Catheter ablation of the triggering ventricular premature beats (VPBs) is feasible for idiopathic and ischemic ventricular fibrillation (VF) and can be used for a bailout therapy of VF storm. Also, it can reduce the number of the shock from an implantable defibrillator, one of the poor prognostic factors. In VF or polymorphic ventricular tachycardia (VT) from right ventricular outflow tract (RVOT), suppression of VF was achieved by catheter ablation at RVOT or pulmonary artery. In the short-coupled variant of torsade de pointes and ischemic VF, VF was suppressed by catheter ablation of the Purkinje network. Focal firing from Purkinje fiber and reentry at the Purkinje network may play an important role in the initiation and perpetuation of VF. The same approach with good short-term results has been reported in a small number of patients with other heart diseases (i.e., amyloidosis, chronic myocarditis, nonischemic cardiomyopathy, Brugada syndrome, Long-QT syndrome, and catecholaminergic polymorphic VT).

**Keywords:** ventricular fibrillation, Purkinje, outflow tract