

# My experience of idiopathic VT

강북삼성병원  
순환기내과 이성호

# M/61

- M/61
- 1달전 epigastric discomfort, palpitation
- Palpitation, chest discomfort at ER  
-several hours ago

# Tachycardia ECG, no effect of adenosine, amiodarone

HR : 196 bpm  
R-R : 0.306 sec  
P-R : 0.104 sec  
QRS : 0.146 sec  
QT : 0.275 sec  
QTc : 0.497  
AXIS : 141 deg

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION  
EXTREME TACHYCARDIA WITH WIDE COMPLEX, NO FURTHER RHYTHM ANALYSIS ATTEMPTED  
BASELINE WANDER IN LEAD(S) V5,V6



# ECG after DC cardioversion

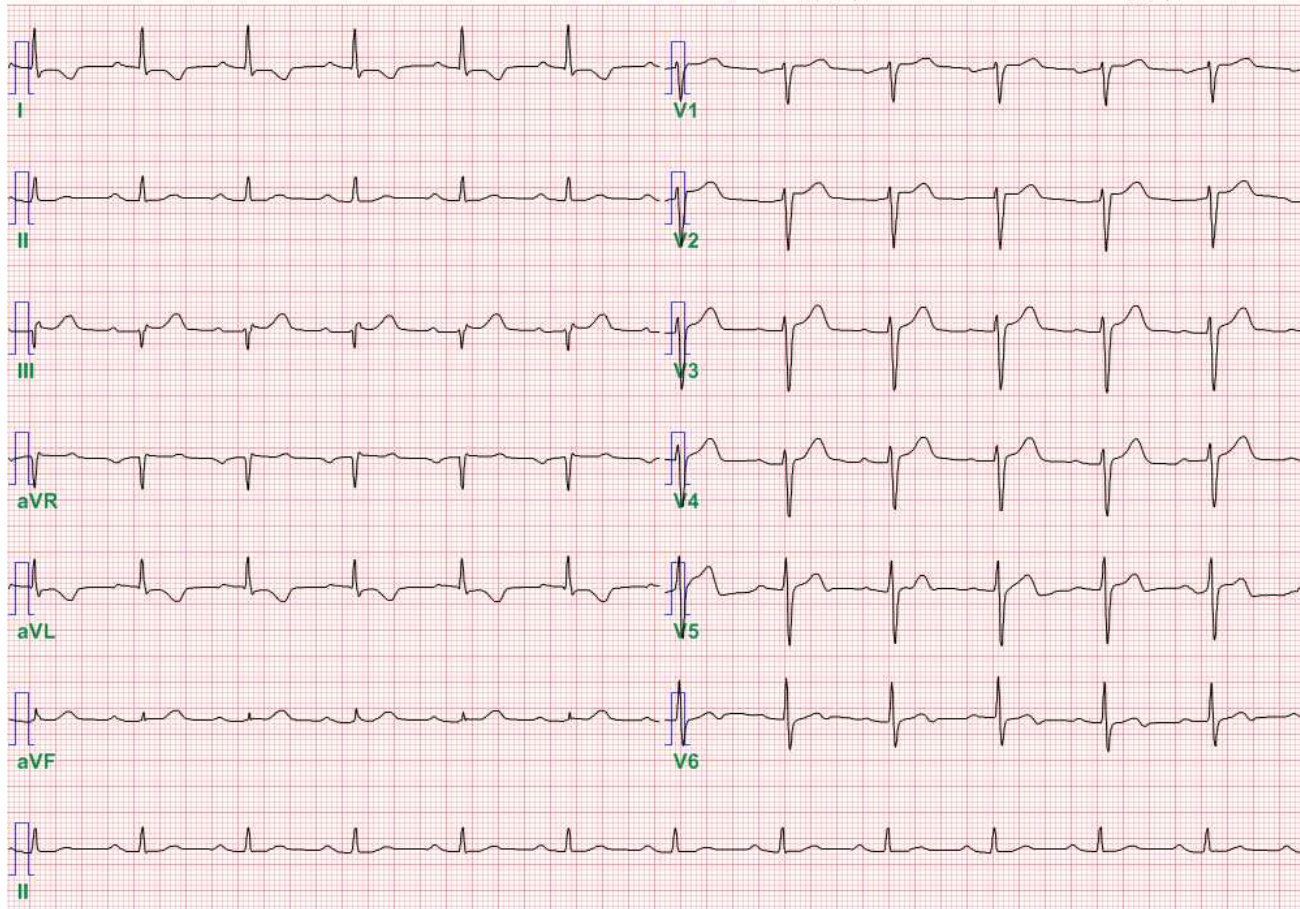
HR : 73 bpm  
R-R : 0.822 sec  
P-R : 0.232 sec  
QRS : 0.090 sec  
QT : 0.400 sec  
QTc : 0.441  
AXIS : 25 deg

AGE IS NOT ENTERED, ASSUMED TO BE 50 YEARS OLD FOR PURPOSE OF ECG INTERPRETATION  
SINUS RHYTHM  
FIRST DEGREE AV BLOCK  
LATE PRECORDIAL R/S TRANSITION  
ABNORMAL T, CONSIDER ISCHEMIA, LATERAL LEADS  
MINIMAL ST ELEVATION, ANTERIOR LEADS  
BASELINE WANDER IN LEAD(S) V2,V3

- ABNORMAL ECG -

판독의 :

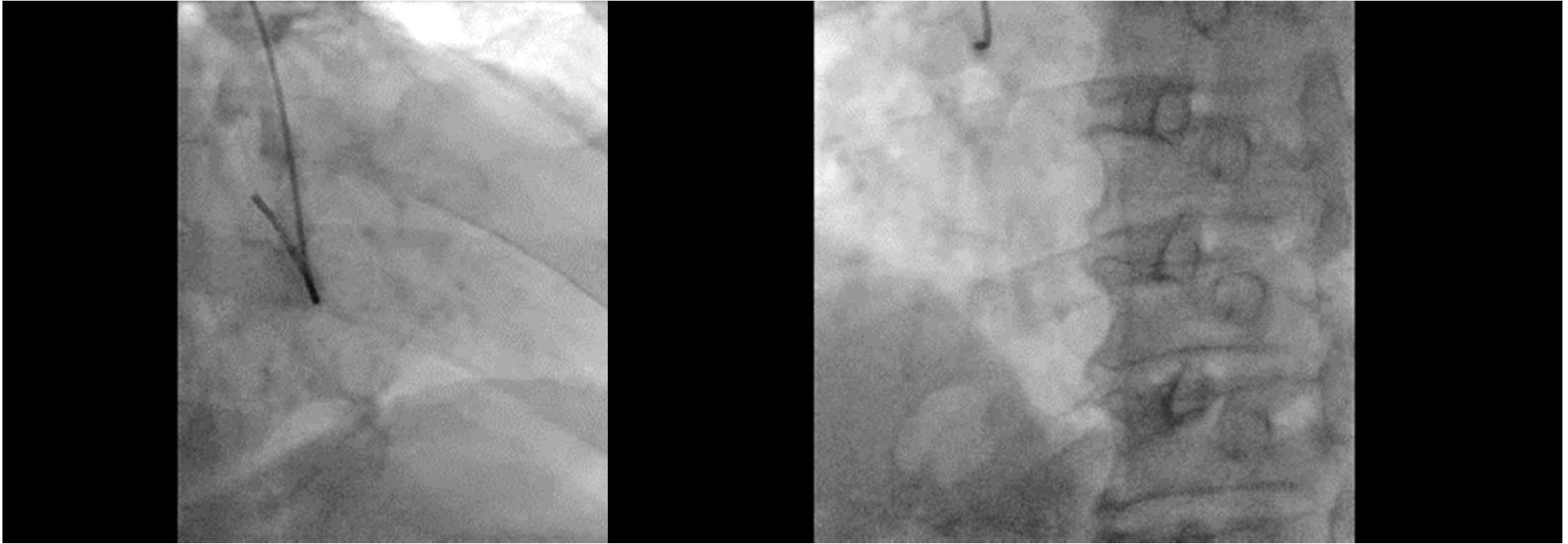
확인의 :



# Echo

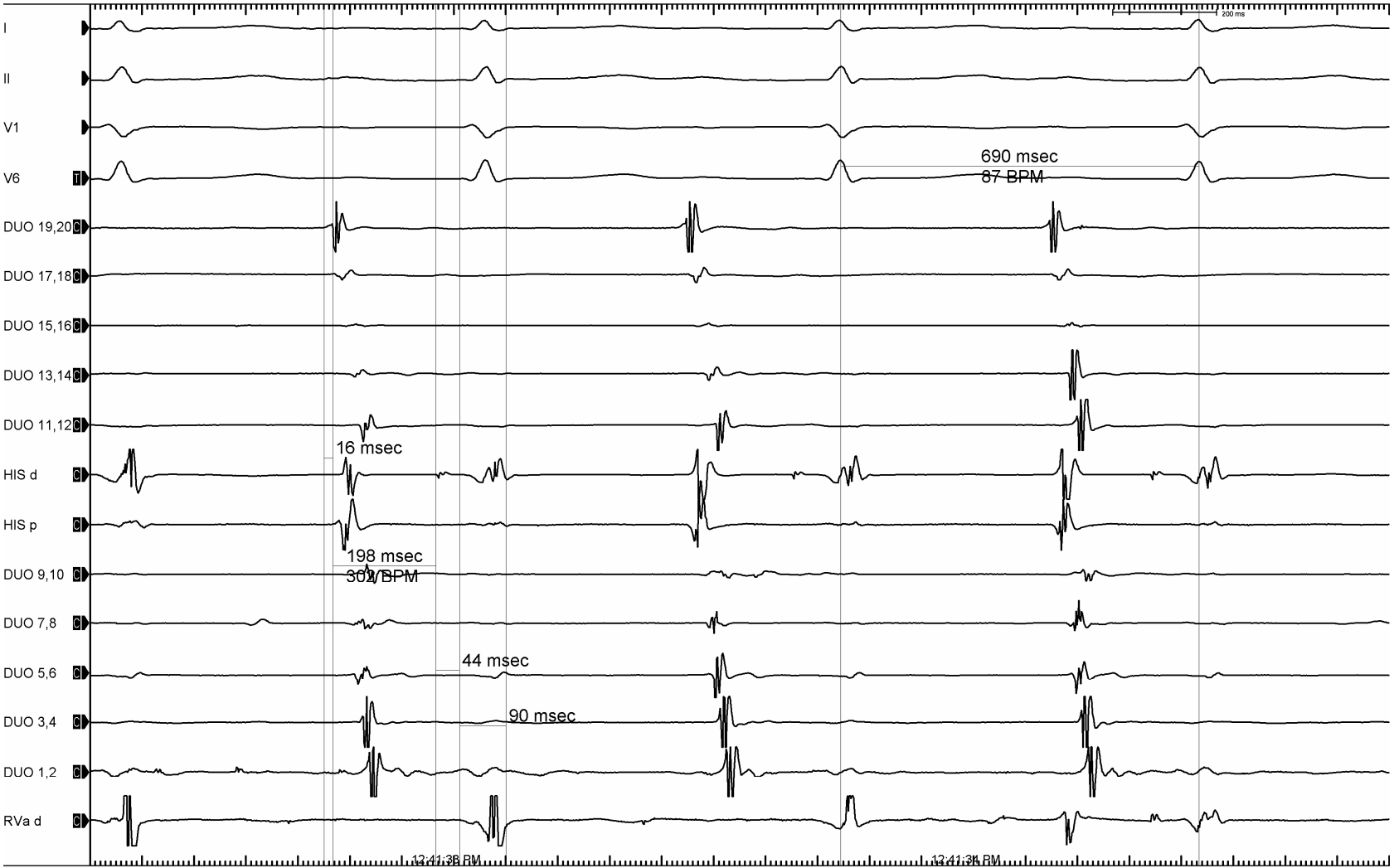
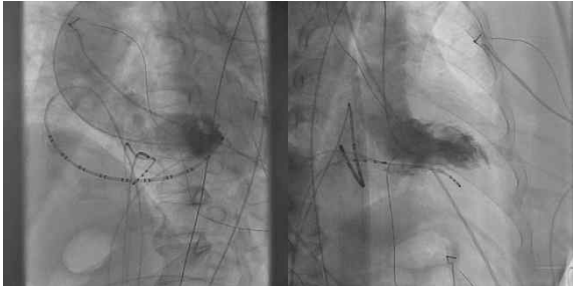
- Relaxation abnormality

CAG



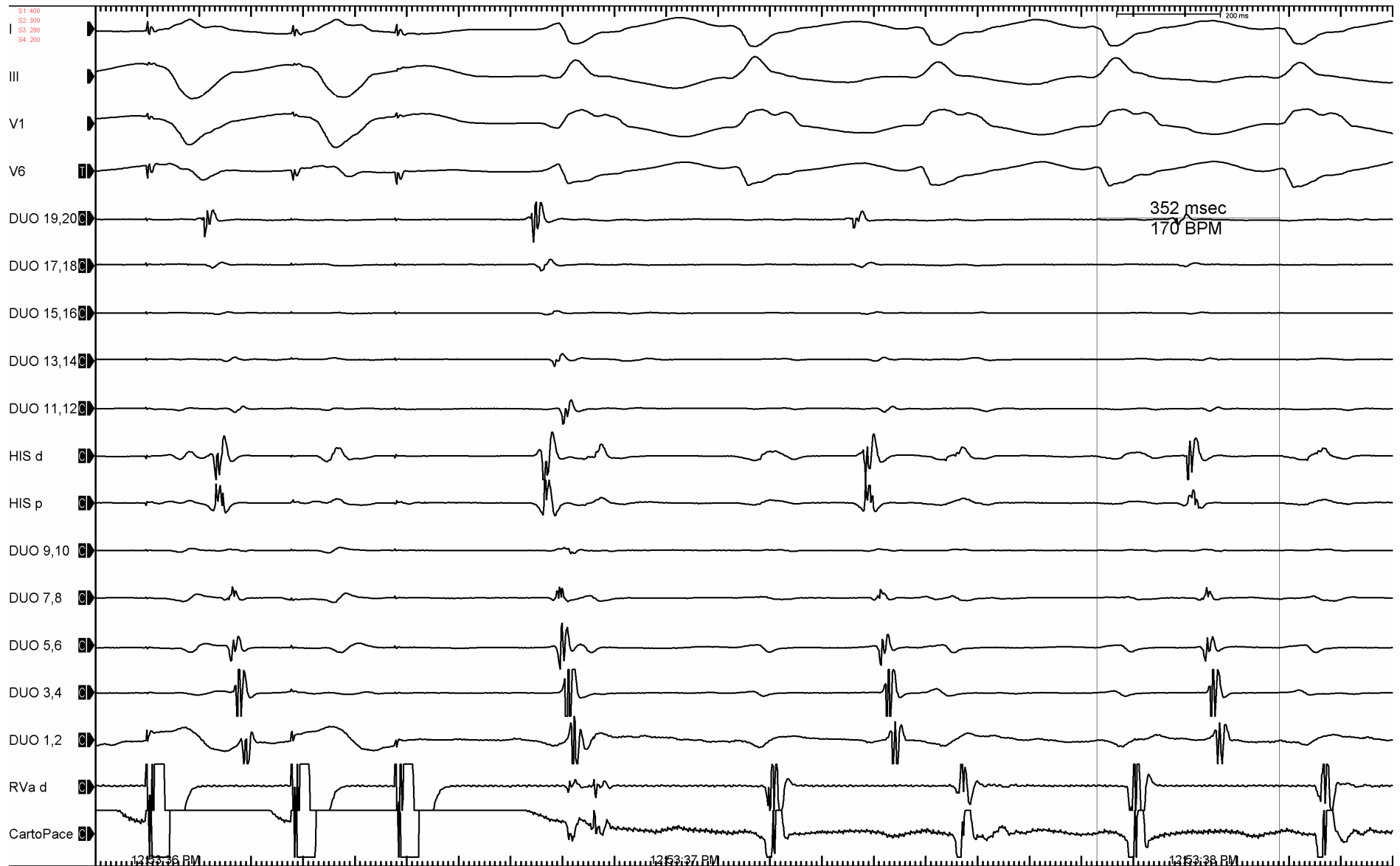
EP study

# Baseline rhythm

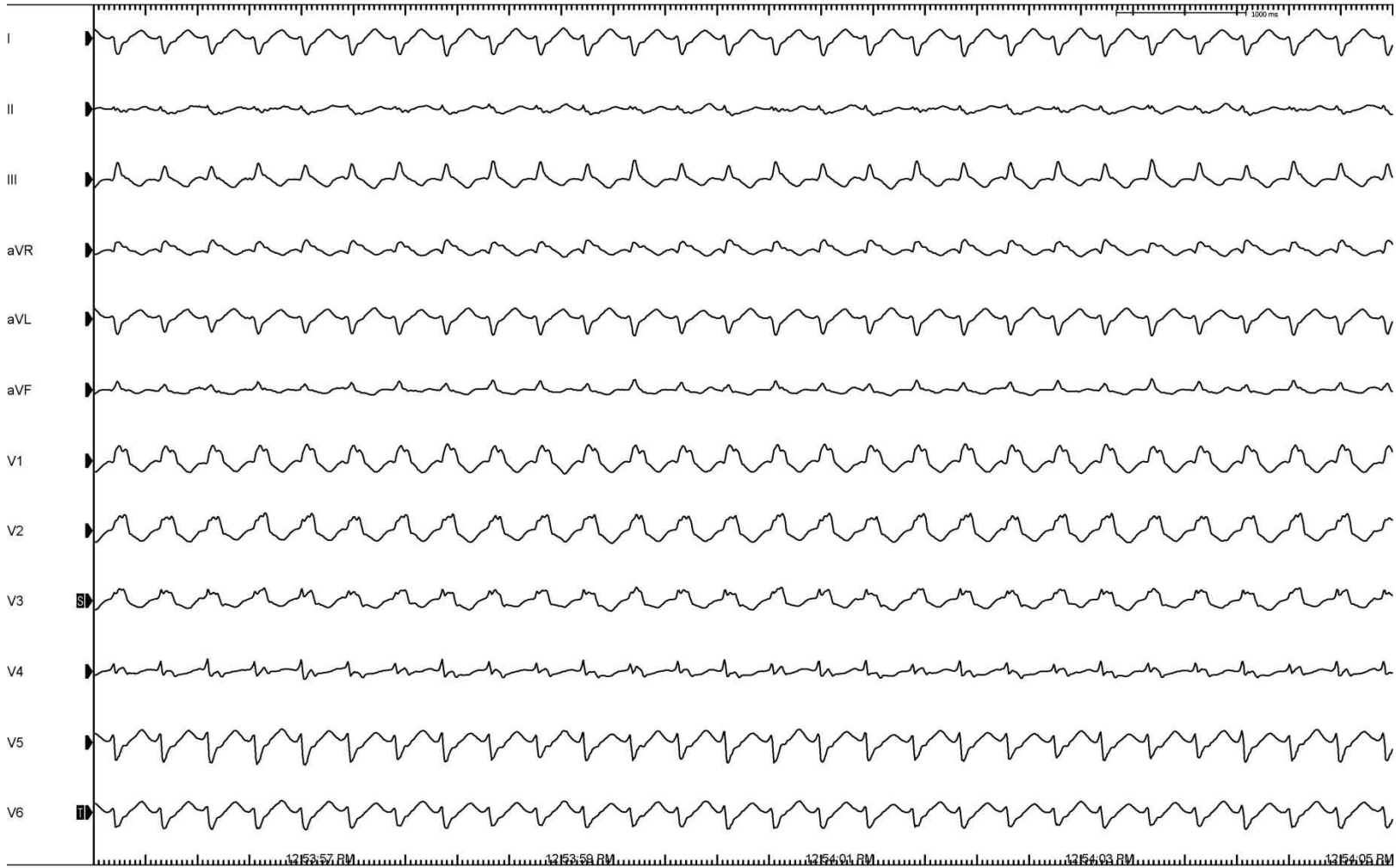




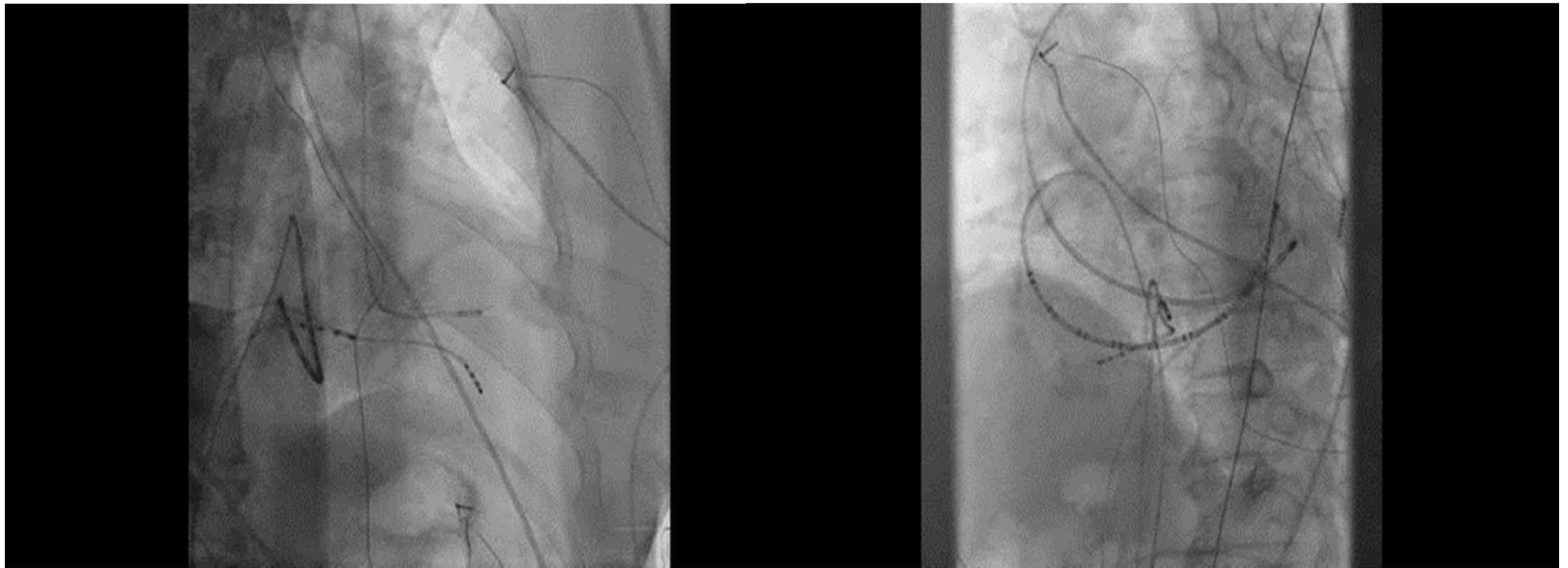
# VT induction by VEST (400/300/280/200msec)



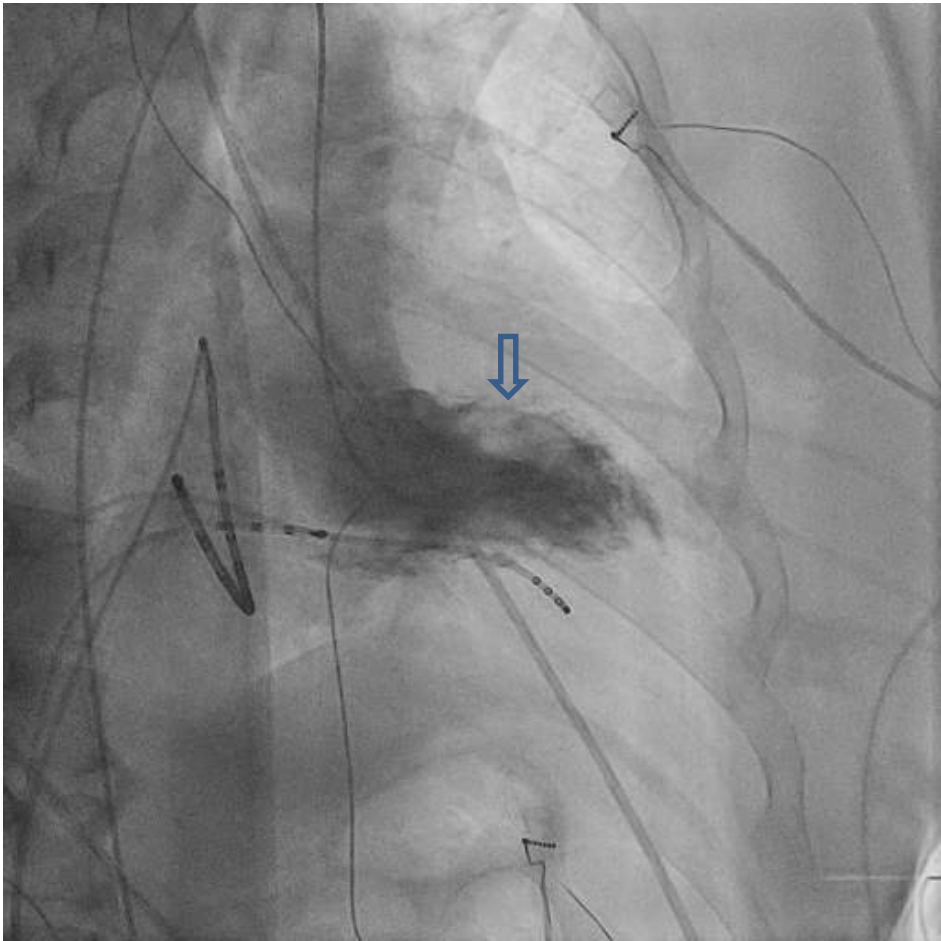
# Clinical VT



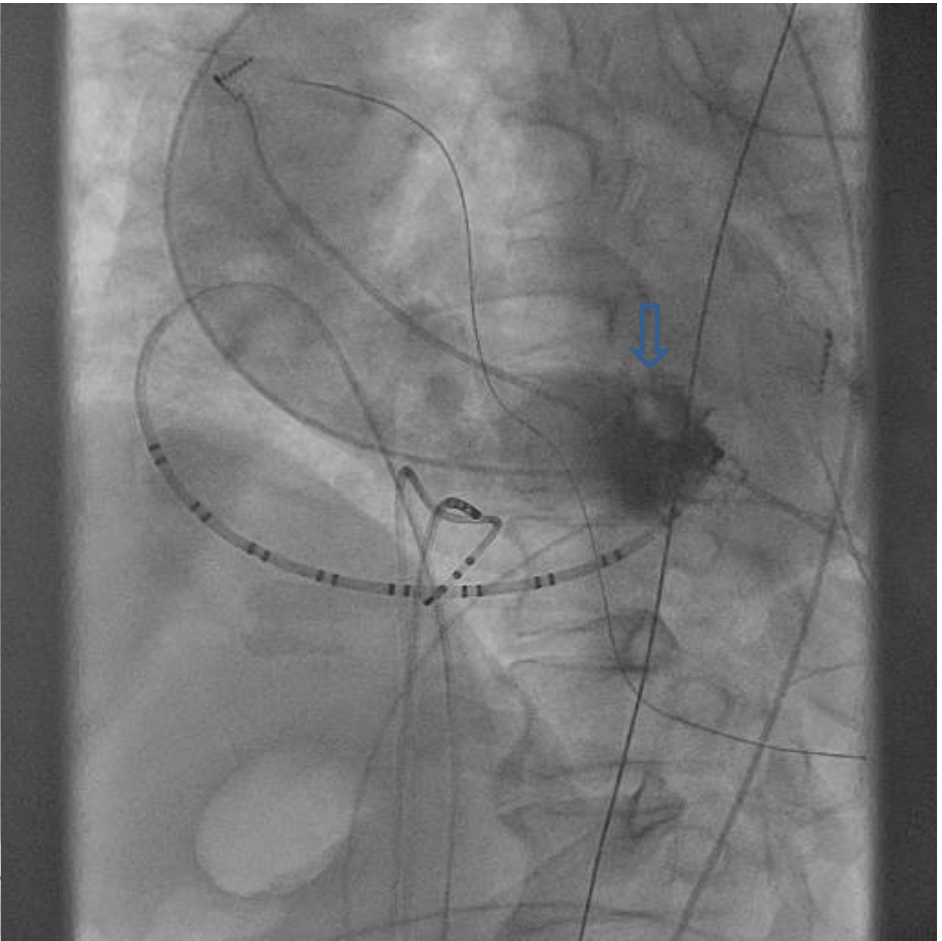
# Catheter positioning



# LV angiogram

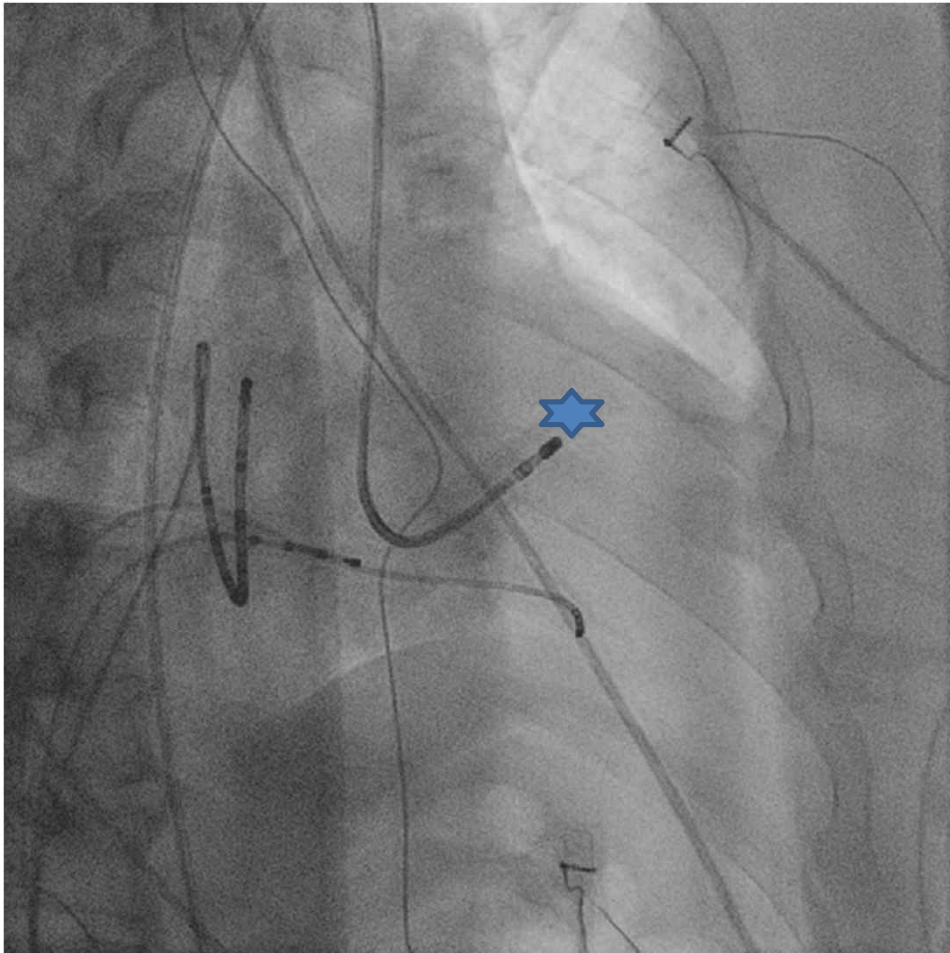


RAO

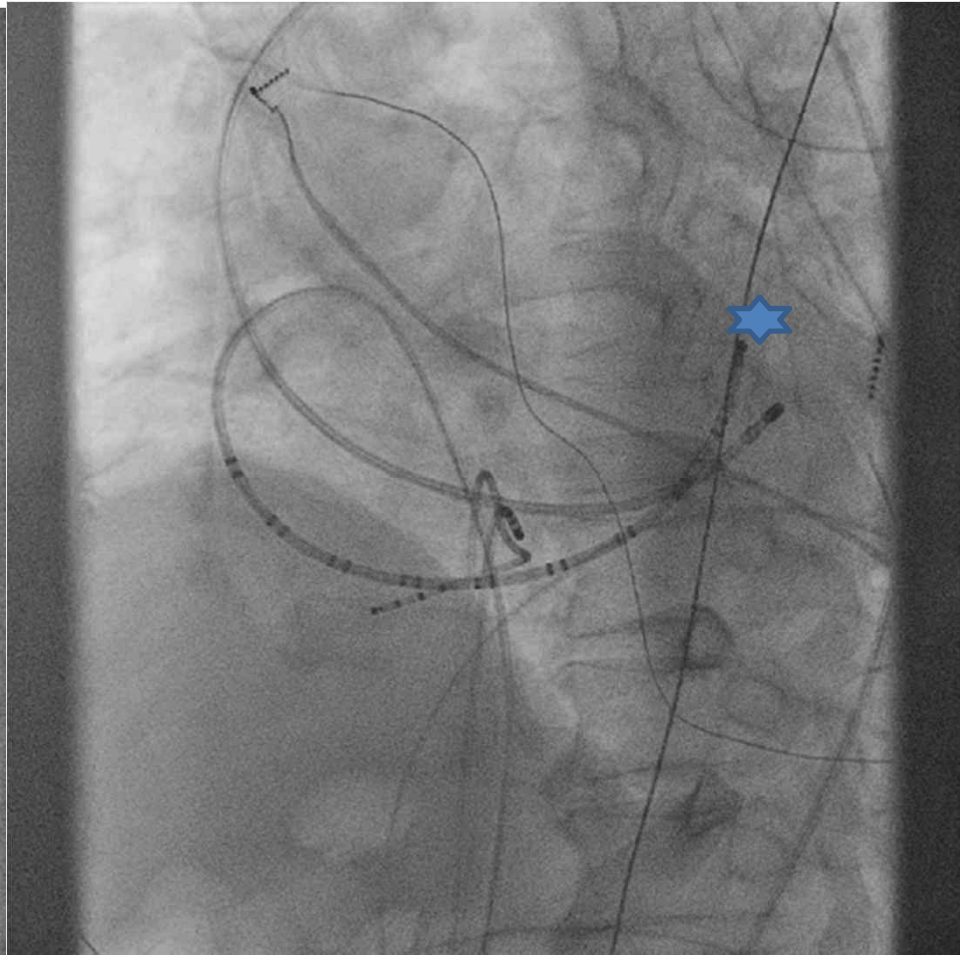


LAO

Fluoroscopic ablation catheter site  
(transaortic approach, anterolateral PM)

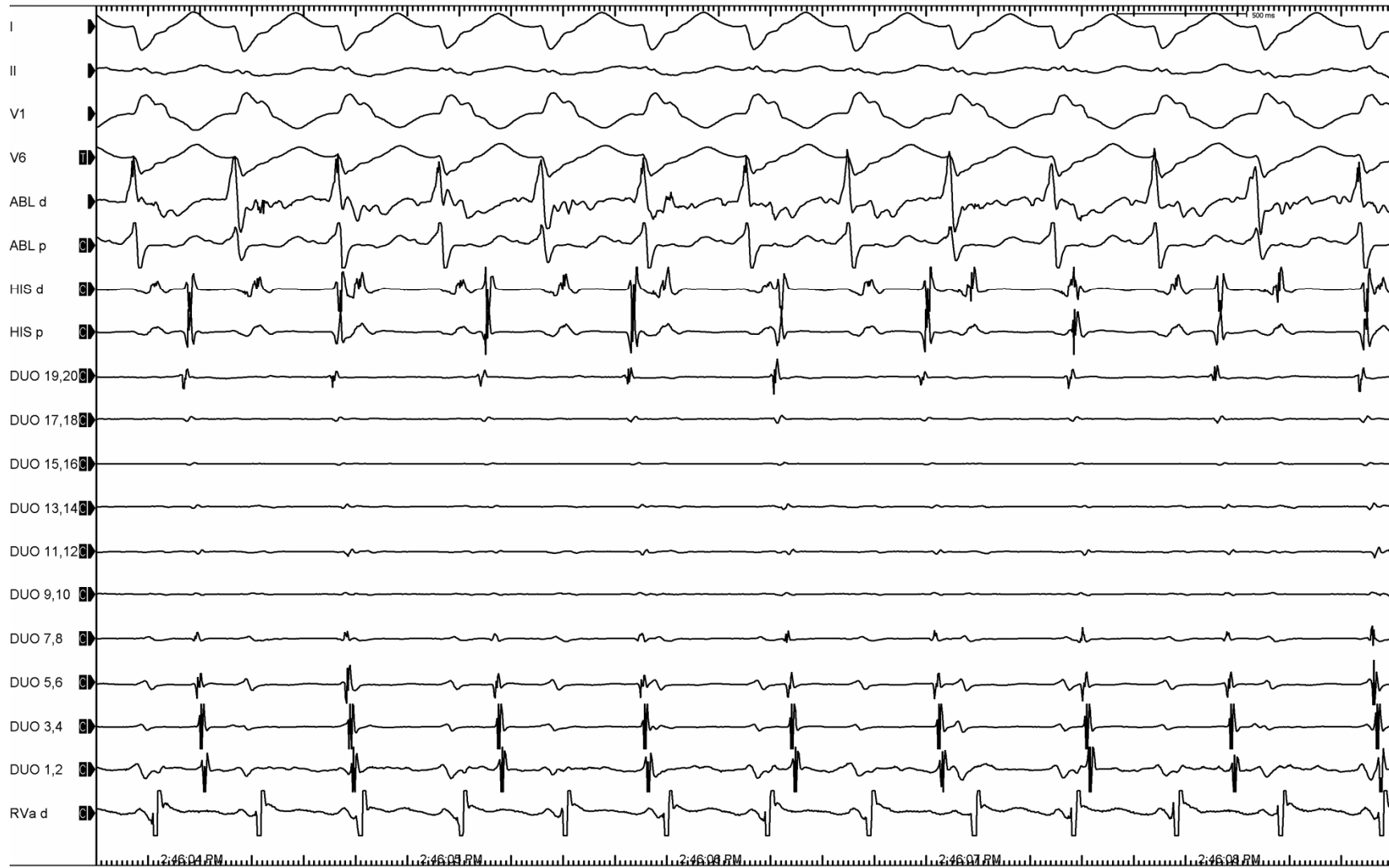


RAO

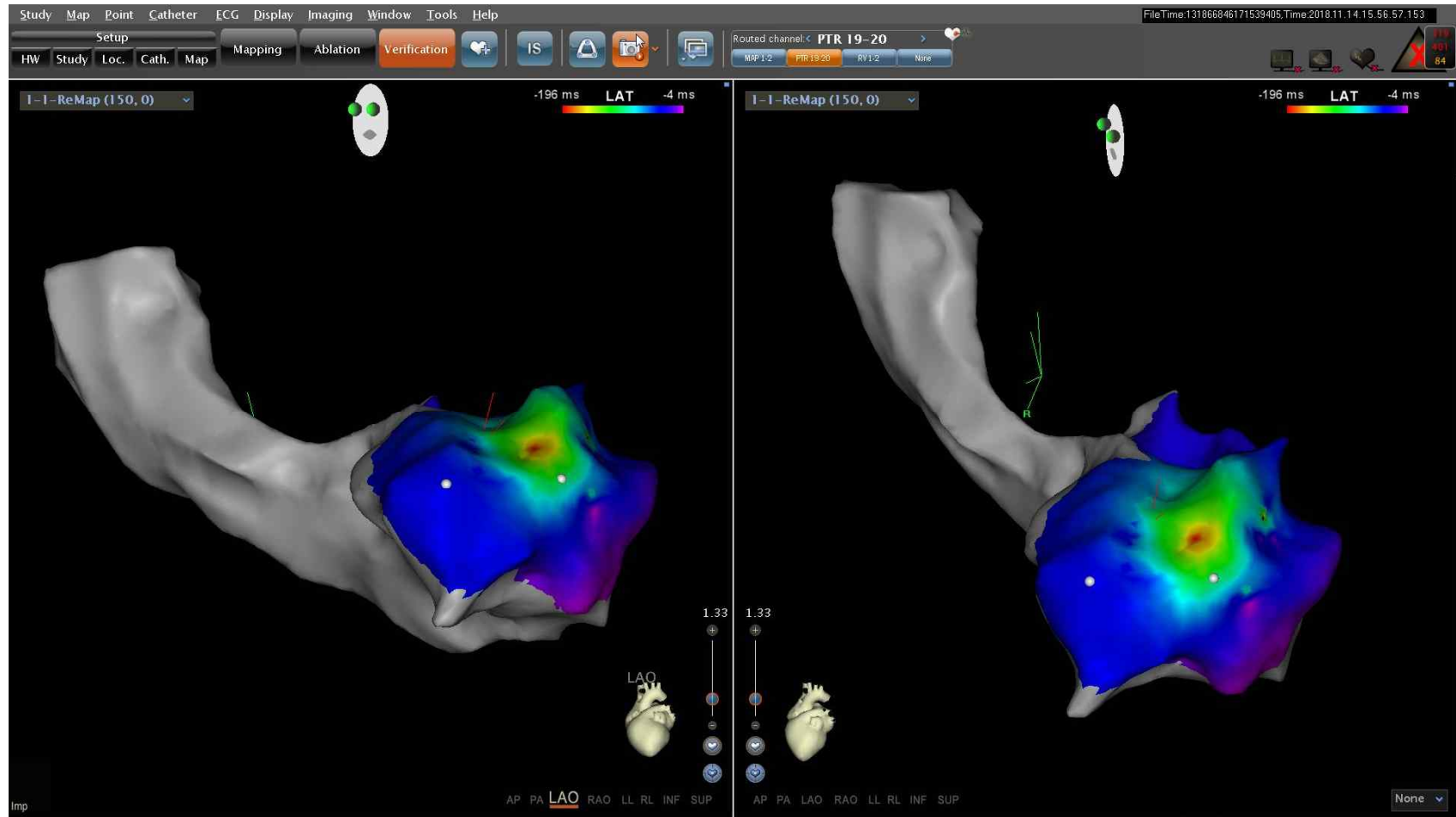


LAO

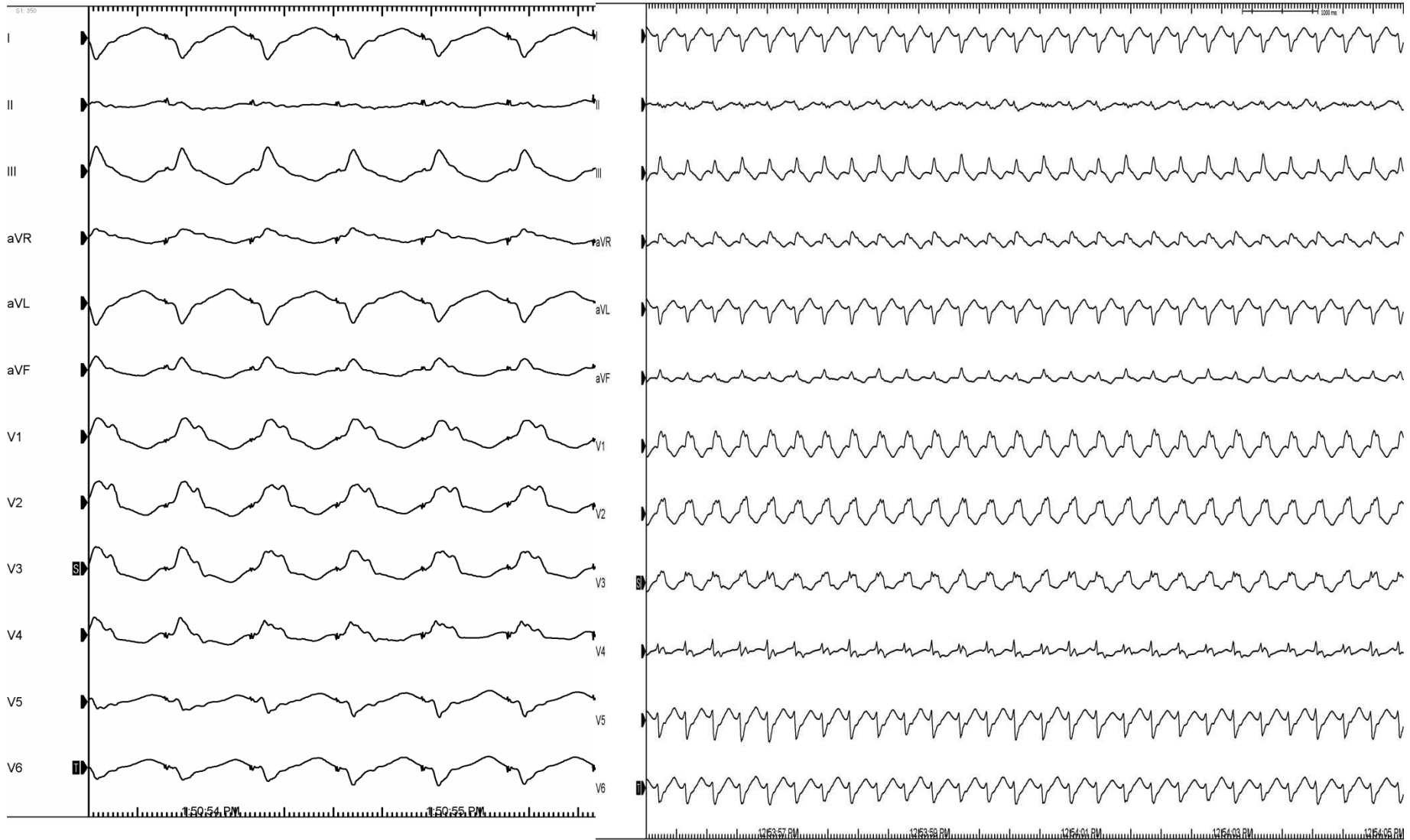
# Activation mapping



# Activation mapping

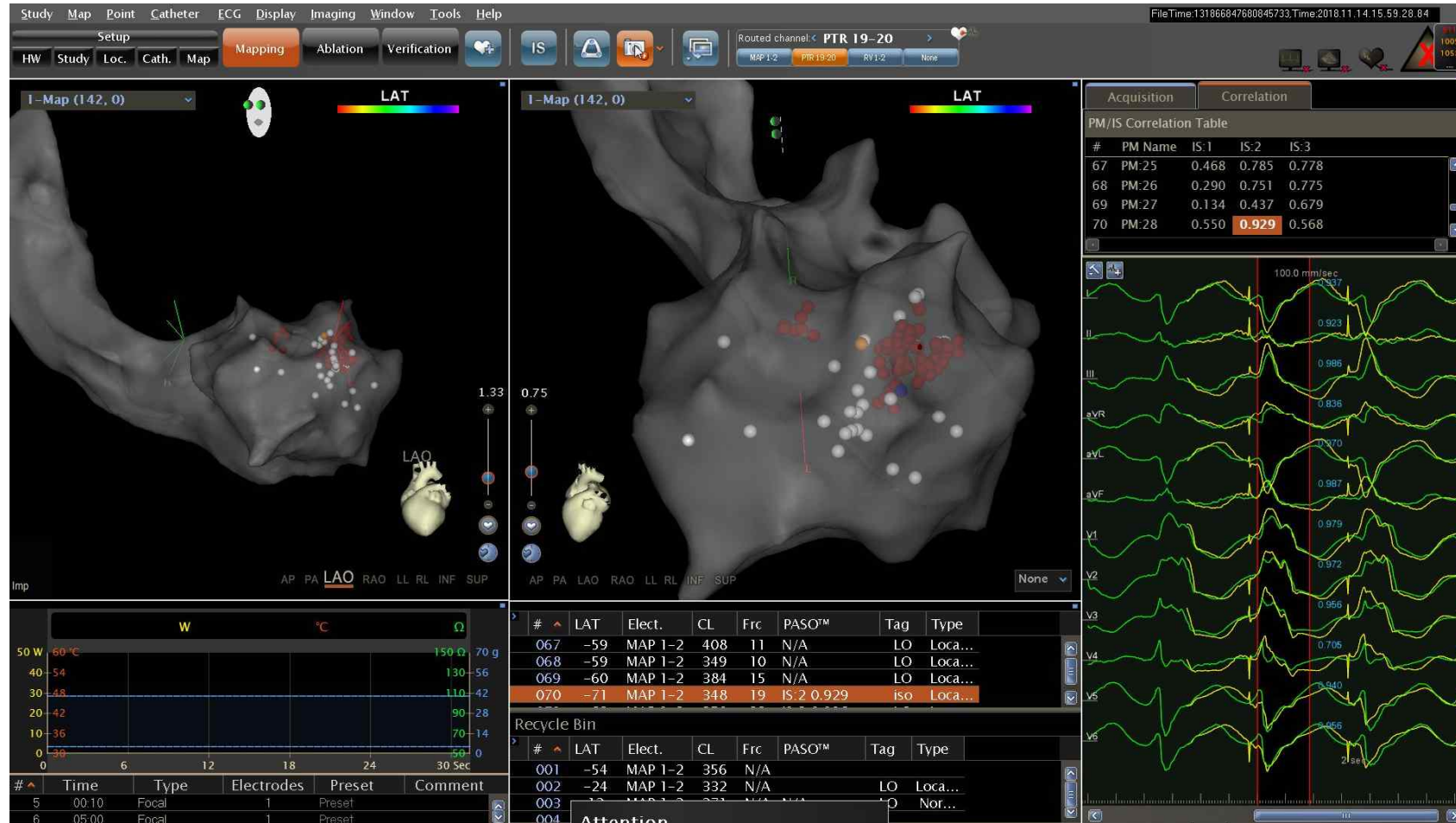


# Pacemapping

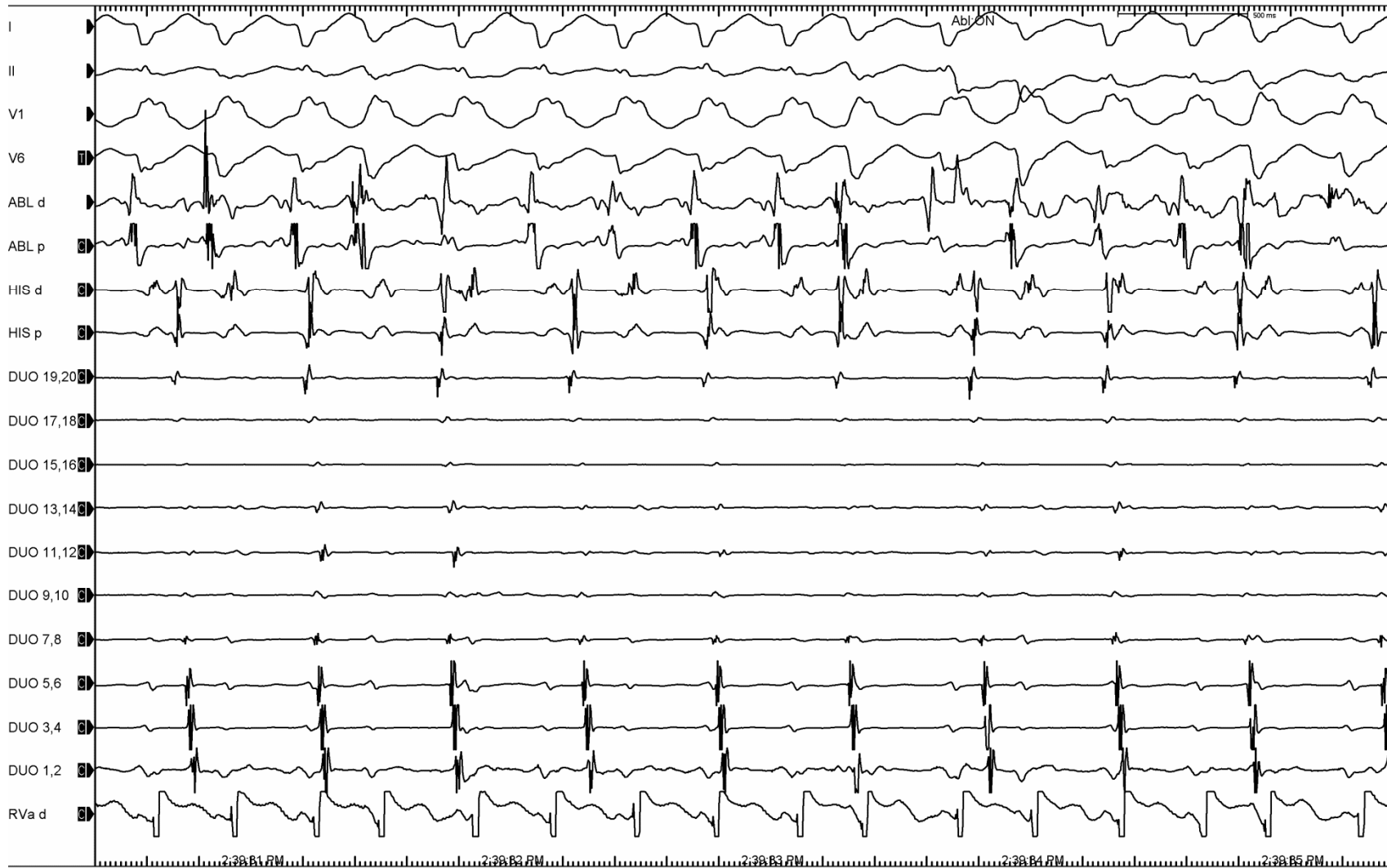




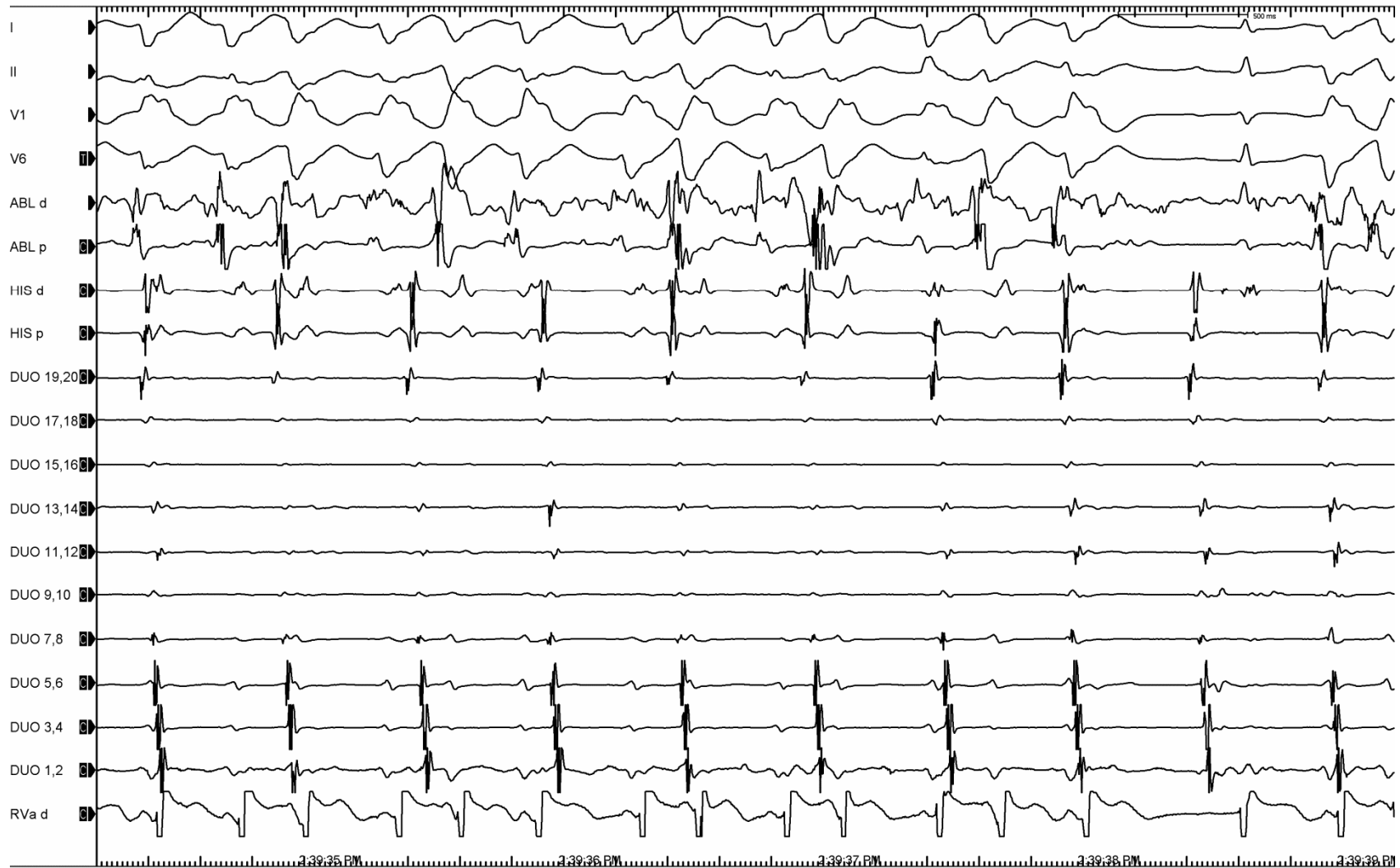
# PASSO matching (93%)



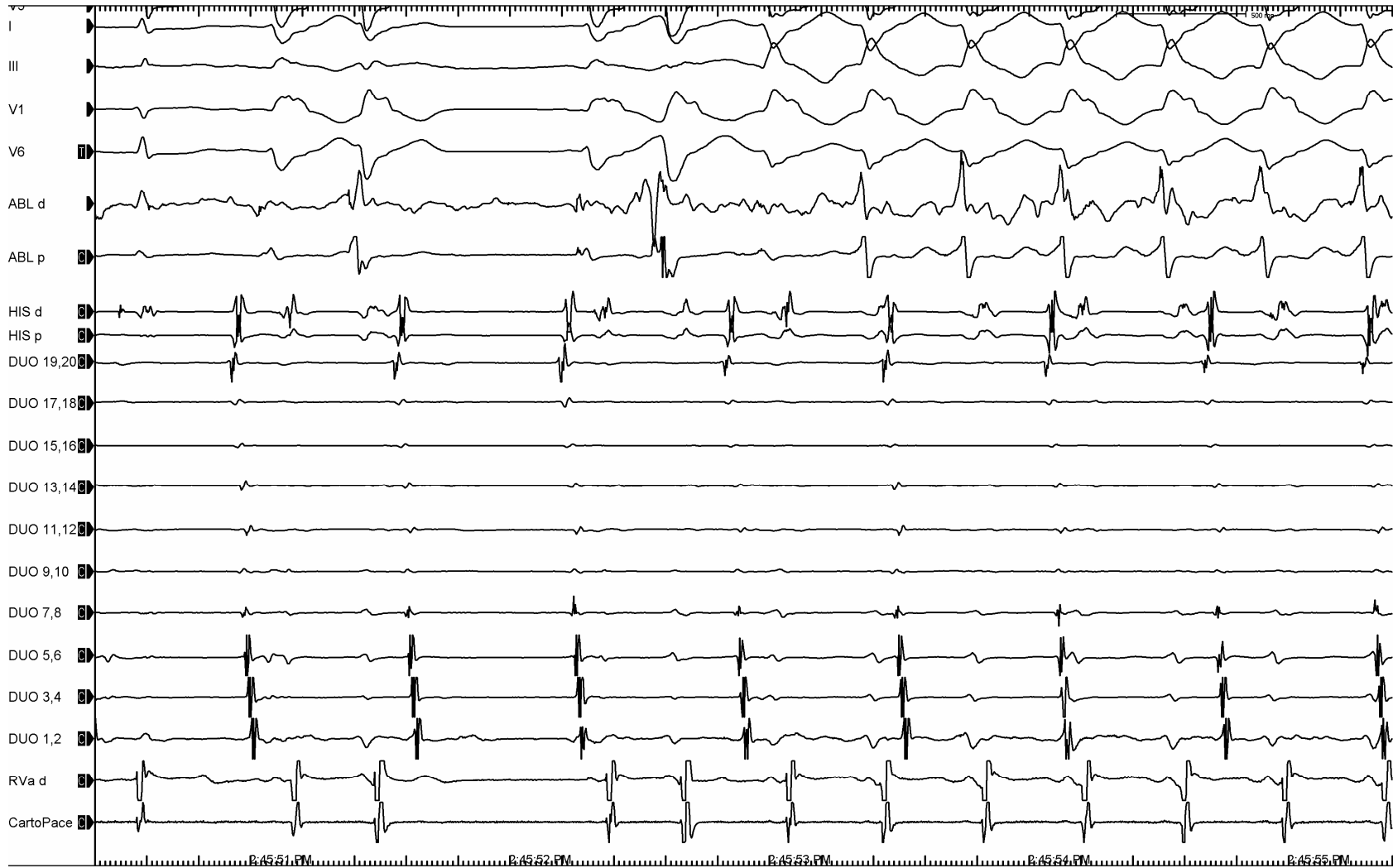
# 2<sup>nd</sup> ablation



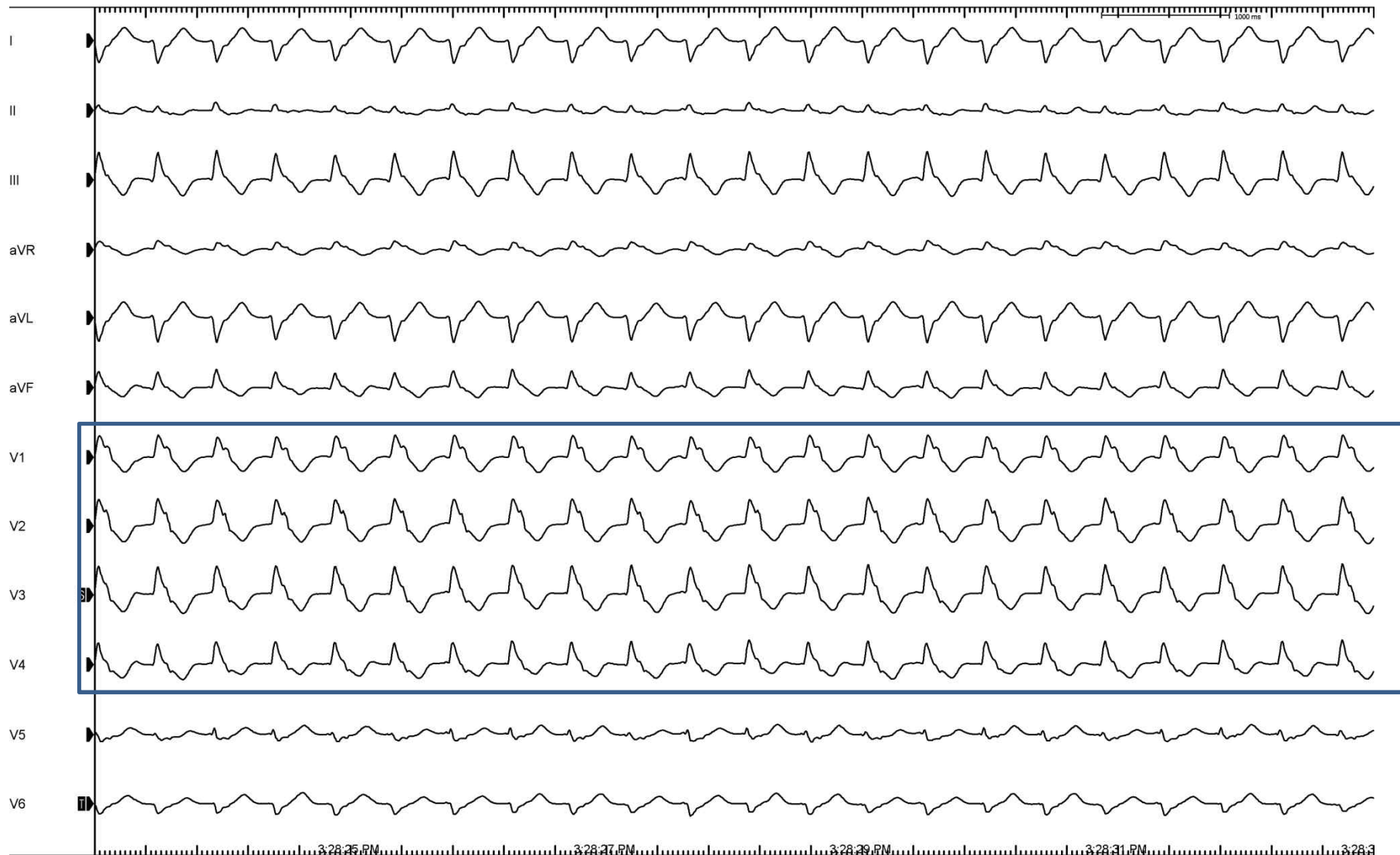
# VT termination during 2<sup>nd</sup> ablation



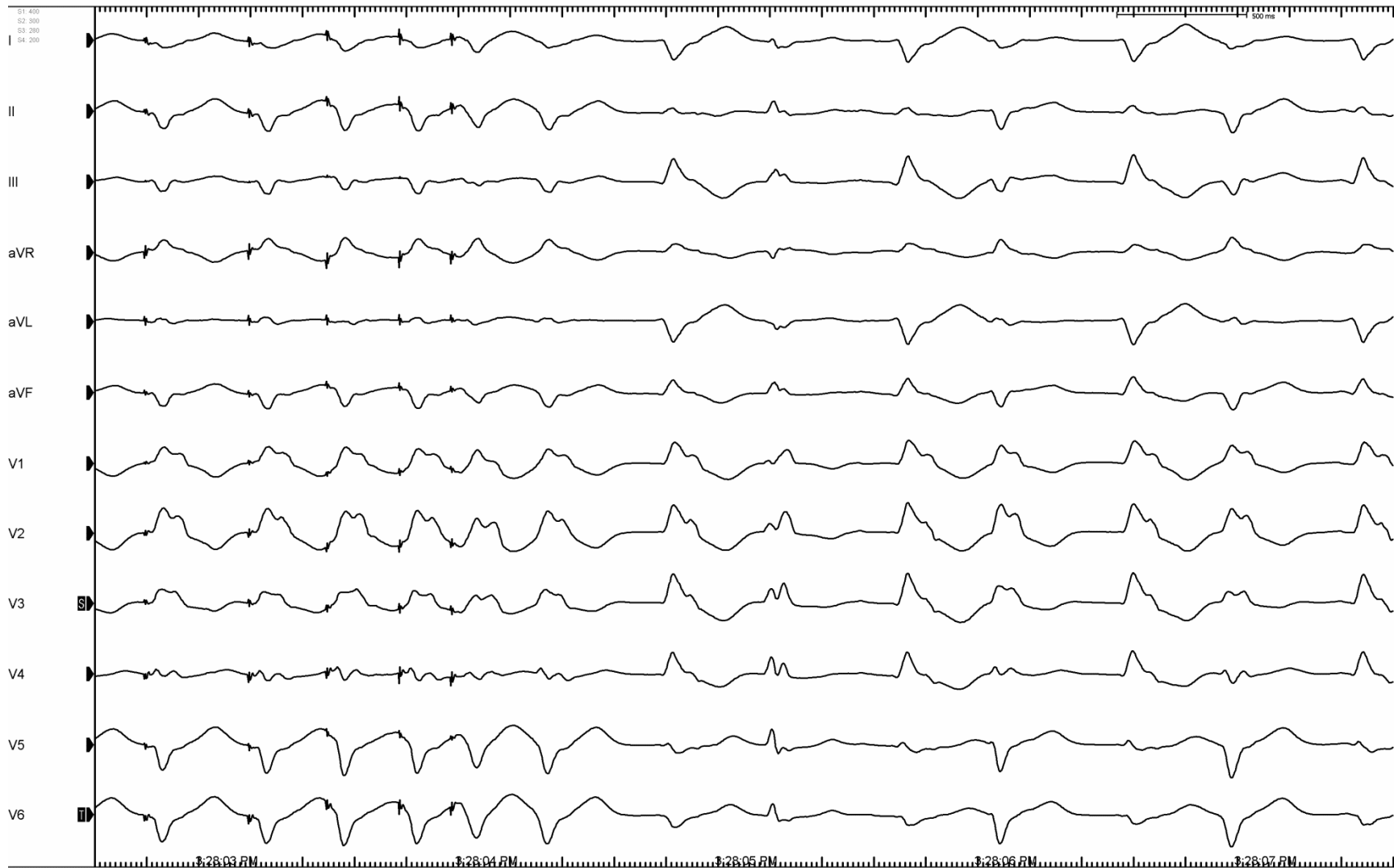
# Spontaneous VT induction during isoproterenol infusion



# Sl. different VT morphology



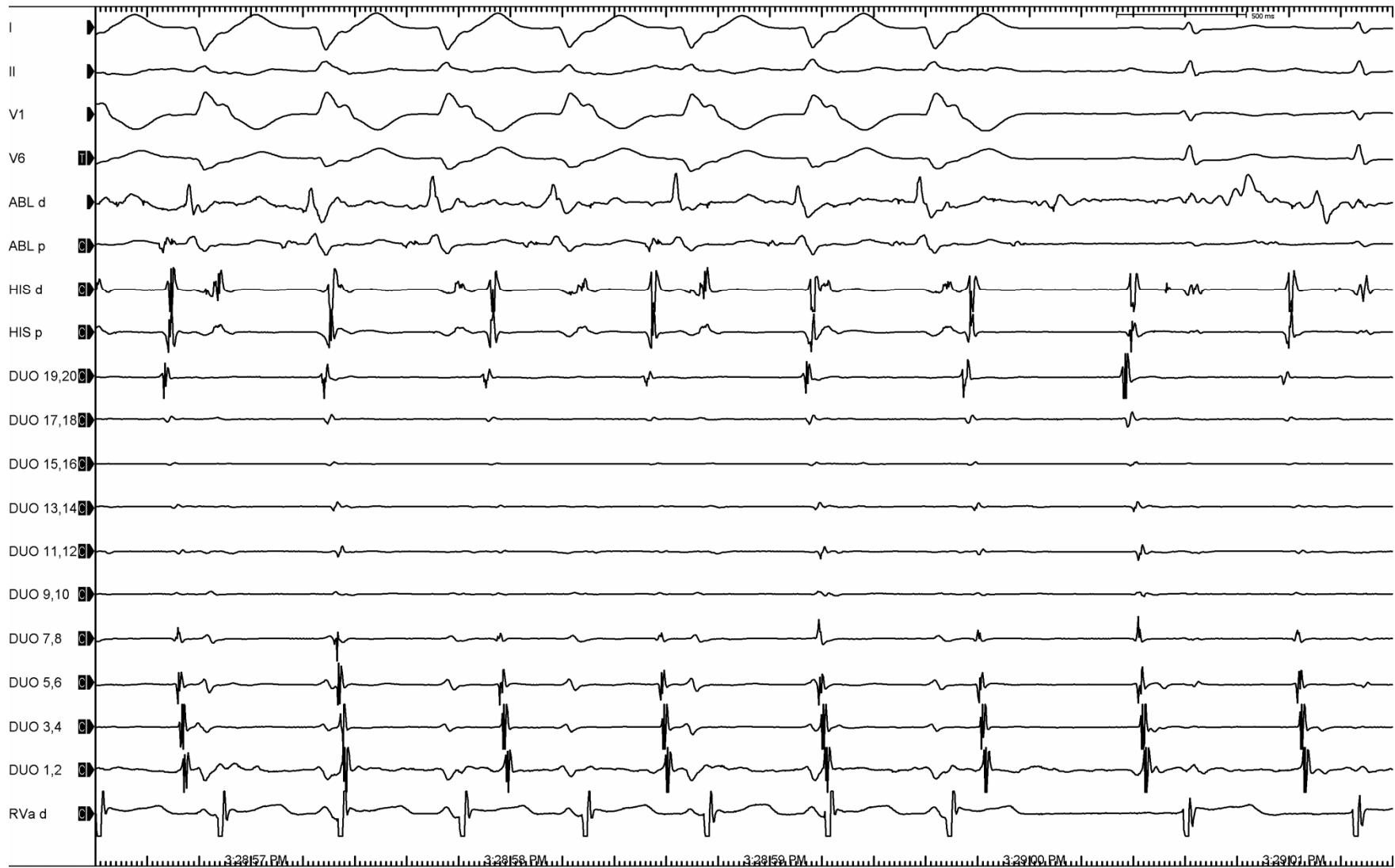
# SI. different VT morphology



# Ablation site: 24msec earlier than QRS

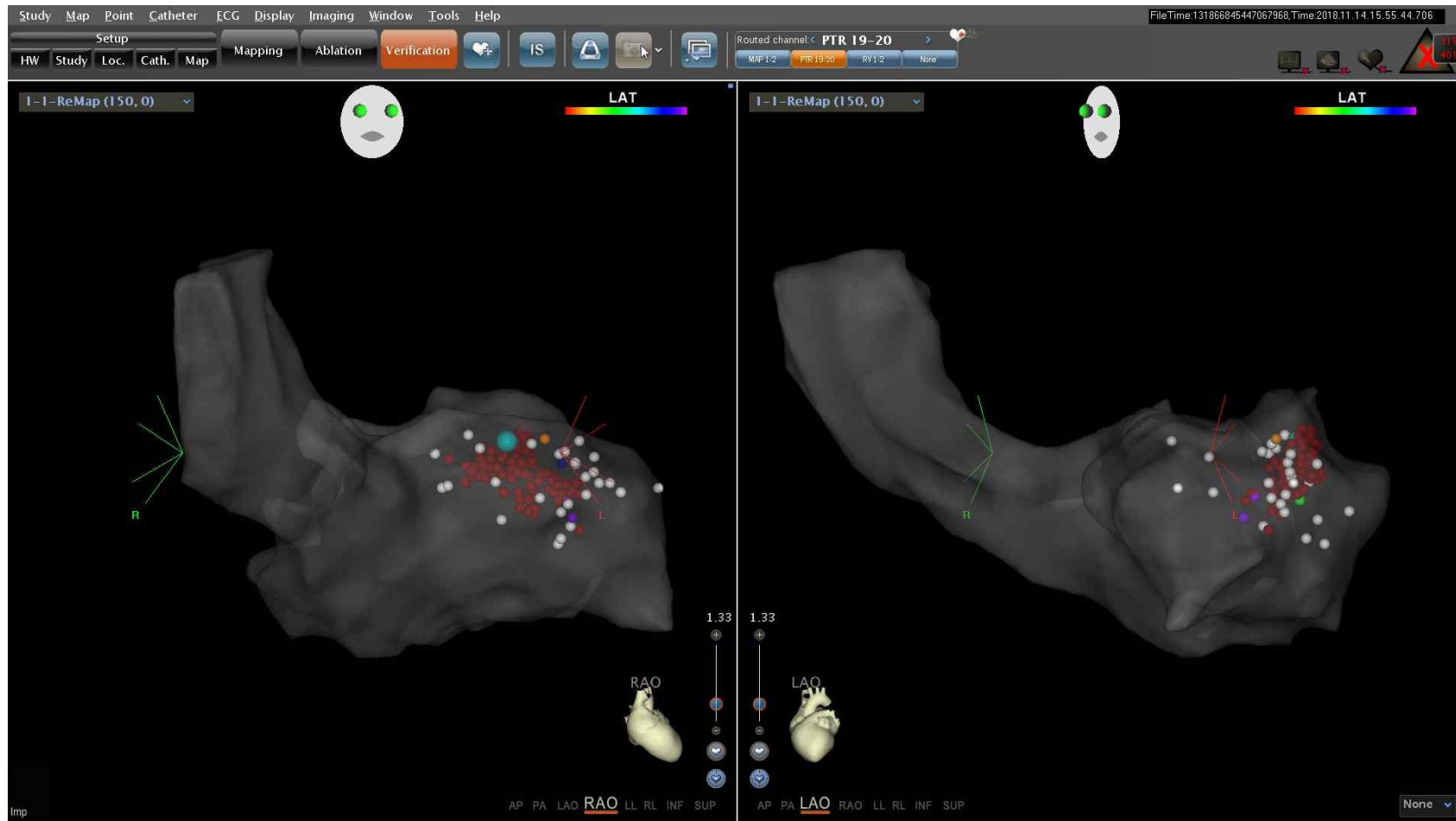


# VT termination during ablation





# Ablation site-irrigating catheter, #13 ablation, 50W



RAO

LAO

- VT :not inducible
- Fu Echo:no MR

## Case summary (anterior papillary muscle VT)

- Wider QRS ( $150 \pm 15\text{ms}$ )
- Multiple QRS morphologies during ablation,  
differential exit sites  
multiple regions of origins within papillary muscle
- Catheter stability, thick base of myocardium
- ICE
- Transseptal vs transaortic