



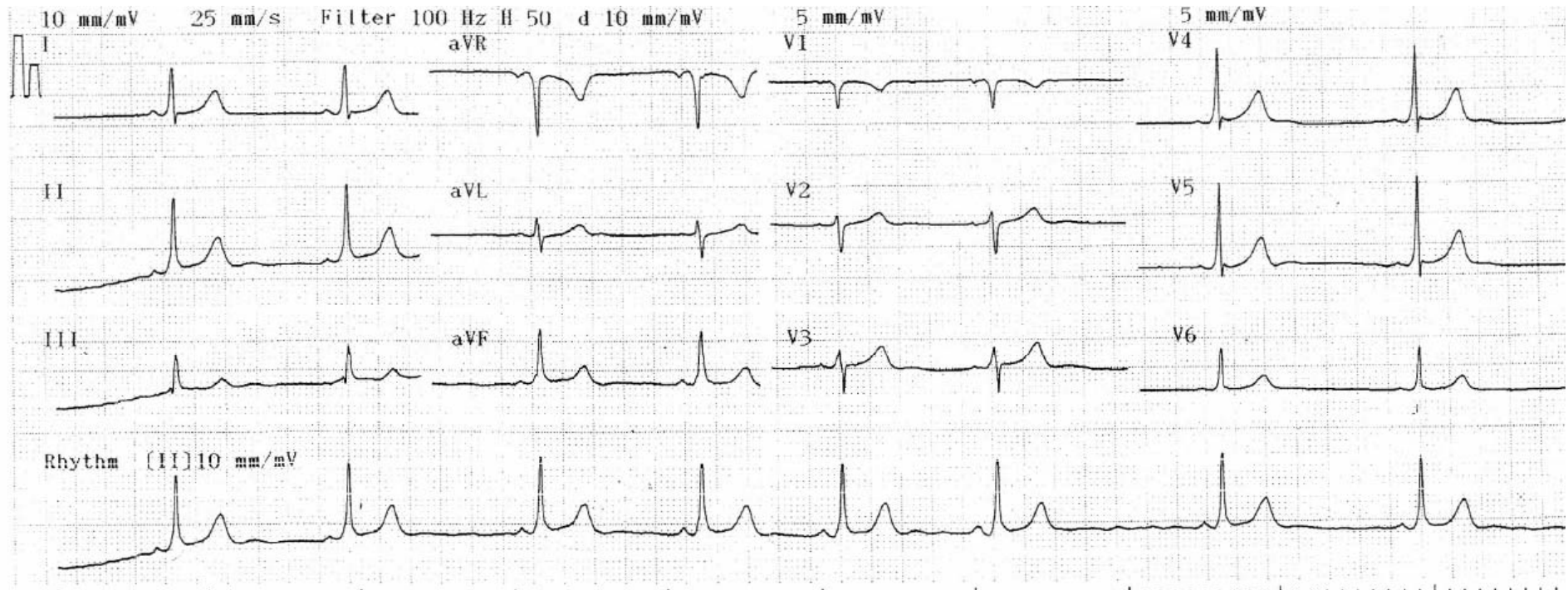
To ablate or not to ablate?

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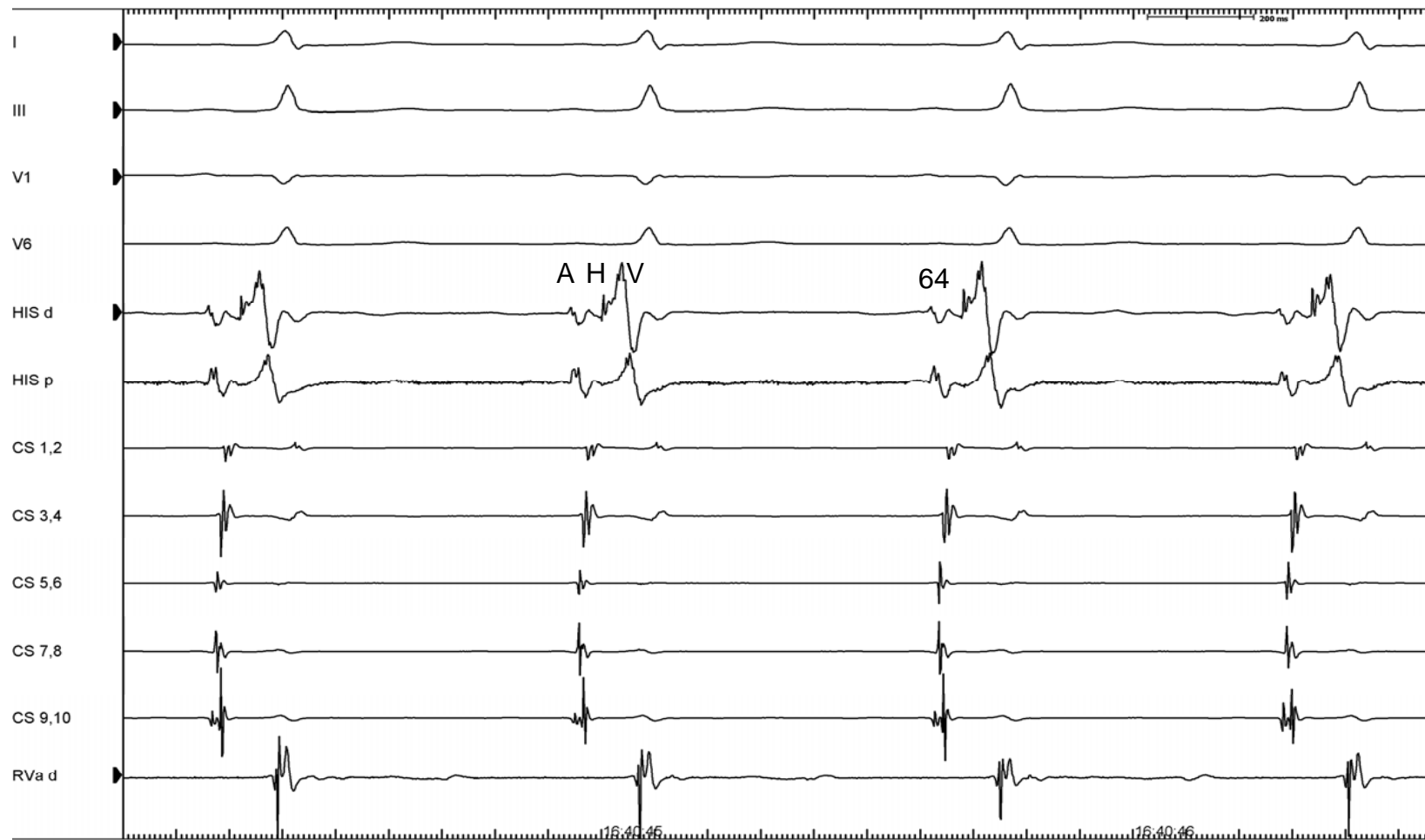
Background

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

Baseline ECG



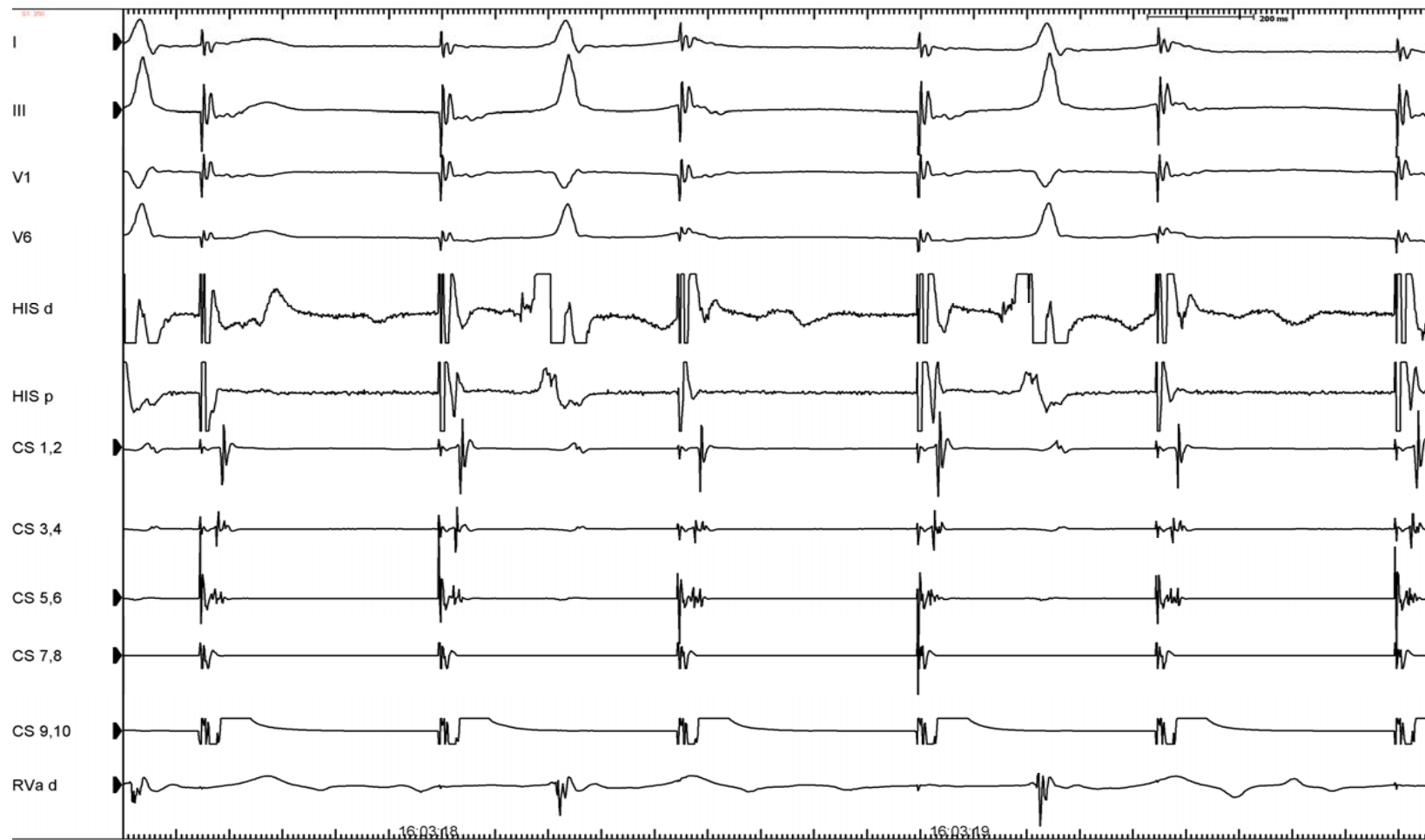
Baseline EGM



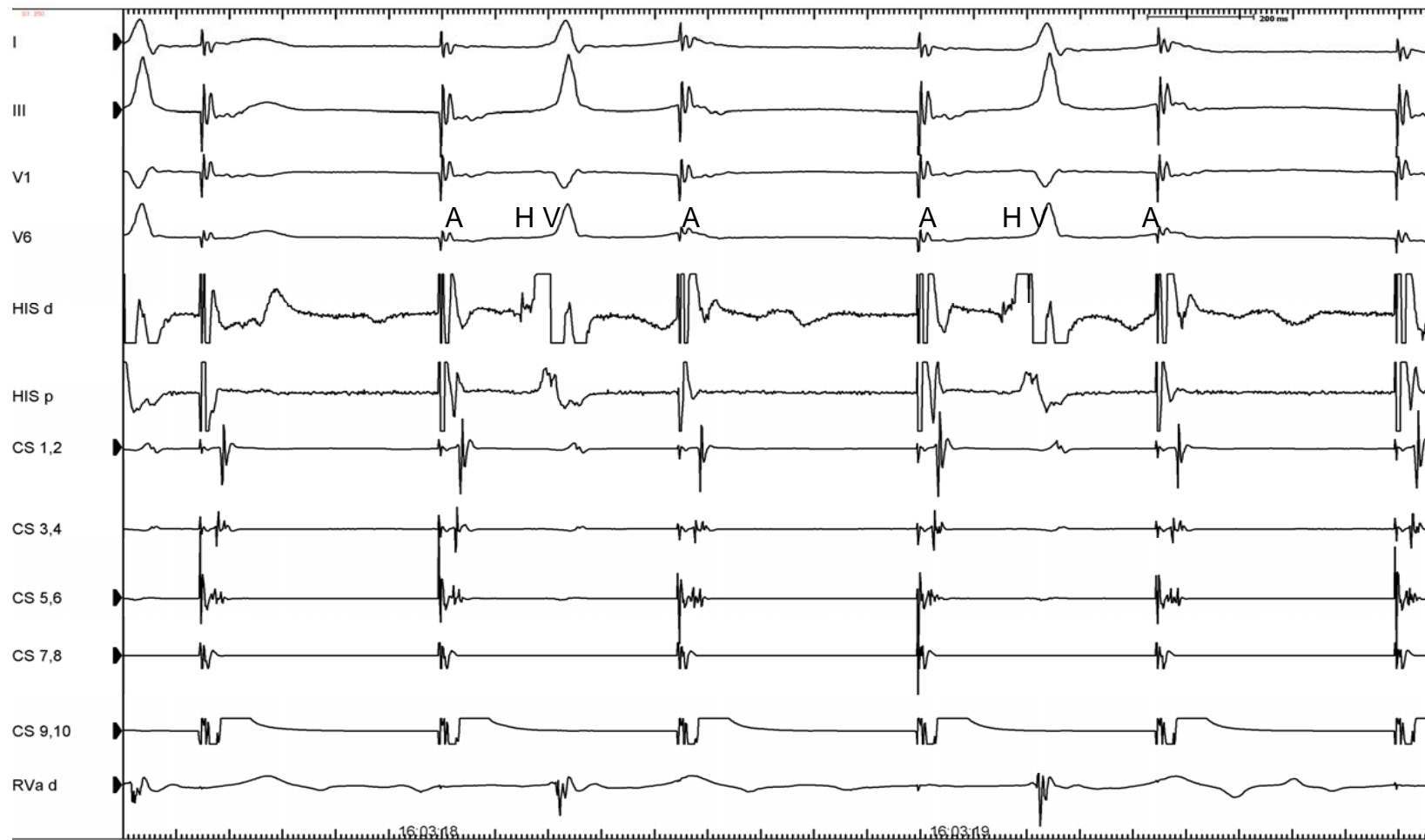
CS Pacing



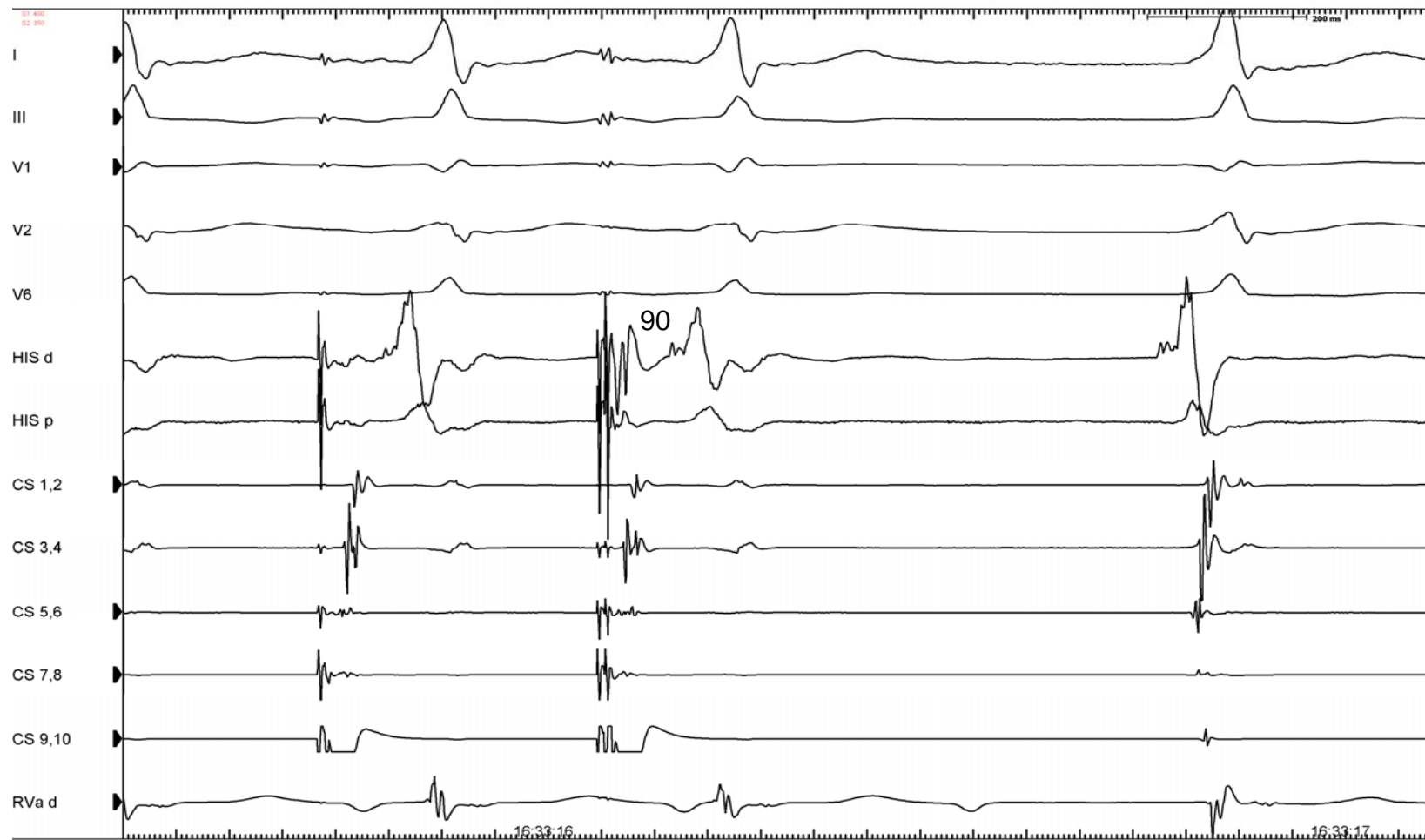
CS Pacing



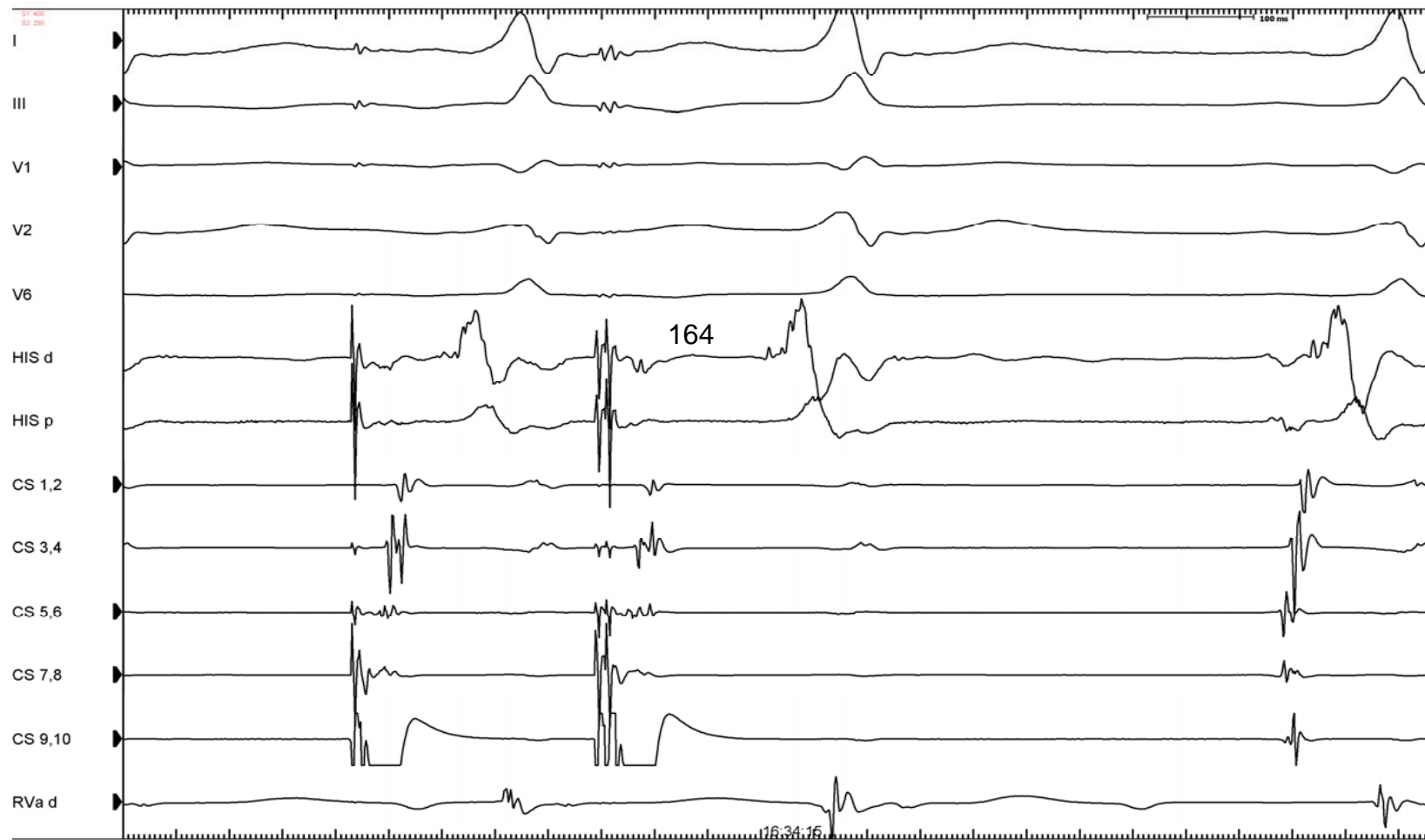
2:1 Above the HIS



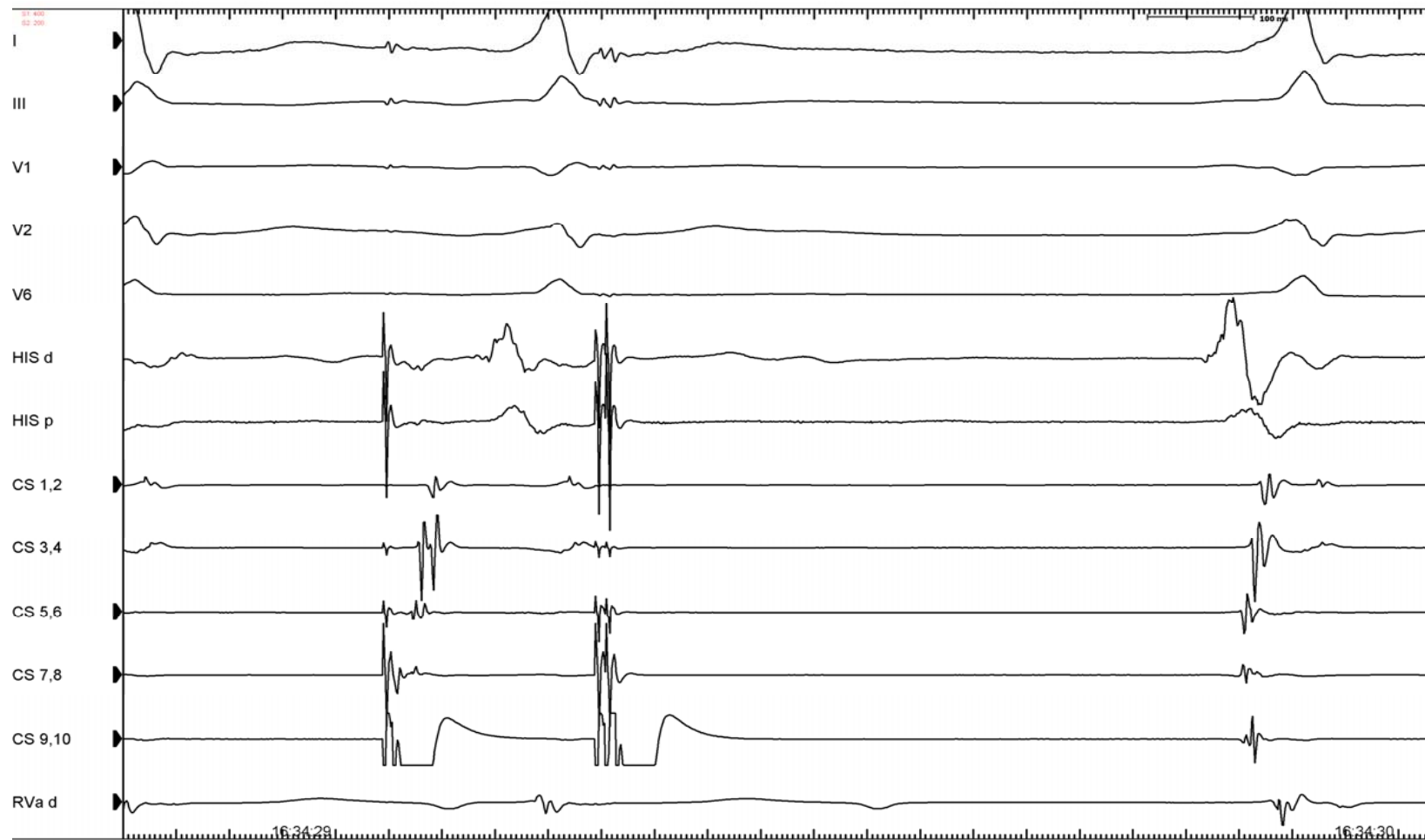
S1, S2 400-350



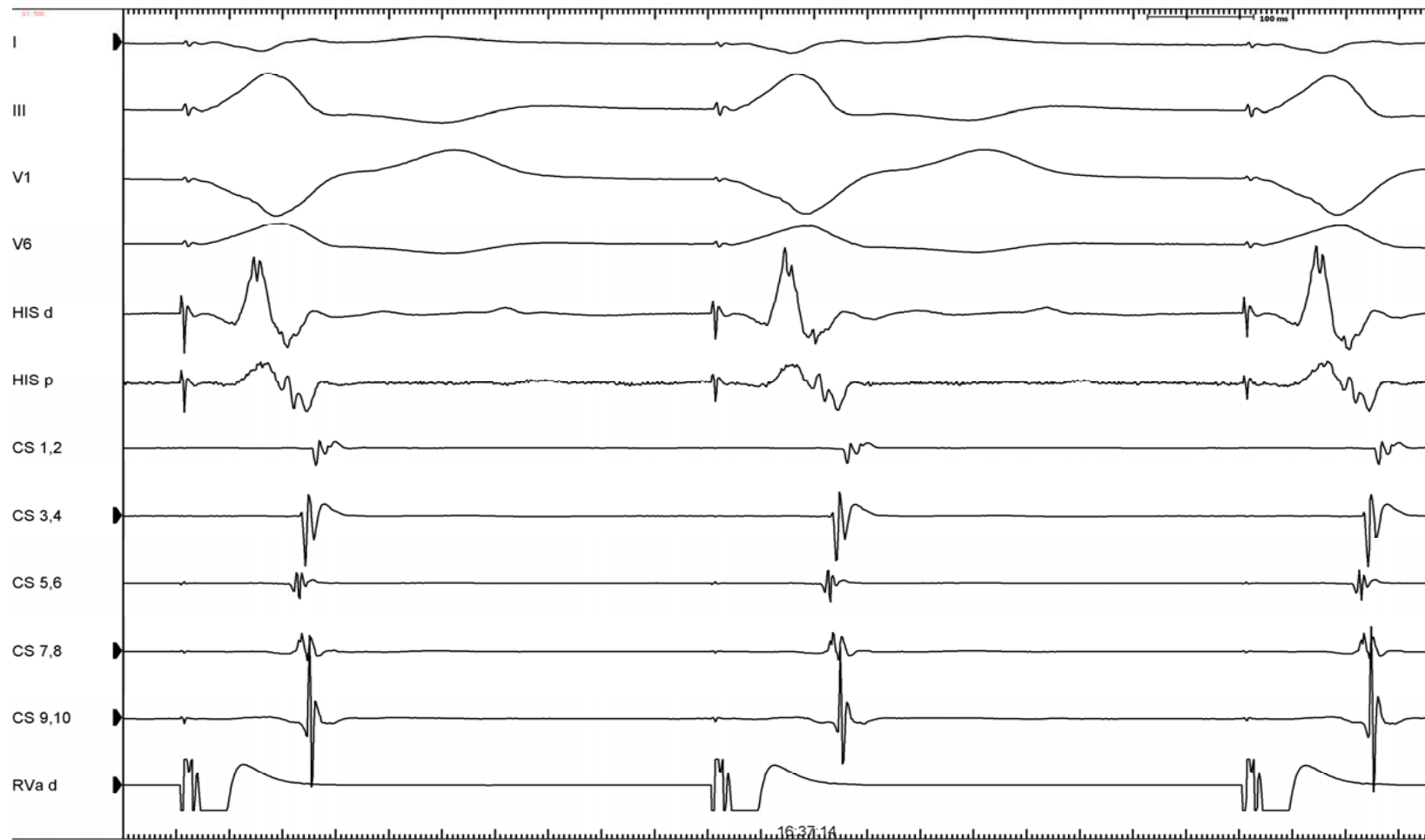
S1, S2 400-230



S1, S2 400-200



V Pacing



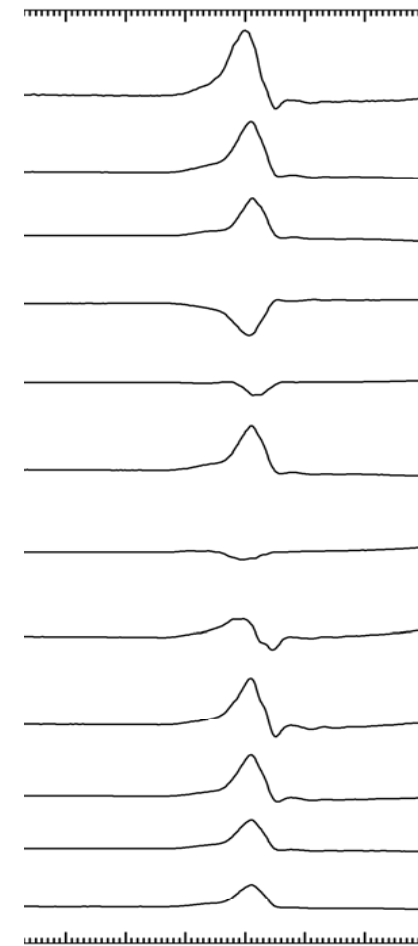
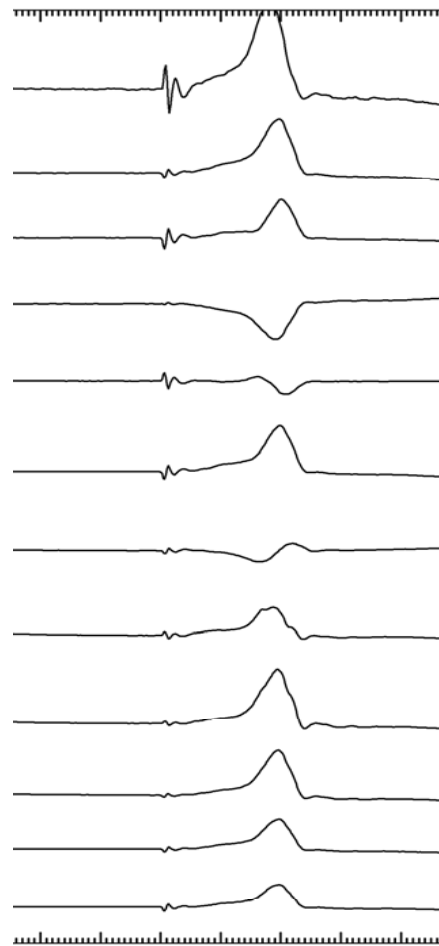
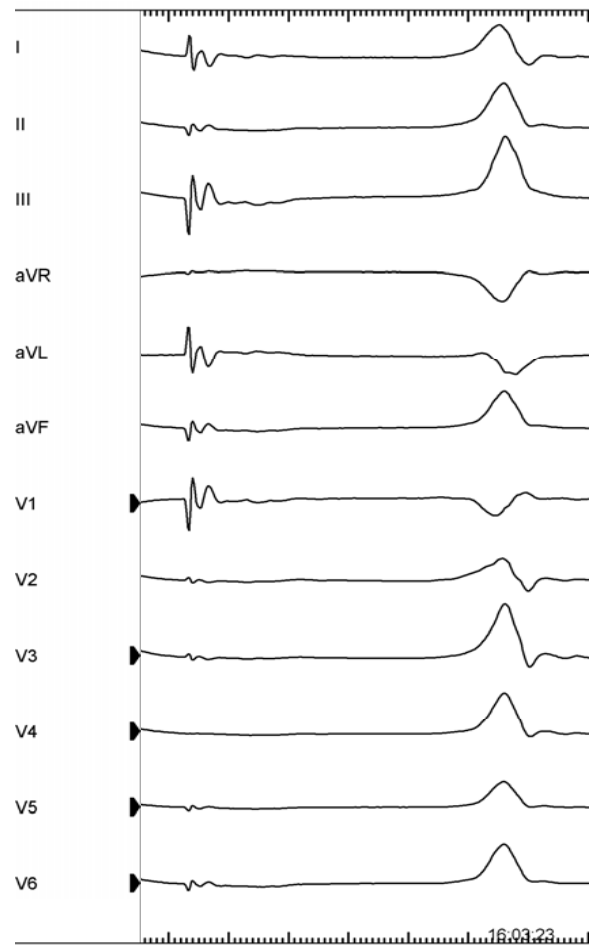
HIS Pacing



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.