GW25-e4548
The earliest retrograde activation during sinus rhythm-guided for left posterior fascicular ventricular tachycardia ablation: role of the new mapping in an attempt to improve procedural effectiveness
Li Xuping1, Feifan Ouyang1,2, Zhou shenghua1
1Central South University of Xiangya Er Hospital, 2Asklepios Klinik St. Georg, Lohmühlenstraße 5, Hamburg, Germany

Objectives: To investigate whether the earliest retrograde activation during sinus rhythm–guided for left posterior fascicular ventricular tachycardia ablation further contributes to the identification of critical sites of VT reentry and whether this translates into a more effective ablation outcome in a cohort of patients undergoing VT ablation.

Methods: This study retrospectively analyzed 86 consecutive patients (mean age 36.3±5.9 years) referred for catheter ablation of electrocardiographically documented LPF VT. Programmed stimulation was performed to induce tachycardia, while mapping and ablation was aided by use of a 3D electroanatomical mapping system. Catherablation targeted the earliest potential suggestive of retrograde activation within the posterior Purkinje network (retro-PP) recorded along the posterior mid-septal left ventricle during SR if LPF VT was documented.

Results: 80 patients (45 men; mean age 34.9±9 years) had inducible VTs. The mean tachycardia cycle length was 315±33 ms. Overall, 75/86 (87%) patients underwent successful catheter ablation in SR targeting the earliest retro-PP. In none of the patients, ablation resulted in LPP block. No procedure-related complications occurred. Ablation was successful in all. After a median follow-up period of 2.9 (0.8–5.9) years, 81/86 (94%) patients were free from recurrent VT.

Conclusions: In patients presenting with LPF VT, ablation of the earliest retro-PP along the posterior mid-septal LV during SR results in excellent long-term outcome during a median follow-up period of almost 2.9 years.

GW25-e3537
Influence of angiotensin-converting enzyme gene insertion/deletion polymorphism on occurrence and recurrence of atrial fibrillation: A systematic review and Meta-analysis
Jiang Zhouqi1, Limeng Dai1, Zhiyan Song2, Li Zhong1, Maoqin Shu1
1Department of Cardiology, Southwest Hospital, Third Military Medical University, Chongqing, 2Department of Medical Genetics, College of Basic Medical Science, Third Military Medical University

Objectives: This meta-analysis was to explore the influence of angiotensin-converting enzyme gene insertion/deletion (ACE ID) polymorphism on atrial fibrillation (AF) occurrence and recurrence.

Methods: Case-control or cohort studies evaluating the association between ACE I/D polymorphism with AF risk and its recurrence after catheter ablation were searched in electronic databases. Meta-analyses were performed by reviewing 15 studies for AF association and 14 studies for AF recurrence under the recessive model. Odds ratio (OR) and 95% confidence interval (CI) were used to evaluate. Statistical analysis was performed with Review Manager 5.2 and Stata 11.0.

Results: A total of 1981 AF patients and 3837 controls obtained from 15 case-control or cohort studies. The genotype DD, DI and II showed a significant increased the risk of AF recurrence after catheter ablation under the recessive model.

Conclusions: Our investigations demonstrate that ACE I/D polymorphism is associated with increasing the risk of AF occurrence and recurrence. The genotype DD of ACE gene is a risk factor.

GW25-e3390
Treatment of Ventricular Tachycardia with Structural Heart Disease by Substrate Modification Ablation guided with 3-dimensional mapping system in 7 Patients
Tang Cheng, Zhang Jinlin, Su Xi
Wuhan Asia Heart Hospital

Objectives: To investigate the methods, electrophysiological characteristics and the treatment outcomes of ventricular tachycardia (VT) with structural heart disease by substrate modification ablation under the guidance of contact 3-dimensional mapping system.

Methods: From 2013 May to 2014 March, Seven patients with structural heart disease (4 patients with dilated cardiomyopathy, 2 patients with ischemic cardiomyopathy, 1 patient with arrhythmogenic right ventricular cardiomyopathy) with recurrent VT attack (3 cases with syncope) underwent cardiac electric reconstruction by the guidewire and the bridge catheter ablation under the guidance of 3D mapping system. The scar area was arbitrarily defined as <0.5 mV (ventricular bipolar voltage). To mark late ventricular potential during sinus rhythm along with diastolic potential during VT in and around scar tissue. The areas with special potential, as mentioned above, underwent saline-irrigated catheter ablation (35-40W, 43°C, 17m/min) in flake radiofrequency ablation until the special potential disappeared. Before the end of ablation, programmed ventricular stimulation was repeated to induce no clinical VT definitively.

Results: All seven patients were mapped the low voltage area in the endocardial surface, 6 cases in the endocardial surface. The low voltage area (6.0±5.5, 31.0±17.7 cm²) occupied 5.4±25.1(14.5±5.2) of the ventricular area. Late ventricular potential could be marked during sinus rhythm in and around low voltage area. Among seven patients, 12 VTs were induced during the procedure (2 VTs originating from right ventricle, 10 VTs originating from left ventricle). Ventricular diastolic potential could be recorded during VT attack. All seven patients were completed ablation successfully (1 case appeared ventricular fibrillation and then given electrical cardioversion). The success rate of immediate substrate modification ablation was 100% (ablation points 19-331 (112.7±62.4), ablation time 120-240, (159.3±37.6) min). Only 3 patients accepted ICD implantation post ablation because of charge and will. During the follow-up 1-11 months, 1 patient who accepted ICD implantation died of sudden cardiac arrest, the others didn’t appear VT.

Conclusions: The treatment outcome of substrate modification ablation under the guidance of contact 3-dimensional mapping system is effective and safe for patients of VT with structural heart disease.

GW25-e1157
Initial application experience of a new multi-polar saline-irrigated mapping and ablation catheter
Liu Jun1, Yan Kaufmann2, Churulampos Krisela, Eckart Fleck2, Gerdi Li Jinong3, Pihua Fang1, Sha Zhang1
1Fuwai Hospital, 2Deutsches Herzzentrum Berlin

Objectives: To investigate the safety and validity of a new multi-polar saline-irrigated mapping and ablation catheter (nMARQ) for pulmonary vein isolation (PVI) and non-linear ablation under the guidance of contact 3-dimensional mapping system.

Methods: Nine patients with symptomatic atrial fibrillation were received ablation with the nMARQ catheter. After waiting for 15 minutes when PVI was achieved by the nMARQ catheter, PVI was rechecked by a Lasso mapping catheter. Additional ablation with the nMARQ catheter was redo if there was a gap conduction between pulmonary vein (PV) and left atrium. The time of the mapping and ablation of each PV, the X ray exposure, the ablation release mode and the acute PVI were recorded.

Results: A total of 130 times ablation were released on the 33 PVS with mean 3.9 times ablation per PV, including 44 times (33.8%) on LSPV, 38 times (29.2%) on LIPV, 24 times (18.5%) on RSPV, 24 times (18.5%) on RIPV. Energy released by full polars or selected polars took half and half. At 15 minutes waiting after PVI by the nMARQ catheter, conduction recovered. On 5 PVS (all LIPV). The ablation time of the PV mapping the ablation, the whole procedure, the whole mapping, the total ablation time, the X ray exposure time were 9.9 minutes, 36.3 minutes, 134 minutes, 37 minutes, 13 minutes, 21 minutes. The mean of X ray exposure dosage was 35460 mGycm². A total of 18 times of esophagus temperature alarm, including 4 times (9.1%) on LSPV, 10 times (26.3%) on LIPV, 4 times (16.7%) on RIPV. The success rate of PVI was 93.9% after ablation. No procedure related complications occurred during the ablation procedure and the inpatient period.

Conclusions: PVI can achieved by the nMARQ catheter safely and effectively with a higher success rate.

GW25-e4344
The early status of warfarin management in patients with atrial fibrillation after catheter ablation
Tang Li Hong, Xue Yu Mei, Wu Shu Lin, Deng Hai Huang, Juan Zhan, Xuan Zhang, Fang Xian Hong, Liao Hong Tao, Wei Wei, Liu Yang, Liao Zi Li
Guangdong General Hospital, Guangdong Cardiovascular Institute, Department of Cardiology

Objectives: To analyze the anticoagulation management status in patients undergoing atrial fibrillation (AF) ablation and were treated with warfarin.

Methods: Five hundred and ten patients with nonvalvular AF (NVAF) undergoing catheter ablation were retrospectively analyzed. All the patients discontinued warfarin before ablation procedure and used low molecular weight heparin (LMWH) to “bridge” anticoagulation before and after ablation. The International Normalized Ratio (INR) was recorded at the 1st week, 2nd week, 3rd week, 4th week, 2nd month, and 3rd month after the procedure and in therapeutic range. The measurement index was NVAF patients undergoing AF ablation were 2669 INR measurements within 3 months. The mean age was 57.8± 11.0 years and the mean