



Successful Ablation of Right Free Wall Accessory Pathway in the First and Repeat Ablation



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COI Disclosure

Hwan-Cheol Park, M.D.

The authors have no financial conflicts of interest
to disclose concerning the presentation



Disclosure

Relationships with commercial interests:

- Grants/Research Support: None
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Other: None



M/48

C.C > palpitation

BHx >

Two times of failed ablation (28yrs, 18yrs ago) for WPW syndrome

Complain chest discomfort and palpitation

Plan EPS & RFCA, trido with 3D mapping

Echo > LVEF 43%

Med >

Amiodarone 100mg EOD

Enalapril 5mg qd, dilatrend 6.25mg bid, aldacton 25mg qd,
torsemide 5mg qd, Lipitor 10mg qd

Warfarin 3mg qd (d/t h/o DVT)

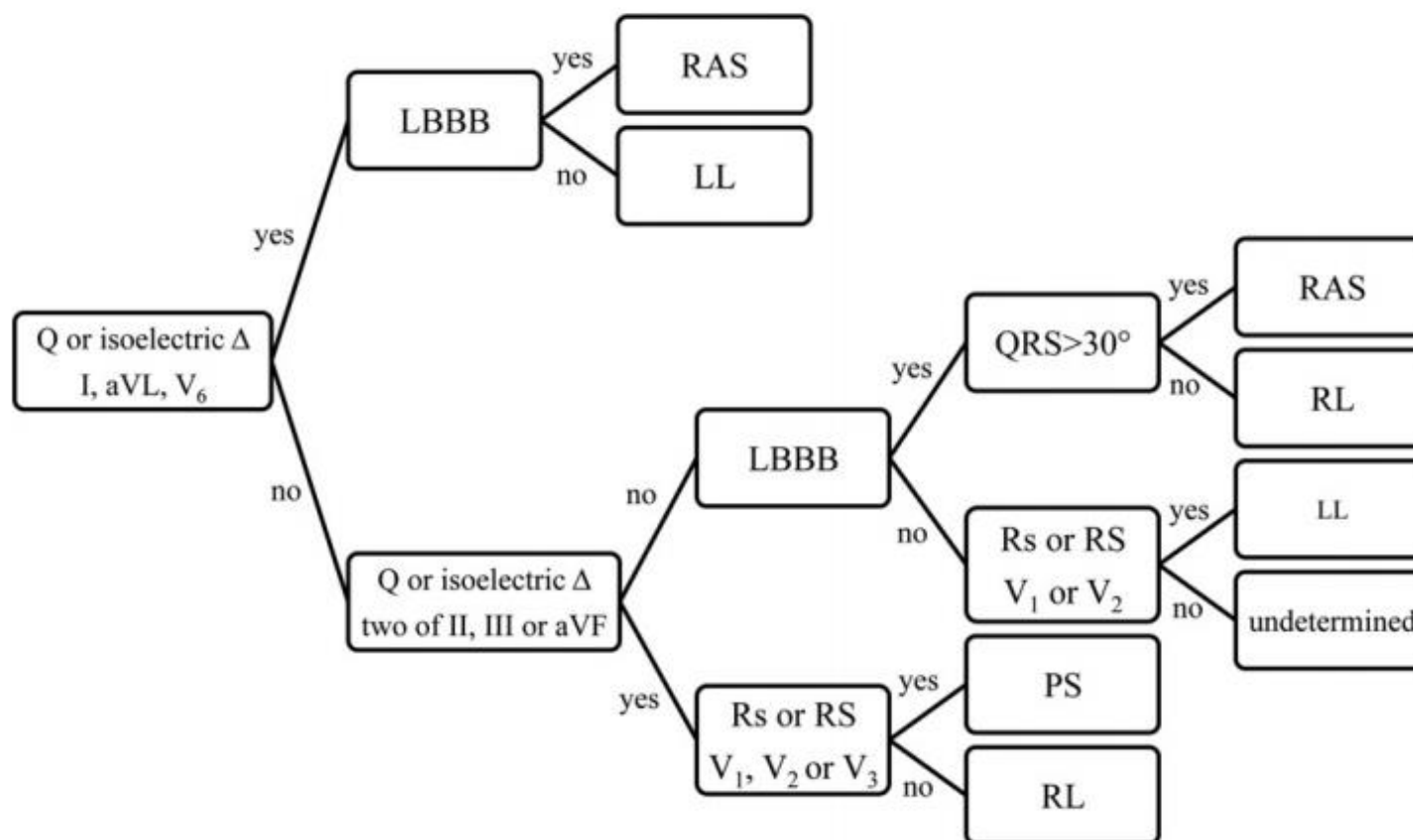
PHx >

WPW syndrome, HTN, h/o DVT

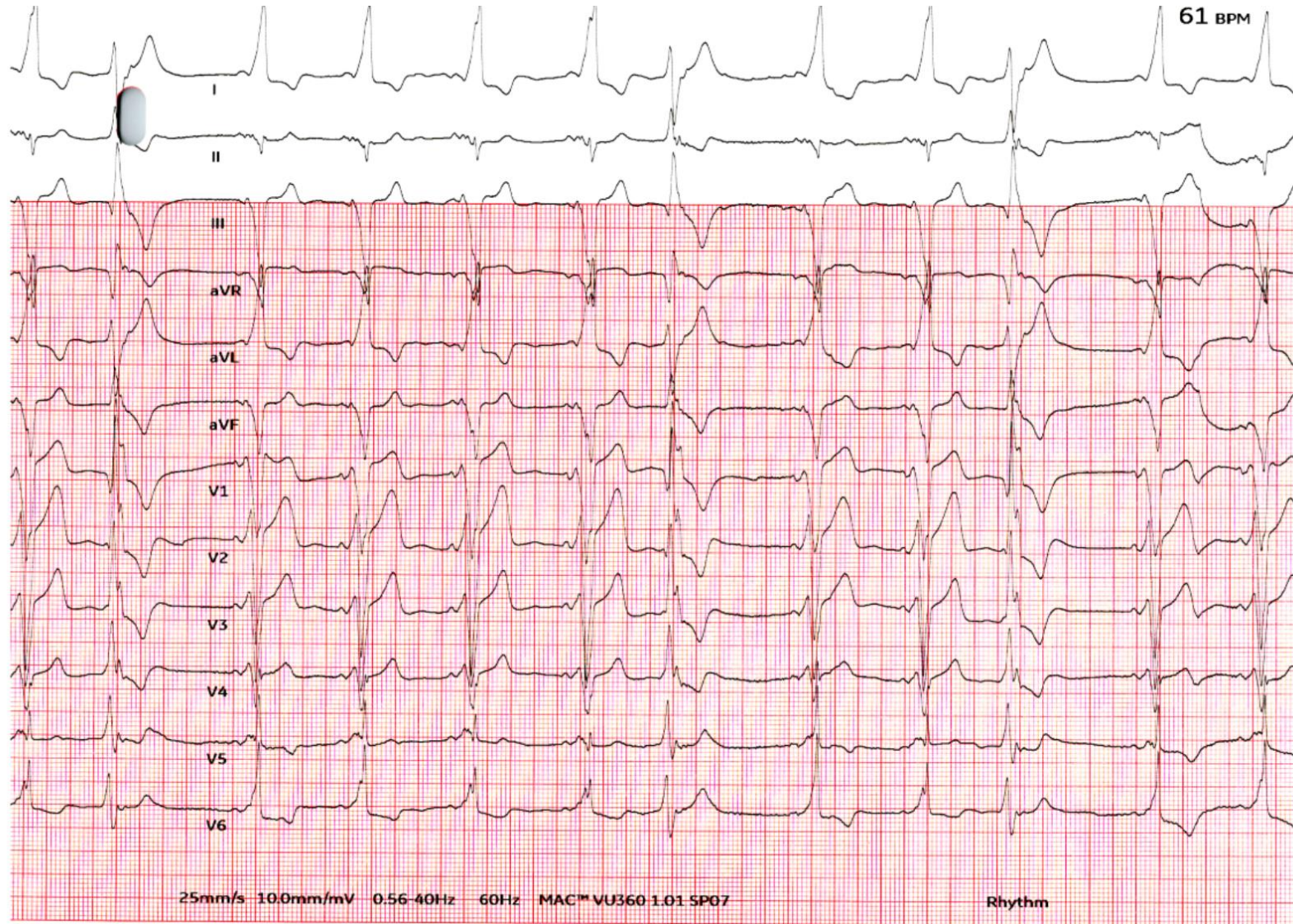
How to identify the location of an accessory pathway by the 12-lead ECG

David J. Fox, MBChB, George J. Klein, MD, Allan C. Skanes, MD, Lorne J. Gula, MD, Raymond Yee, MD, Andrew D. Krahn, MD

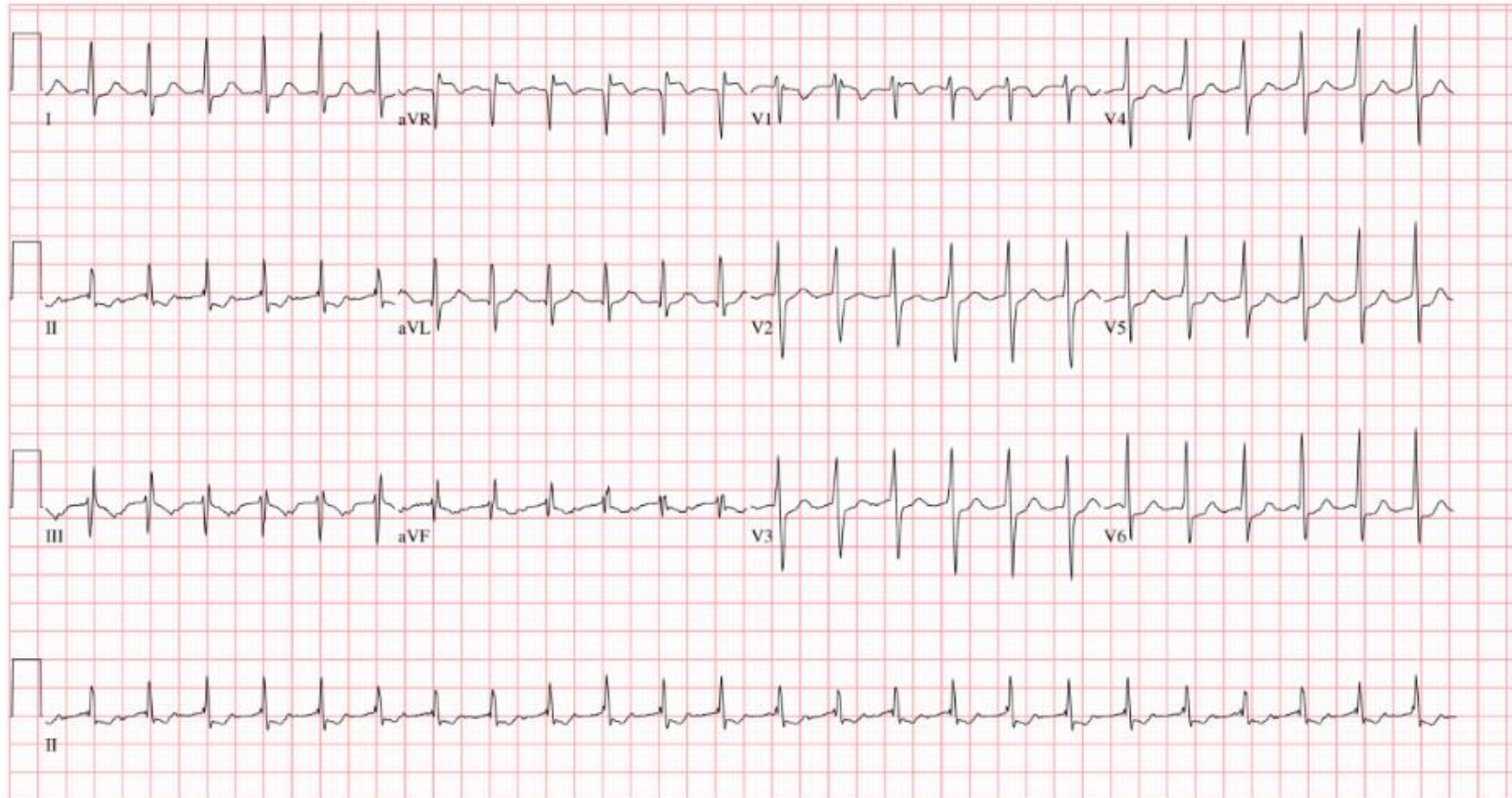
From the Division of Cardiology, Department of Medicine, University of Western Ontario, London, Ontario, Canada.



EKG; delta wave+, PVC



EKG; narrow QRS tachycardia

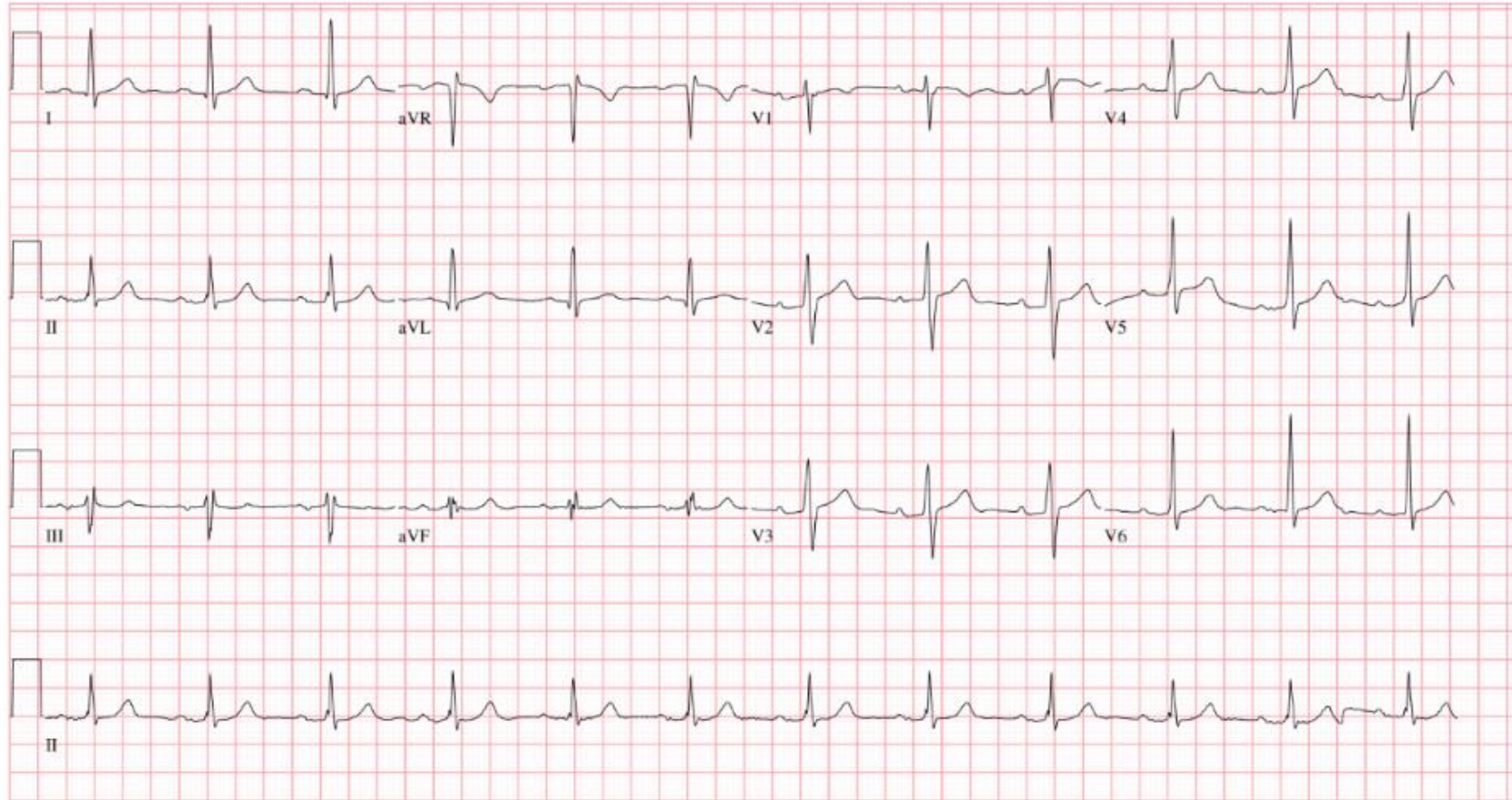


25mm/s 10mm/mV 40Hz 9.0.9 12SL 243 CID: 2

SID: 337441351 EID:10603 EDT: 07:57 27-MAY-2022 ORDER: 337441352 VISIT: 337441352

Page 1 of 1

EKG; sinus rhythm

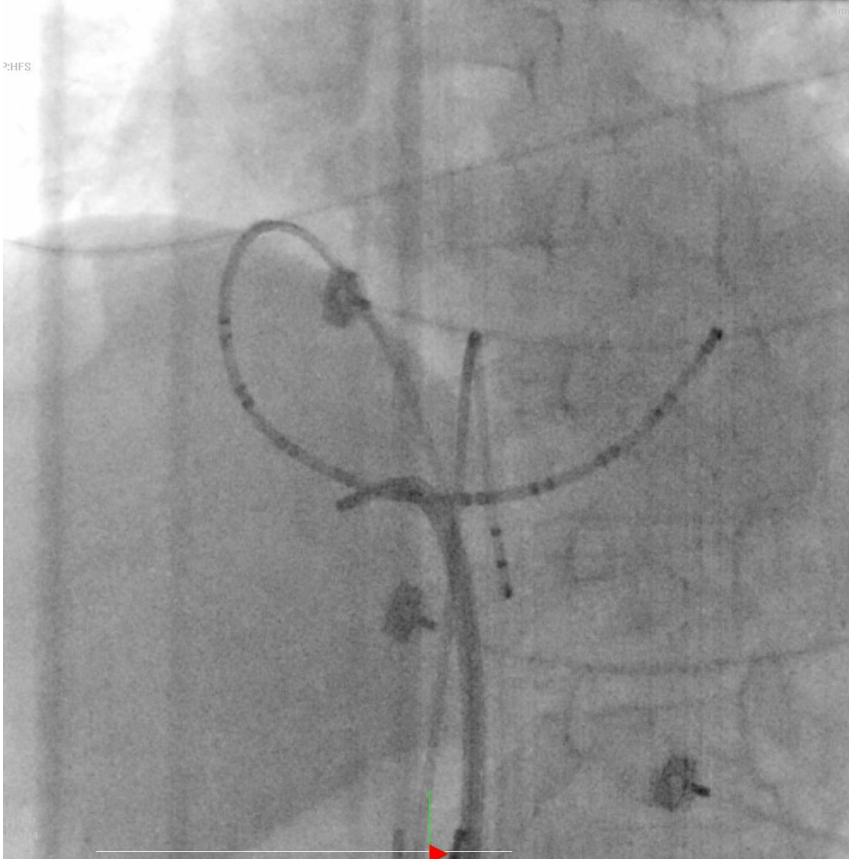


25mm/s 10mm/mV 40Hz 9.0.9 12SL 243 CID: 2

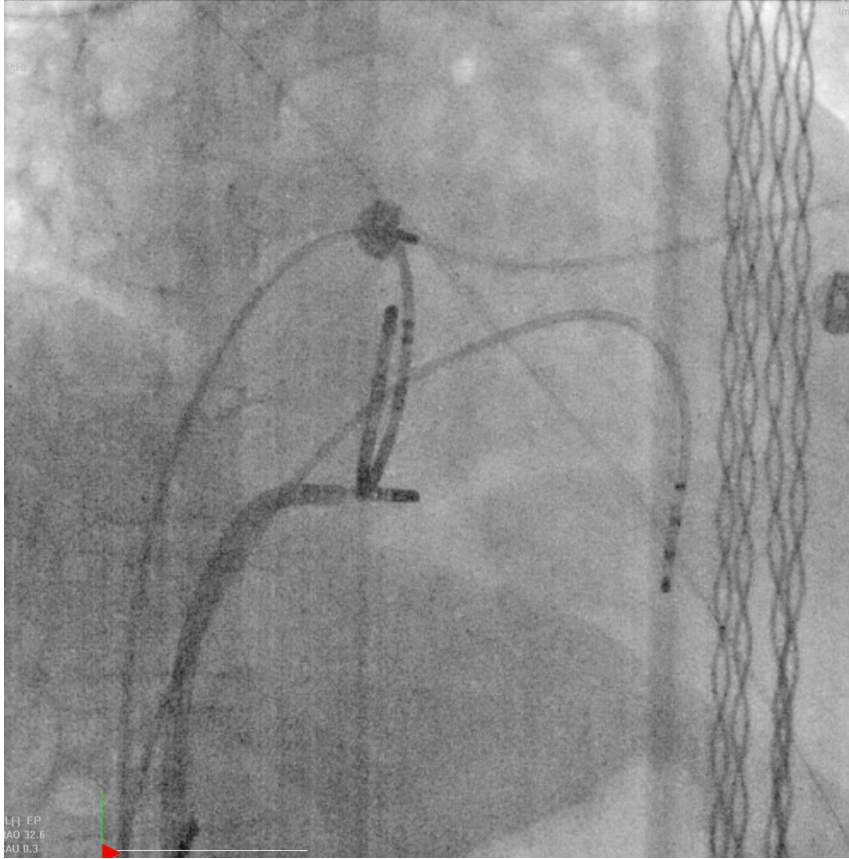
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Page 1 of 1

Catheter position

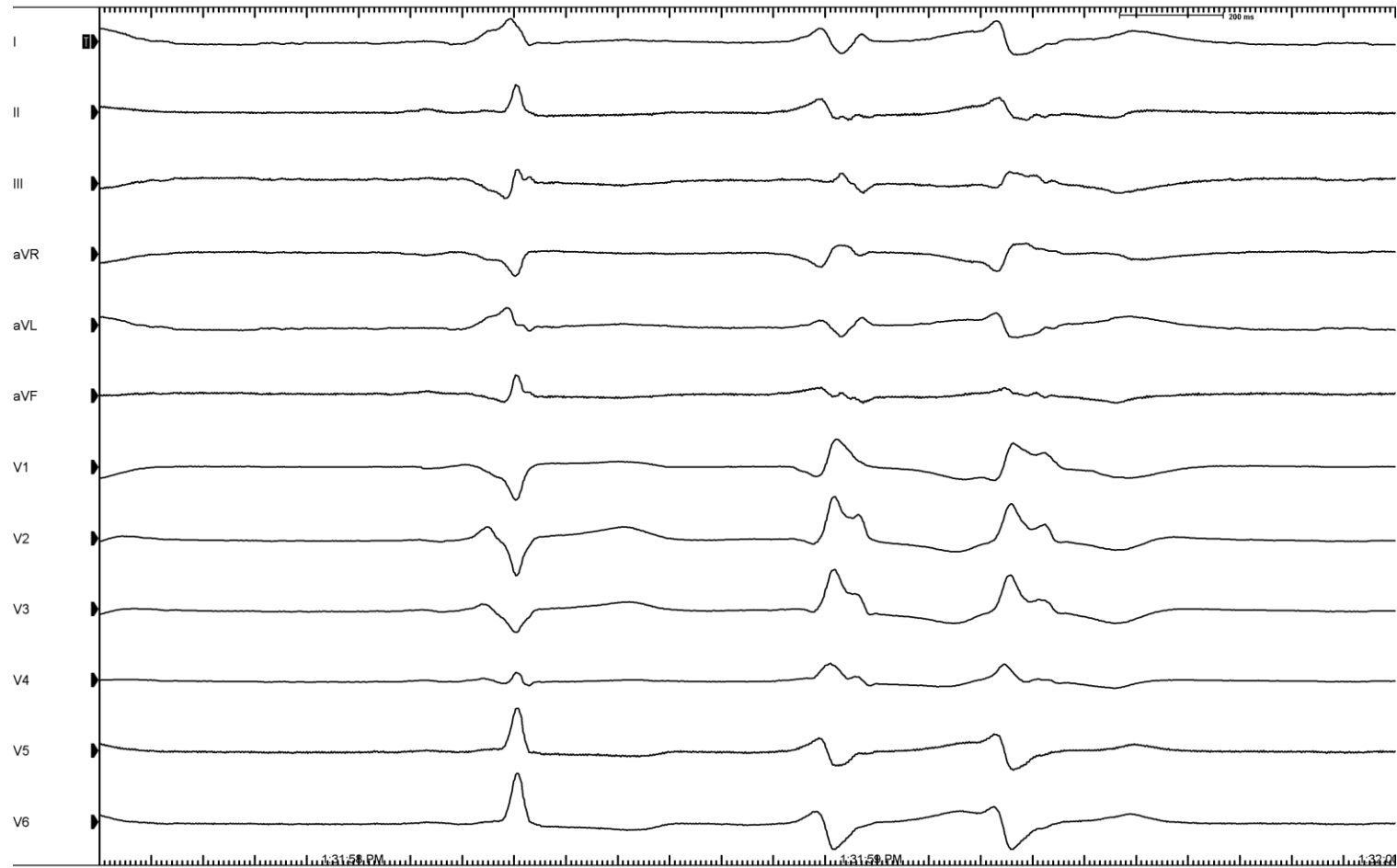


LAO 35'



RAO 35'

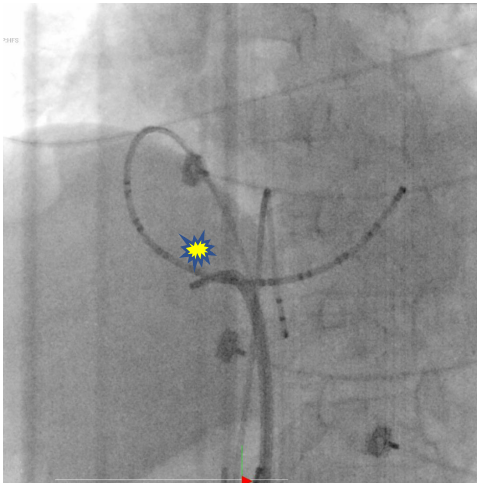
Baseline rhythm; delta, PVC



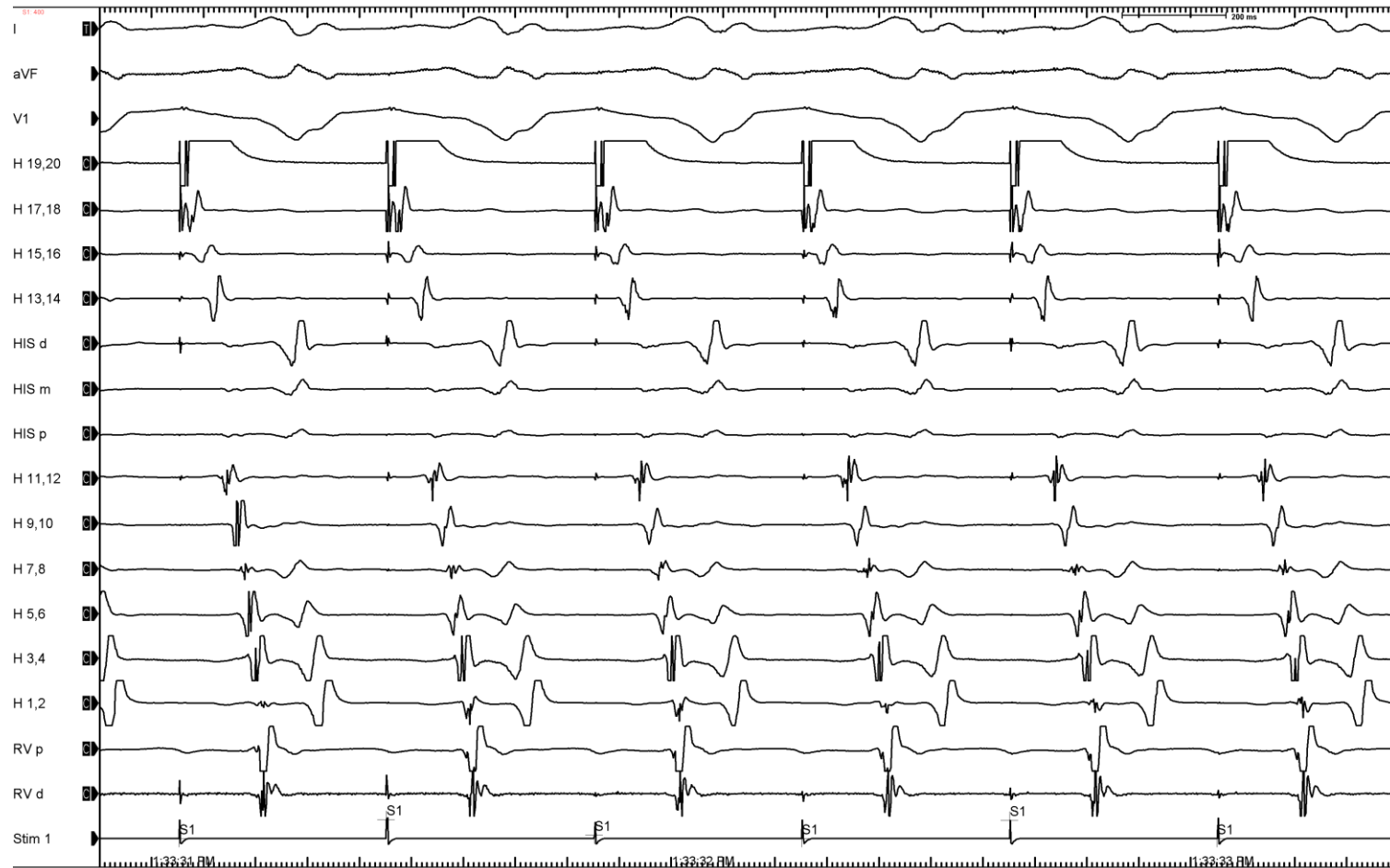
BCL:686ms AH:123ms HV:0ms



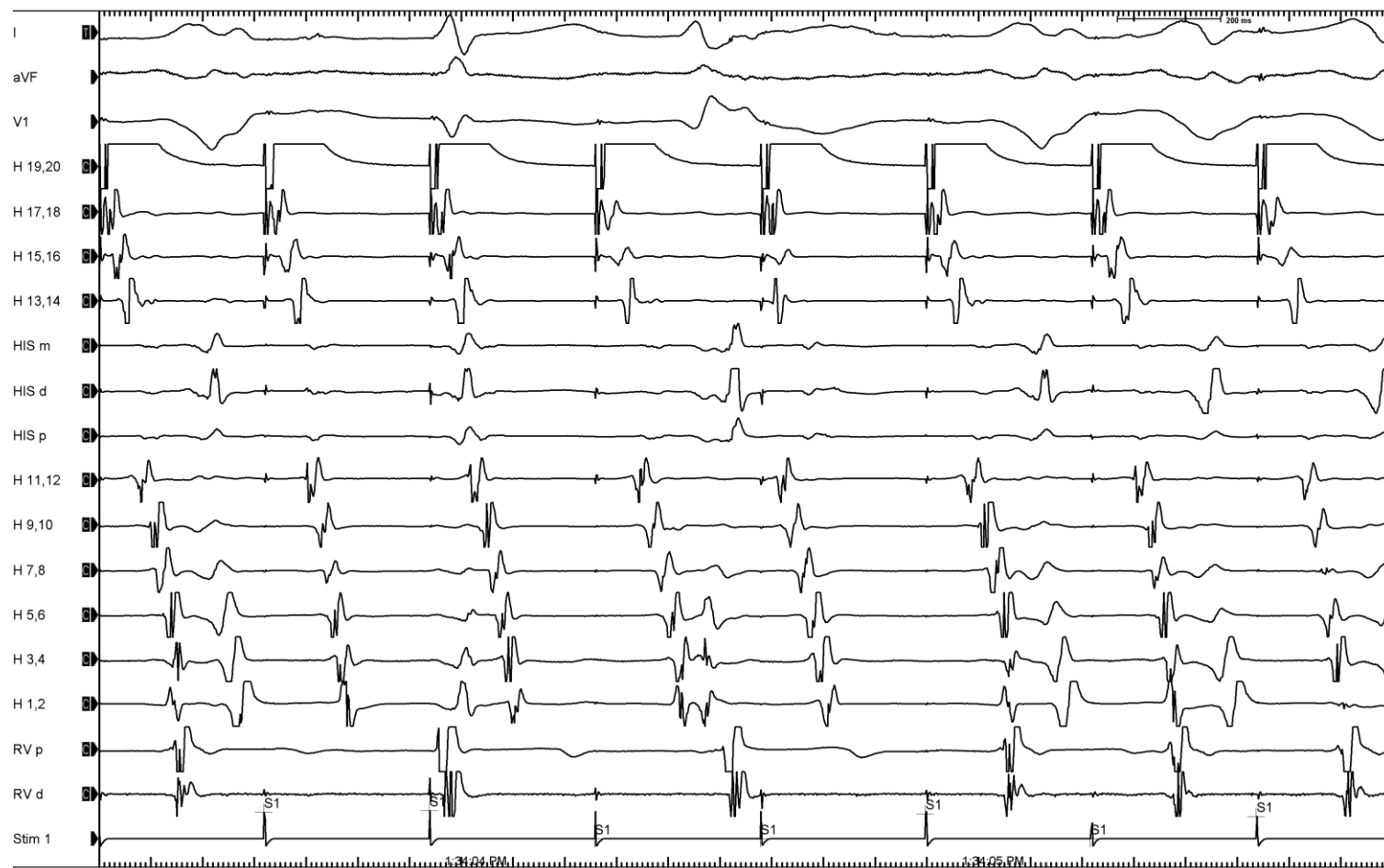
antegrade AV conduction-EA: H13.14 PVC with retrograde BT conduction



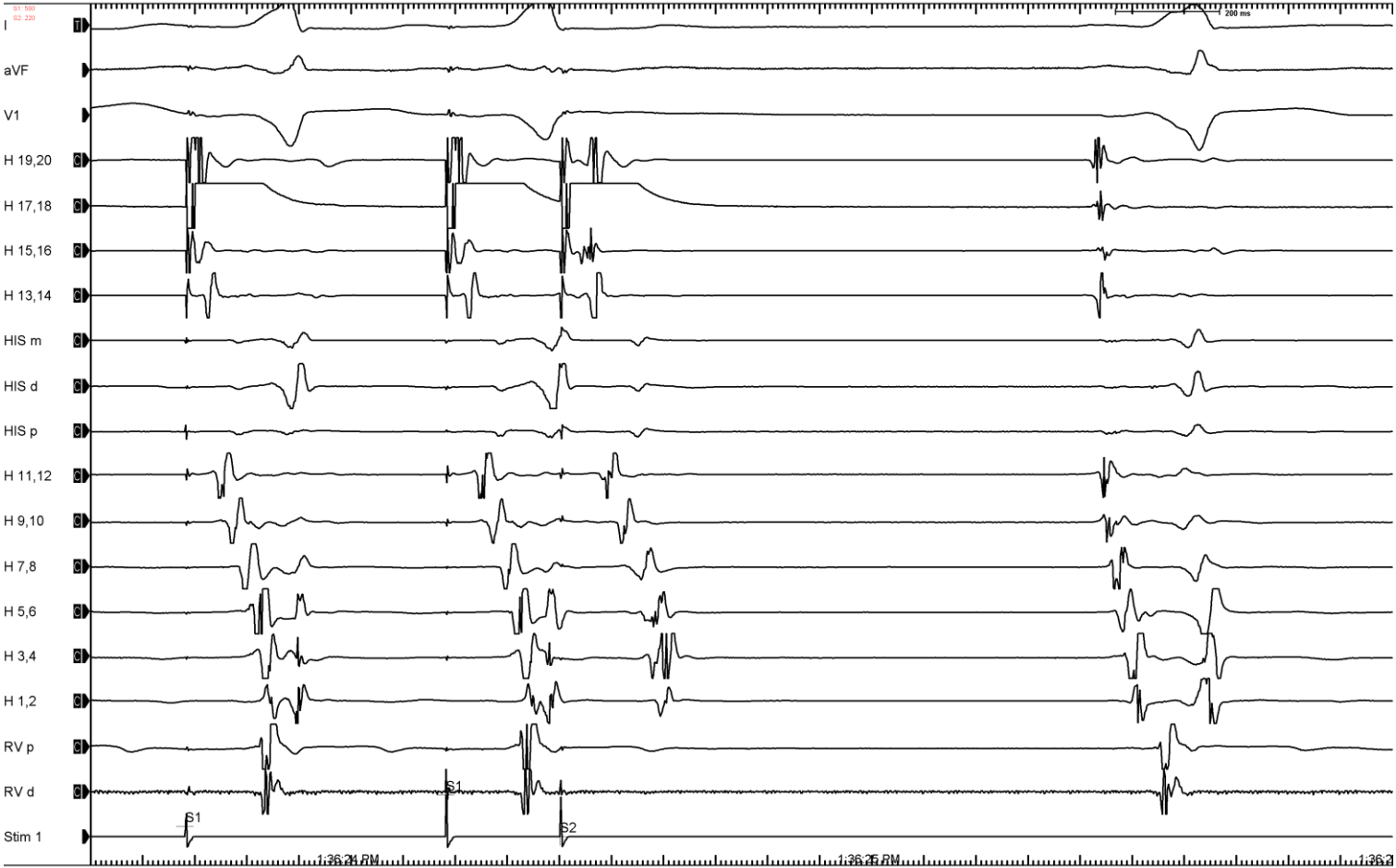
RAP; bypass tract conduction augmentation of delta wave



RAP 320ms AVBCL



AEST 500/220 kent ERP



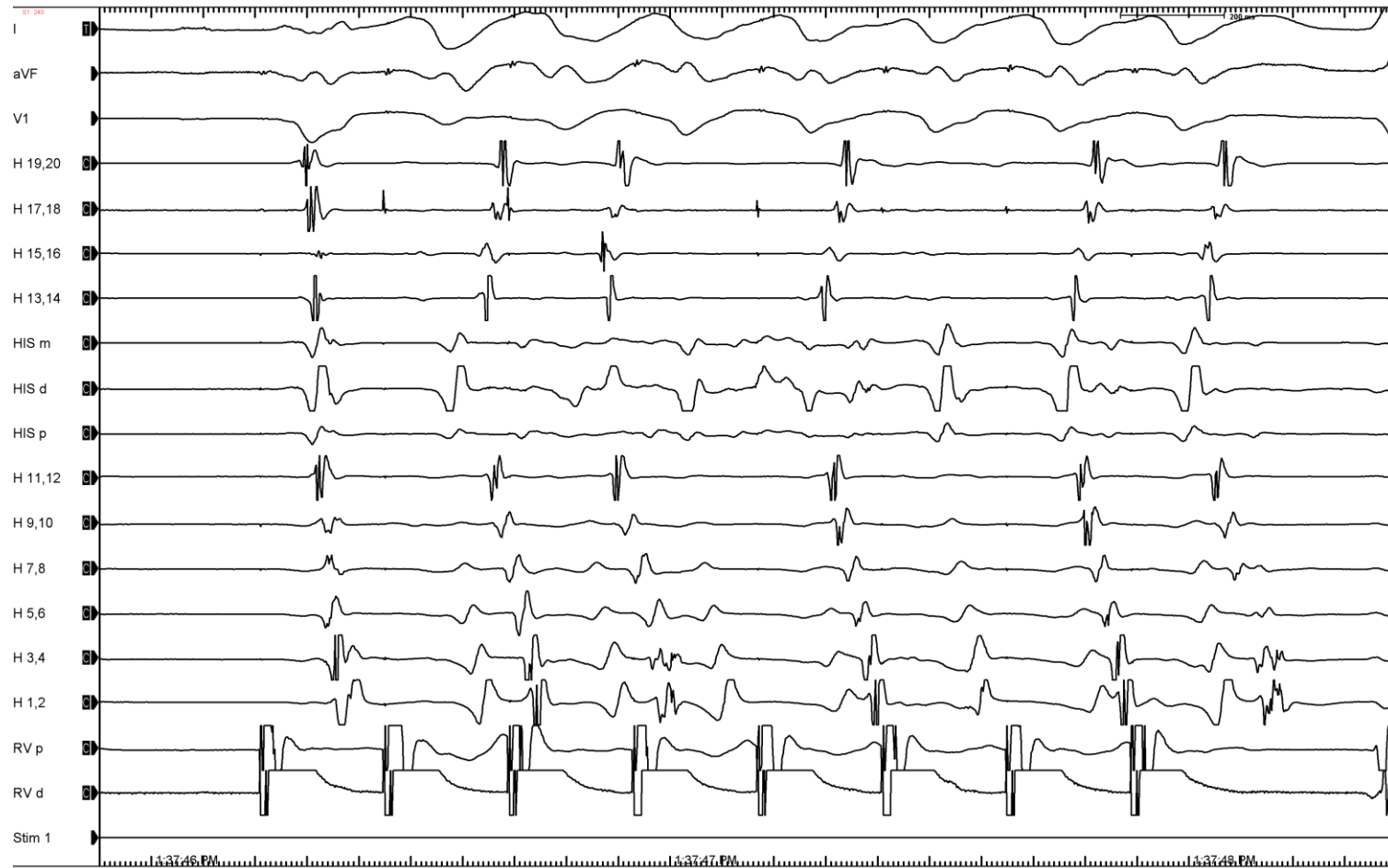
AEST 500/200 AERP



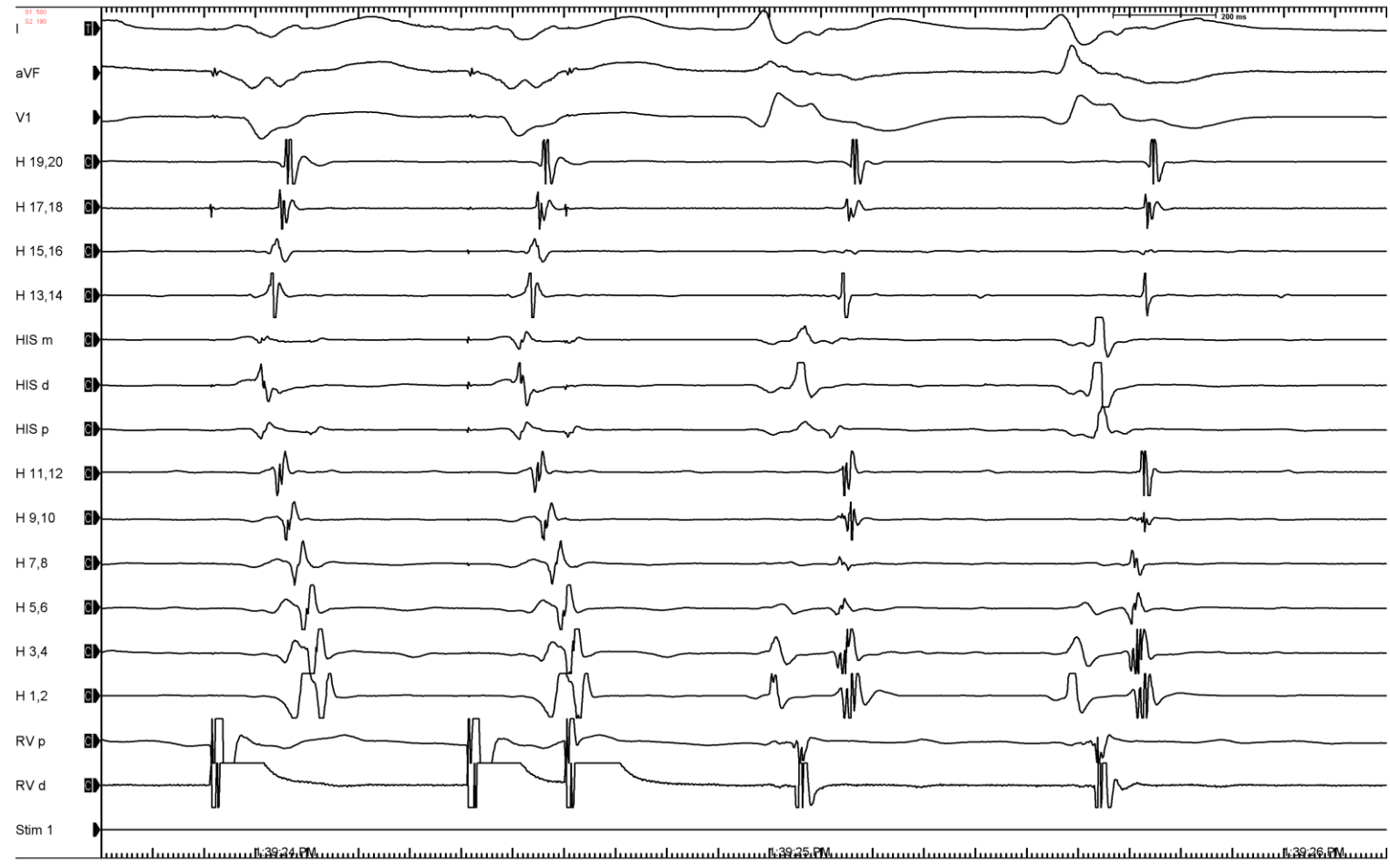
RVP 500ms EA:H13,14



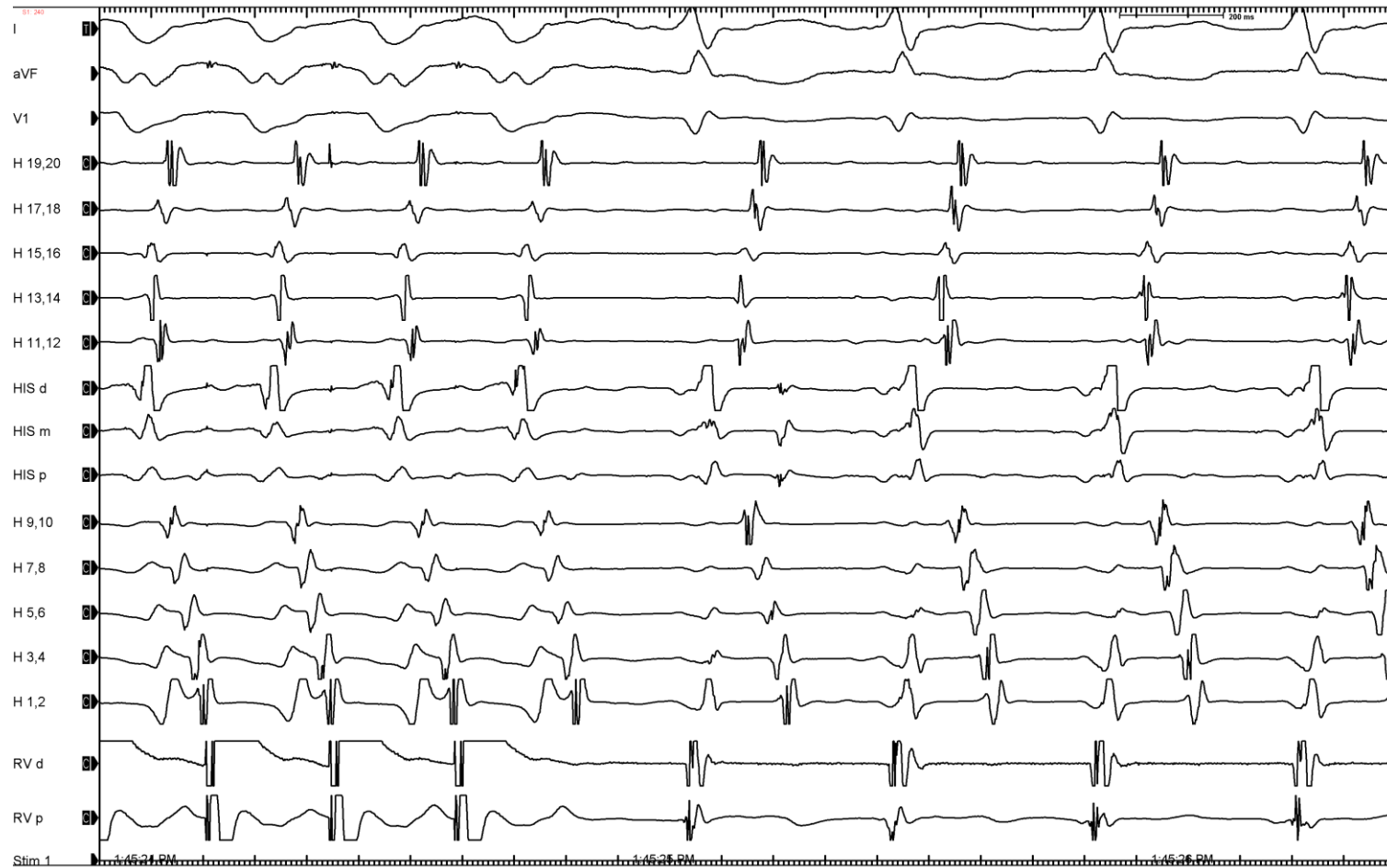
RVP 240ms VABCL



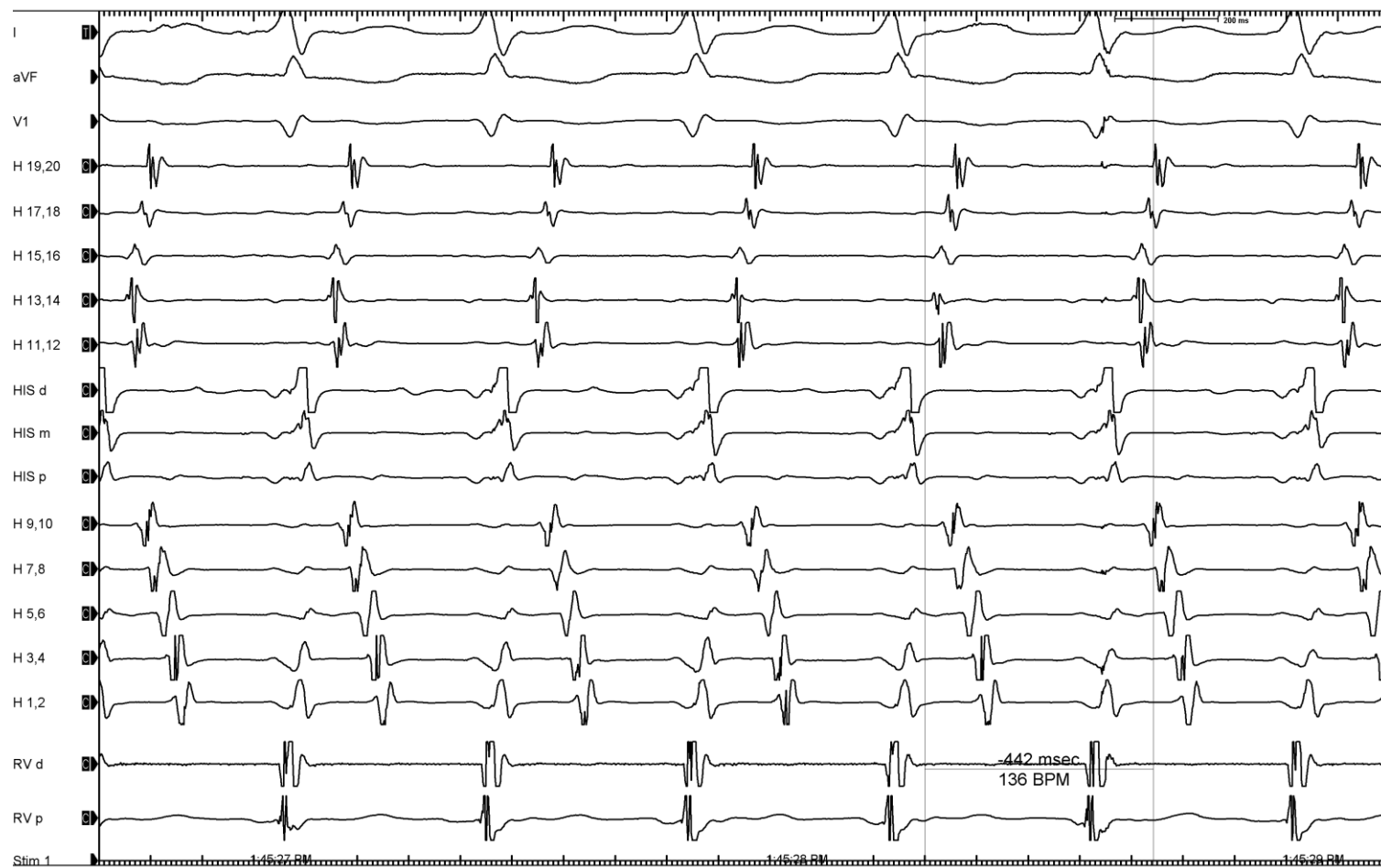
VEST 500/190 VERP



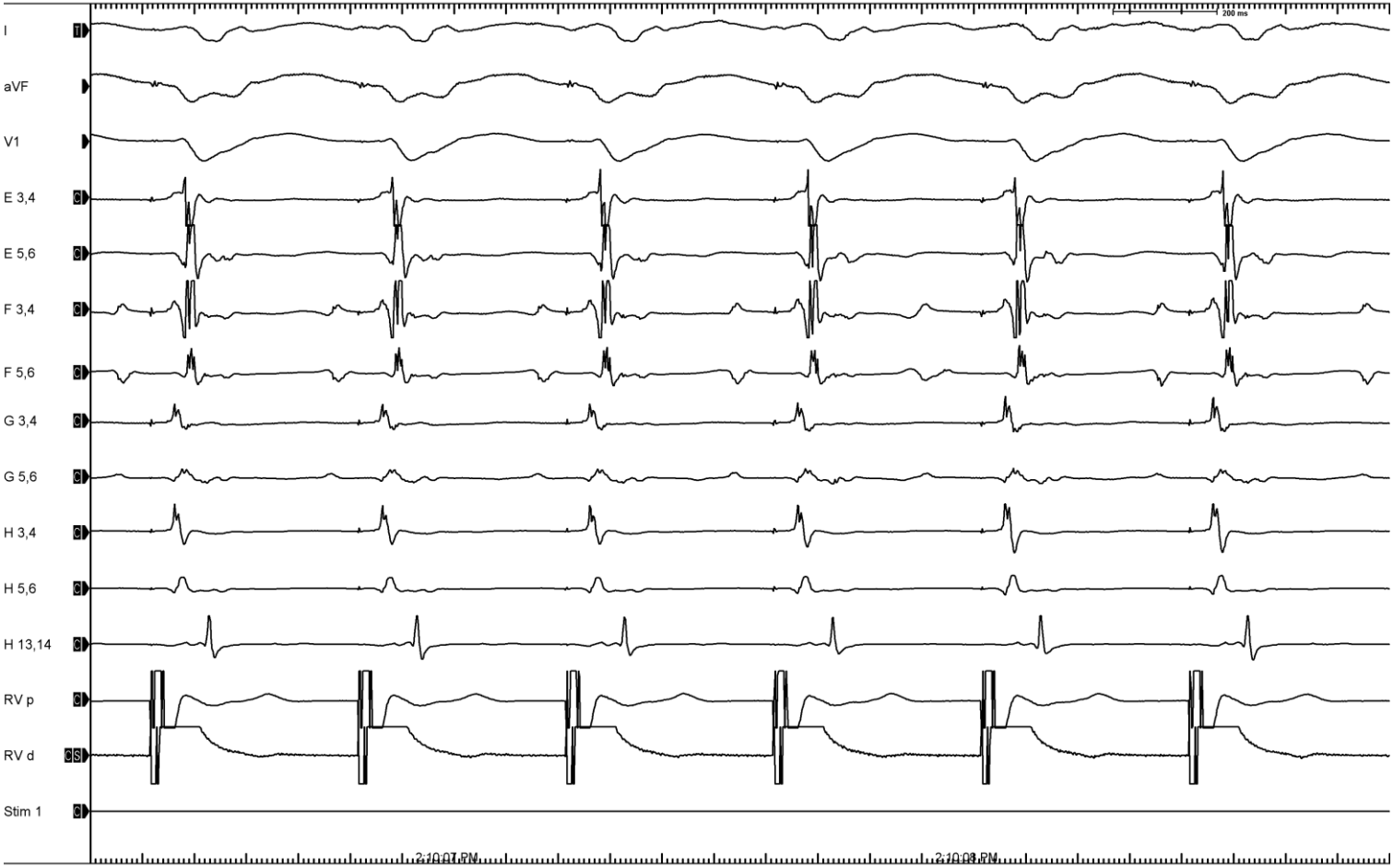
RVP240- induction of SVT-TCL:390ms



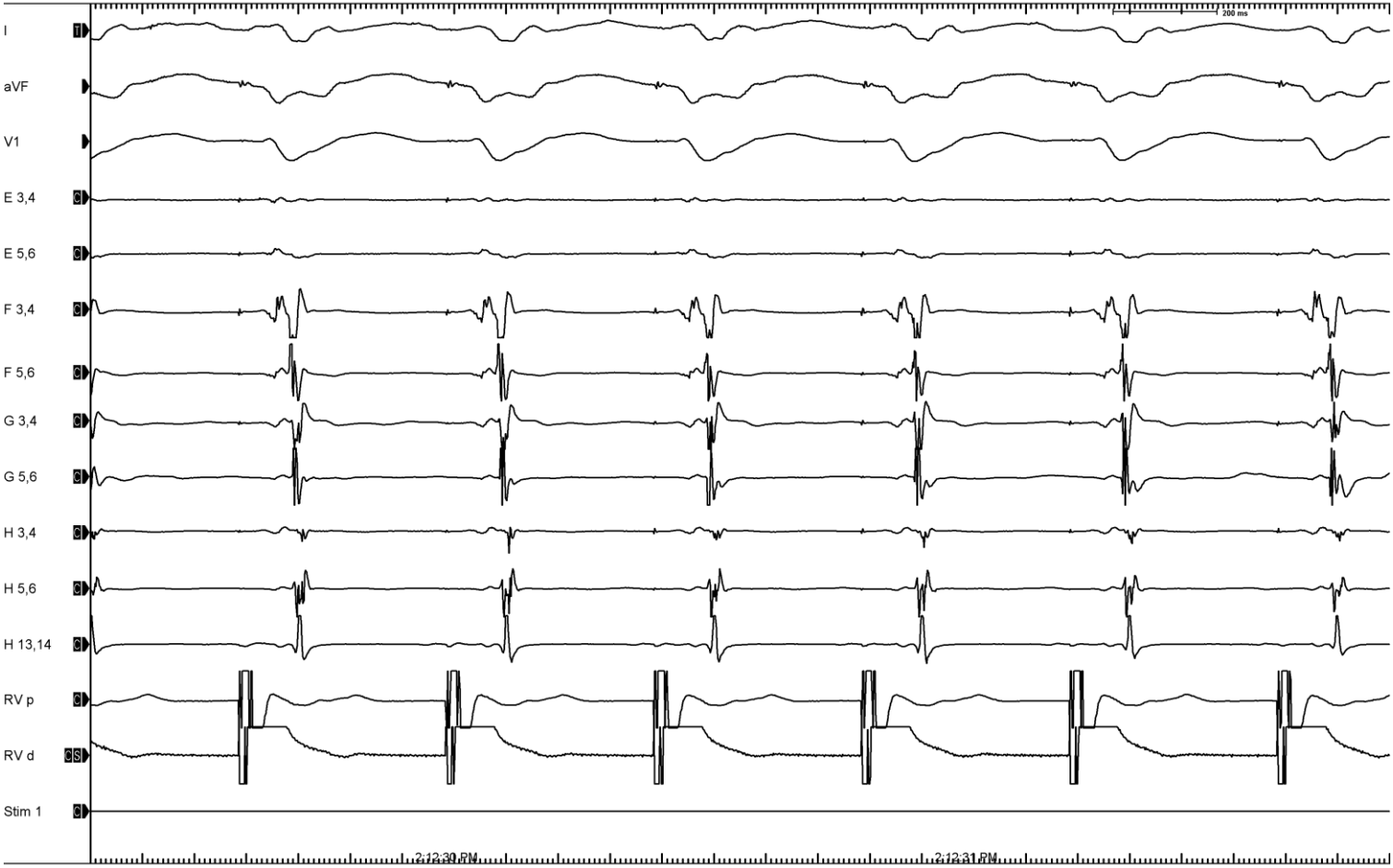
TCL:390ms-EA:H13.14



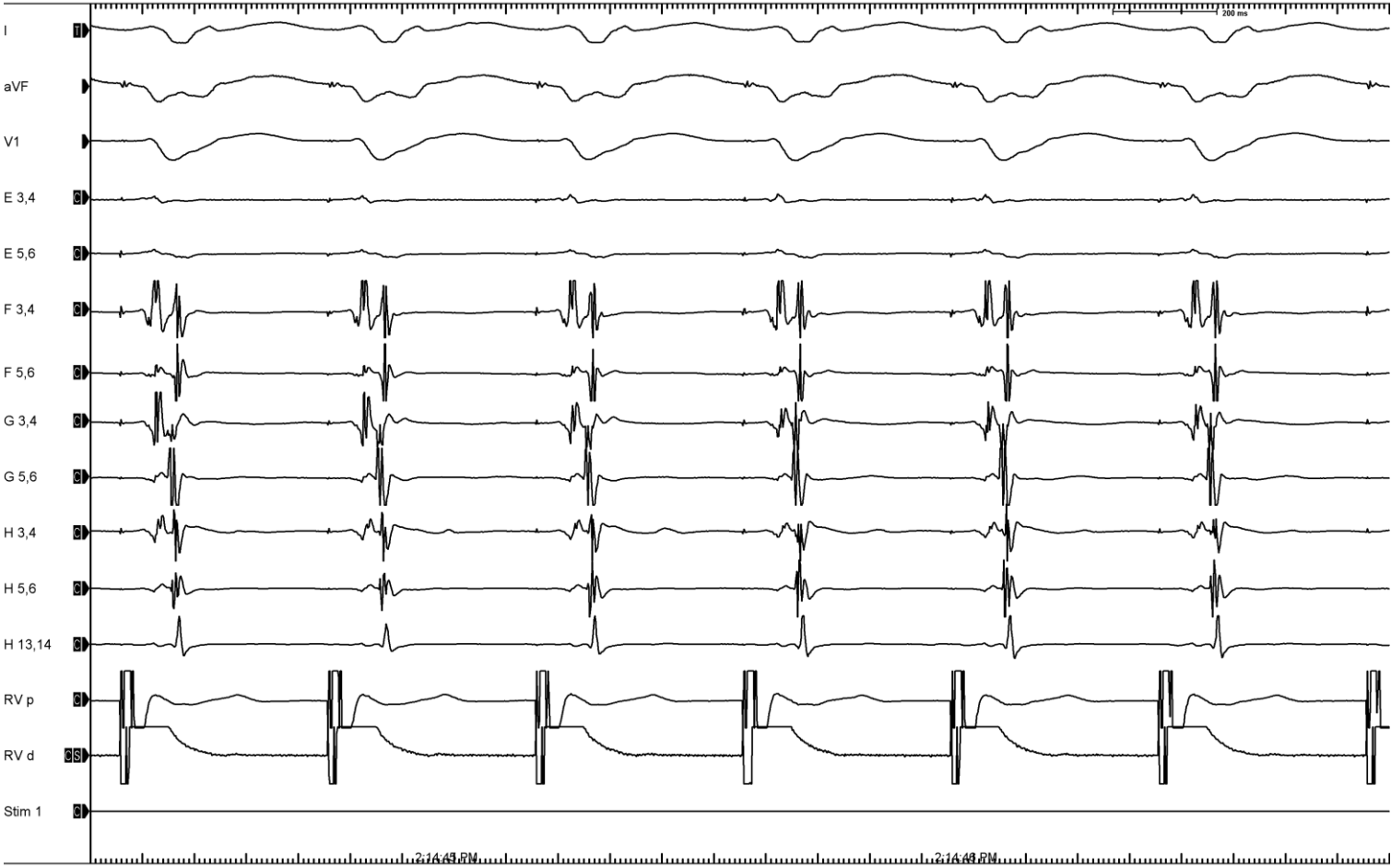
Activation map with Orion catheter



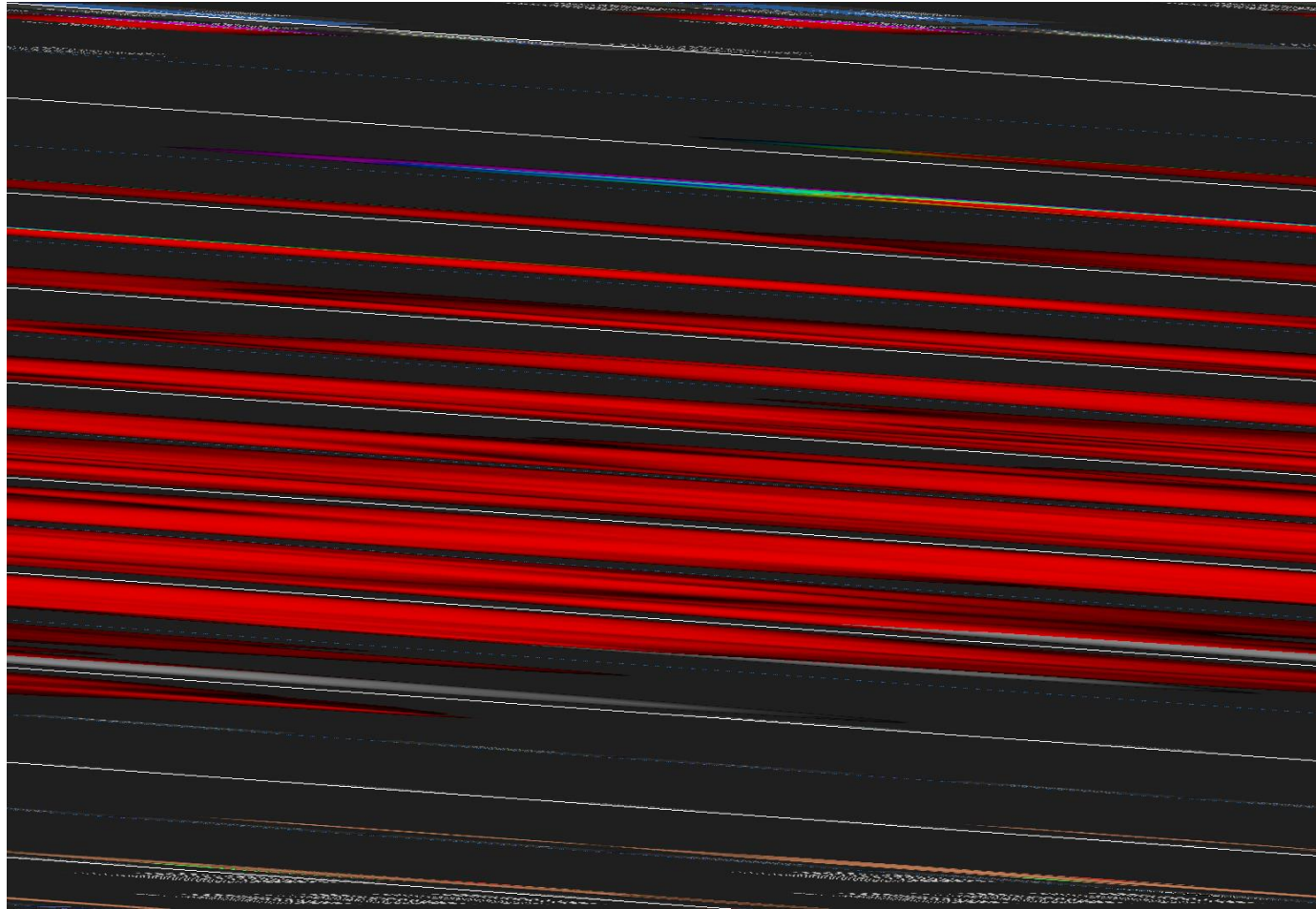
Activation map with Orion catheter



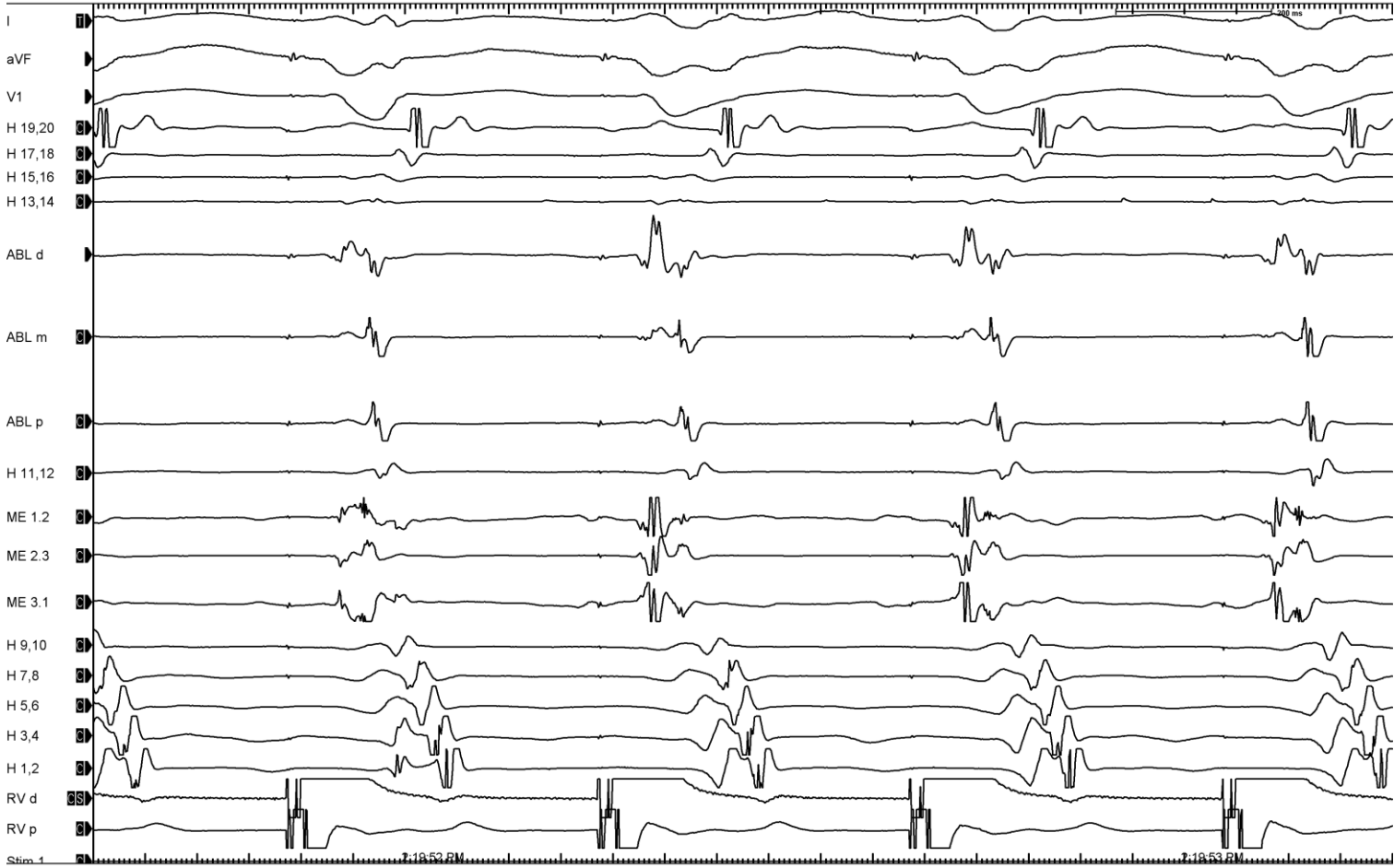
Activation map with Orion catheter



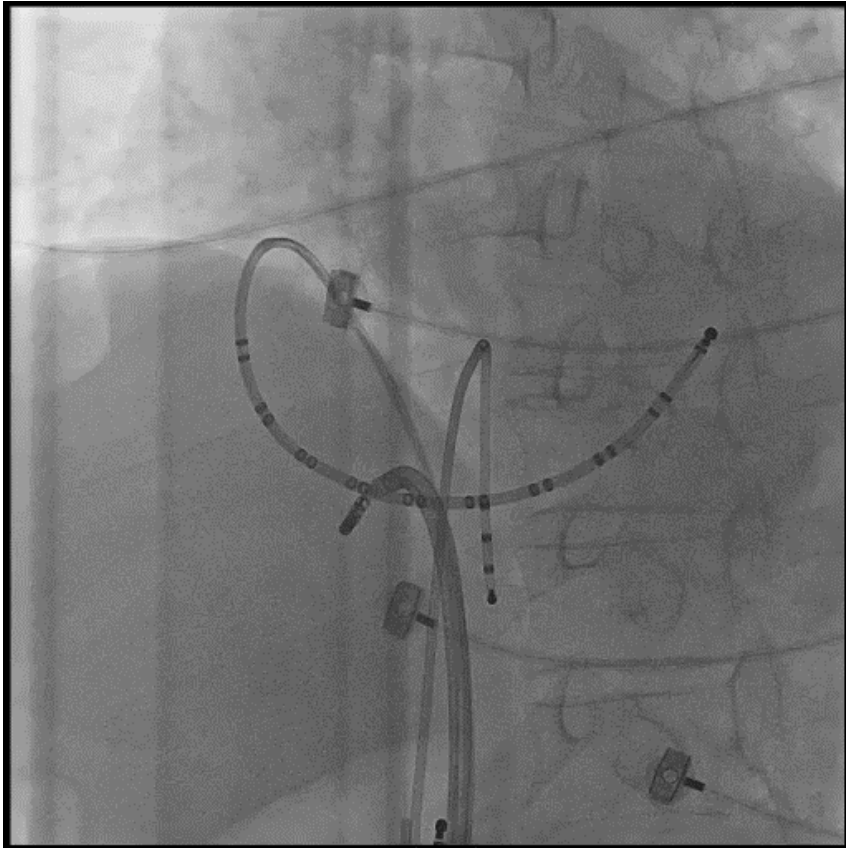
3D map



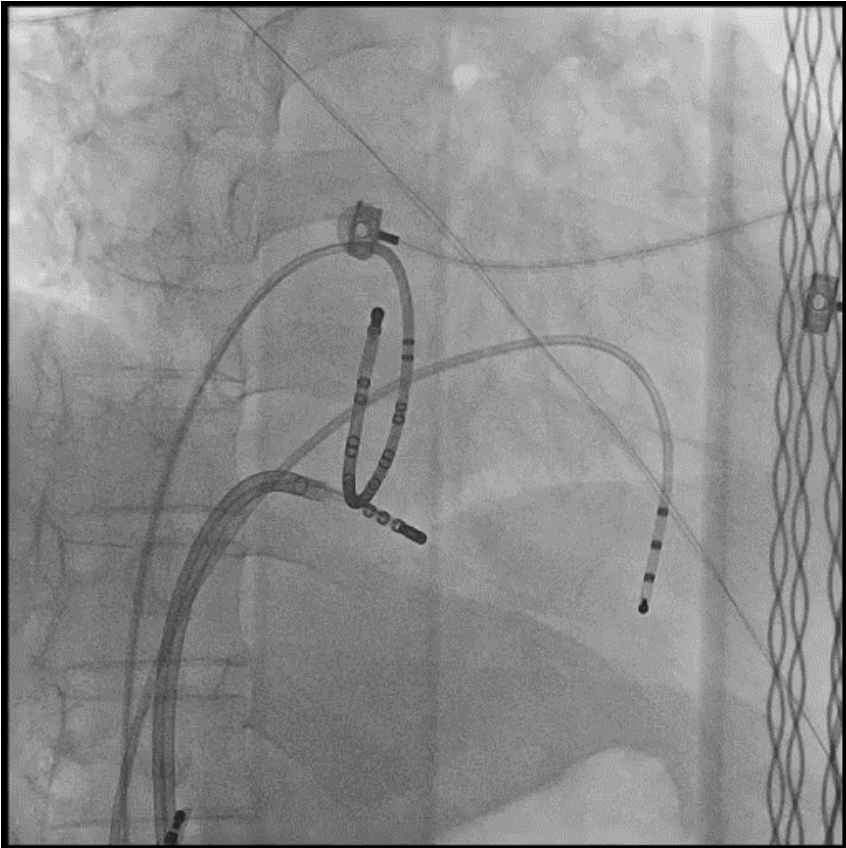
Ablation catheter



Ablation site

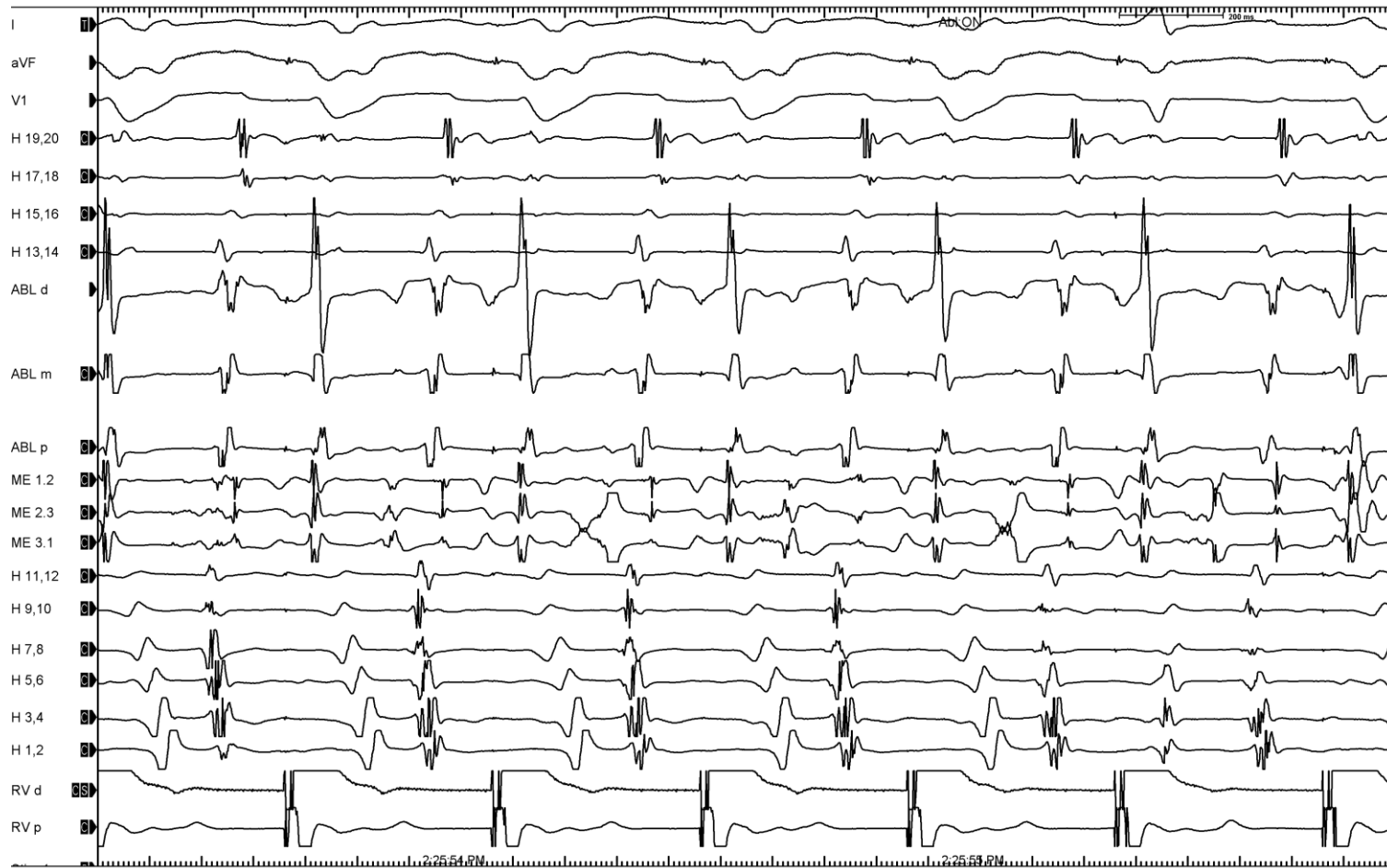


LAO 35'

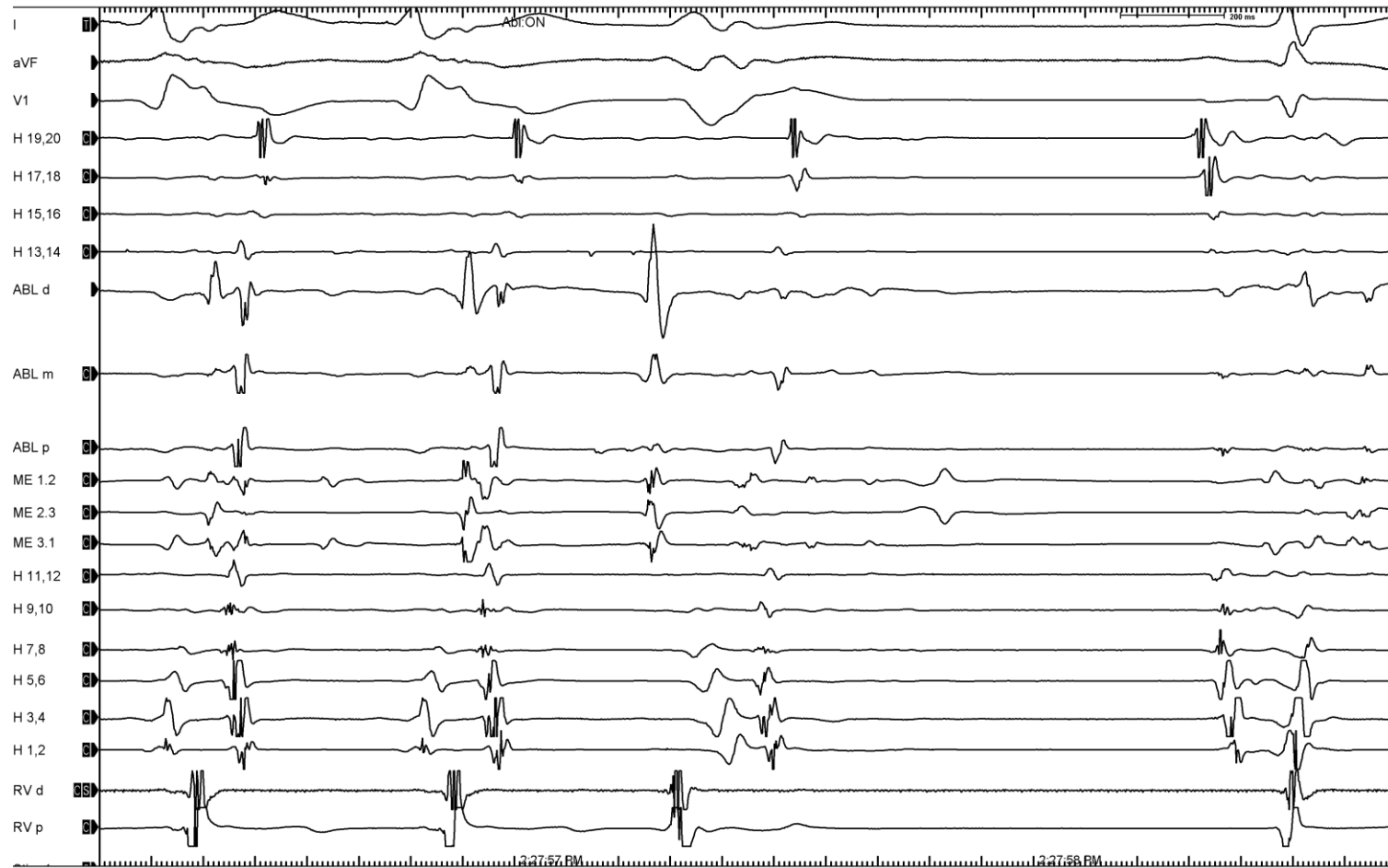


RAO 35'

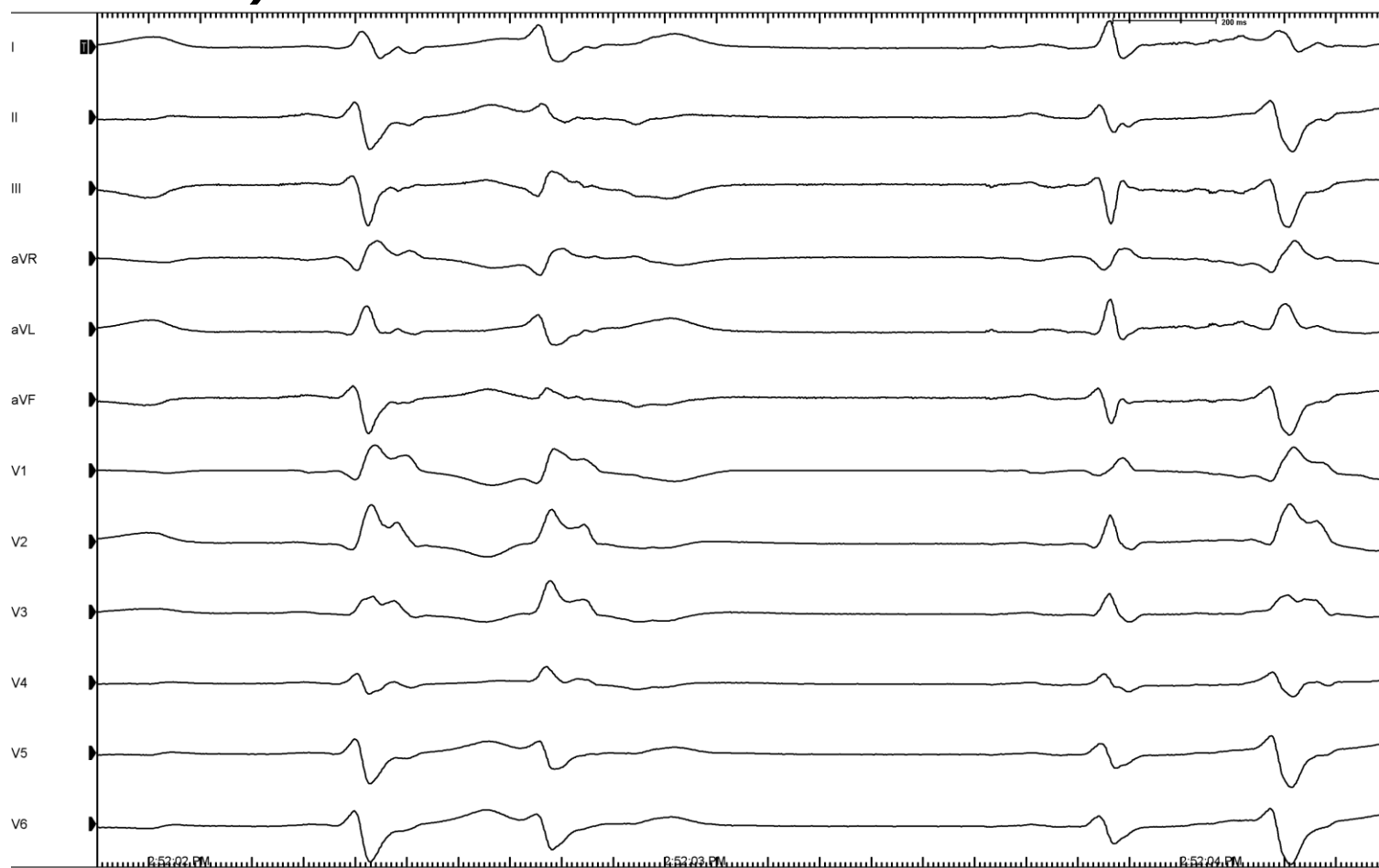
VA conduction through AV node



Booster ablation #2-#5 sinus rhythm (delta-) with PVC



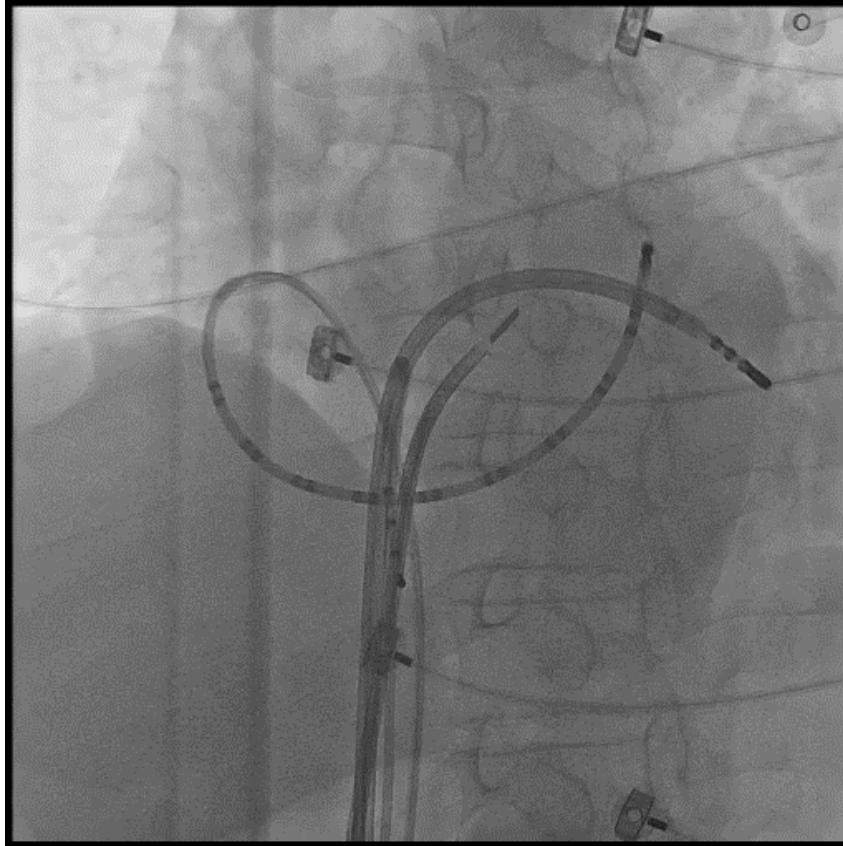
ECG after bypass tract ablation ; SR (delta-) with PVC



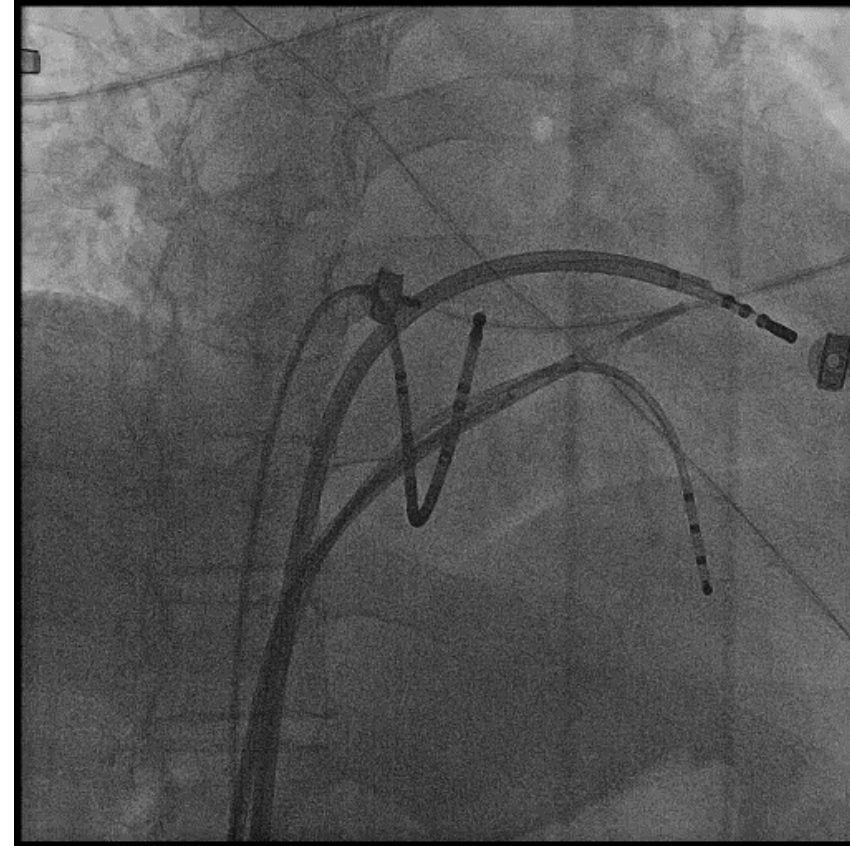
PVC; ABL-40ms left antero-lateral papillary muscle



ABL; left antero-lateral papillary muscle

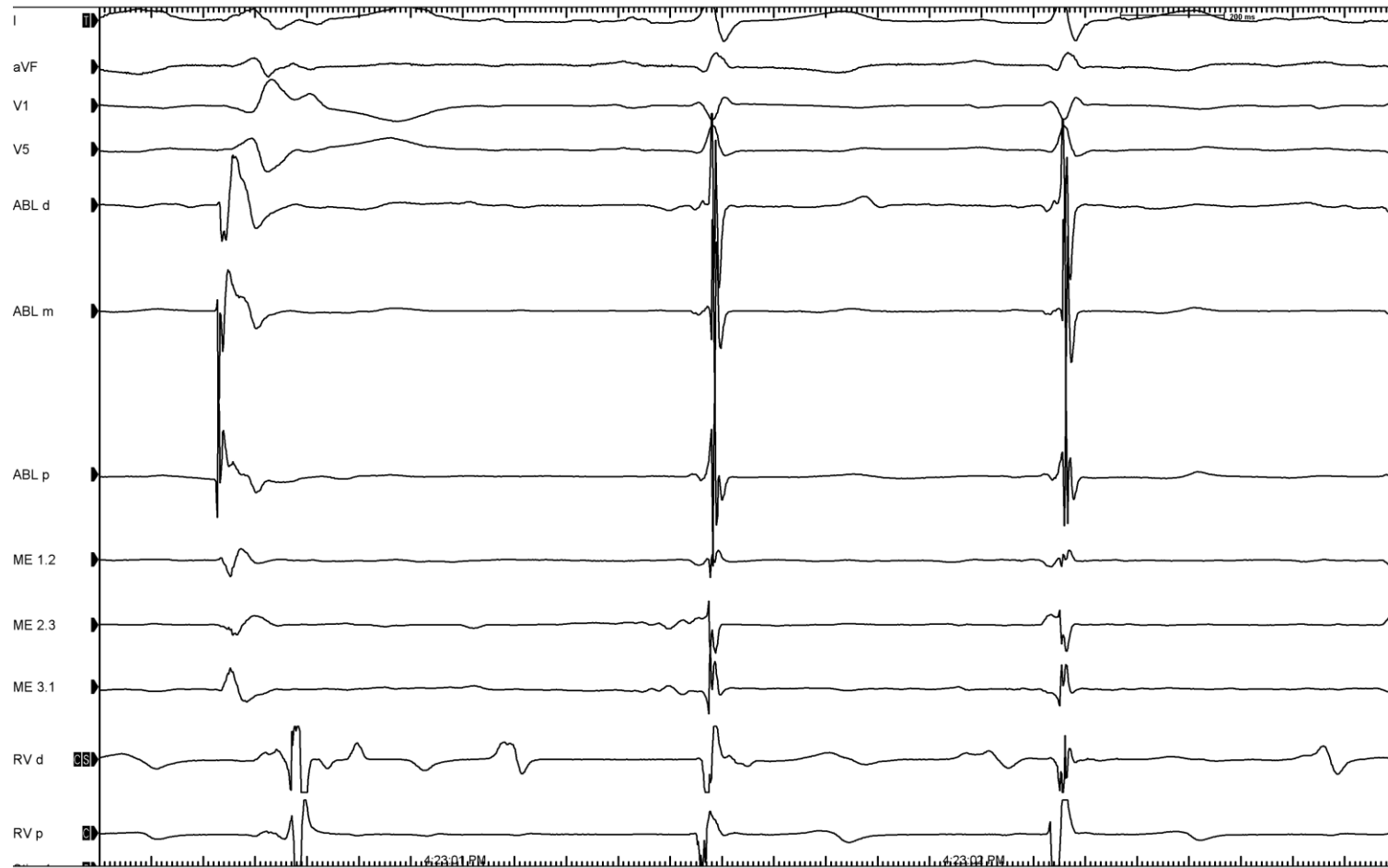


LAO 35'



RAO 35'

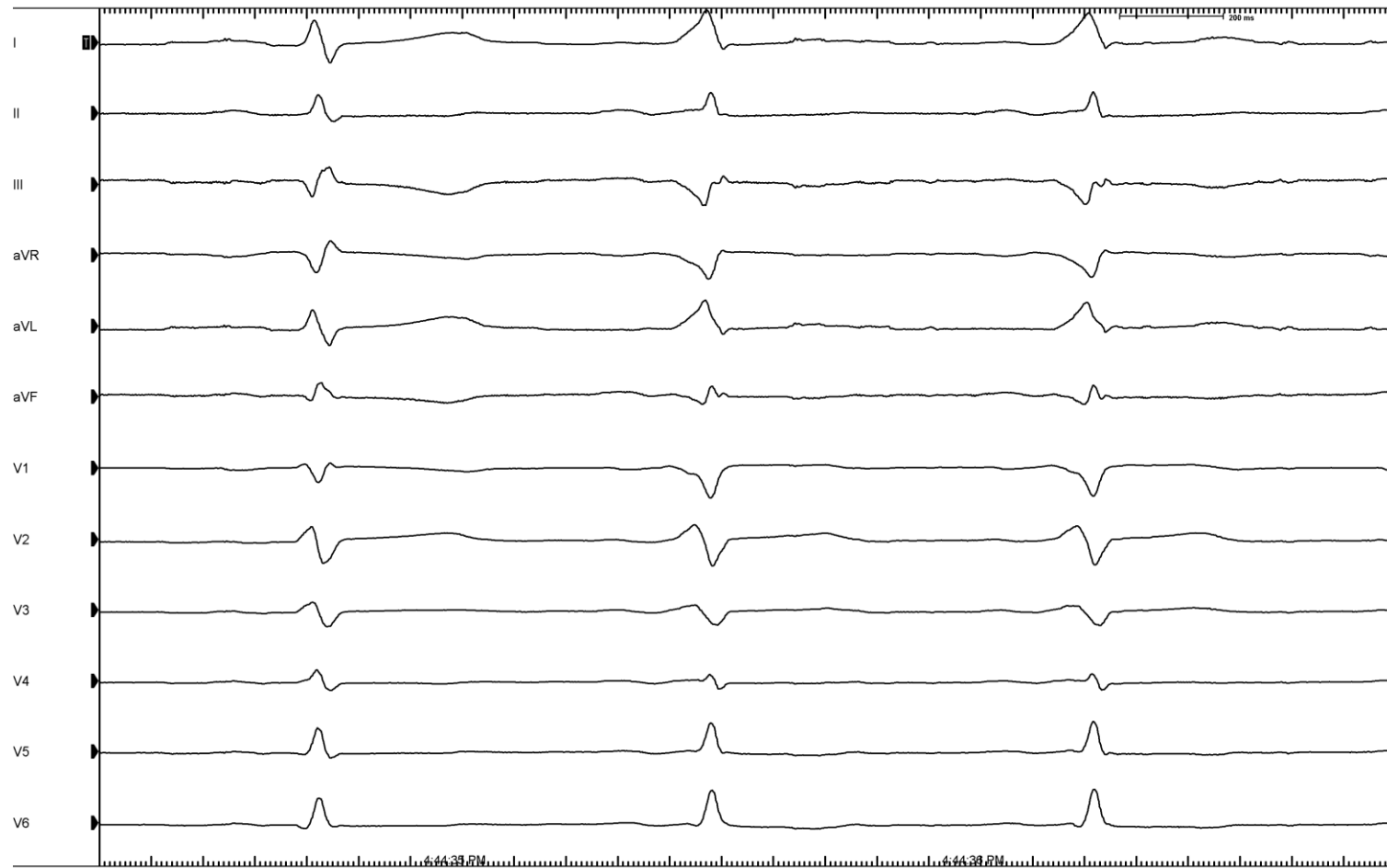
During ABL PVC(-)



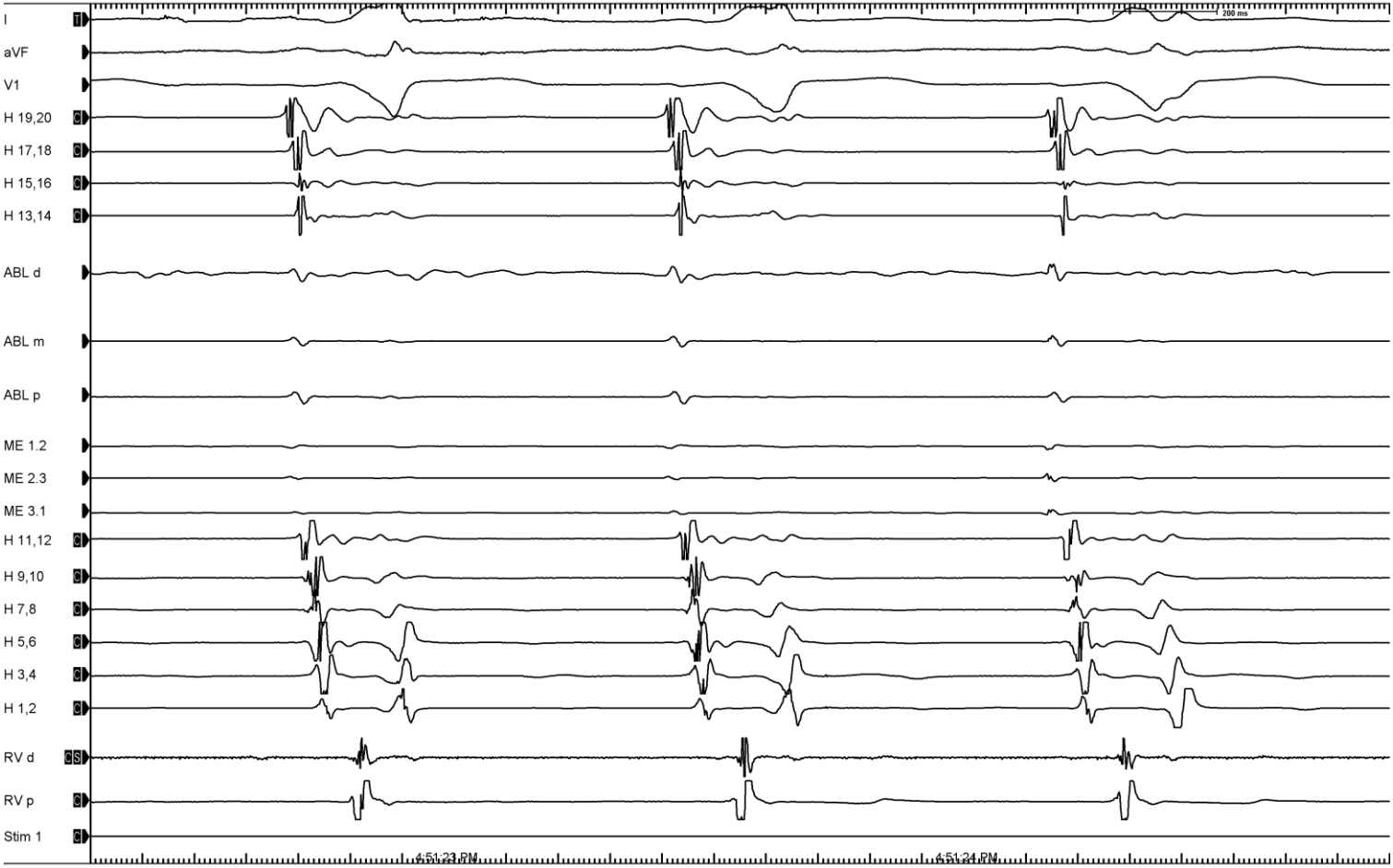
Post ablation rhythm; sinus rhythm delt a (-) PVC (-)



Intermittent delta (+)



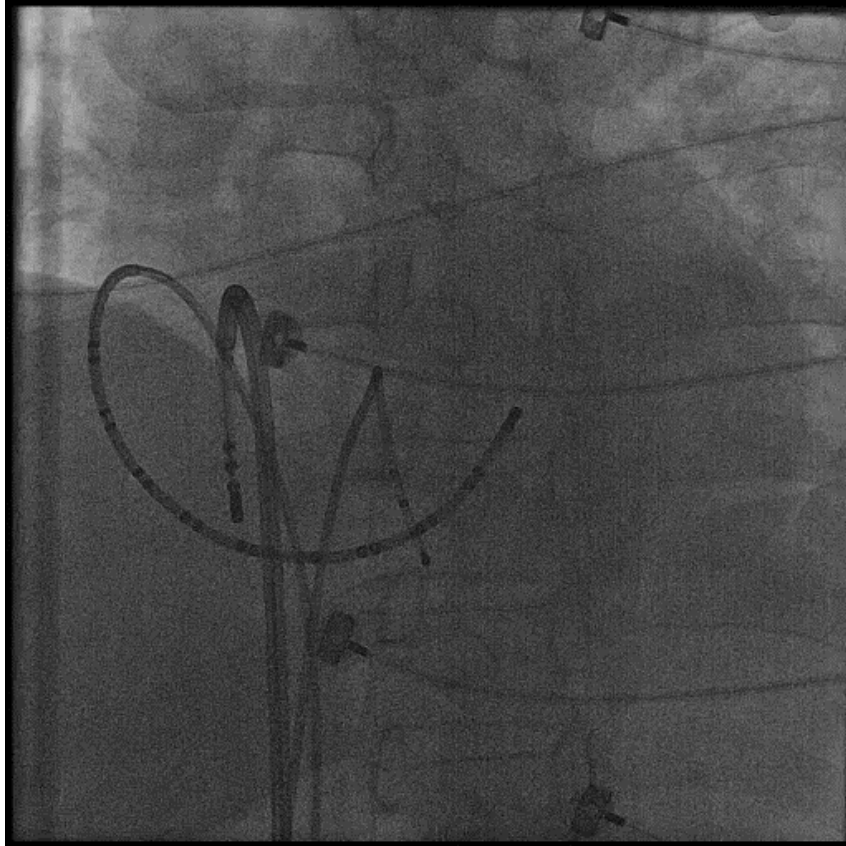
Adenosine 6mg-delta(+)



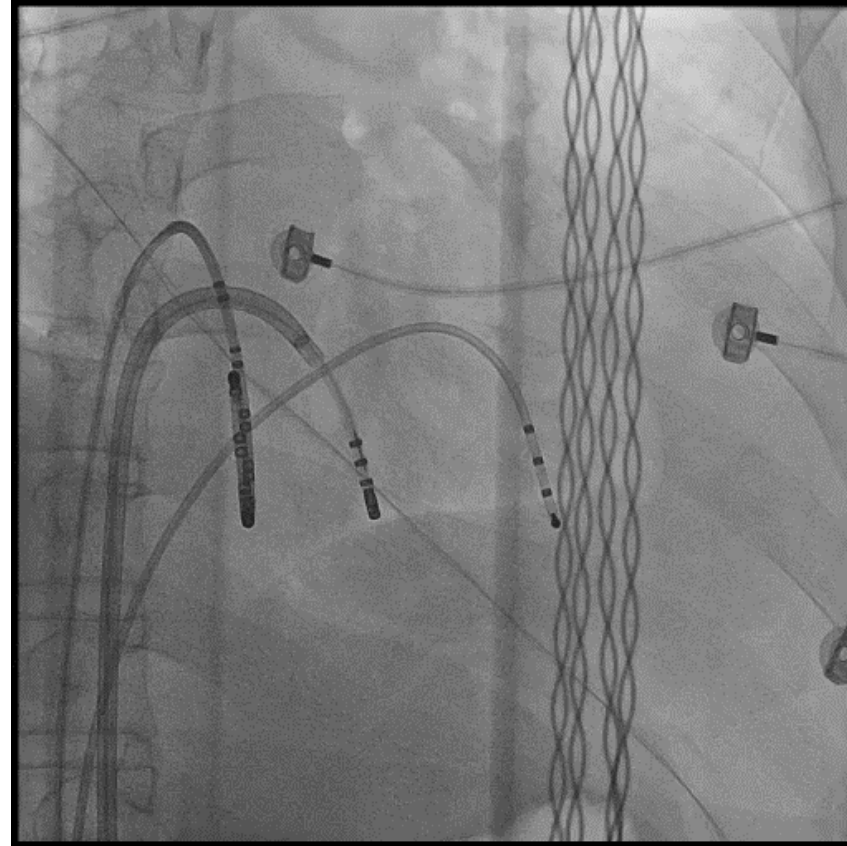
Ablation



Bypass tract ablation

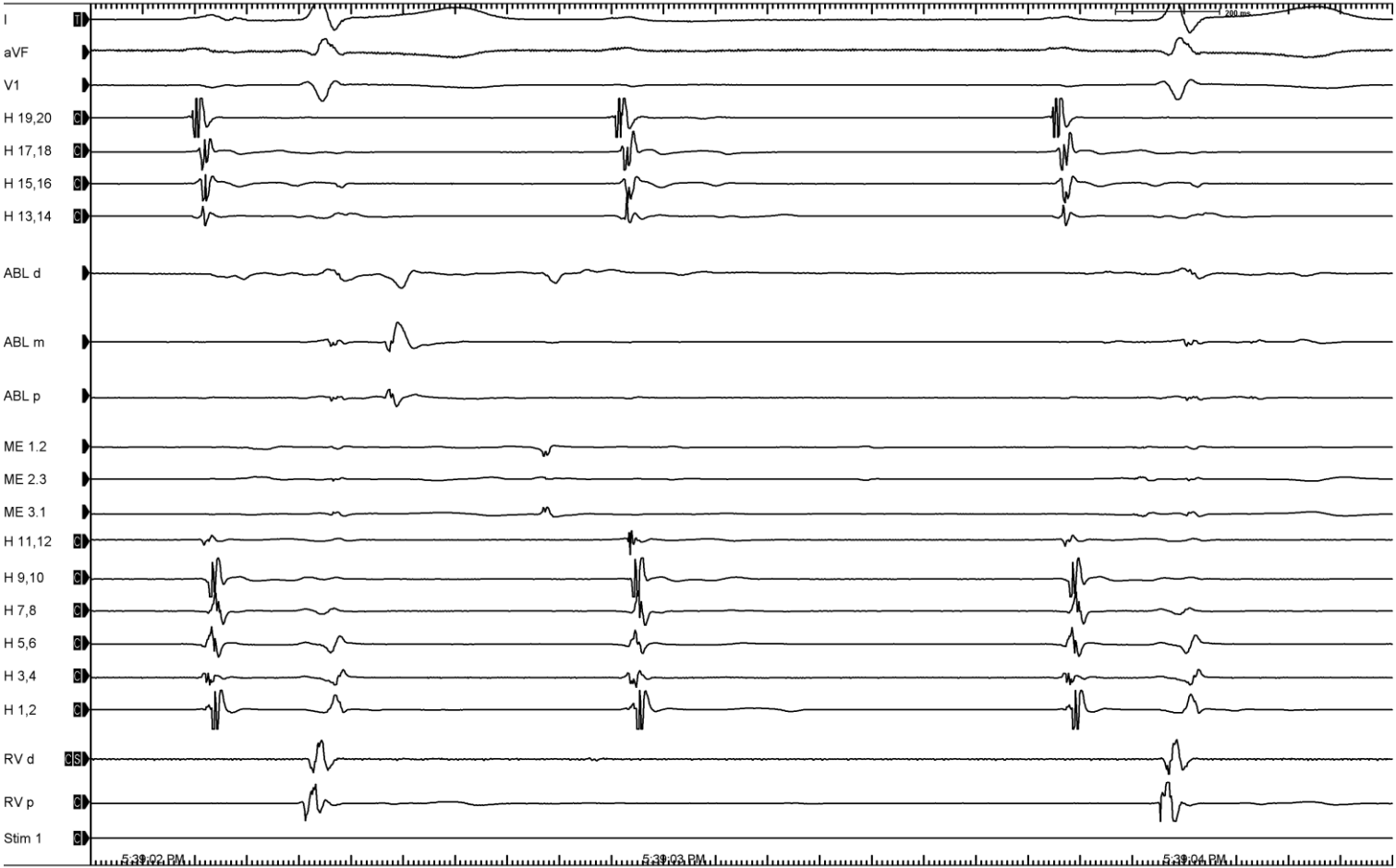


LAO 35'



RAO 35'

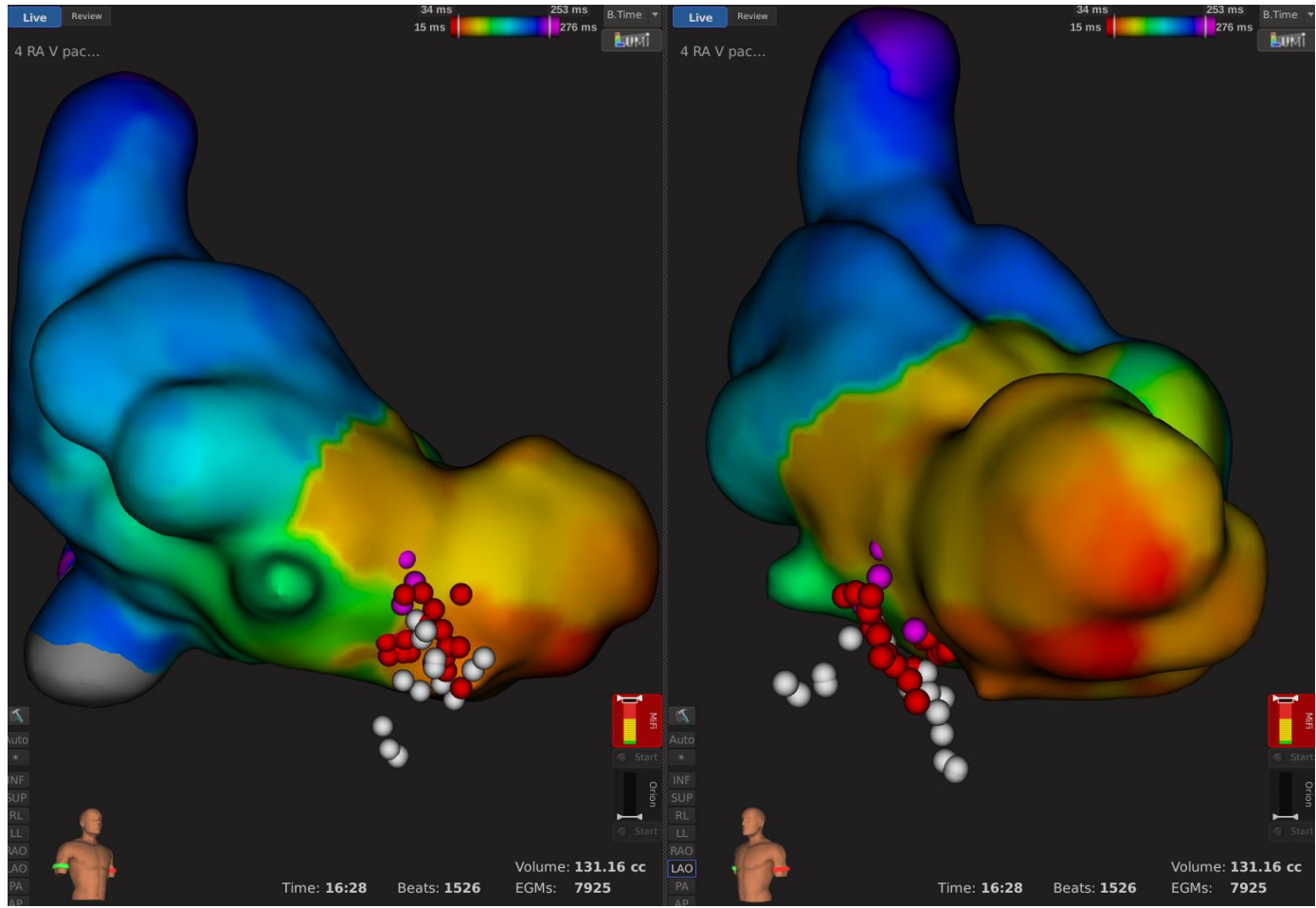
Adenosine 12mg -> AVB-delta(-)



RVP; VA dissociation



Ablation site



Case summary

- Right free wall BPT is not common in clinical SVT cases
- ECG interpretation of BPT location before EP study is essential for successful ablation
- 3D-mapping system and irrigation catheter may be useful options for redo cases of SVT

Thanks for your attention