Radiofrequency Catheter Ablation for Ventricular Tachycardia in a Patient with Peripartum Cardiomyopathy

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**Introduction:** Peripartum cardiomyopathy (PPCM) is a rare disorder in which left ventricular dysfunction and symptoms of heart failure occur in the peripartum period in previously healthy women. Electroanatomical mapping and catheter ablation for ventricular tachycardia (VT) due to PPCM has not been previously reported. **Methods:** N/A  **Results:** A 38-year-old female with prior failed endocardial ablation for VT was referred for further treatment. She had been diagnosed with PPCM 7 years ago and had persistent ventricular dysfunction. A transthoracic echocardiogram revealed left ventricular ejection fraction of 20%, left ventricular end diastolic diameter of 64 mm. Epicardial voltage mapping showed extensive scattered epicardial scar (bipolar voltage < 1.5mV) despite absence of endocardial scar. Five distinct VT morphologies were induced; one due to bundle branch reentry and the other 4 due to scar-related reentry. Ablation was aided by electrogram characteristics, pace mapping, entrainment mapping and establishing electrical inexcitability along areas of epicardial scar. After epicardial ablation no sustained VT was induced on isoproterenol infusion. No periprocedural complication occurred. The patient had no VT recurrence but died one year later due to progressive heart failure. **Conclusion:** This case shows that in PPCM, scars similar to other non ischemic cardiomyopathies greater in extent on the epicardium than on the endocardium, can occur and likely cause VT requiring epicardial ablation. **Keywords:** ventricular tachycardia, ablation, cardiomyopathy