

ablation, AV block can be seen. Experience with AVNRT ablation with left approach is limited. The aim of this study was to examine the results of the early ablation of typical AVNRT with the left approach.

150 patients with typical AVNRT ablation by conventional methods in electrophysiology laboratory were included in the study. The average age of the patients was 43.2±2.6. 12. In 12 patients (8%) recurrence was observed immediately after the procedure. With retrograde aortic approach left posteroseptal radiofrequency (RF) energy was given to all 12 cases. The rhythm of the intersection in all cases observed. RF energy is until you return to sinus rhythm. Tachycardia with programmed stimulation was induced in none of the patients. One month later, none of the patients had any symptoms.

As a result, when typical AVNRT ablation with conventional methods is failed, left approach AVNRT ablation is an effective method.

**PP-351**

**Association of the Time Between First Diagnosis of Atrial Fibrillation and Cryoballoon Ablation Correlate with Recurrence of Paroxysmal Atrial Fibrillation**

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**Background:** Catheter ablation has been the most effective treatment for paroxysmal atrial fibrillation (PAF). However, the optimal time to proceed with catheter ablation during the disease course is not well defined.

**Objective:** To assess whether or not the delays in treatment will negatively influence outcomes.

**Methods:** A total of 88 consecutive patients who underwent their first cryoballoon catheter ablation of symptomatic, medication-refractory PAF were prospectively followed for recurrence and AF symptoms, and were categorized as with and without recurrence.

**Results:** After 15±7 months of follow-up, there were 66 patients without recurrence (Group 1) and 22 patients with recurrence (Group 2). There were no significant differences in any of the preprocedural variables between the both groups, except for the BMI. The time between first diagnosis of PAF and cryoballoon ablation procedure was statistically higher in recurrence group compared to Group 1 (91.7±6.8 vs 42.1±29.5; P<0.001). A Cox regression multivariate analysis of the variables including the BMI demonstrated that the time between first diagnosis of PAF and cryoballoon ablation procedure was an independent predictor of AF recurrence after a single cryoballoon ablation procedure [OR: 1.03 (1.01-1.04); 95% CI, P< 0.001].

**Conclusion:** This study demonstrated that the time between first diagnosis of atrial fibrillation and cryoballoon ablation procedure predicts AF recurrence after cryoballoon ablation in patients with PAF

**PP-352**

**Assessment of Radiofrequency Catheter Ablation of the Slow Pathway of Atrioventricular Node on the Atrial and Ventricular Functions: A Speckle Tracking Echocardiography Study**

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**Objective:** Typical atrioventricular nodal re-entrant tachycardia (AVNRT) can be cured with the slow pathway ablation. This study was designed to assess the alterations of atrial and ventricular function by using speckle tracking echocardiography in consecutive patients with typical AVNRT who underwent slow-pathway radiofrequency (RF) ablation.

**Methods:** Twenty-three consecutive patients with symptomatic drug-resistant typical (slow-fast) AVNRT underwent an invasive electrophysiology study and RF ablation. Patients underwent transthoracic echocardiographic evaluation 24 hours before and 24 hours after the ablation procedure.

**Results:** AVNRT was induced during electrophysiological study. RF ablation successfully eliminated tachyarrhythmia in 23 (100%) patients. The AH interval was decreased in the post-ablation period as compared with pre-ablation period and no immediate conduction disturbances. Peak left atrial longitudinal strain during reservoir phase was increased in the post-ablation period as compared with pre-ablation period (48.24±16.45 vs. 38.07±15.72, p<0.001). The left atrial septal electromechanical coupling time was significantly decreased after the procedure (48.90±12.26 vs. 38.92±7.14 ms, p=0.036). The left ventricular torsion (15.21±2.81 vs. 21.17±6.95, p=0.001) and left ventricular apical rotation (9.70±4.10 vs. 12.63± 5.93, p=0.045) were significantly increased after the procedure (Table-1).

**Conclusions:** Besides treatment of arrhythmia radiofrequency catheter ablation of AVNRT may also restore left atrial functions as early as 24 hours after the procedure.

**Table-1**

Variable	Basal	Post-procedural	p
AH interval, ms	66.96 ± 8.20	59.52 ± 7.92	<0.001
A4C-S %	-18.90±9.22	-20.57±2.58	0.976
A2C-S %	-20.12±3.03	-20.22±4.17	0.951
LAX-S %	-19.31±3.35	-19.39±1.80	0.821
LV-G-S %	19.67±3.24	-20.07±2.79	0.287
RV-G-S %	-24.29±5.33	-25.43±3.46	0.180
LA-S-r %	38.07±15.72	48.24±16.45	<0.001
TPA	48.90±14.26	50.04±11.36	0.855
SPA	43.53±8.34	38.92±7.14	0.036
LPA	48.09±14.56	52.69±12.87	0.059
Torsion-global	15.21±2.81	21.17±6.95	0.001
Rotation-basal	-5.52±3.17	-8.11±9.80	0.241
Rotation-apex	9.70±4.10	12.63±5.93	0.045

Abbreviations: A4C-S, LV Apical four chamber peak systolic strain; A2C-S, LV Apical two chamber peak systolic strain; LAX-S, apical long axis peak systolic strain; LV-G-S, Left ventricle global peak systolic strain; RV-G-S, Right ventricle global peak systolic strain; LA-S-r, Peak left atrial longitudinal strain during reservoir phase; TPA, Tricuspid atrial electromechanical coupling time; SPA, Septal atrial electromechanical coupling time, LPA, Lateral atrial electromechanical coupling time

**PP-353**

**Treatment Results of Catheter Ablation for Ventricular Tachycardia in a Single Cardiac Clinic from Turkey**

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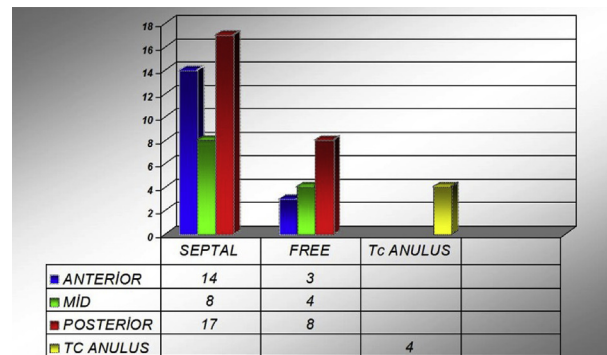
**Background:** Sustained ventricular tachycardia (VT) is a leading cause of death in patients with underlying heart disease. Upon anti-arrhythmic drug therapies and implantable cardiac devices (ICD), catheter ablation of VT is now considered an option for patients with drug refractory VT.

**Objective:** To determine the etiology, localization, ablation technique and success of VT ablation from our clinic.

**Methods:** 113 patients treated with catheter ablation for VT were analysed retrospectively from patient records.

**Results:** General features of patients were; mean age 48,6 (16-80), 55 male (48,9%) and 58 female (51,1%). Number of right ventricular outflow tract (RVOT) VT was 58 (51,3%), left ventricular outflow VT was 22 (19,4%), fascicular VT was 13 (11,5%) and ischemic VT was 19 (16,8%). Localization of RVOT VTs were; septum origin was 39 (67%), free wall origin was 15 (25%) and tricuspid anulus origin was 4 (6,8%). Ablation technique was conventional in 65 patients (57,5%), ensite in 27 patients (23,8%) and carto in 21 (18,7%). Overall success rate was 85,8% (97 successful, 16 unsuccessful). Success rate for RVOT VTs was 86,2% (50 successful, 8 unsuccessful), LVOT VTs was 77,2% (17 successful, 5 unsuccessful), ischemic VTs was 100% and for other VTs was 85% (17 successful, 3 unsuccessful).

**Conclusion:** Catheter based ablation of VT in experienced centers, can be the only treatment option for drug refractory patients. With growing experience, success rate will reach the highest levels in the future.



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