ening of their clinical status had an overall mortality at 6 months of 25%, and at 1 year of 63%.

Conclusions: 1) Arrhythmic storm is associated with a poor prognosis in nonischemic pts, 2) The triggering factors include mainly the deterioration of the clinical status.

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An unusual case of Mahaim fibers in hypertrophic cardiomyopathy
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Introduction: The coexistence of Mahaim fibers (MF) and hypertrophic cardiomyopathy (HCM) is exceptional. We report an unusual case of a young female patient presenting with HCM and MF.

Case-report: A 17 y/o woman was referred in 1998 for a familial HCM screening. She had no symptoms; her surface EKG revealed a preexcitation suggesting a right anteroseptal WPW syndrome. The transhoracic echocardiogram (TTE) demonstrated an asymmetric septal HCM without LV outflow tract (LVOT) obstruction. The electrophysiological study (EPS) demonstrated the presence of MF (normal AH interval, a short and fixed HV interval and atrial pacing produced AH prolongation without change of preexcitation degree, indicating fasciculo-ventricular MF).

Eight years later (25 y/o) while the patient was doing well, the ECG was similar and TEE demonstrated the same aspect of asymmetric septal HCM without obstruction. Three months later the patient was pregnant and gave birth to a healthy baby. (During pregnancy: Delta wave was present and there was no LVOT obstruction). After delivery, Surprisingly there was no more preexcitation on her ECG and the TEE demonstrated now a significant LVOT obstruction with a systolic anterior motion of the mitral valve and an LVOT gradient of 36 mmHg. A second EPS was performed in 2008 and showed no more preexcitation. We speculate the hypothesis that VF fiber played in this case a similar pathogenic role as does the apical right ventricular pacing when it is used to decrease LVOT gradient in patients with HCM.

Conclusion: This case deserves to be reported because the association of MF and HCM is rare (only 3 cases reported in english literature), the disappearance of MF during pregnancy has never been reported and the hypothesis that the RV preexcitation via FV Mahaim fiber played a role in decreasing LVOT gradient in this patient with HCM.

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Clinical value of left atrial appendage flow for prediction of successful catheter ablation for persistent atrial fibrillation
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Introduction: The purpose of this study was to determine whether left atrial appendage flow velocity, as determined using trans esophageal echocardiography (TEE), predicts the outcome after catheter ablation of persistent atrial fibrillation (PAF).

Method: 40 PAF patients (85% males, 60 +/- 11 years) underwent a stepwise ablation approach. The procedural end point was termination of persistent AF by catheter ablation, either by conversion directly to sinus rhythm or to atrial tachycardia. Left atrial appendage (LAA) peak flow velocities were measured with transesophageal echocardiography and averaged within each RR interval of 10 consecutive cardiac cycles. Others parameters LA area, left ventricular ejection fraction, duration of continuous AF, Administration of amiodarone, were analyzed to determine the factors associated with procedural termination of arrhythmia.

Results: Among the 40 patients, all received a circumferential PV isolation, a linear ablation, and a continuous CFE ablation. Atrial fibrillation was terminated in 26 patients (65%) with a mean procedure time of 201 min +/- 43 min. The pre-procedural ejection fraction (p = 0.38), duration of continuous AF (p = 0.09) did not differ significantly between patients who had success of catheter ablation compared with those who had not. Peak emptying velocities of the LAA before catheter ablation were significantly higher in patients in whom PAF was terminated during the procedure (0.23 vs. 0.34, p = 0.002). On multivariate logistic regression analysis, only the mean LAA peak emptying velocity > 0.30 cm/s (p = 0.02, odds ratio [OR] = 9, 58 confidence interval [CI]) 95% 1.50 to 61.36), predicted successfull catheter ablation for PAF. At 6 months follow-up, patients who underwent to have sinus rhythm, were significantly (p= 0, 003) higher in group who have LAA flow velocity > 0.30.

Conclusion: High LAA flow velocity assessed by TEE is a clinically useful pre-ablation tool for predicting successful catheter ablation for persistent atrial fibrillation and maintenance of sinus rhythm.

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Transeptal implantation of a left ventricular pacing lead for an ectopic location of the CS ostium in the left atrium
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Background: The success rate of left ventricular (LV) lead implantation for cardiac resynchronization therapy (CRT) is high. Congenital abnormalities of the coronary sinus (CS) are rare but can be responsible for unsuccessful implantation.