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Is wide complex tachycardia still diagnostic challenge at EP LAB?

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Introduction: The differential diagnosis of wide complex tachycardia (WCT) is wide and complex. Accurate identification of the tachycardia mechanism is essential for successful ablation. We study the role, accuracy and usefulness of specific pacing maneuver that can simple and immediately Clarify the tachycardia mechanism in the electrophysiology laboratory.

Methods: 28 patients (33.1±11.9 years) with documented WCT underwent conventional EPS. During the tachycardia, atrial overdrive pacing was performed. The following responses were observed: (1) a change of the QRS

morphology during atrial pacing and (2) the first return electrogram of the tachycardia, whether occurring in the atrium (AVA response) or in the ventricle (AVVA response). The postpacing interval will be measured from the first paced atrial electrogram to the first arrived atrial electrogram at the pacing site.

Conclusion: The response to atrial overdrive pacing during WCT with 1:1 AV relationship can rapidly diagnose or rule out VT as a mechanism of tachycardia and diagnose wide complex tachycardia mechanism.

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