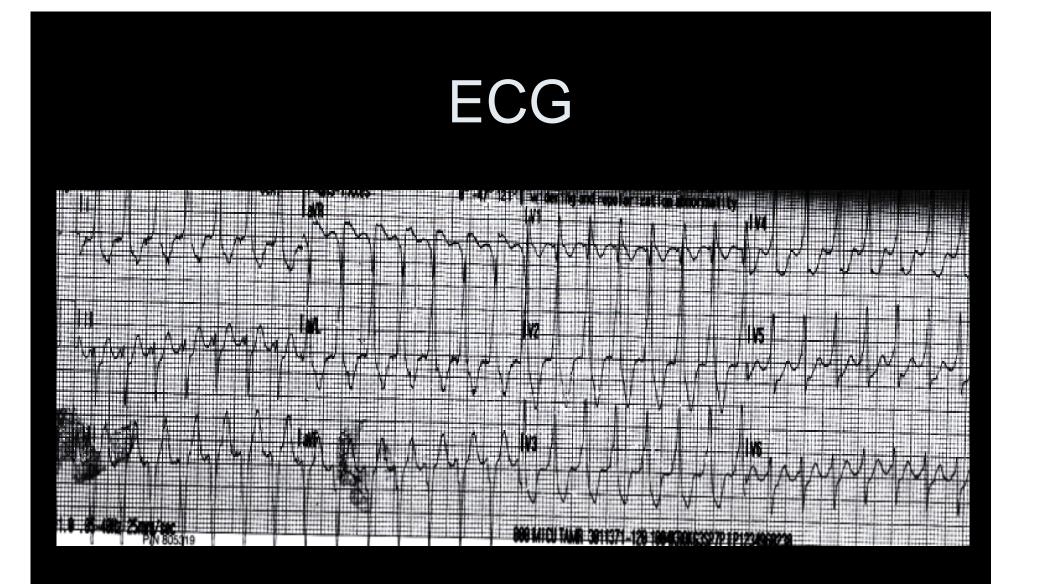


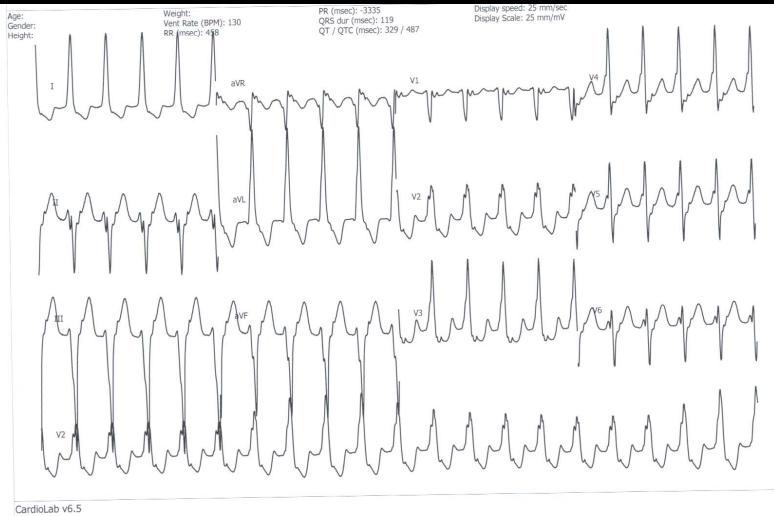
Moti Haim Rabin Medical Center

Clinical History

- 52 year old man
- s/p Inferior wall MI 2008
- Primary PCI to RCA
- Single vessel CAD
- Good LV function
- Presented with WCT



ECG



GE Medical Systems

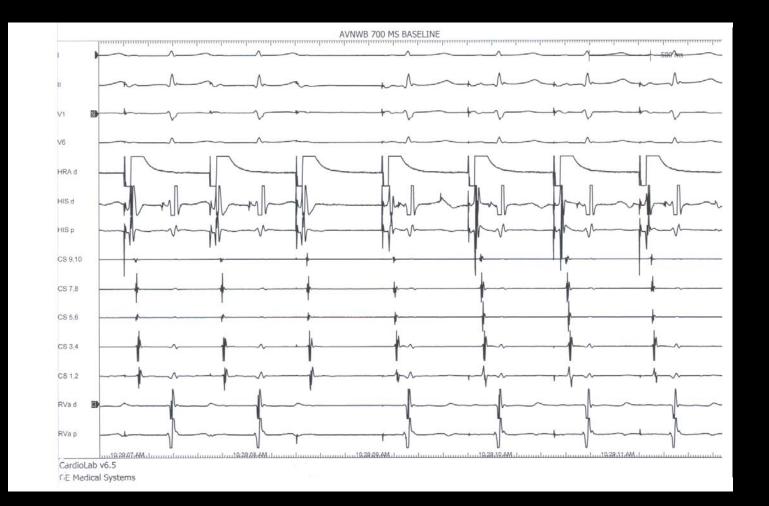
- Presented several times to ED
- Treated with adenosine converted to NSR
- Other occasions treated with Verapamil successfully



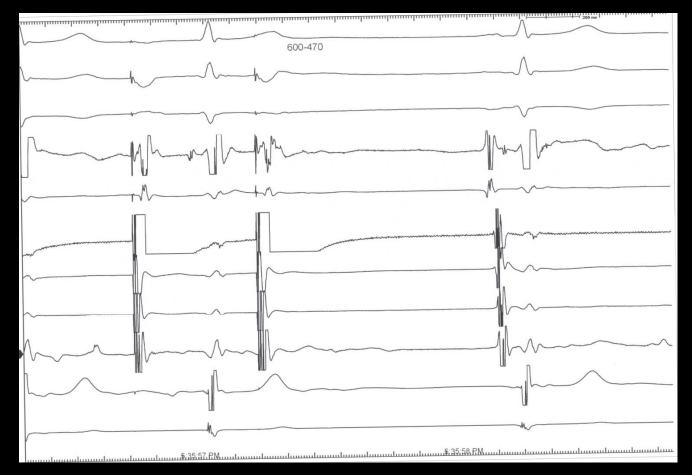
Baseline



Baseline



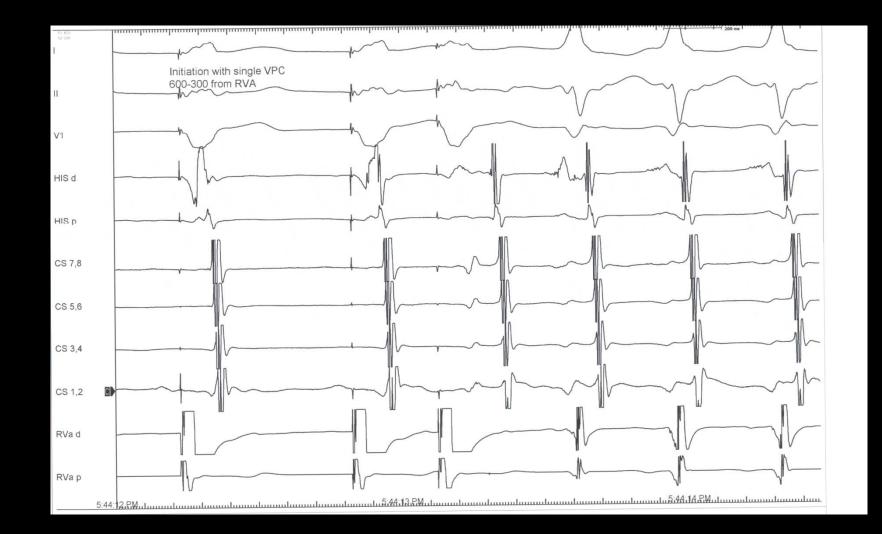
AV node ERP 600-470ms with no evidence of dual AV node physiology



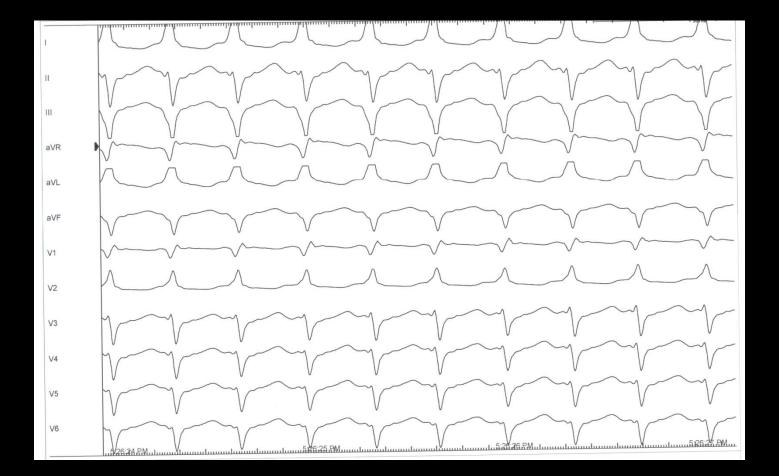
Initiation of WCT



Initiation of WCT



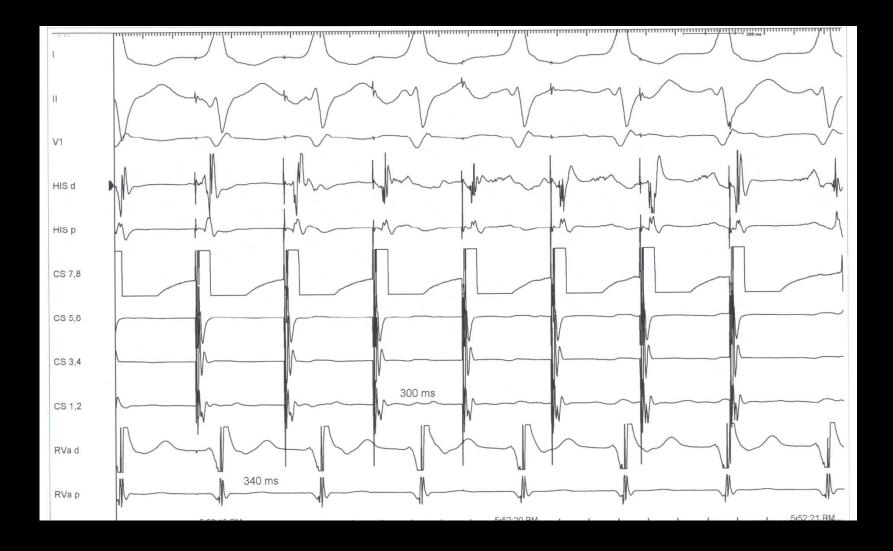
WCT



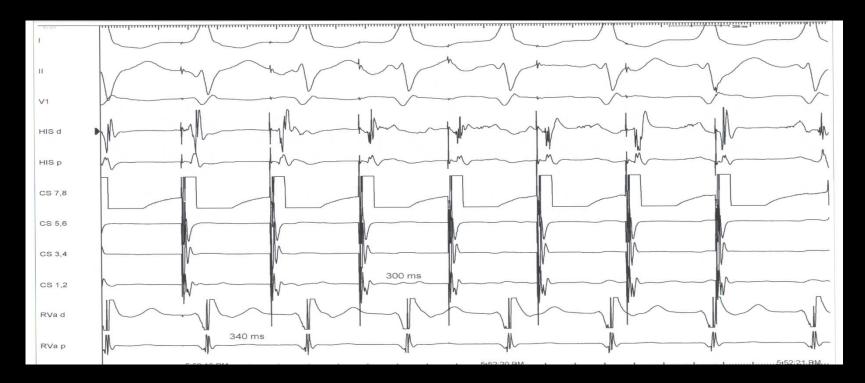
WCT



Atrial Pacing during Tachycardia

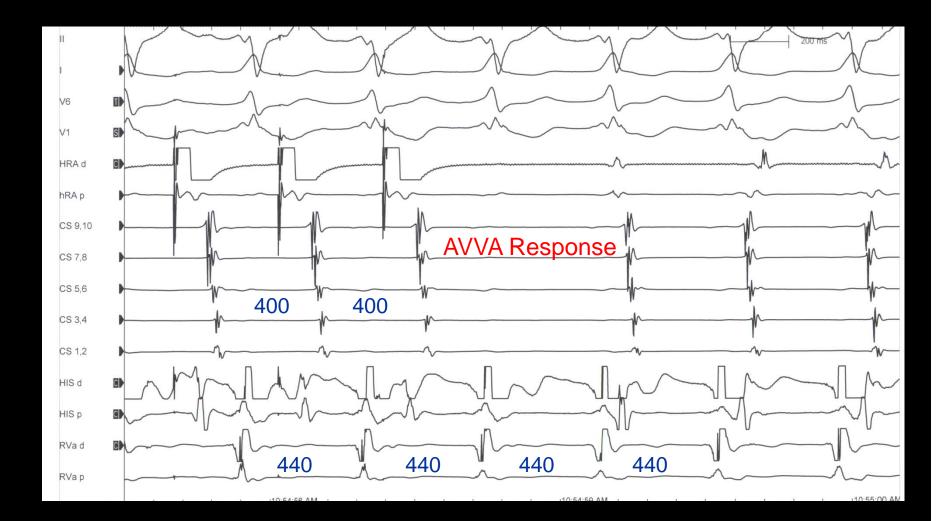


Atrial Pacing during Tachycardia



Dissociation of Atrium from Ventricle during Tachycardiaruling out Antidromic AVRT

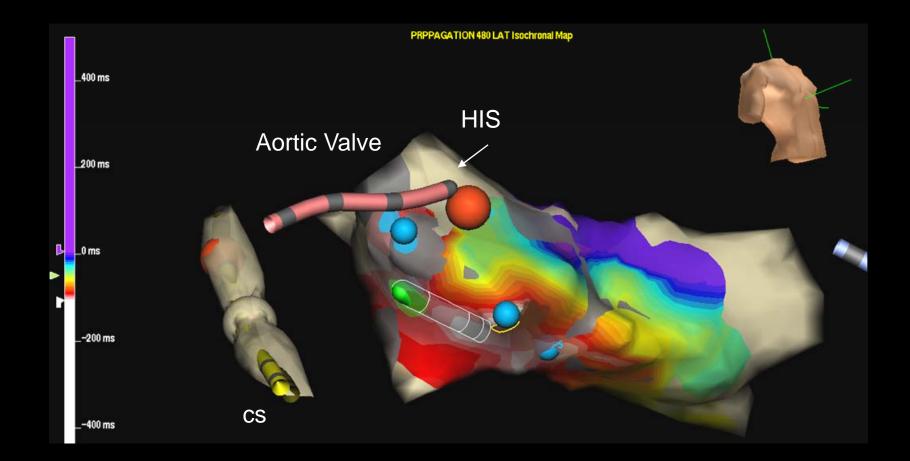
Atrial Pacing



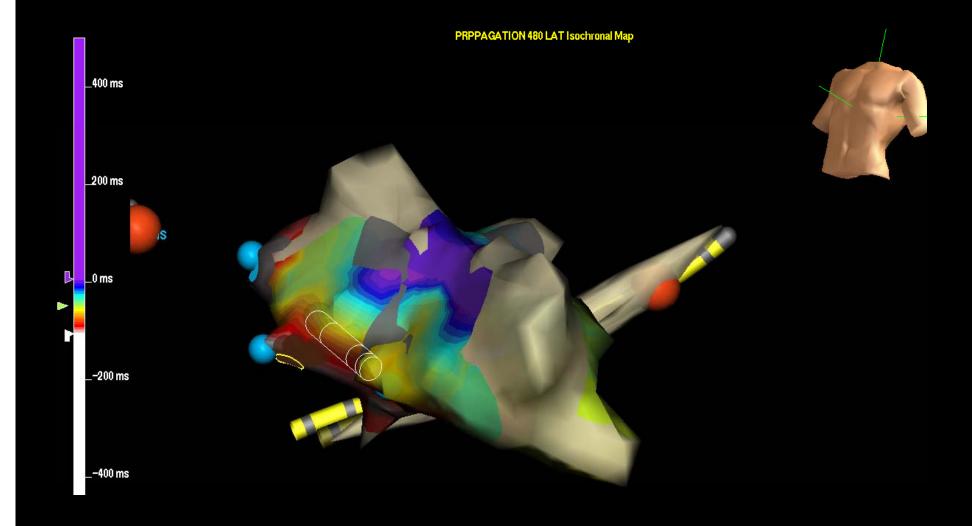
- Concluding VT:
- Dd:
- Fascicular VT (BeLhassen type VT)
- PosteroMedial Pap M VT?
- Post MI- Inferior scar?

 Suspecting an Infero-basal site- mapping catheters were advanced to LV both retrograde and antegrade

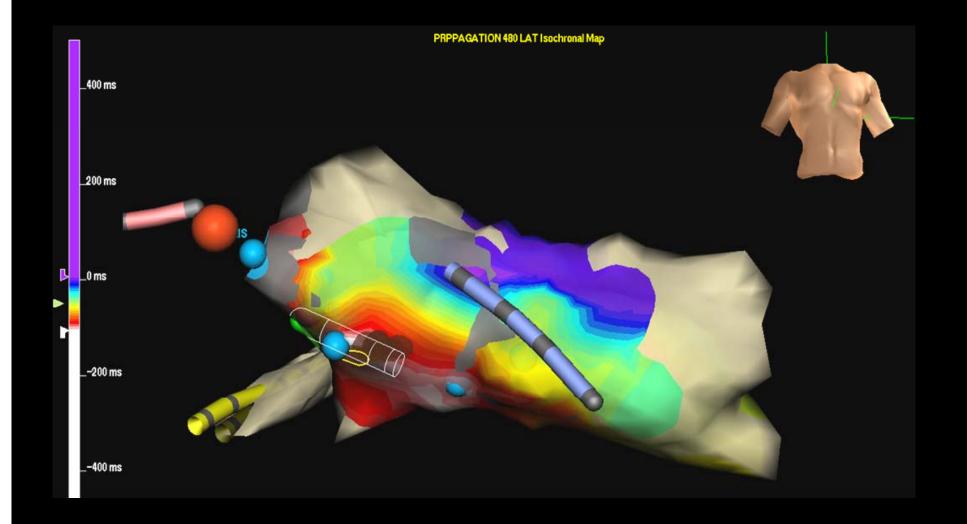
Activation Map RAO



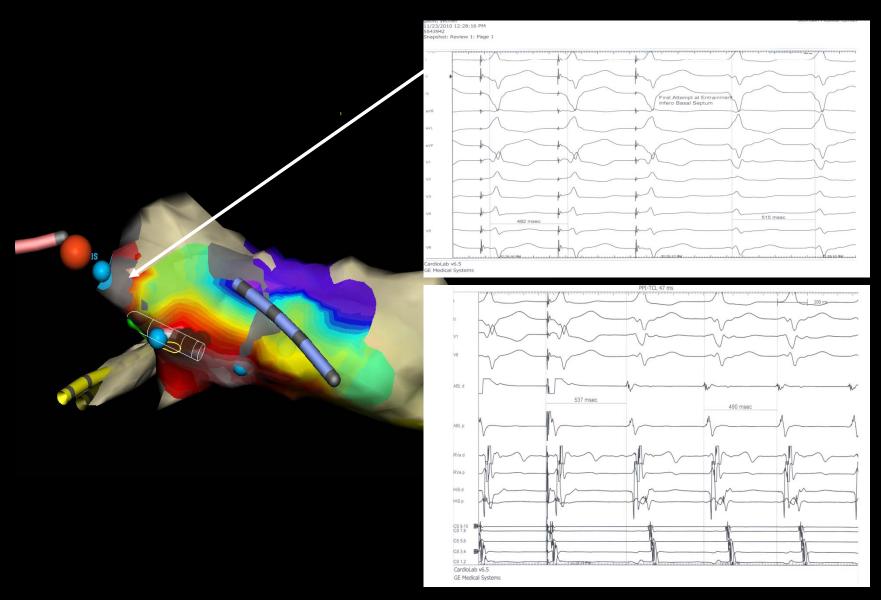
Activation Map LAO



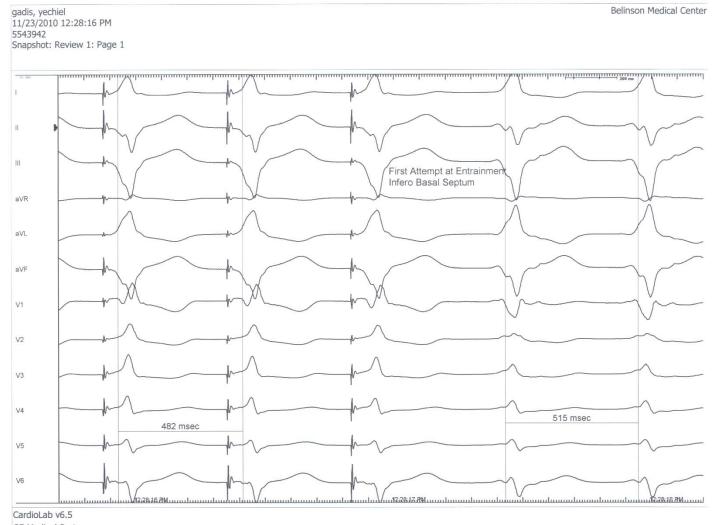
Activation Map AP



First Entrainment Site

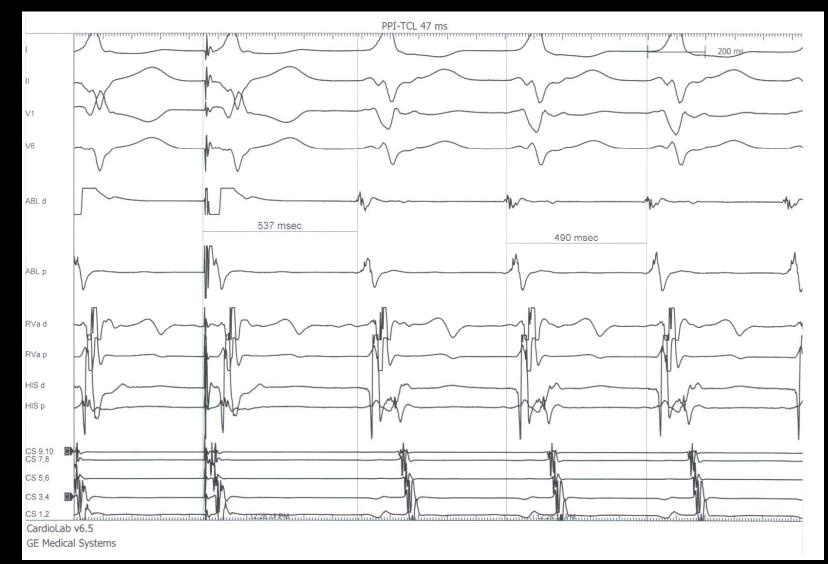


First Entrainment Site

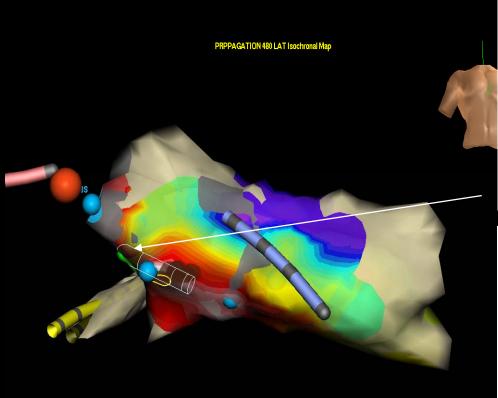


GE Medical Systems

First Entrainment Site



Second Entrainment Site



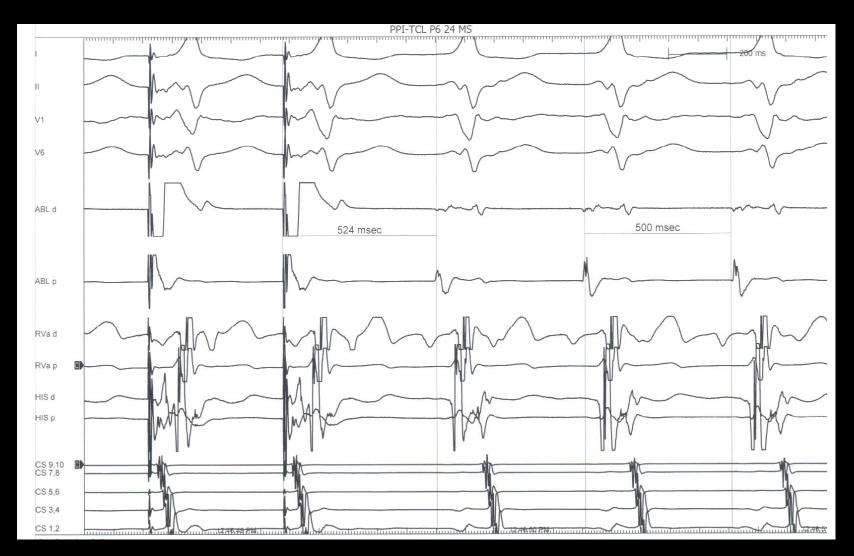




Second Entrainment Site

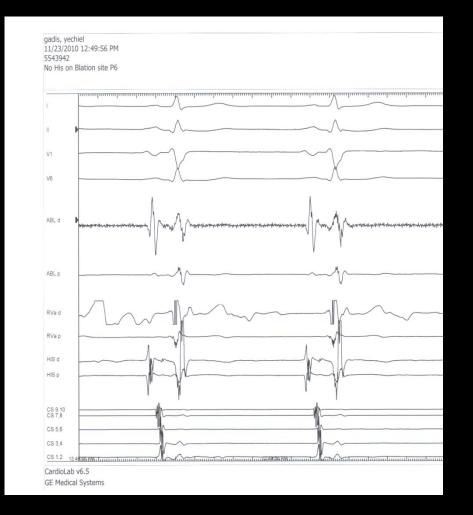


Second Entrainment Site



NSR at second entrainment site

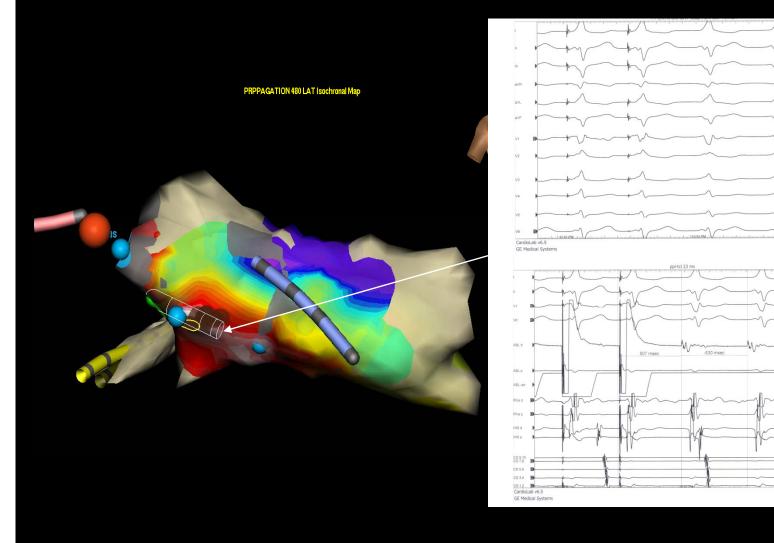
- No Late potentials
- No HIS



Ablation

- VT breaks
- Junctionals
- Ablation stopped

Third Entrainment Site



Third Entrainment Site



Third Entrainment Site



Ablation

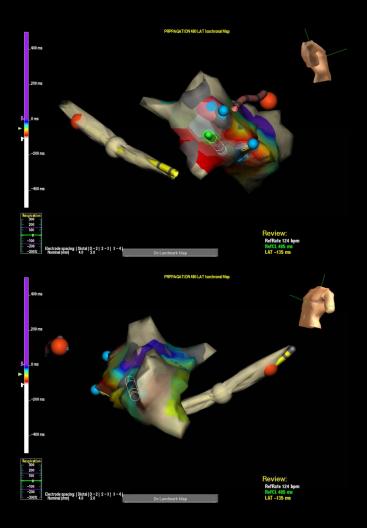


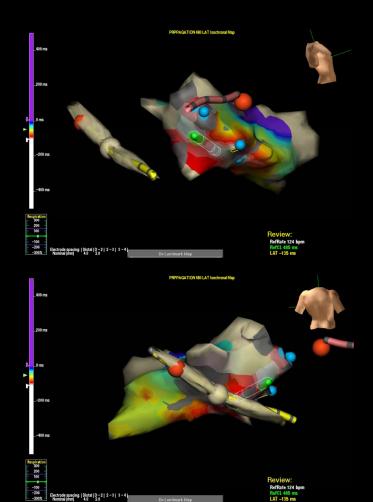
Ablation

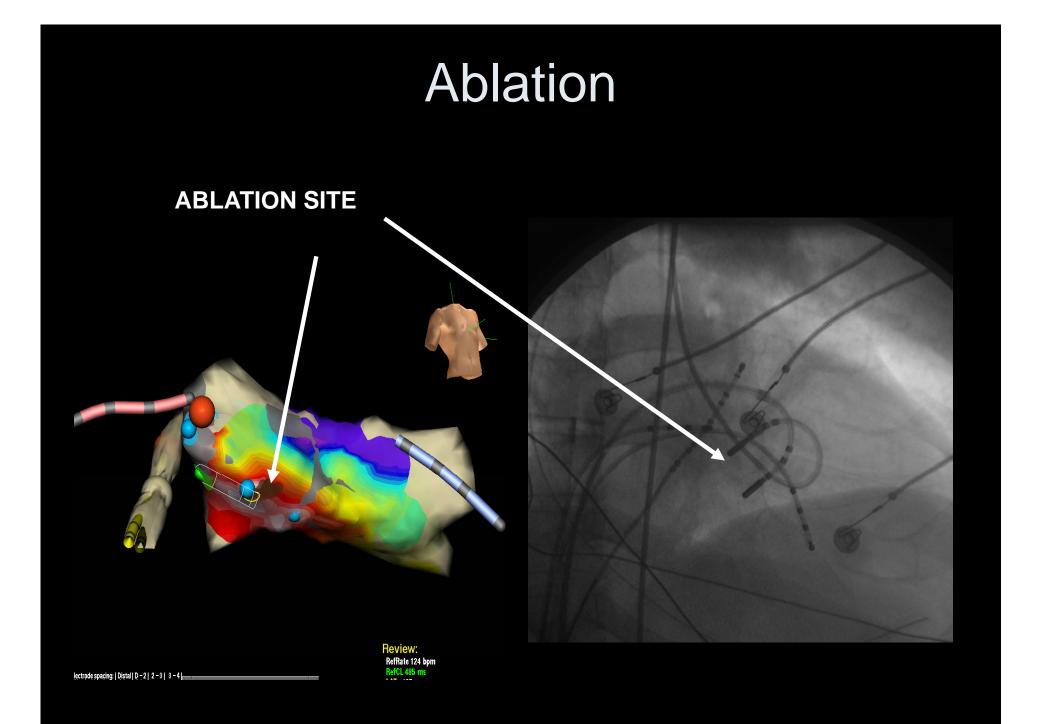


Breaks during ablation

Ablation Site







Conclusions

- Non Inducible at the end of study with burst pacing and double ES
- At 1 onth follow-up free of VT w/o Verapamil or beta-blockers.