There has been growing evidence that the Purkinje network plays a pivotal role in both the initiation and perpetuation of ventricular fibrillation (VF). A triggering ventricular premature beat (VPB) with a short-coupling interval could arise from either the right or left Purkinje system in patients with polymorphic ventricular tachycardia (VT) or VF, and the catheter ablation of the trigger results in a very high cure rate of VF. A focal breakdown in the “gating mechanism” resulting in a short-circuiting of the transmission across the gate at the distal Purkinje network might predispose to reentrant circuits of polymorphic VT or VF. Many investigators also reported the successful ablation of Purkinje-related VF with an acute or remote myocardial infarction. 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). Catheter ablation of the triggering VPBs from the Purkinje system can be used as an electrical bailout therapy in patients with VF storm, and is also useful for the reduction of implantable defibrillator shock.

**Keywords:** ventricular fibrillation, Purkinje, ablation