

Images in Cardiology

Catheter Ablation of Right Ventricular Outflow Tract Ventricular Tachycardia

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A 57-year-old female with repetitive monomorphic ventricular tachycardia was referred for an electrophysiological study. ECG during sinus rhythm was normal. ECG during tachycardia revealed a left bundle branch block (LBBB) pattern with inferior axis suggestive of an outflow tract tachycardia (**Fig. 1**). Structural heart disease was excluded. Transthoracic echocardiography and coronary angiography were unremarkable. The tachycardia was easily induced by atrial pacing (**Fig. 2**). This was suggestive of cyclic adenosine monophosphate (c-AMP) triggered activity as the pathophysiological basis of the arrhythmia. Activation mapping revealed the earliest activity at the posteroseptal region of the right ventricular outflow tract. A systolic pre-potential was recorded in this area, which is rarely seen in these type of arrhythmias (**Fig. 3**).

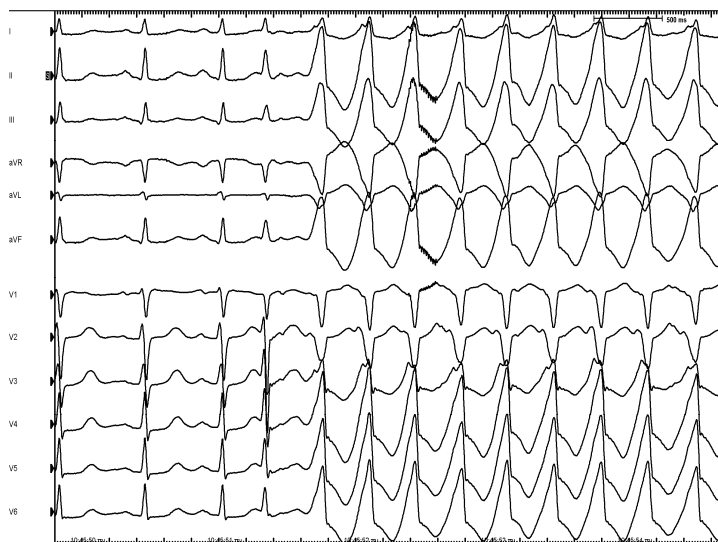


Figure 1. Spontaneous induction of the wide QRS tachycardia.

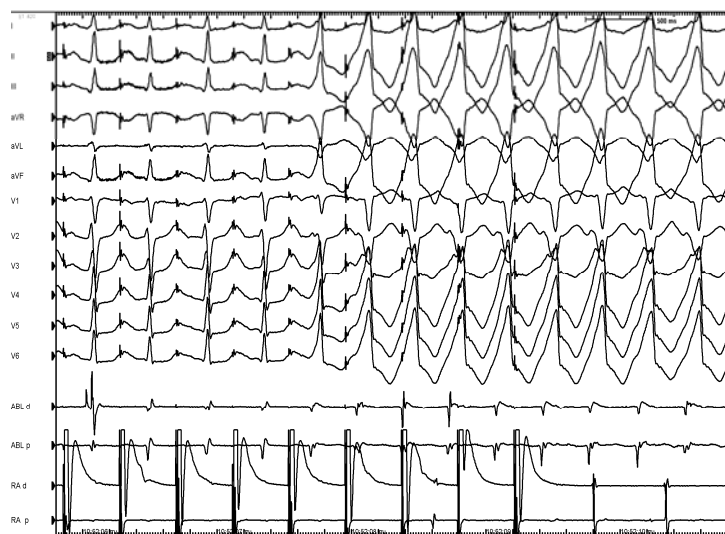


Figure 2. Atrial pacing induces the wide QRS tachycardia.

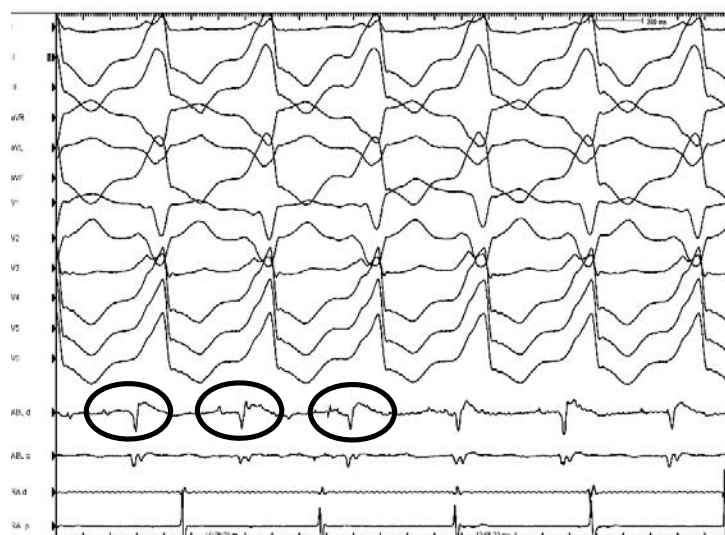


Figure 3. Activation mapping during the tachycardia revealed a systolic pre-potential (encircled) at the area of the earliest local activity.