Successful Transvenous Radiofrequency Catheter Ablation of Ventricular Tachycardia in Arrhythmogenic Right Ventricular Cardiomyopathy without The Need for Antiarrhythmic Drugs and An Automatic Intracardiac Defibrillator

Aritmojenik Sağ Ventrikül Kardiyomiyopatisinde Ventrikül Taşikardisinin Antiaritmik İlaç ve Otomatik İntrakardiyak Defibrilatör Olmaksızın Transvenöz Radyofrekans Kateter ile Başarılı Ablasyonu

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A 47-year-old woman was admitted with sustained ventricular tachycardia and hemodynamic collapse. The tachycardia was terminated by electrical cardioversion. Her clinical examination and resting electrocardiogram were unremarkable. Echocardiography and magnetic resonance imaging showed arrhythmogenic right ventricular cardiomyopathy (ARVC) with normal left ventricular function, with an ejection fraction of 62%. Her coronary angiography was normal. Taking all factors into consideration, treatment by transvenous radiofrequency catheter ablation was planed. During the electrophysiologic study, frequent ventricular extrasystoles were seen originating from the right ventricular outflow tract. During ventricular tachycardia, catheter ablation of the right ventricular outflow tract tachycardia was performed (Figure 1A, B). After seven seconds, with the radiofrequency current at a power of 50 W, 60°C, ventricular tachycardia was terminated (Figure 1C). Ablation was continued for another 40 seconds. Thirty minutes after radiofrequency ablation, no ventricular extrasystole or tachycardia could be induced. Two years after the procedure, the patient was free from recurrence without the need for antiarrhythmic drugs and an automatic intracardiac defibrillator. Radiofrequency ablation may be effective for the treatment of ventricular tachycardia with ARVC without the need for antiarrhythmic drugs and an automatic intracardiac defibrillator.



Figure 1. (A, B) During ventricular tachycardia, catheter ablation was performed. (C) After seven seconds, the ventricular tachycardia was terminated (RF: Radiofrequency).



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