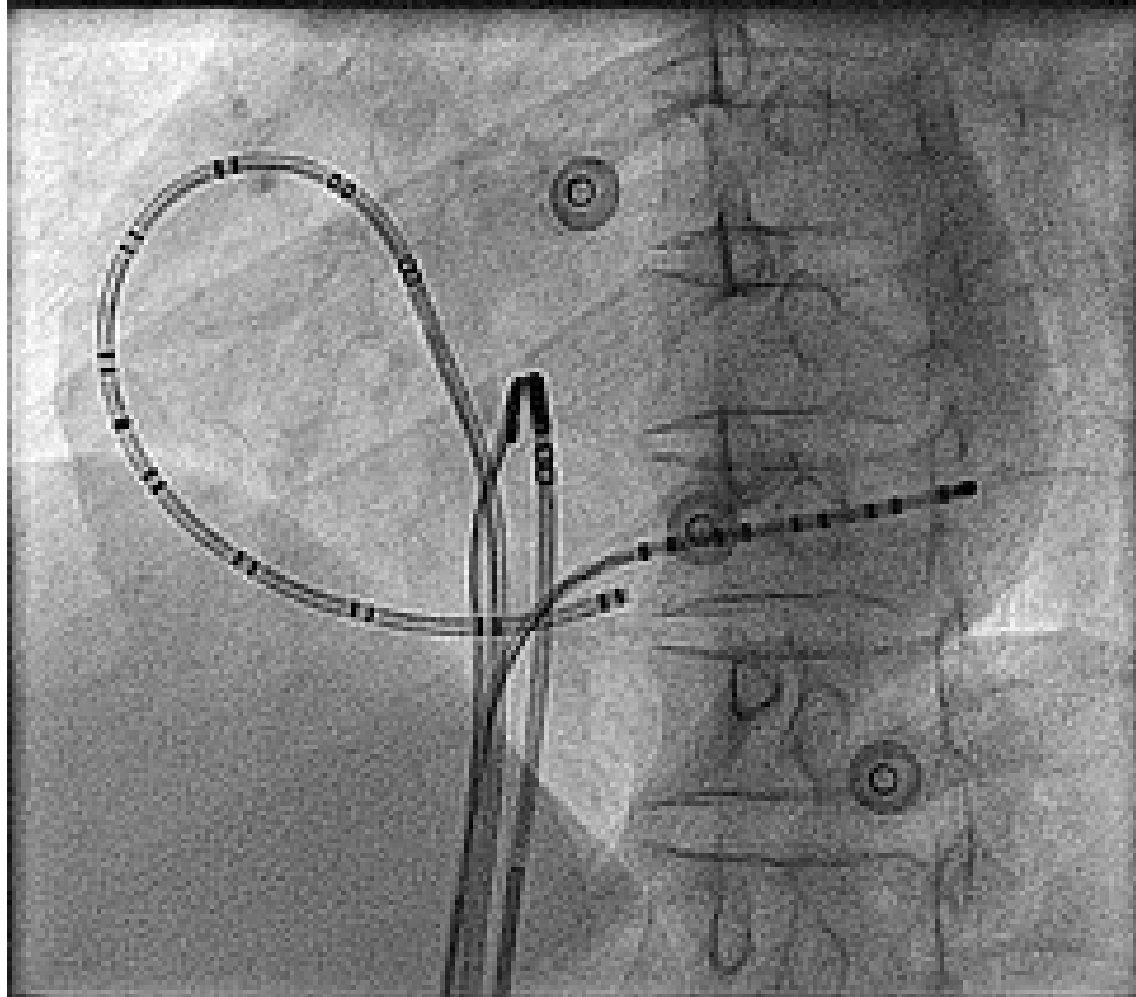
Identify chamber of origin

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

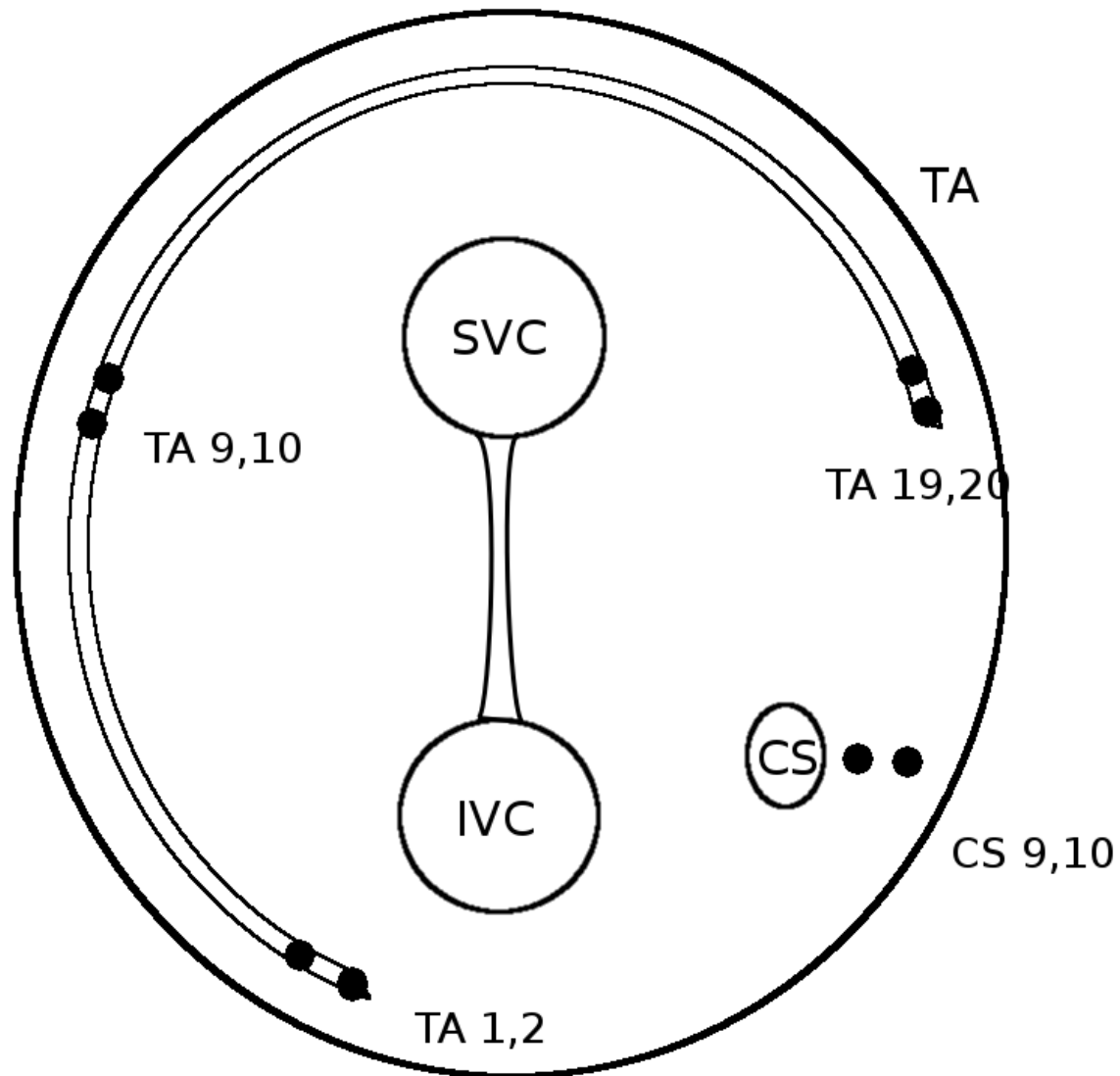
Typical Atrial flutter



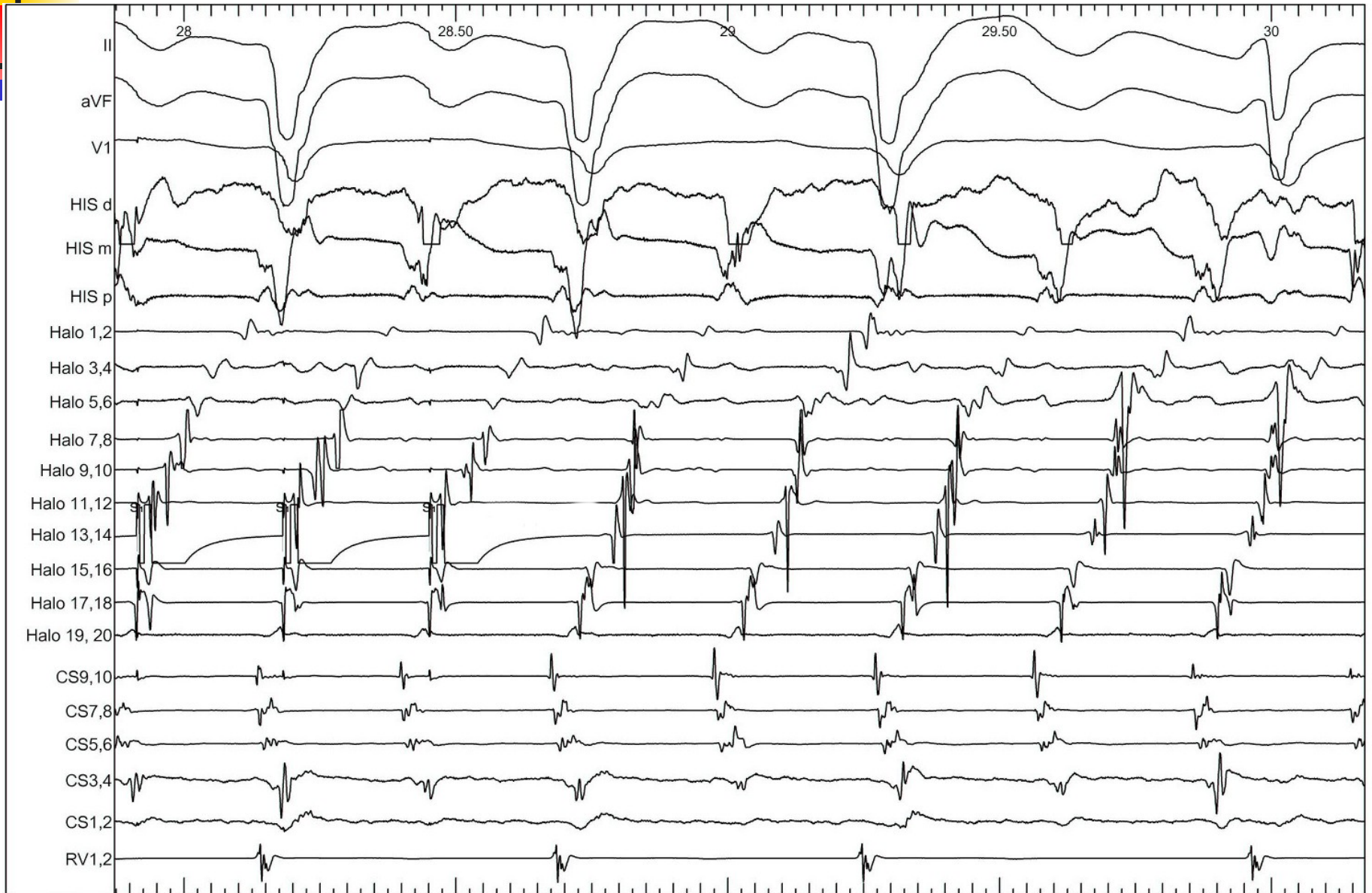
Catheters

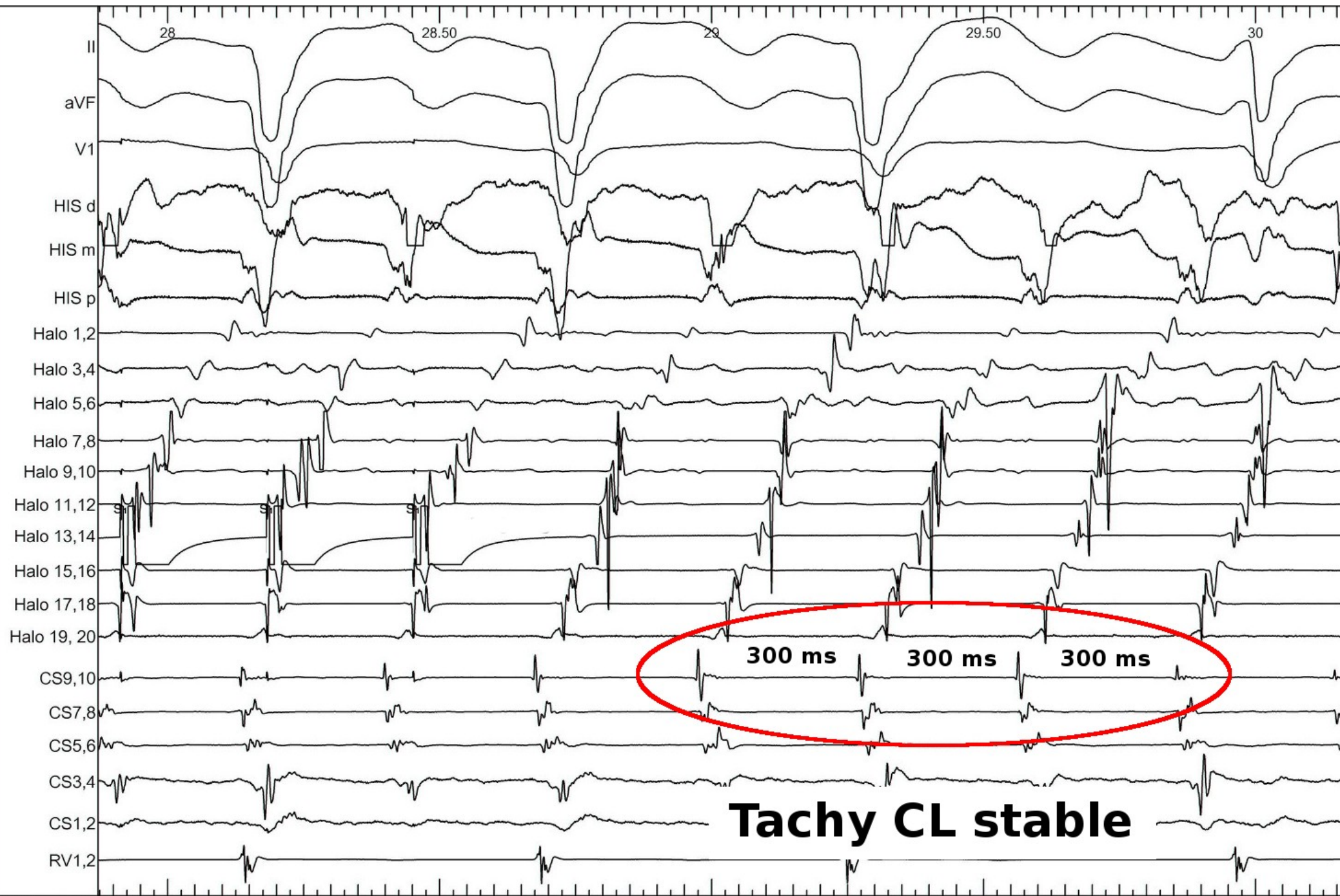


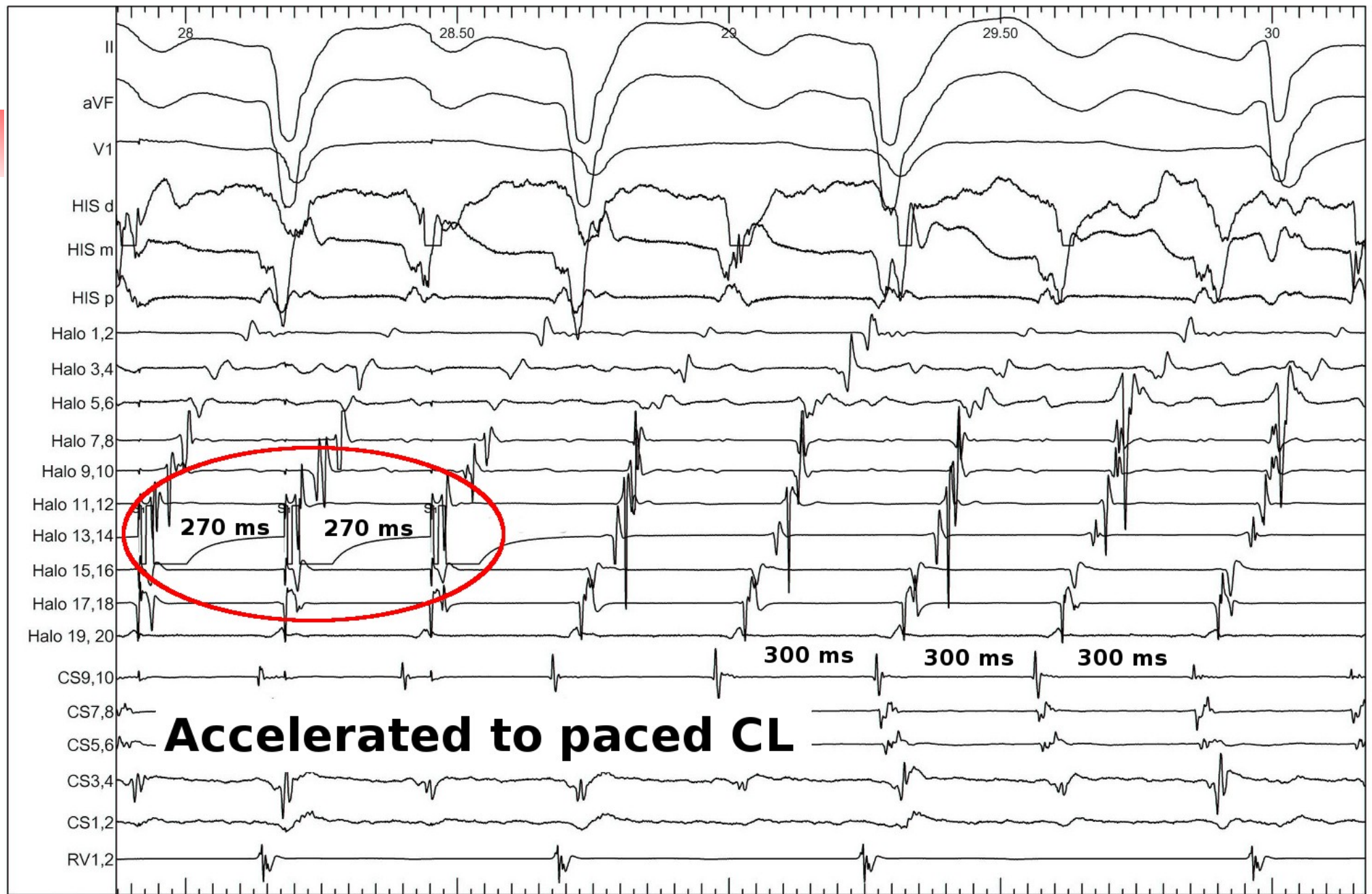
Catheters

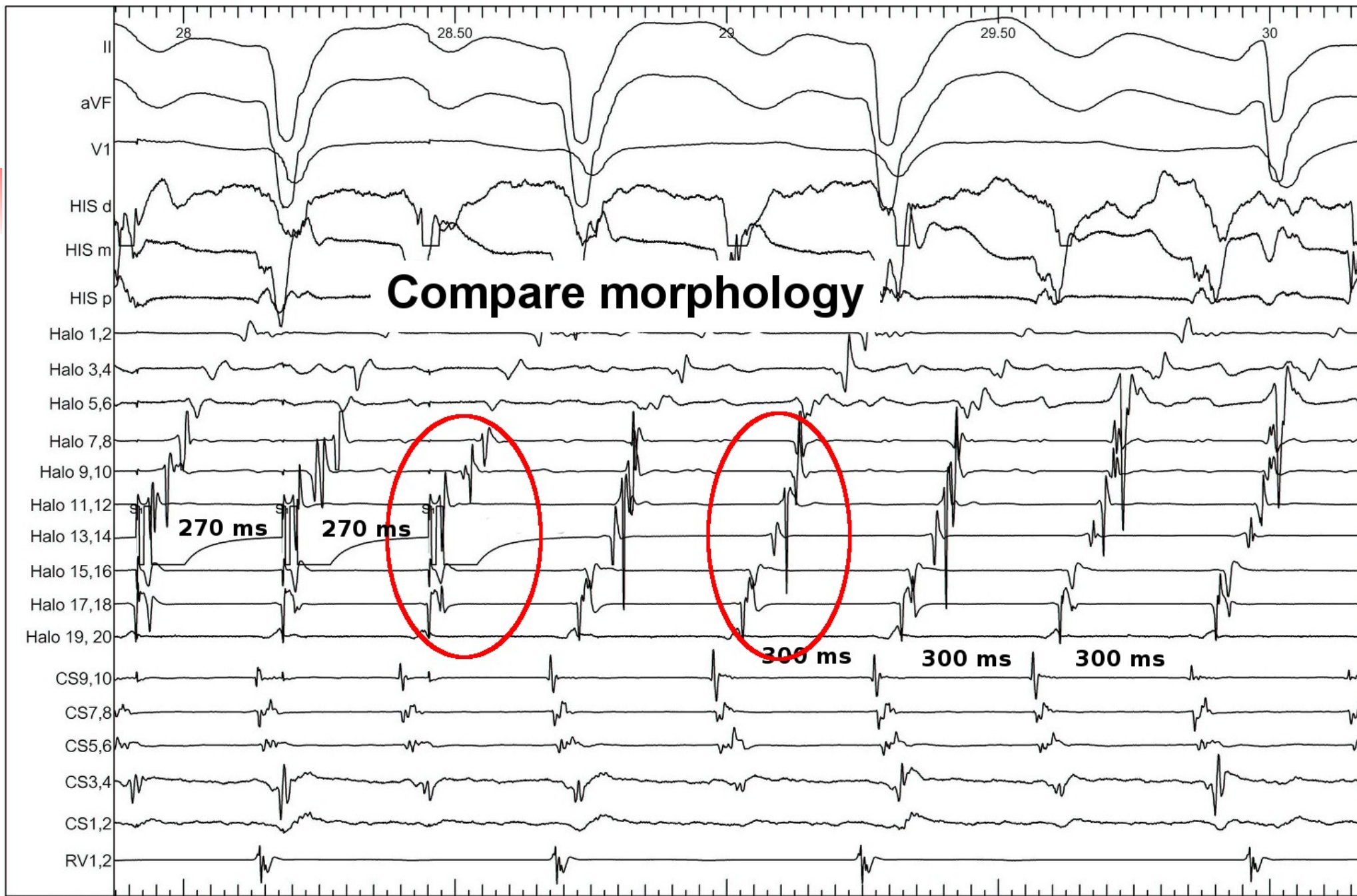


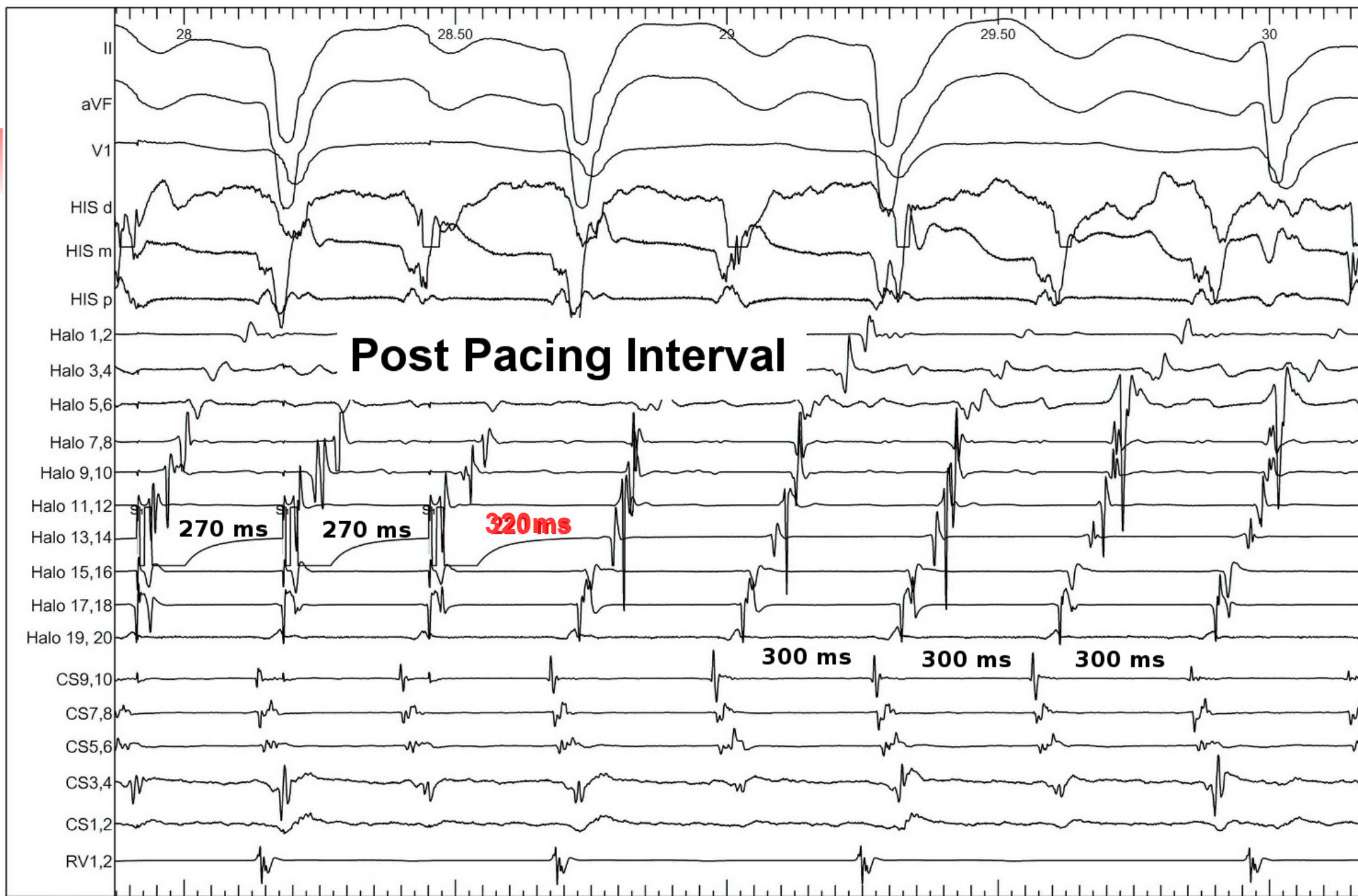
Atrial flutter – Pacing from lateral RA











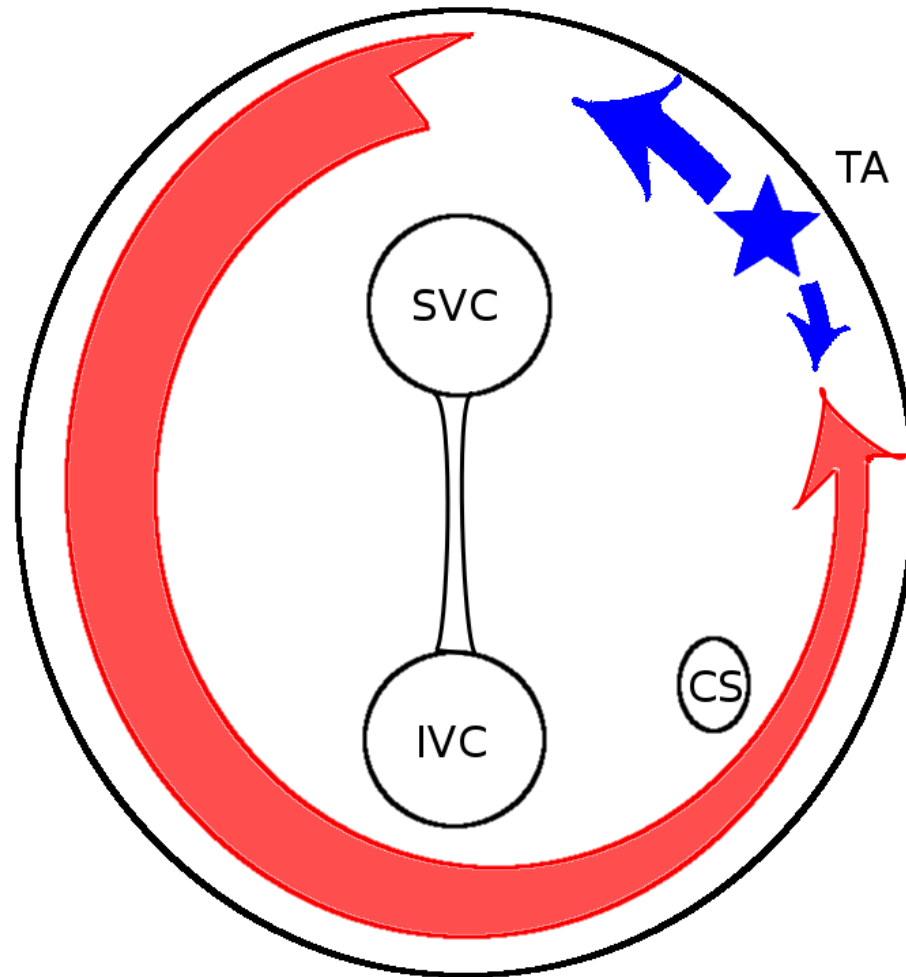


Interpretation

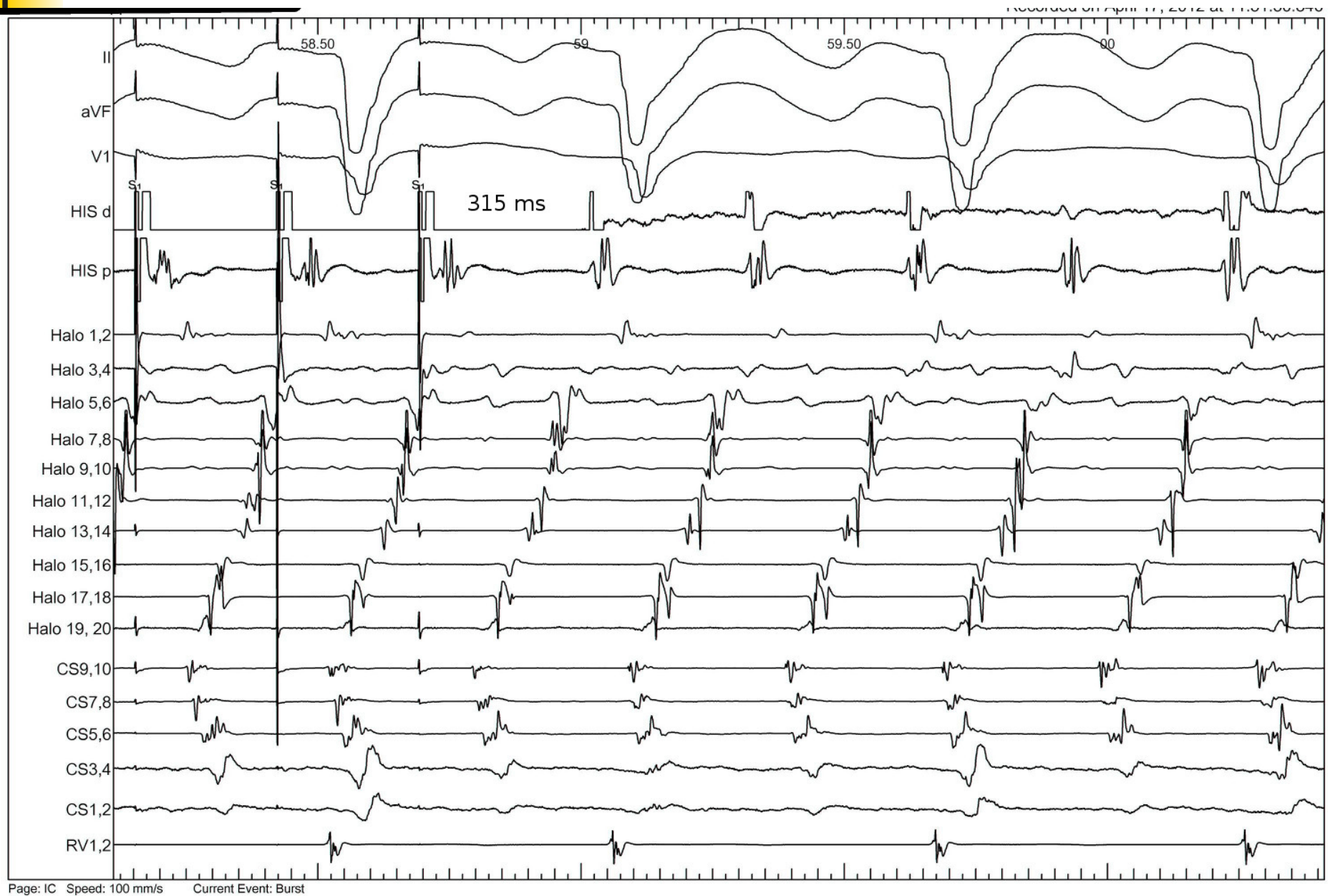
- Entrainable – Reentry
- PPI – TCL < 30 ms – In the circuit
- Manifest fusion – Not in slow area



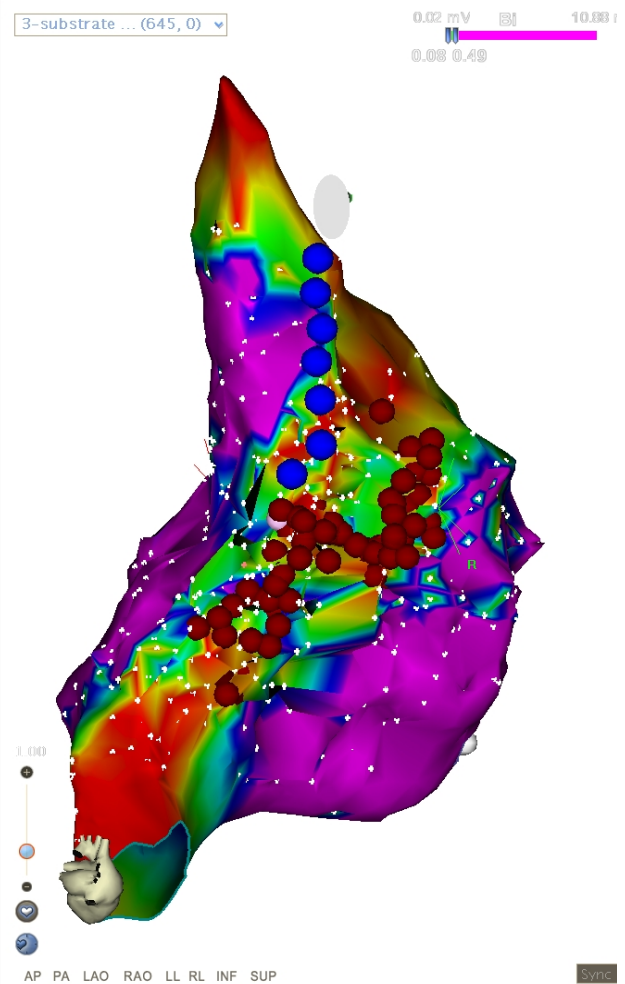
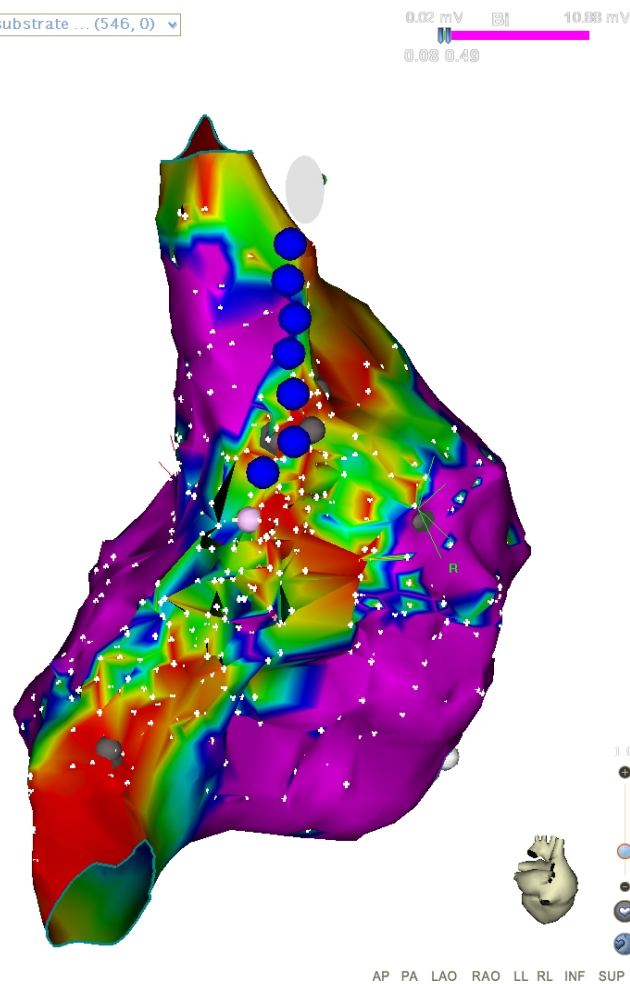
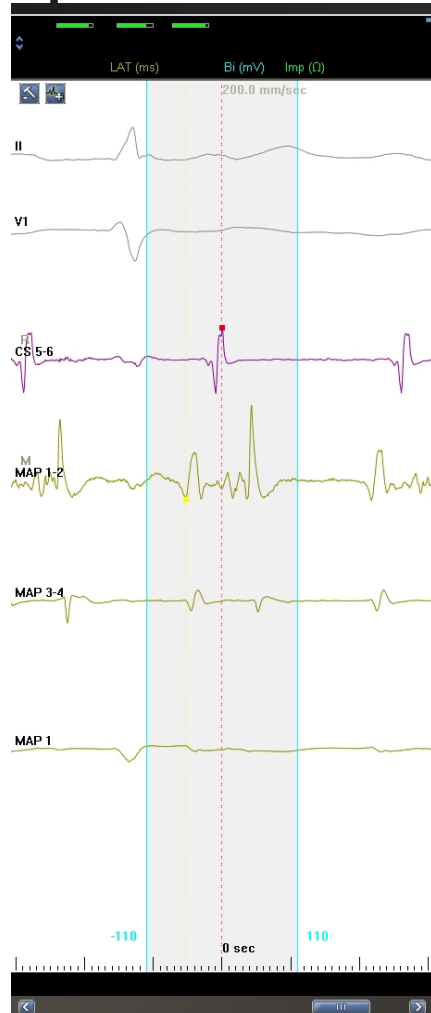
Fusion



Pacing from isthmus



Atypical flutter





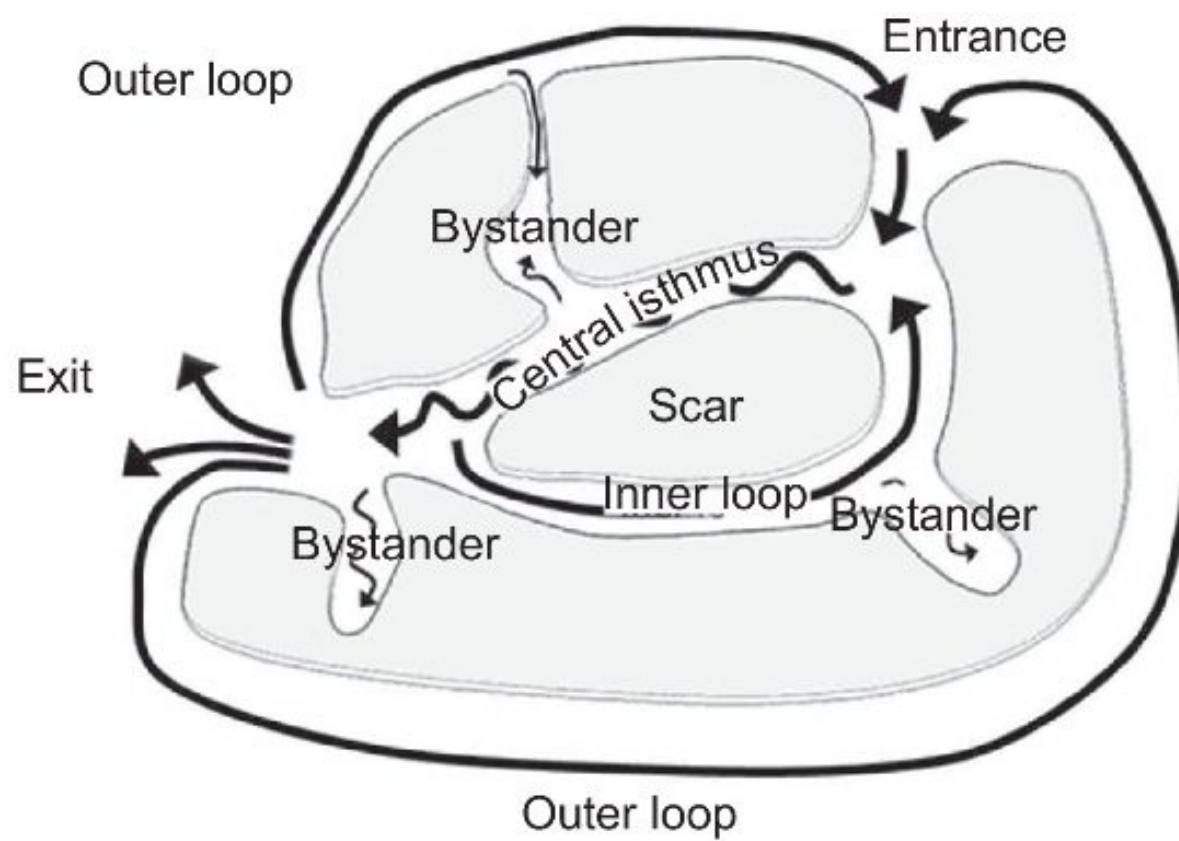
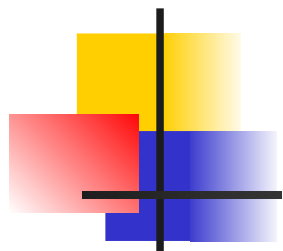
Scenario 2 – Ventricular Tachycardia



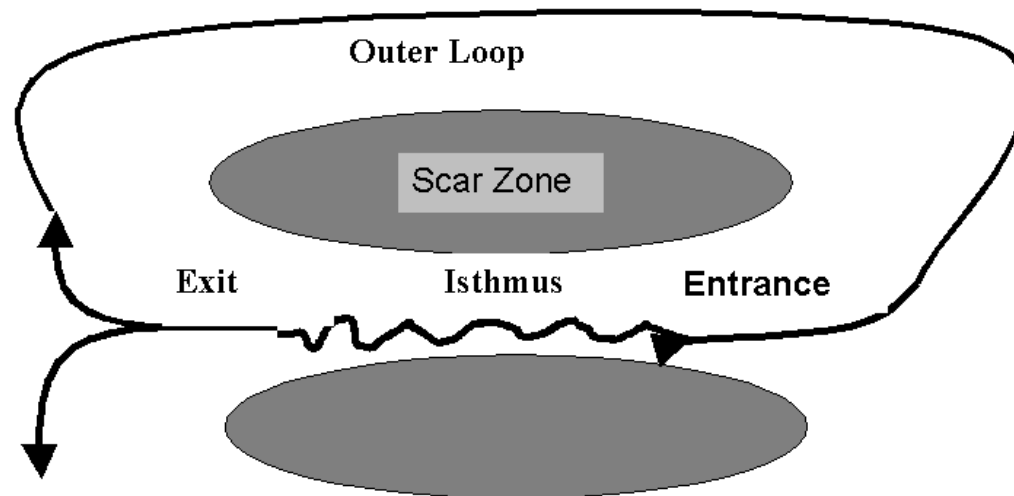
Identifying isthmus

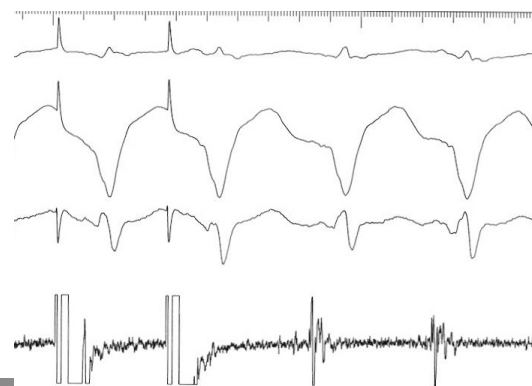
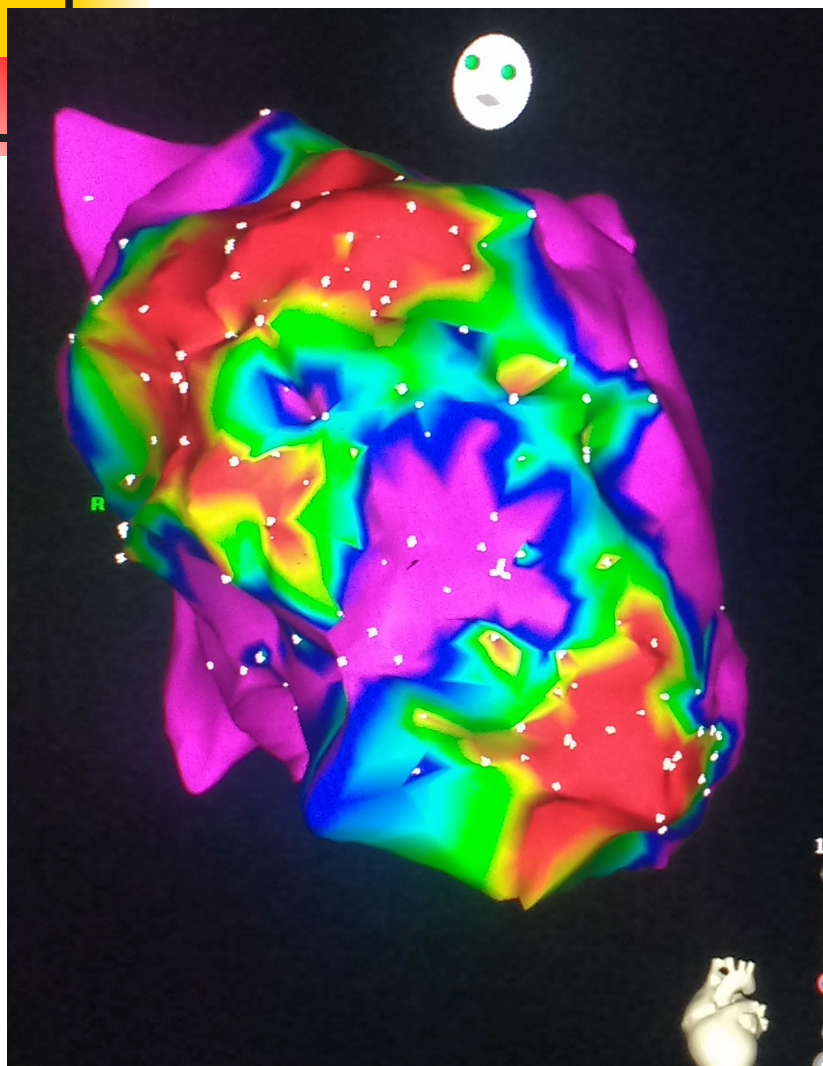
- Fusion with $PPI > TCL$ - outside the circuit
- Fusion with $PPI = TCL$ - in circuit
- No fusion with $PPI = TCL$ - in isthmus
- No fusion, $PPI > TCL$ - bystander

- Stim to QRS indicates location in isthmus
- S to QRS - EGM to QRS



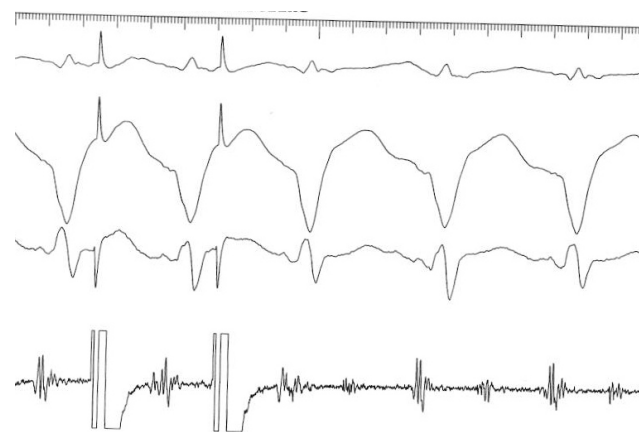
Simplified model





n

n



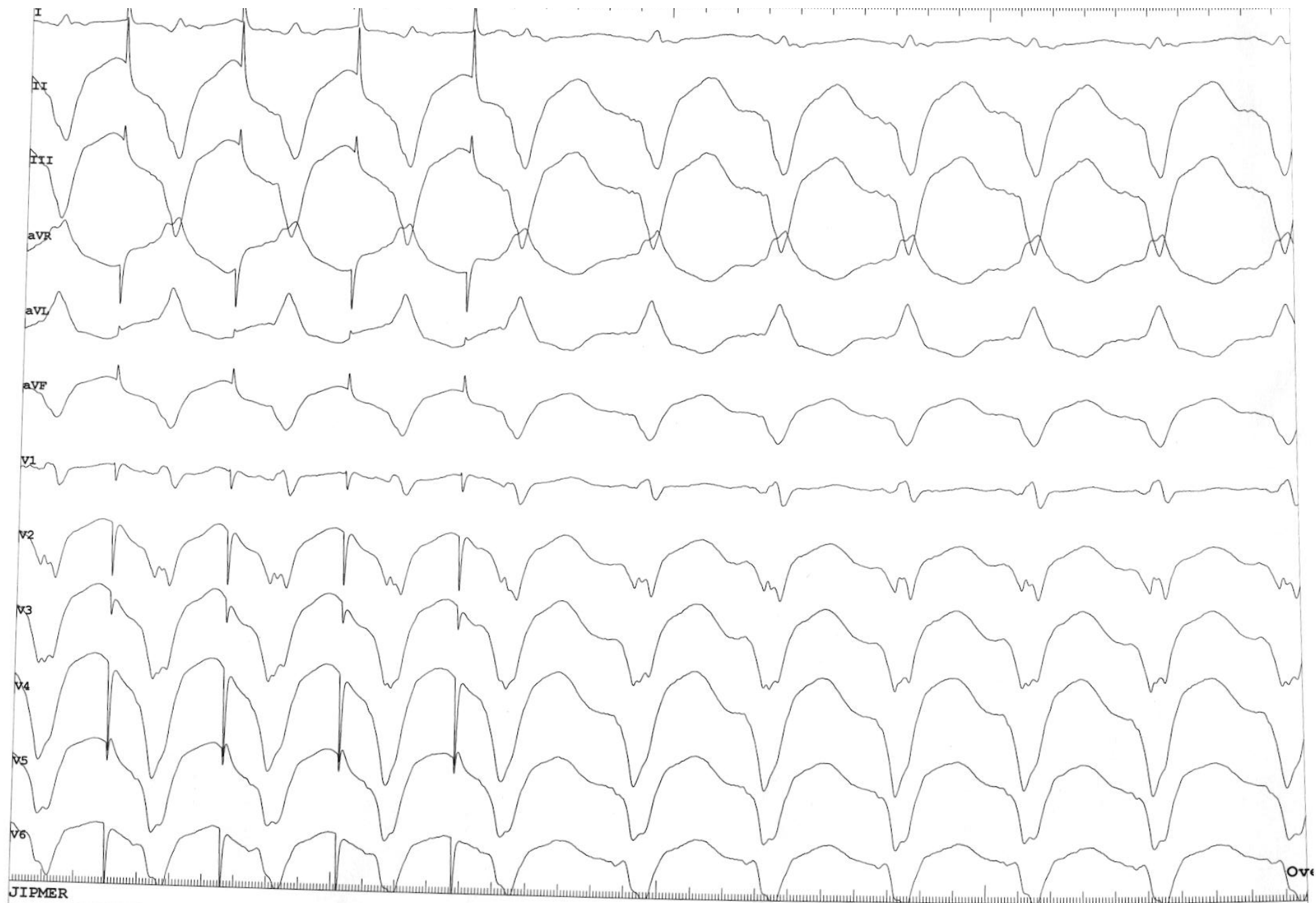
n

n



A

A



0.5mm/sec

I

aVF

V1

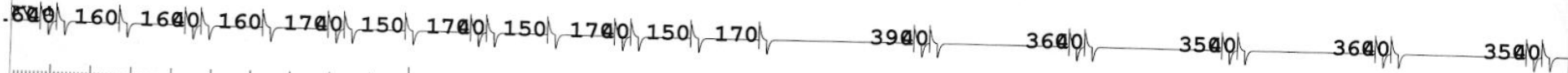
Mapd

Map p

MAP UNI

entraine-2

m'2 0.2mm





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