PJ2-076  A Case with Complicated 4 Different Types of Supra-Ventricular Tachycardia Which Became Un-Inducible after the Slow Pathway Ablation

Masaru Yuge, Shinichi Niwano, Yoshihiro Yumoto, Jun Oikawa, Akira Sato, Yuya Aoyama, Shoko Ishikawa, Toshimi Murakami, Jun Kishihara, Toru Izumi

Department of Internal Medicine, Kitasato University School of Medicine, Kanagawa, Japan

The patient was 61 year old woman who had suffered palpitation for several years. The electrocardiographically documented tachycardia showed regular narrow QRS complexes with long RP and short PR intervals. Regular narrow QRS tachycardia was easily and incessantly induced by mechanical stimulation of catheter, so that systematic programmed stimulation could not be performed. The earliest atrial activation site located in posterior septum, and the tachycardia was diagnosed as atrial tachycardia because this activation sequence in atrium during tachycardia was different from retrograde activation sequence by RV pacing. Atrial premature stimuli revealed the presence of dual AV nodal pathways, and both the common and uncommon types of AV nodal reentrant tachycardia (AVNRT), and the AV reentrant tachycardia (AVRT) with retrograde accessory pathway located in left posterior free wall could be induced, but these 3 SVTs did not show clinical pattern of long RP. Initially, we tried to treat slow pathway, where was in posterior septum. After the successful ablation of slow pathway, all of AT, AVRT and 2 types of AVNRT became un-inducible. We experienced a case with complicated 4 types of SVTs. The sequence of procedure should be important and systematic evaluation will avoid the misdiagnosis of tachycardia in such case.

**Keyword:** slow pathway ablation