BURNING NEAR THE HIS BUNDLE

Presented by
Dr. Imran Khan
EP and Pacing Division
Cardiology Department
Hayat Abad Medical Complex Peshawar
Pakistan
CASE HISTORY

A 35 years old male with history of recurrent palpitation…..2 years.

- No h/o dyspnea and fatigue.
- No history of Syncope and pre Syncope.
- No comorbidities.No F/Hx of SCD.
- Medical Hx: Bisoprolol 10mg OD x 2 years
- Amiodarone 100mg OD x 1 year.
- ECHO: LV: 5.6 ,EF:46%
- 24 hours Holter ECG: PVCs burden 23%(26k)
INTRACARDIAC TRACINGS
PVC EARLIEST AT HIS CATHETER
RADIOSCOPIC
LOCALIZATION
3D LAT MAPPING
POST ABLATION ECG
CONCLUSION

• A Parahisian origin is suggested by particular electrocardiographic characteristics and early activation at the His catheter.

• A successful ablation strategy is based on a detailed activation mapping of the right and left Parahisian regions from adjacent structures, including the right and left septal ventricles, the aortic sinuses, and the inferomedial RA.

• In conclusion, we performed a successful catheter ablation of a PVC from the para Hisian region under activation mapping guidance.

• Detailed mapping and careful delivery of RF energy are essential for successful ablation without AV block creation.
THANK YOU