Two Cases of Atrial Tachycardia Which Were Terminated at the Opposite Side of Left Atrial Wall Temporally and Effectively Terminated at Left Atrial Side

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Case One: 72-year-old, male. At first Radiofrequency catheter ablation (RFCA) session, atrial tachycardia (AT) was focally originated from posteroseptal right atrium. The local activation was 32msec earlier than P wave onset (LAT). AT was terminated after 27 seconds of radiofrequency application (RFapptime), but recurred. At the second session, there was earliest activation site in left atrium at opposite side of the earliest activation site in right atrium which showed the steeper qS pattern in the unipolar electrogram (Uni) than right atrium, and LAT was 35msec. RFapptime was 48 seconds. 

Case Two: 25-year-old, male. At first RFCA session, AT was focally originated from proximal CS, which showed qRS pattern in Uni, and LAT was 10msec. RFapptime was 23 seconds and terminated AT, but recurred. At the second session, AT revealed to originate from left atrium at opposite side of the earliest activation site in proximal CS, which showed the larger qRS pattern in Uni than proximal CS, and LAT was 30msec. RFapptime was immediate after application. The extent of LAT, the morphology of Uni, RFapptime was considerable points for success, though these are not always decisive. We need to think that there is a possibility of the focus originated from the opposite side of the atrial wall to the first success site when recurred.

Keywords: the origin of atrial tachycardia, recurrence, the opposite side of atrial wall