
Radiofrequency ablation of left atrial appendage accessory pathway

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A 47-year-old man was referred to our hospital due to recurrent palpitation. Baseline electrocardiogram showed ventricular pre-excitation in favour of left-sided accessory pathway (AP), so we decided to proceed to radiofrequency (RF) ablation of AP. During ventricular pacing and orthodromic atrioventricular reciprocating tachycardia, ventricular and atrial signals were not fused together even in the distal electrodes of coronary sinus catheter. High-power RF via transseptal and retrograde approach failed to terminate the arrhythmia across the mitral valve annulus (even in the anterolateral of mitral valve ring), but RF application in the base of left atrial appendage terminated the arrhythmia [(downward arrow (Panel A) shows the ablation catheter via transseptal route at the successful site in the base of left atrial appendage confirmed during contrast injection, (Panel B) meanwhile the other mapping catheter (upward arrow) is in anterolateral of mitral valve ring via the retrograde approach)]. Rarely, left atrial appendage AP may be the cause of unsuccessful RF ablation across the atrioventricular valve.

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