# Bundeltackblok

**BUNDELTAKBLOK**

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**1. Oorzaken**

**mechanismen:**
- blokkade thv de intraventriculaire bundels
  - links: LBBB: vetraagde depolarisatie linker ventrikel. Linker bundeltak splitst in 2 fascikels. Anterieur: LAF (linker anterieure fascikel) en posterieur: LPF (linker posterieure fascikel)
  - rechts: RBBB: vetraagde repolarisatie rechter ventrikel
  - Bifasciculair blok: RBBB + LAF of LPF
- onvolledig of volledig?
  - onvolledig: vertraagde depolarisatie. QRS complex >/= 100ms (2,5 vakjes) maar minder dan 120 ms (< 3 kleine vakjes)
  - volledig: 1 bundel is volledig disfunctioneel. Er is een tragere conductie via de spieren zelf. QRS > 120 ms (> 3 kleine vlakjes)

**oorzakelijke aandoeningen:**
- cardiaal:
  - AMI
  - cardiomyopathie
  - ouderdomsfibrose van de Purkinjevezels
  - kleplijden
  - atrium-septumdefect
  - na hartchirurgie
  - Brugada Syndroom (RBBB als oorzaak van plotse dood bij gezonde patn)
- medicatie
  - Betablokkers
  - calciumantagonisten
  - TCA's

- anti arrhytmica (type 1a en 1c)

- Digitalis

- Hypertensie
- soms oefedning-geinduceerd
- Ziekte van Chaga (vooral Centraal Amerika en Zuid Amerika)

**2. Kliniek**

Dit varieert van asymptomatisch tot syncopaal (op ventrikeltachycardie) en thoracale pijn.

**3. Diagnostiek**

- lichamelijk onderzoek

- RBBB: S2 splitsing, ook tijdens expiratie

- LBBB: paradoxale S2 splitsing

- EKG

- volledig bundeltakblok (QRS > 120 ms = 3 vakjes)

- RBBB: QRS-complex in rechter afleidingen (V1 of V2) heeft 90% een M-vorm (rsR', rsr', rSR') en 10% een notched R. In de linkerafleidingen (V5 en V6) is de S-golf breed en diep. Bij het Brugada-syndroom zie je een combinatie van RBBB en ST- elevatie in V1, V2 en V3

- LBBB: QRS complex in de rechter afleidingen (V1-V2) is de q klein of afwezig en de R=klein. De S domineert het complex (is diep, breed, scherp en heeft geen notch) In de linkerafleidingen (V5, V6, aVL en I) is het complex monofasisch, dwz geen q of s, alleen R als brede onregelmatige R-golf en meestal notched.

- OPGELET!: zodra LBBB kan je niets meer zeggen over ischaemie op ECG

- onvolledige bundeltakblok (QRS >/= 100ms maar < 120 ms)

-RBBB en LBBB hebben zelfde vormen QRS als bij volledig blok.

- fasciculair blok

- LAF blok: QRS is wel verlengd maar < 120 ms (< 3 kleine vakjes).
Er is een asdeviatie tussen -45° en -90°. De S is diep in II, III en aVF.
Er is een qR in I en aVL

- LPF blok: QRS isd wel verlengd maar < 120 ms (< 3 kleine vakjes)
Er is een asdeviatie van >/= 120°. Er is een RS in I en aVL en een qR in II, III en aVF

- LABO: electrolieten (K+) en hartenzymen (ischaemie)
- RX-thorax

- electrofysiologisch onderzoek bij onverklaarde syncope

**Eerste opvang**

- standaard opvang
    - ischaemie
    - syncope
    - dyspnee
- transcutane pacing
- indien bifasciculair blok of symptomatische 2e en 3e graads blok

**Spoeddienst**

- indien asymptomatisch: geen behandeling
- bij nieuwe LBTB: dit is steeds suggestief voor AMI. Overweeg thrombolyse
- transveneuze pacemaker zo nodig

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