Is it easy to focus the origin of Narrow Complex Tachycardia?

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Case History

- Two young patients: 18 year old boy and 25 year old lady
- Presentation to Emergency Department
  - recurrent episodes of palpitation lasting for hours
  - pre-syncope
- Haemodynamically unstable
- Cardioverted
- Referred to Cardiac Medical Unit
ECG (1)
(regular narrow complex tachycardia with LAD and RBBB morphology)
ECG (2)
(regular narrow complex tachycardia with LAD and RBBB morphology)
• Recurrent narrow complex tachycardia with LAD and RBBB morphology
• Verapamil responsive
• TTE : structurally normal heart
• Dx: Idiopathic Fascicular Left Ventricular Tachycardia
• Proceeded to conventional EP study
EPS
(Inducible tachycardia with VA dissociation)
EGM
(Purkinje potential)
EGM
(Purkinje potential)
EGM
(Purkinje potential)
EGM
(Diastolic potential)
Site of ablation
(inferior apical septal region)
Reason for presentation

- Common in young patients
- Incessant tachycardia
- Can mimic supraventricular tachycardia
- Prompt recognition is vital
- Responds to treatment with IV Verapamil
- Curable treatment with radiofrequency ablation
Our Experience

- Overall 39 patients (since 2008)
- More prevalent in young male patients
Our Experience

- **< 20 years**
  - Male: 8
  - Female: 2

- **21-40 years**
  - Male: 16
  - Female: 7

- **> 40 years**
  - Male: 4
  - Female: 2
Overall success rate 90%