

Arrhythmias

ANGIOGRAPHIC CHARACTERISTICS OF THE TRIANGLE OF KOCH IN THE ABLATION OF AV NODE REENTRANT TACHYCARDIA

ACC Moderated Poster Contributions
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Background: Dimensions of the Triangle of Koch (ToK) vary among patients (PP). Our objective was to analyze the angiographic size of the ToK in PP undergoing AVNRT ablation and the potential implications in the procedure outcomes.

Methods: The size of the ToK was assessed performing an angiography of the right atrium at RAO projection. Based on anatomic studies, it was considered normal dimension of the “angiographic” ToK: base of 10-20mm from the tricuspid annulus to the edge of the coronary sinus and height of 20-30 mm from the AV node to the floor of the right atrium. Measures over or below this limits were considered for wide or small ToK respectively.

Results: 98PP underwent AVNRT ablation, 67 women (68.4%), 52±15 year-old. Angiograms showed a normal size of the ToK in 49% of PP, a small ToK in 27,6% and a wide ToK in 23,4%. The ToK size was related to the age: small ToK (60±16 year-old), normal ToK (52±11 year-old), wide ToK (41±14 year-old); $p<0.05$. No differences related to sex. Wide Tok was related to longer procedures requiring more minutes of X-ray than normal and small Tok, 33±16min vs 24±9min and 29±12min respectively, $p<0.05$. Small ToK was related to a higher persistence of slow pathway without inducible tachycardia after RF ablation in 20PP(74.1%) compared to 18PP(37.5%) in normal ToK and 10PP(43.5%) in wide Tok, $p<0.05$. Recurrence of AVNRT was documented in 7PP showing no relation with the ToK size.

Conclusions: The dimension of the Tok vary with the age and is associated to different outcomes after AVNRT ablation.

