Left Idiopathic Ventricular Tachycardia Amenable to Radiofrequency Ablation
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ABSTRACT
A case of idiopathic left posterior fascicular ventricular tachycardia is presented in a young patient, who was finally cured by radiofrequency ablation applied at the left inferoapical area of the left ventricle.

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Key Words: idiopathic ventricular tachycardia; antiarrhythmic drugs; radiofrequency ablation

Abbreviation: LIVT = left idiopathic ventricular tachycardia

An 18-year-old gentleman with a 5-year-long history of palpitations was referred for radiofrequency ablation of a wide-QRS complex tachycardia. He admitted having 2-3 tachycardia episodes per year, which had recently increased in frequency despite therapy with a beta blocker, recently combined with the antiarrhythmic medication flecainide (100 mg bid). The morphology of the tachycardia on the 12-lead electrocardiogram indicated a right bundle branch block –like morphology with a left axis deviation (Fig. 1A). Cardiac work-up revealed a normal heart anatomy by echocardiography, while a treadmill test was normal with no provokable arrhythmia.

During the electrophysiology study, the tachycardia was induced with difficulty and its focus was localized at the inferoapical area of the left ventricle (Fig. 1B, arrow). In this location, a Purkinje potential was recorded preceding the ventricular electrogram and subsequent application of radiofrequency energy at this site led to abolition of the tachycardia which was then rendered noninducible with programmed cardiac stimulation. The procedure was uncomplicated and the patient was discharged home the next day. During follow-up no arrhythmia recurrence was noted over the ensuing 5 years.

REFERENCES