

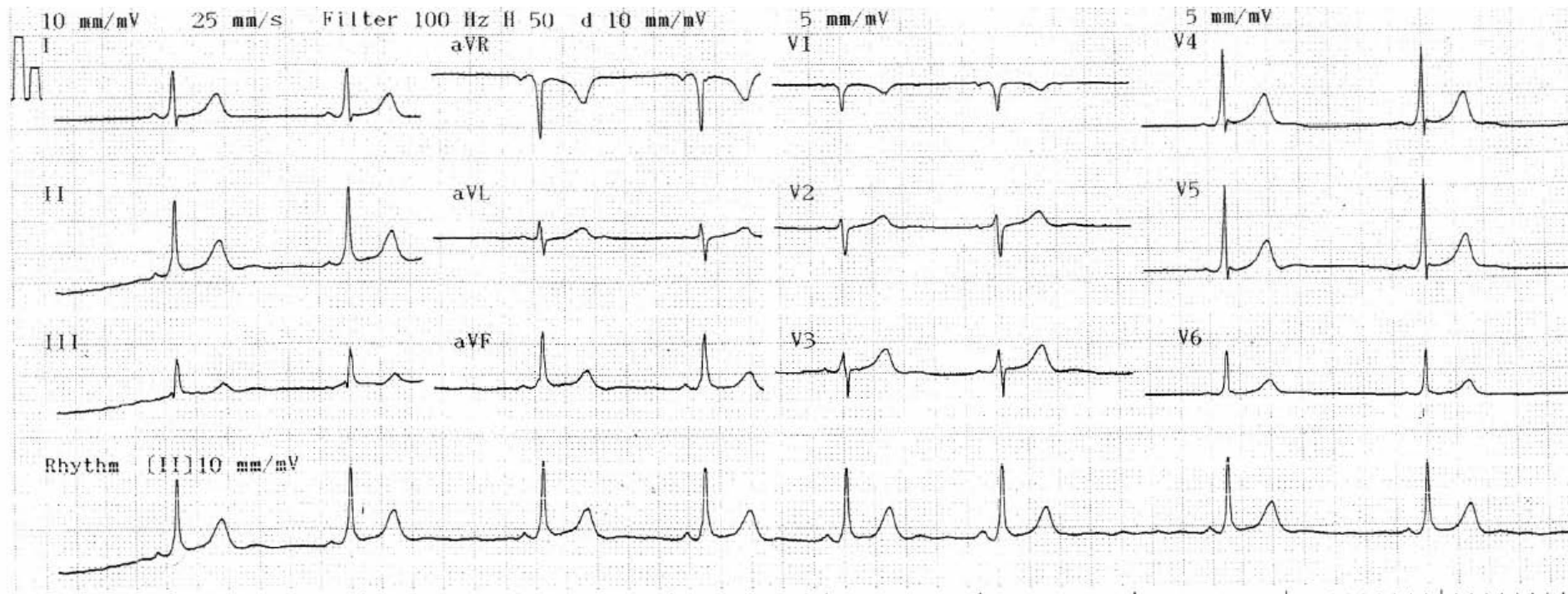


To ablate or not to ablate?

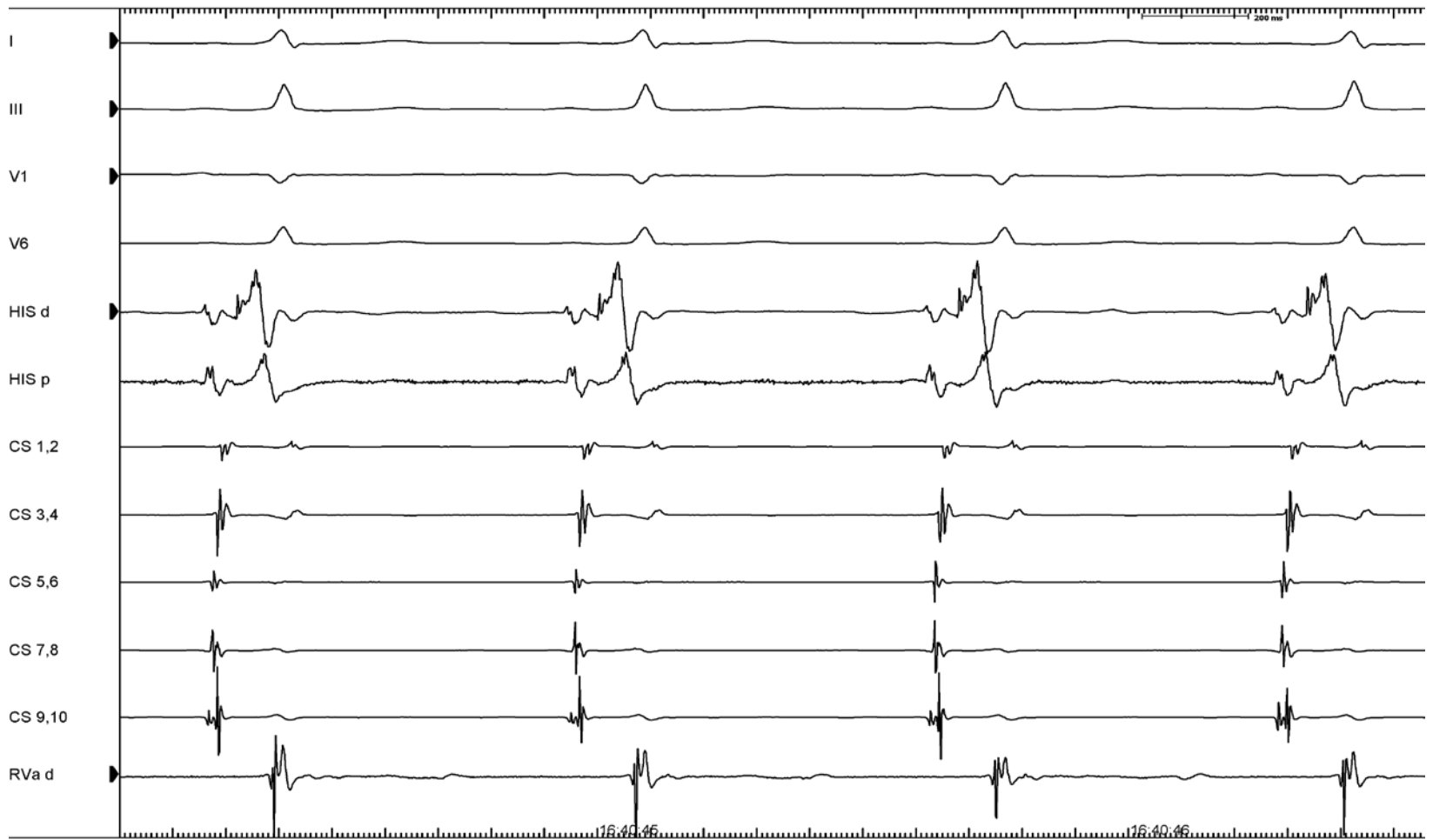
Yuval Konstantino, Guy Amit
Soroka Medical Center, Beer Sheva

- An 18 year old soldier was sent for further evaluation due to an abnormal ECG
- Denies syncope, palpitations
- Negative family history

Baseline ECG



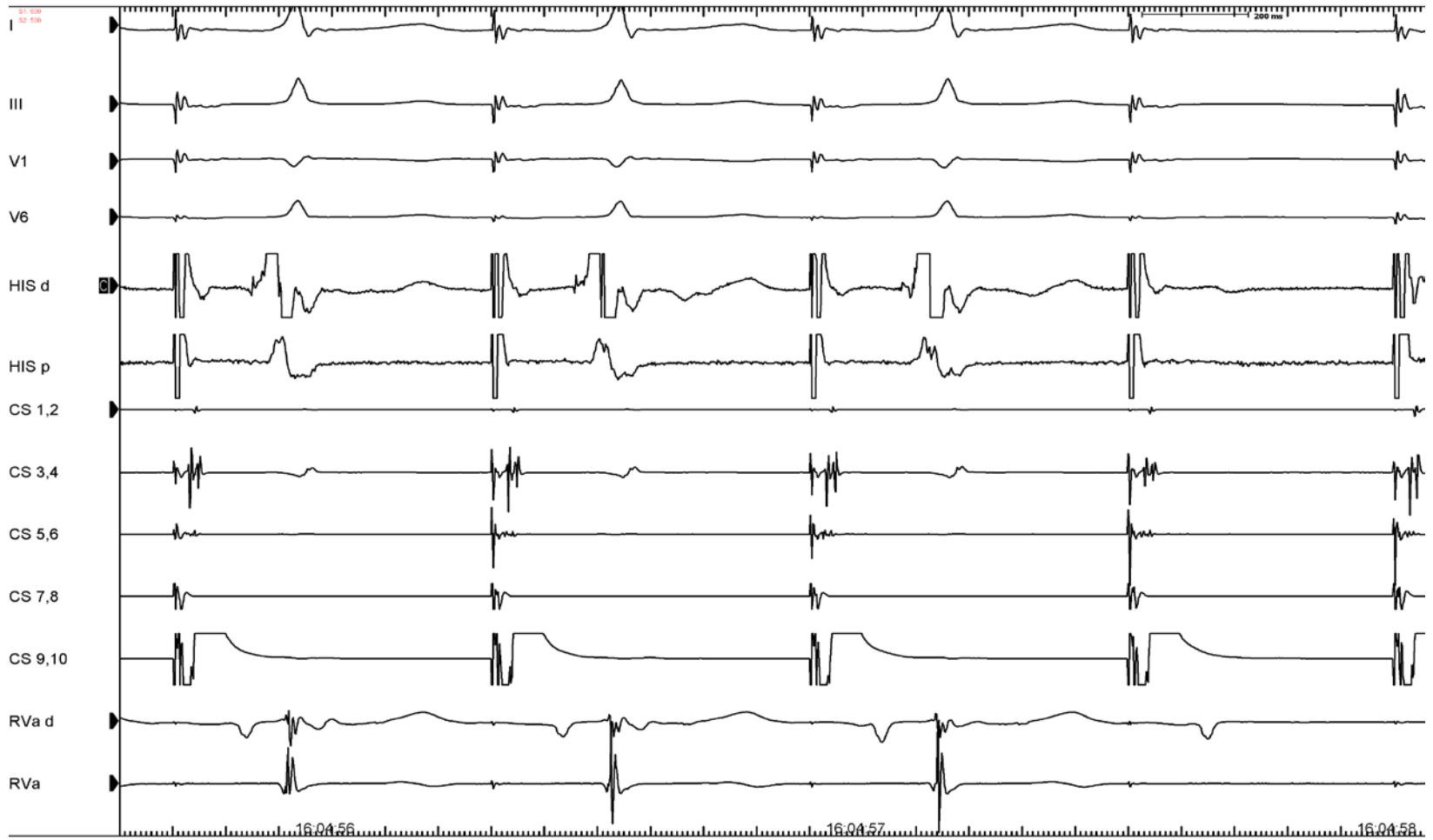
Baseline EGM



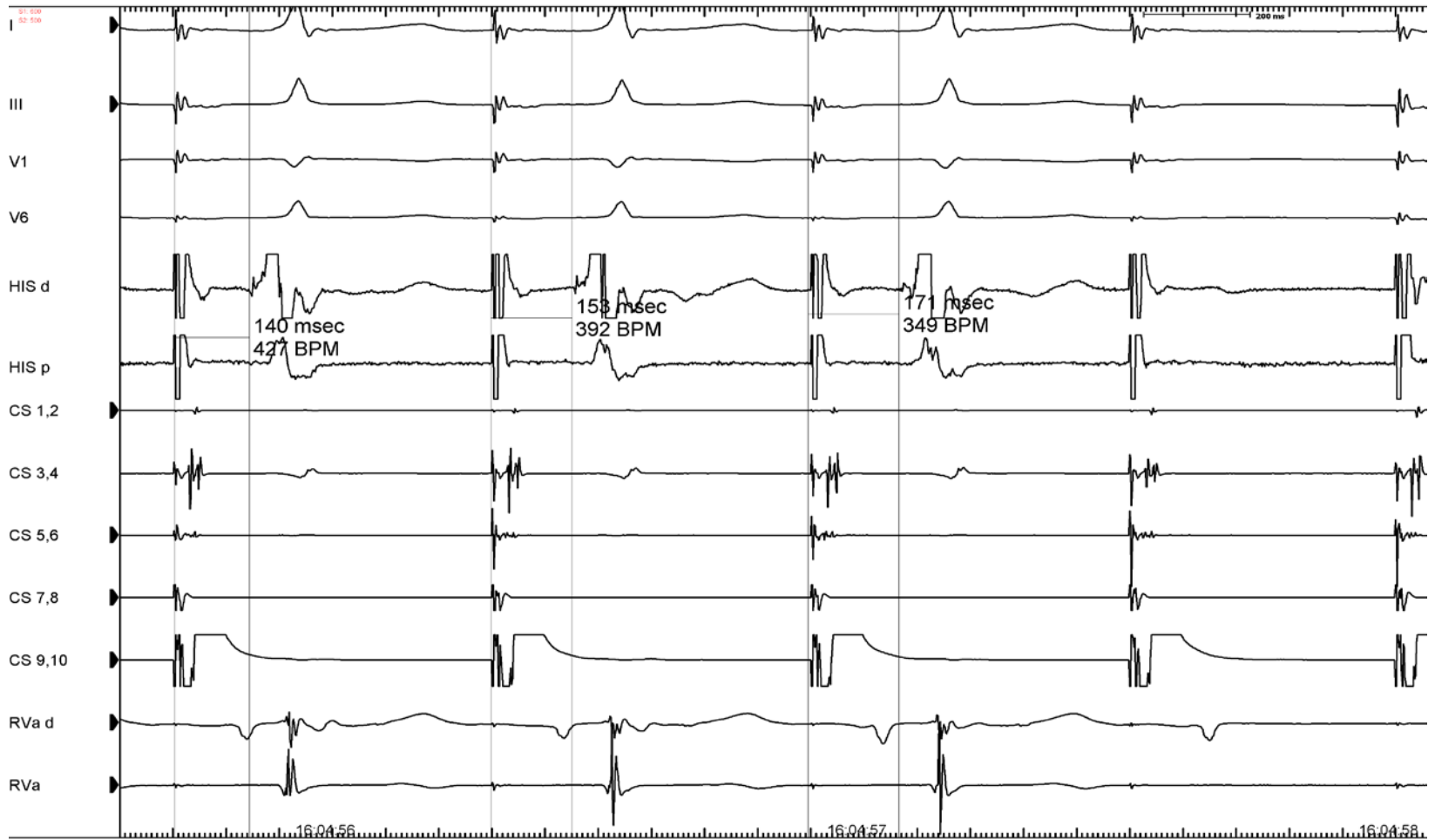
Baseline EGM



CS Pacing



AV Wenckebach



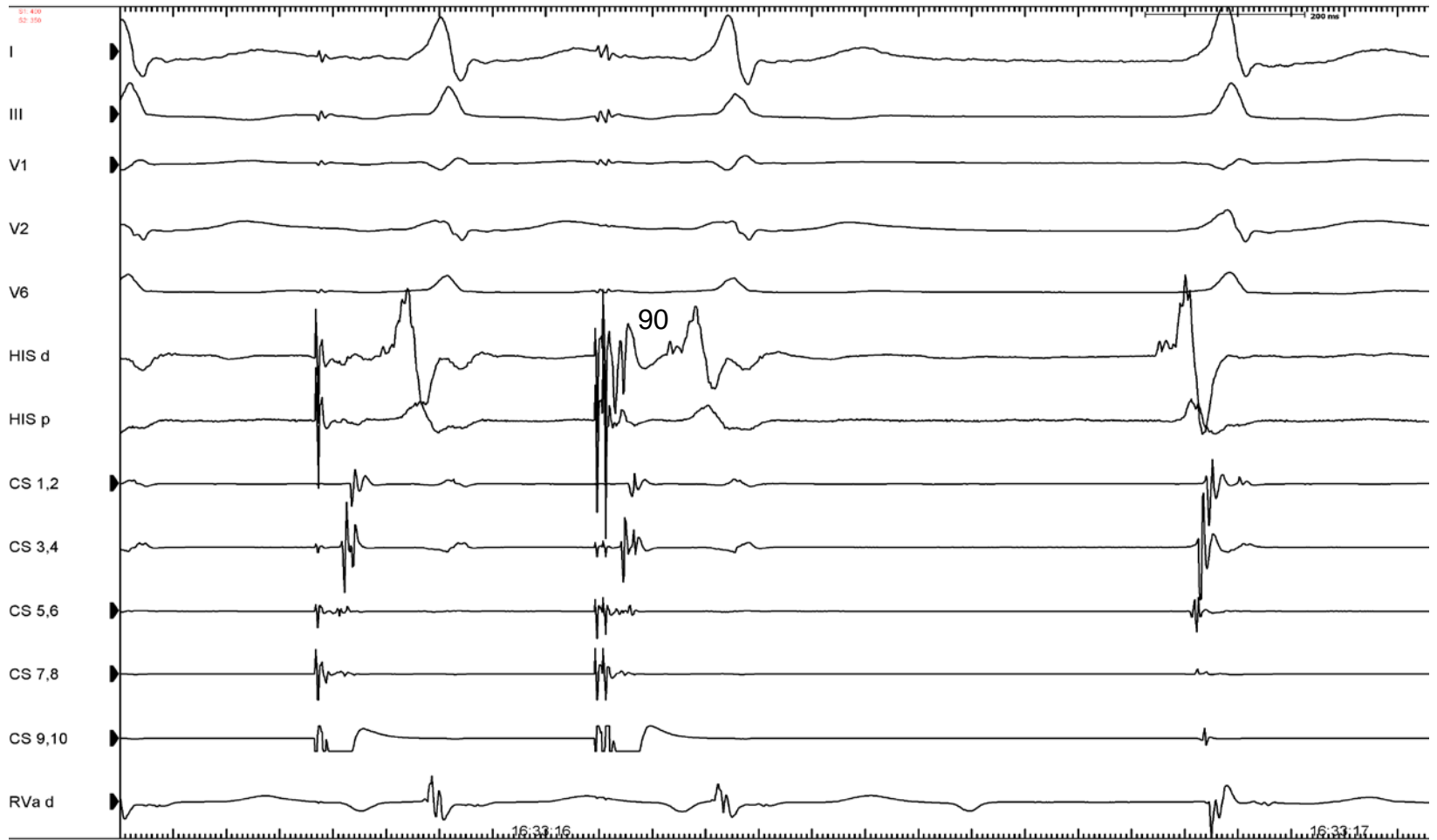
CS Pacing



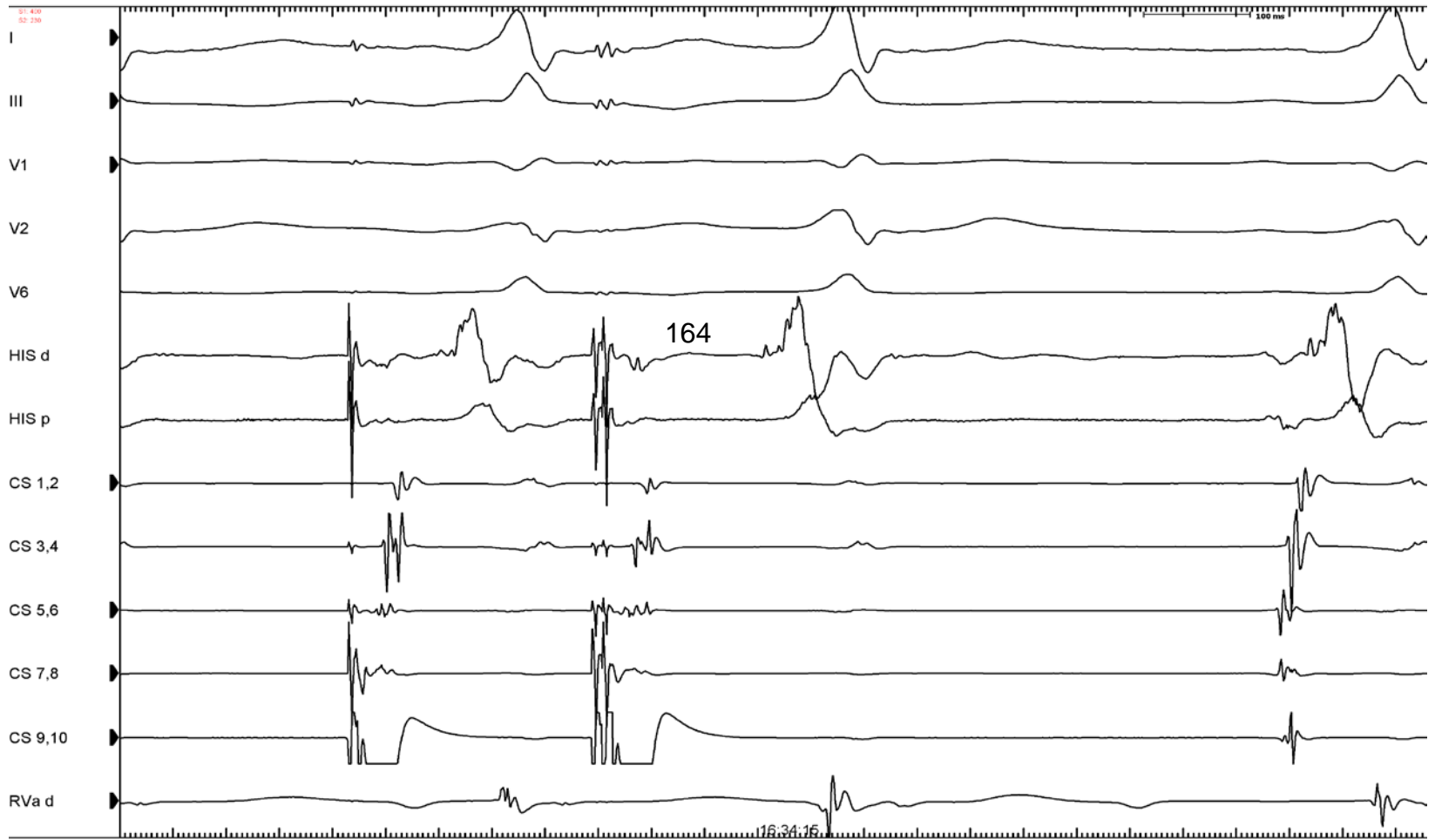
2:1 Above the HIS



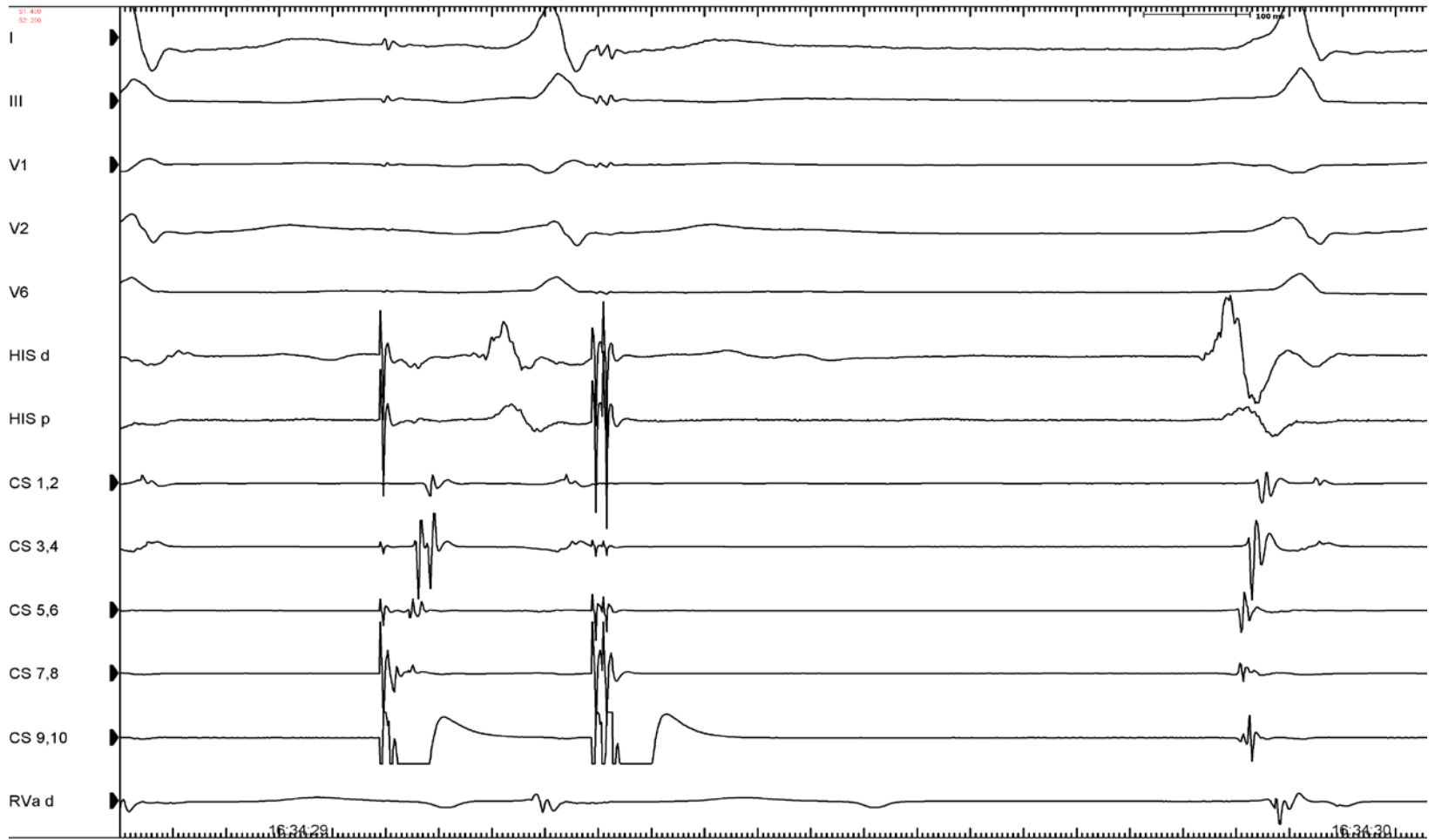
S1, S2 400-350



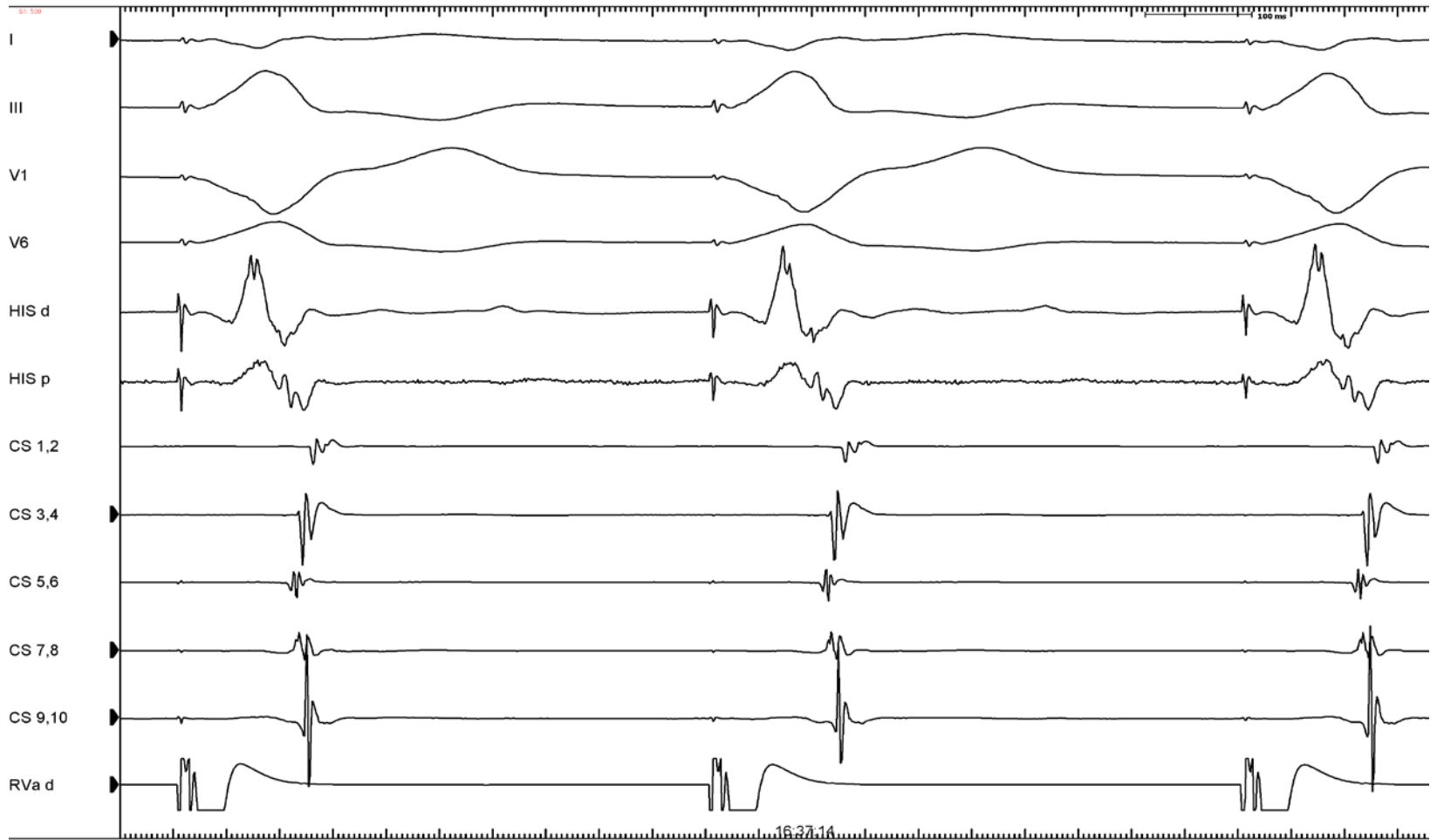
S1, S2 400-230



S1, S2 400-200



V Pacing



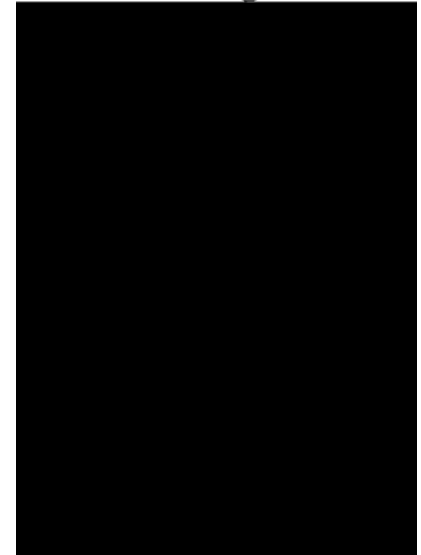
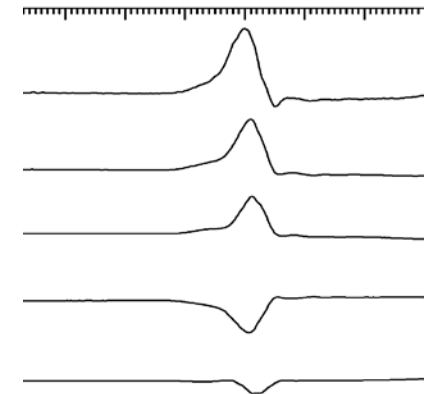
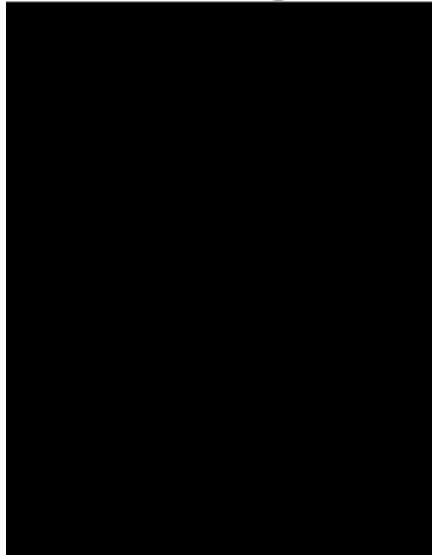
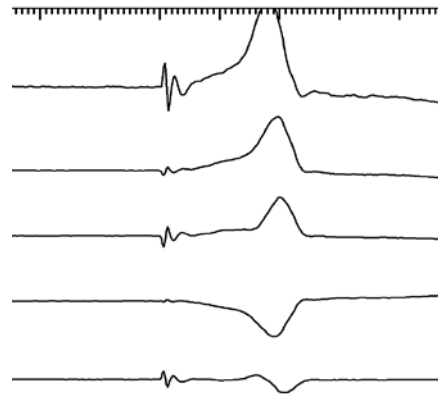
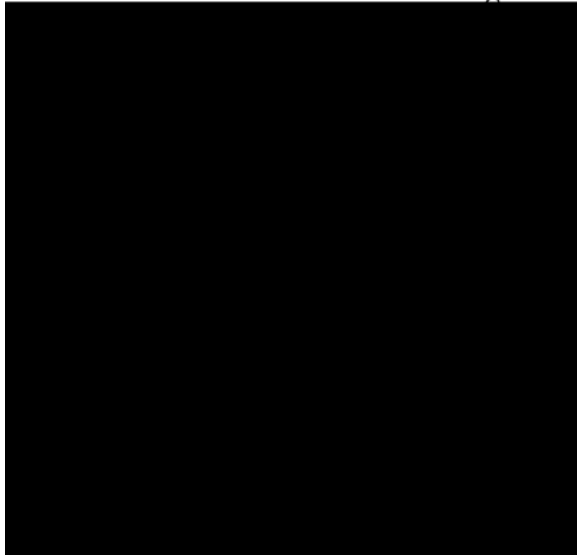
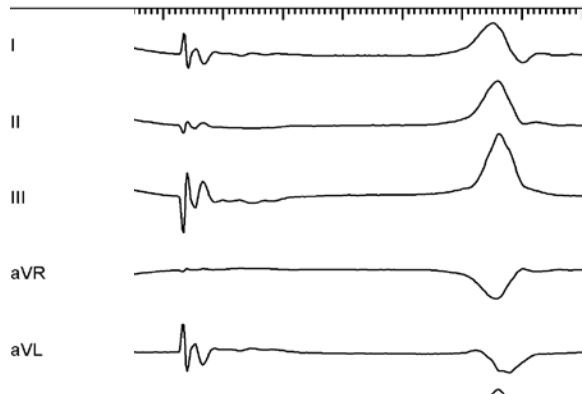
HIS Pacing



CS Pacing 550

HIS Pacing 550

Junctional beat



What are we dealing with ?

- In a patient with preexcitation, if atrial pacing produces an increase in A-H interval, without a change in the short H-V, and no change in the degree of preexcitation, a **fasciculoventricular** bypass tract is present.

What are we dealing with ?

- Fasciculoventricular bypass tracts represent a rare form of preexcitation.
- The frequency of these pathways may be underestimated given the relatively narrow QRS and the subtle preexcitation.

What are we dealing with ?

- Atrial pacing, junctional rhythm or His extrasystoles should be associated with a similar degree of preexcitation.
- In contrast to A-V, atriofascicular or nodofascicular bypass tracts, His bundle stimulation should result in a preexcited QRS and short H-V interval.

What are we dealing with ?

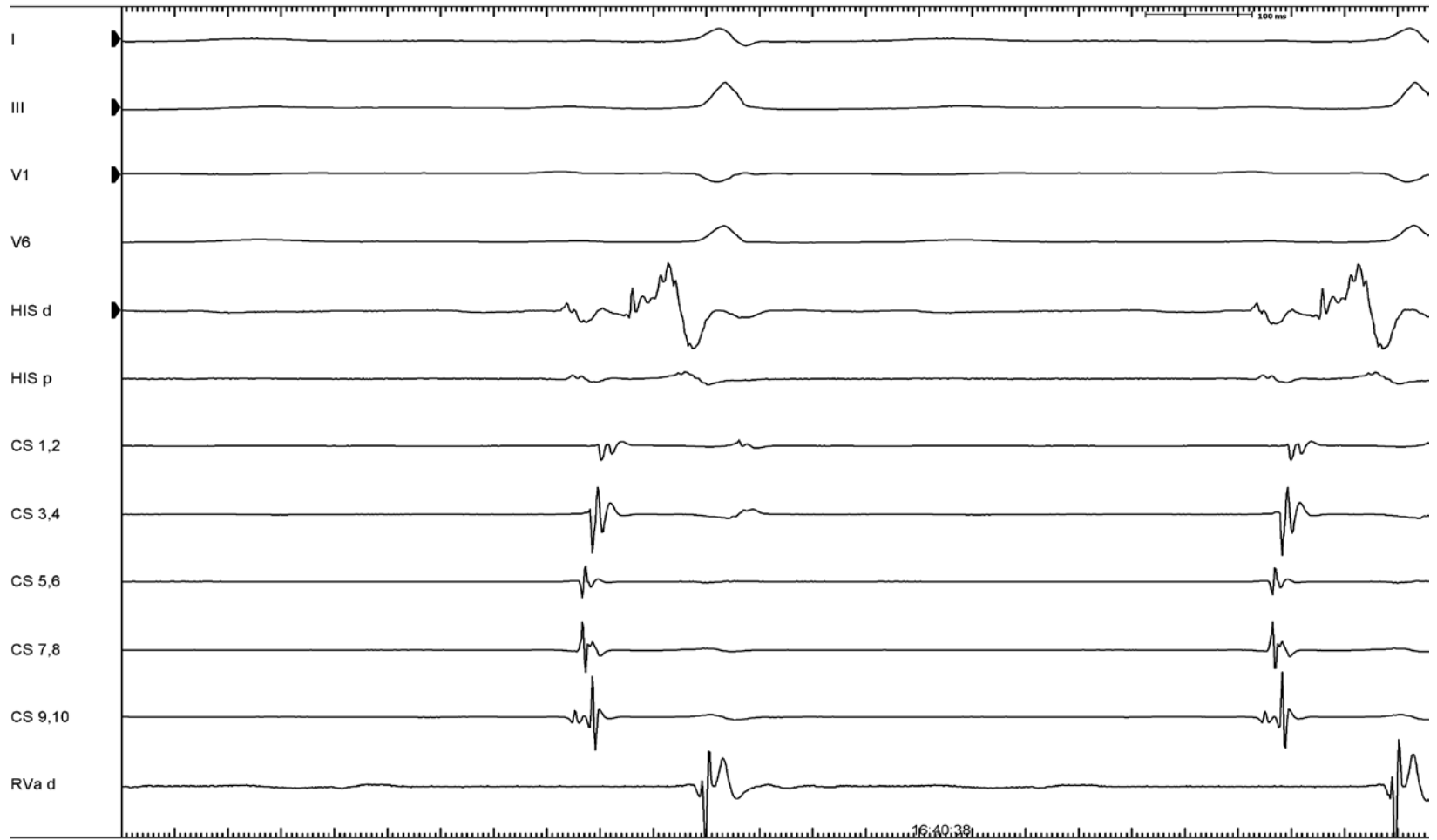
- Because it is not directly responsible for arrhythmia, this form of preexcitation does not require treatment.
- Trying to ablate these fibers can result in complete AV block

Eclipse 2011

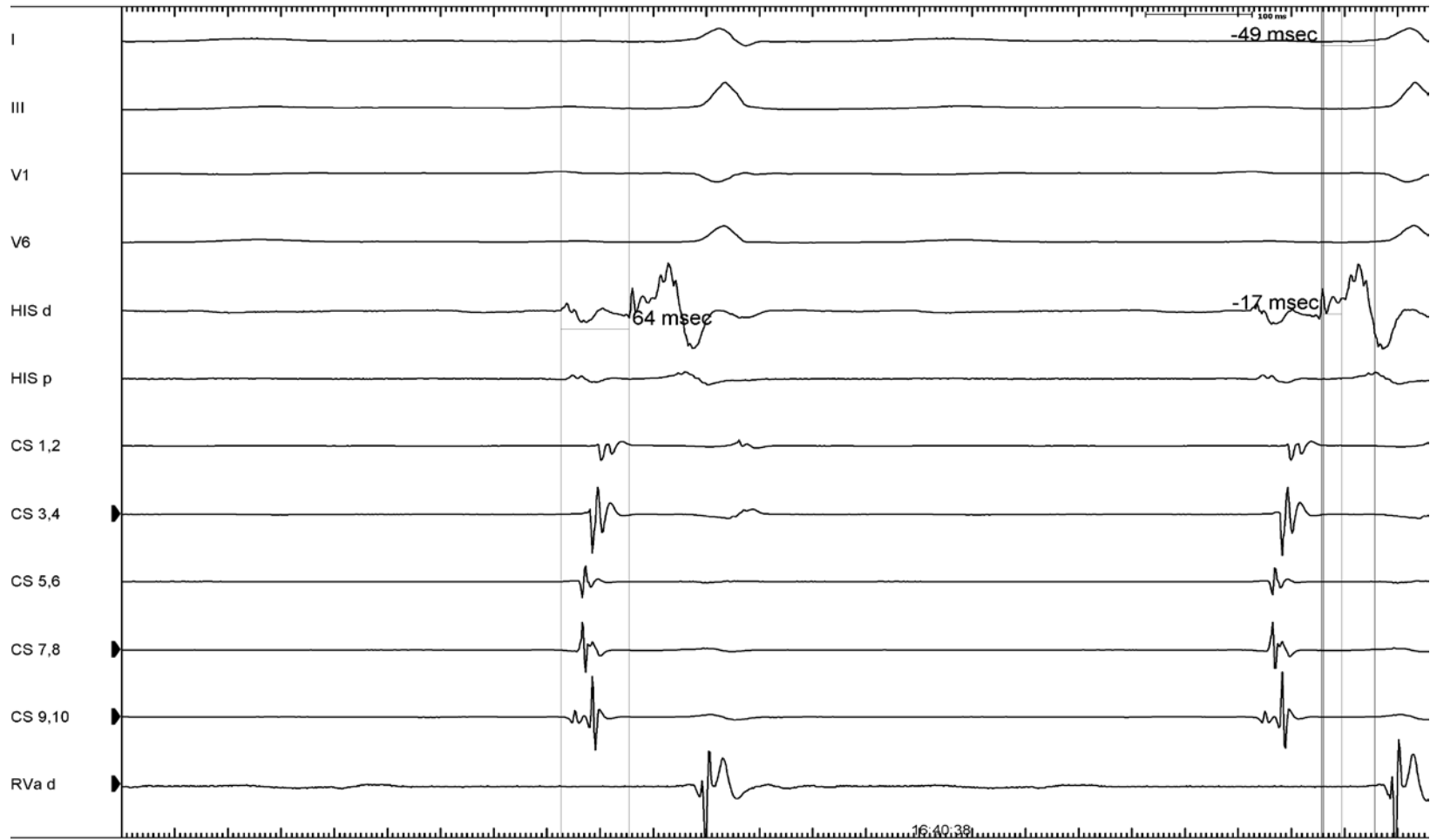


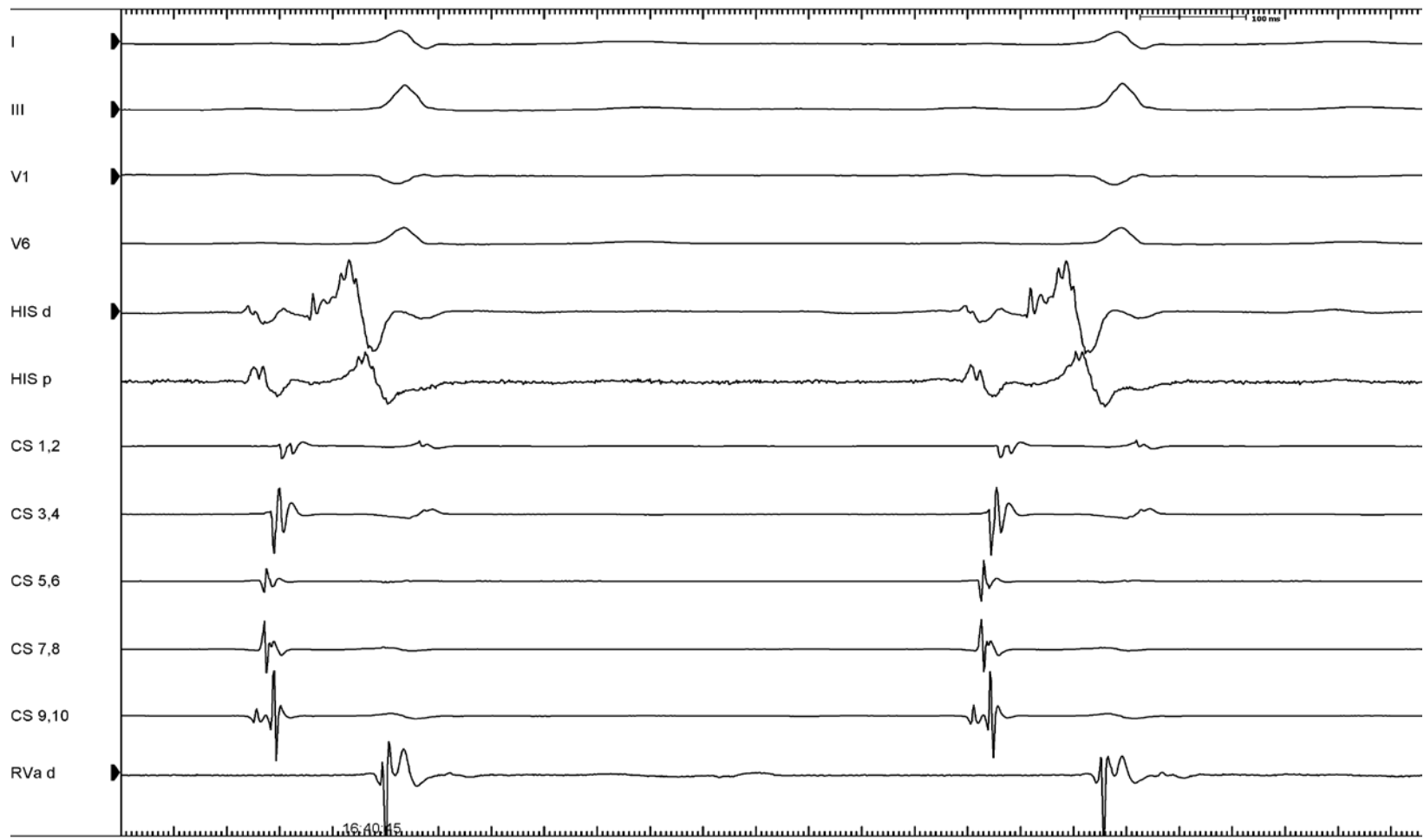
Thank You

Baseline EGM

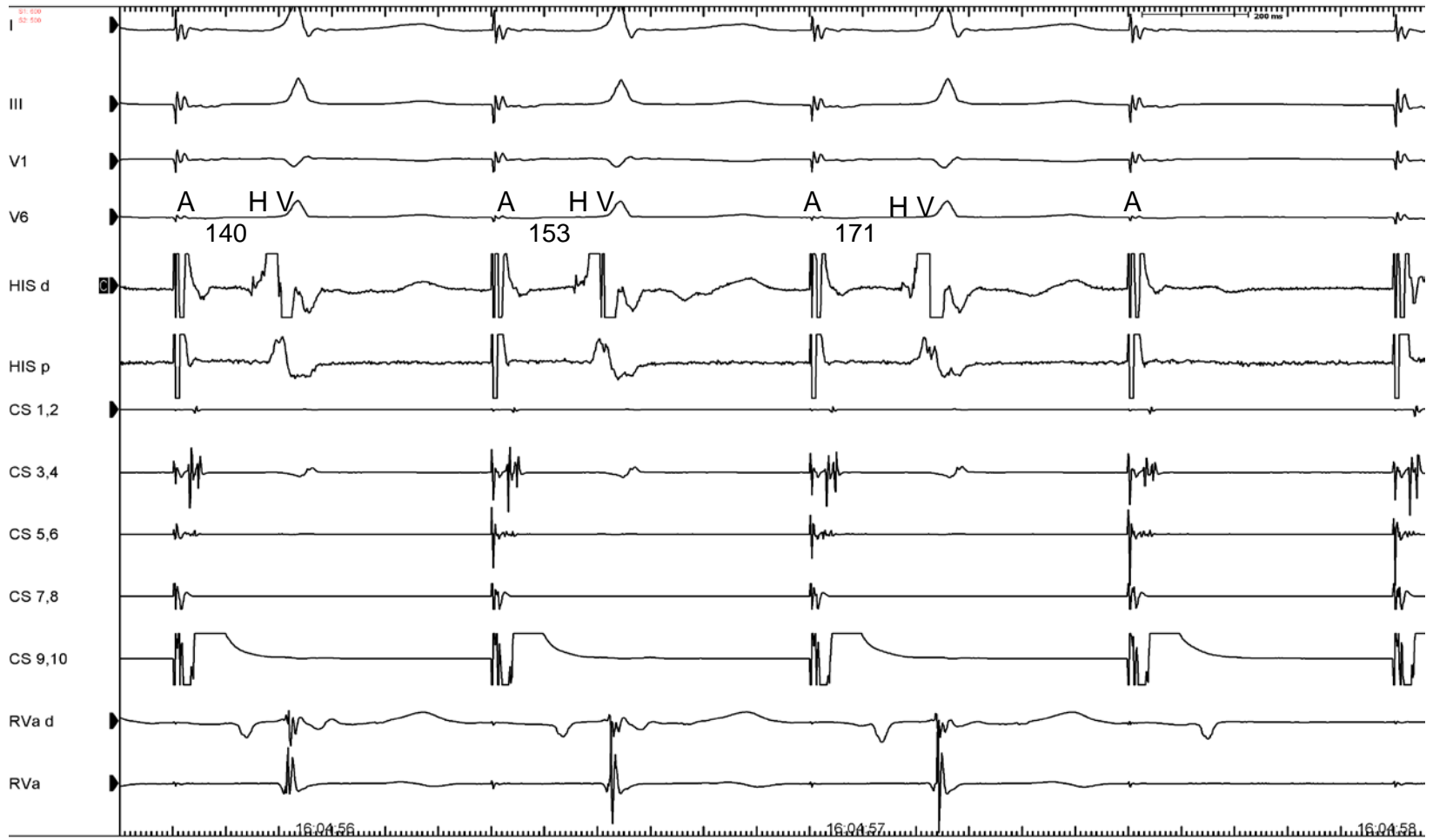


Baseline EGM

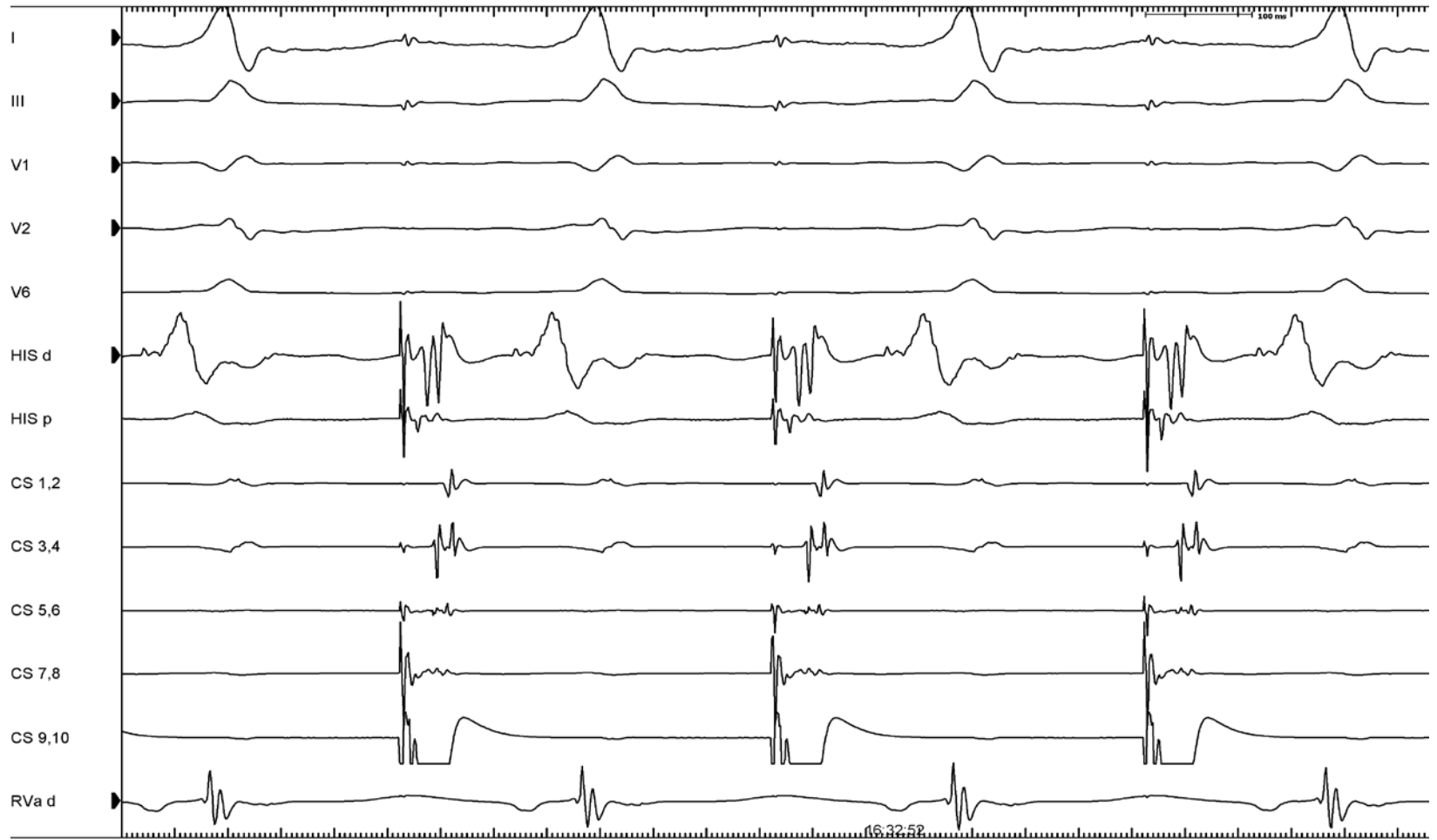




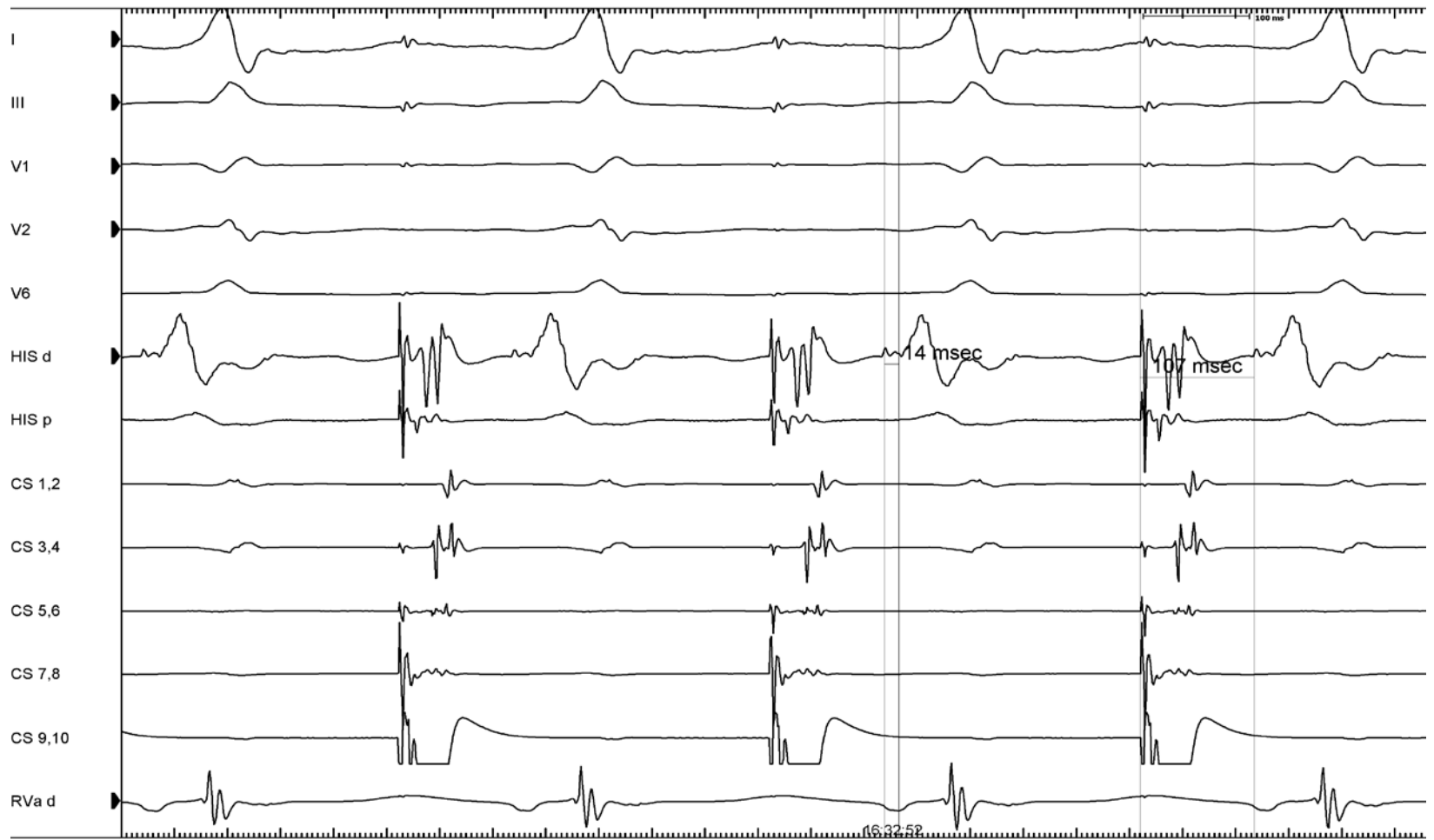
CS PACING



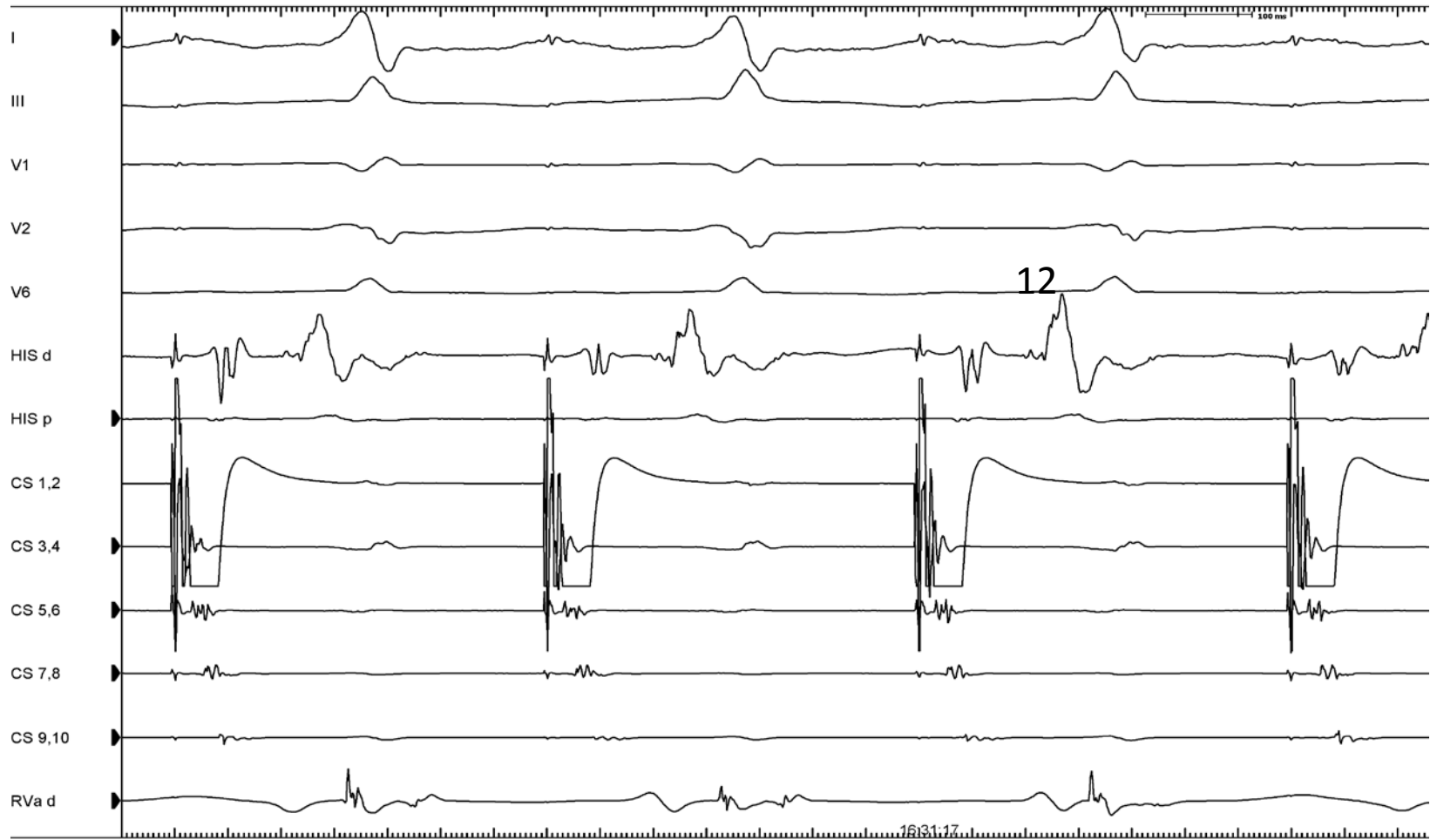
CS PACING 350



350



CS PACING 350





16.32.54

16.32.54

400-210. AH 180



JUNCTIONAL BEAT



2:1 AVB above the His

