We report a case with repeat pericarditis after the epicardial ablation for the ventricular tachycardia (VT). The patient was 49 year-old male. He was admitted to our hospital for syncope due to the sustained VT. We performed endocardial catheter ablation for the VT. However, it could not suppress the VT and we gave him the amiodarone and implanted the ICD. Six months after the implantation of the ICD, he experienced the frequent appropriate shock and was admitted to our hospital again. We performed epicardial ablation using the subxiphoid approach under general anesthesia. We could not induce the tachycardia after several ablation of apical right ventricle and left ventricle. Three weeks after the ablation, he visited the emergency room because of the chest pain, fever and pericardial effusion. During the 2 weeks of admission, oral aspirin could eliminate his symptom and decrease the pericardial effusion. The increase of pericardial effusion and CRP were detected 2 weeks after the discharge, in spite of the continuation of oral aspirin. Oral colchicine could finally eliminate the pericardial effusion and the CRP returned to normal range. **Conclusion:** We experienced the case with repeat pericarditis after the epicardial ablation. Oral colchicine was effective for the treatment. **Keywords:** catheter ablation, ventricular tachycardia, pericarditis