

EHRA 2018

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Are recurrences of post myocardial infarction VT due to substrate progression or insufficient index ablation?

A 4 years follow-up study

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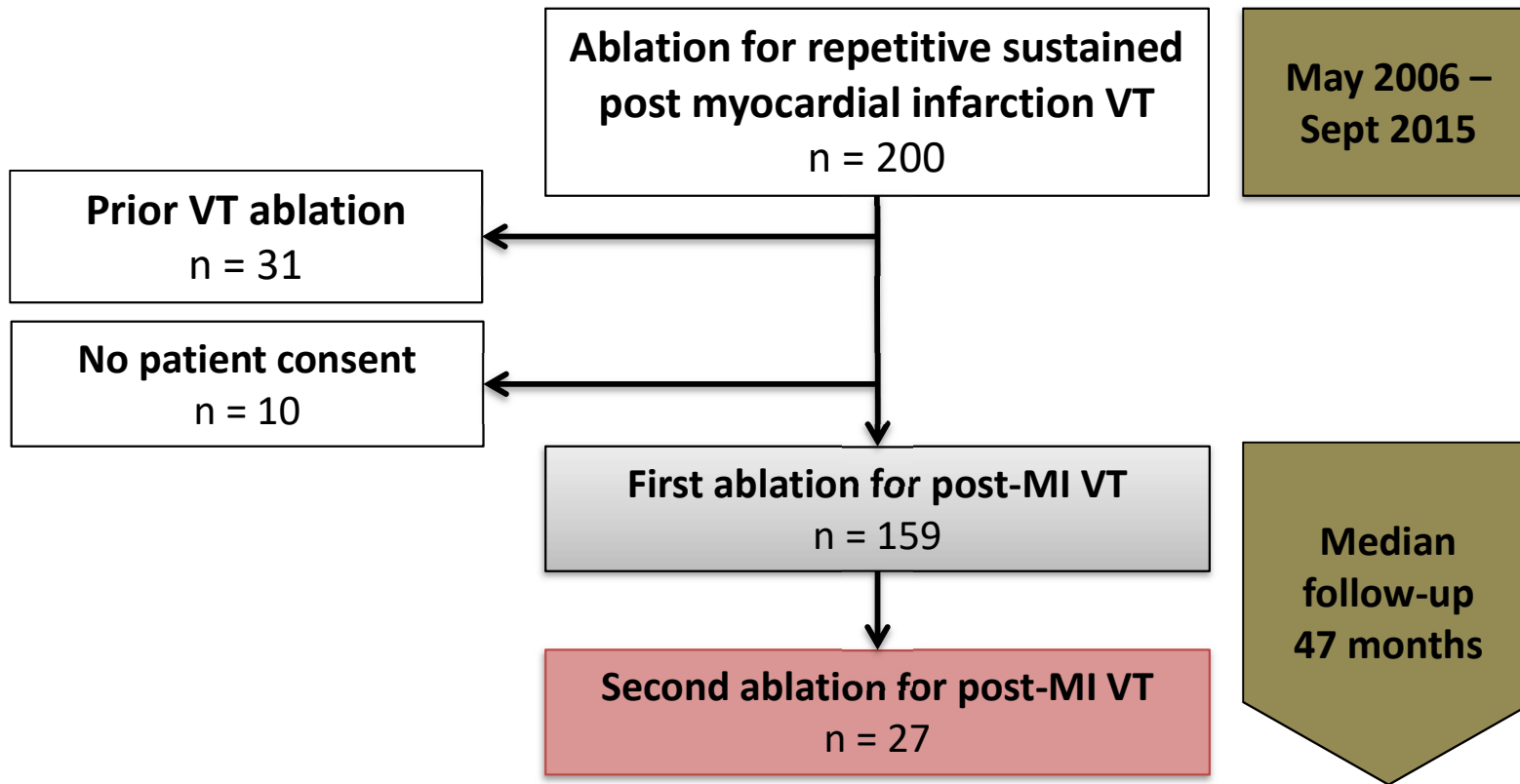
BARCELONA
SPAIN

18 / 20
MARCH
2018

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Study Population



Characteristics



	1st ablation n=159	2nd ablation n=27
Age, y	65 ± 11	61 ± 12
Male	152 (96%)	27 (100%)
LVEF, %	34 ± 11	35 ± 14
Beta-blocker	153 (96%)	23 (85%)
Sotalol / class I	17 (11%)	5 (19%)
Amiodarone	118 (74%)	9 (33%)
ICD	146 (92%)	27 (100%)



Methods



First VT Ablation

VT Morphology

Axis

Cycle Length

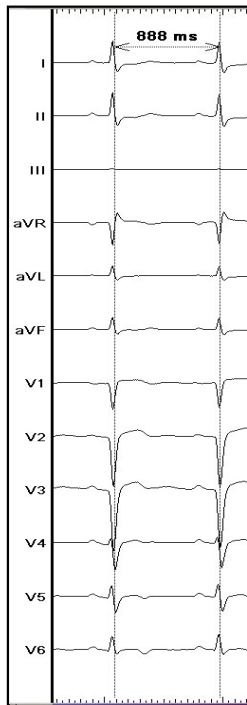
Second VT Ablation



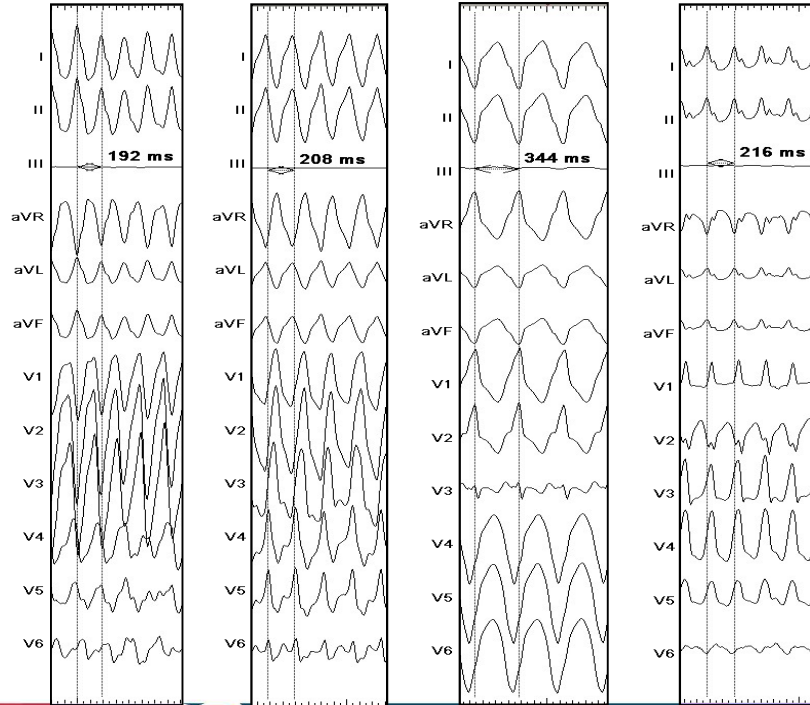
VT during first and 2nd ablation



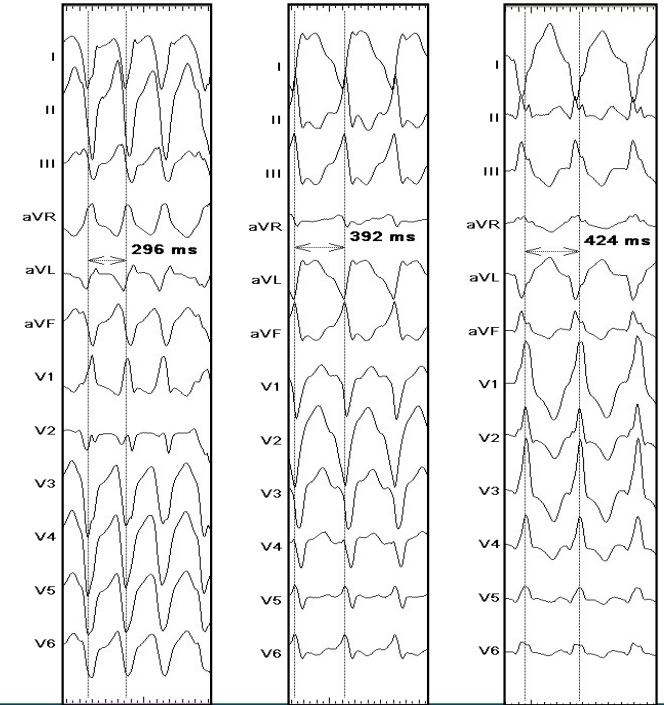
Baseline



1st ablation 17/10/2013



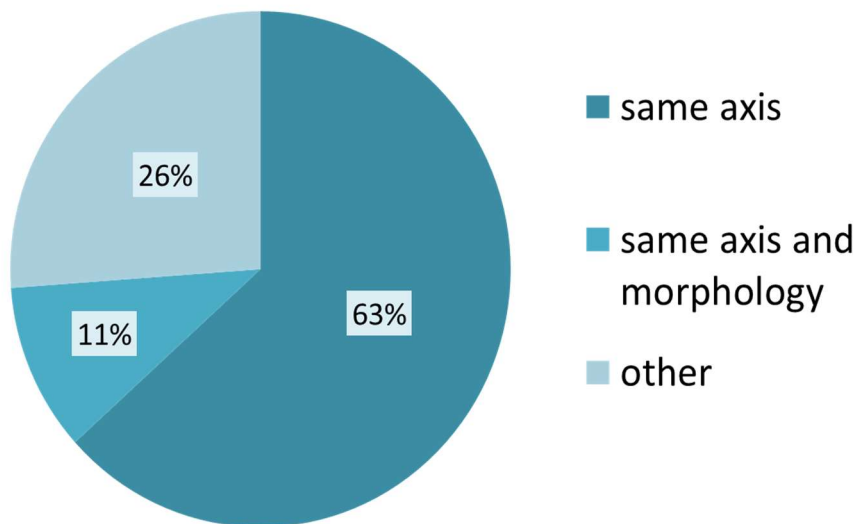
2nd ablation 11/09/2015



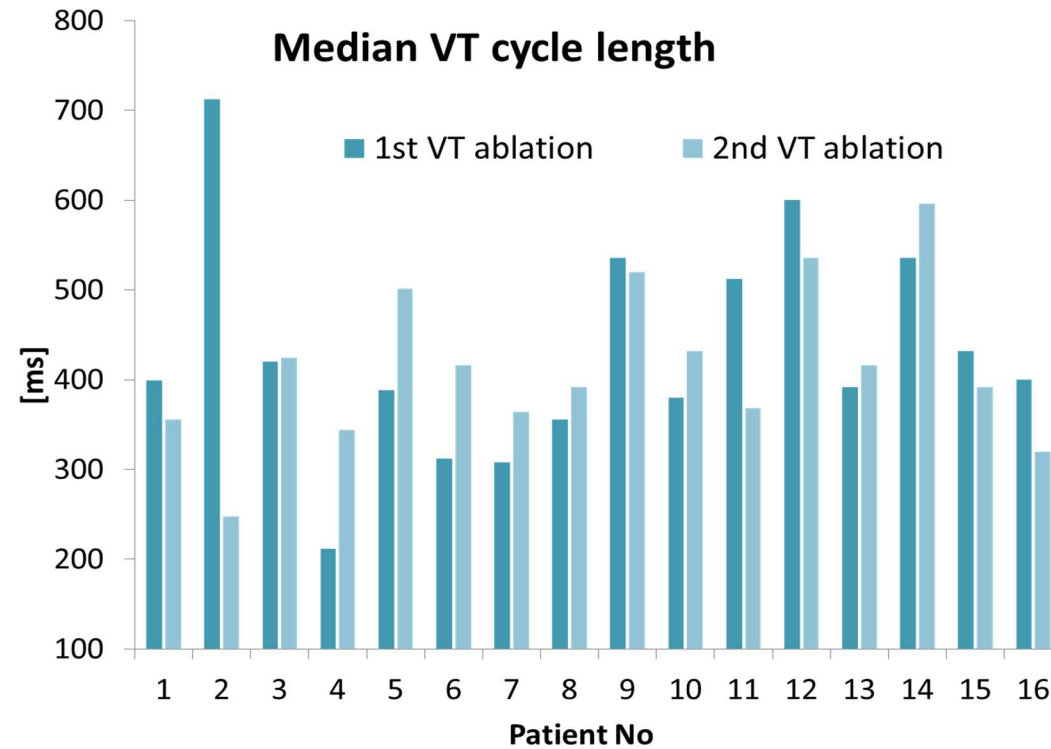
12 lead ECG



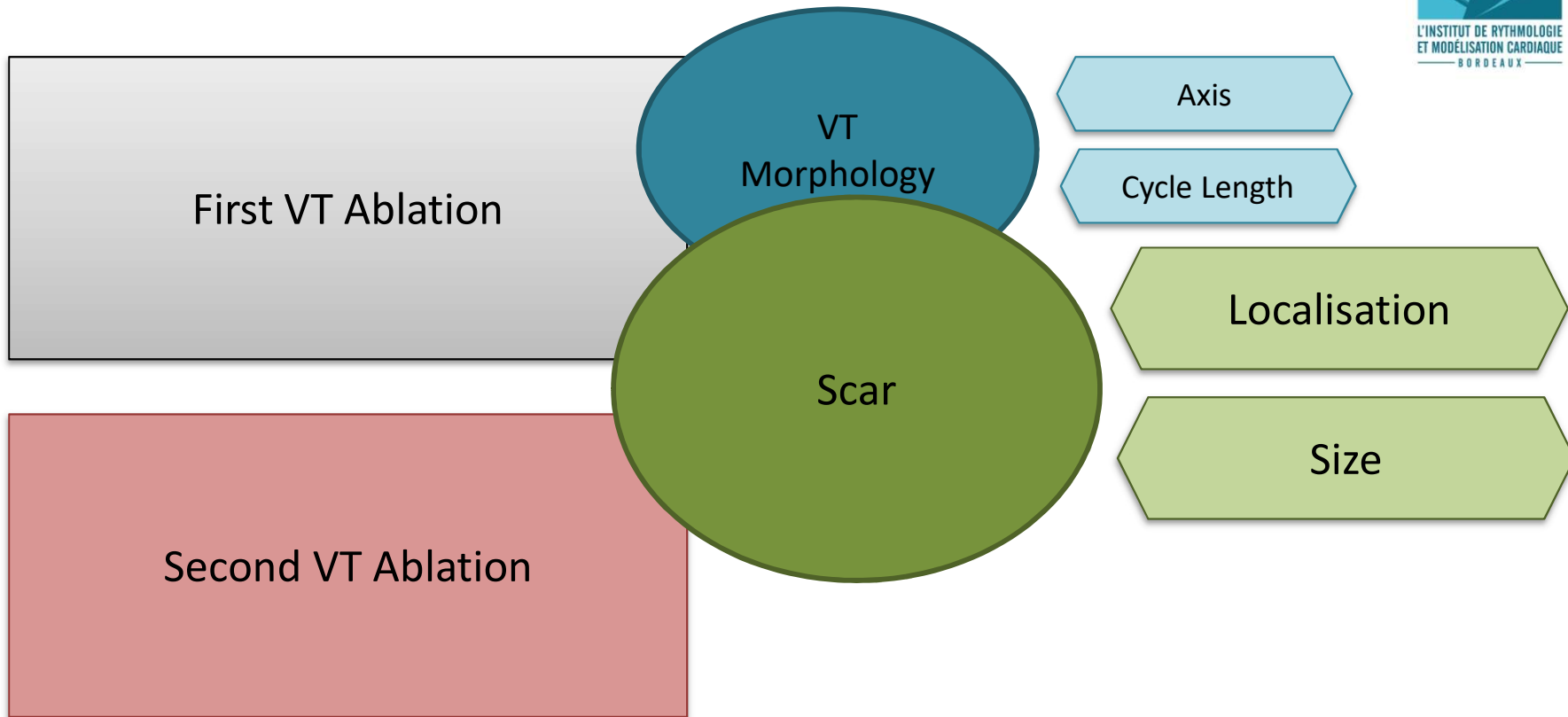
VT morphology



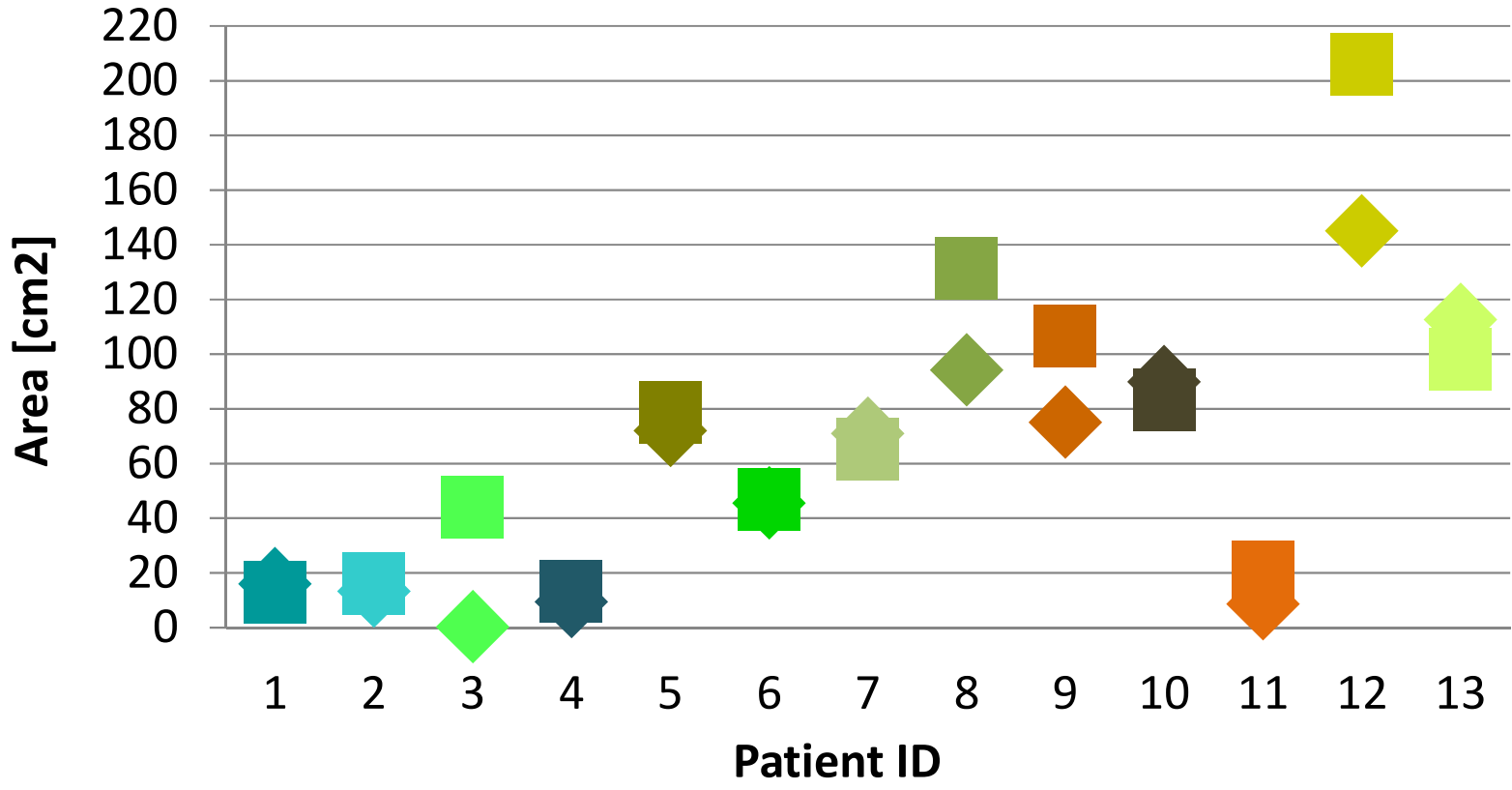
Median VT cycle length



Methods

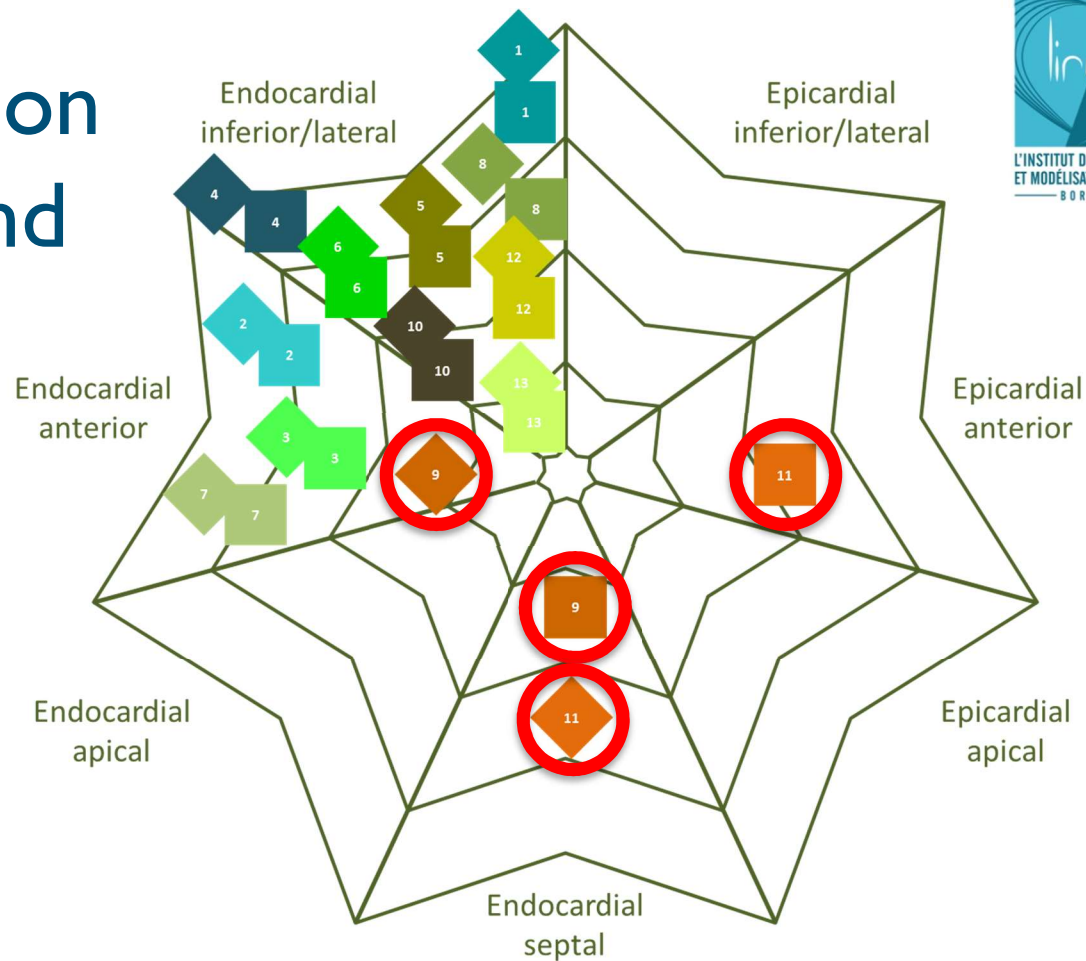


Scar size during first and 2nd ablation

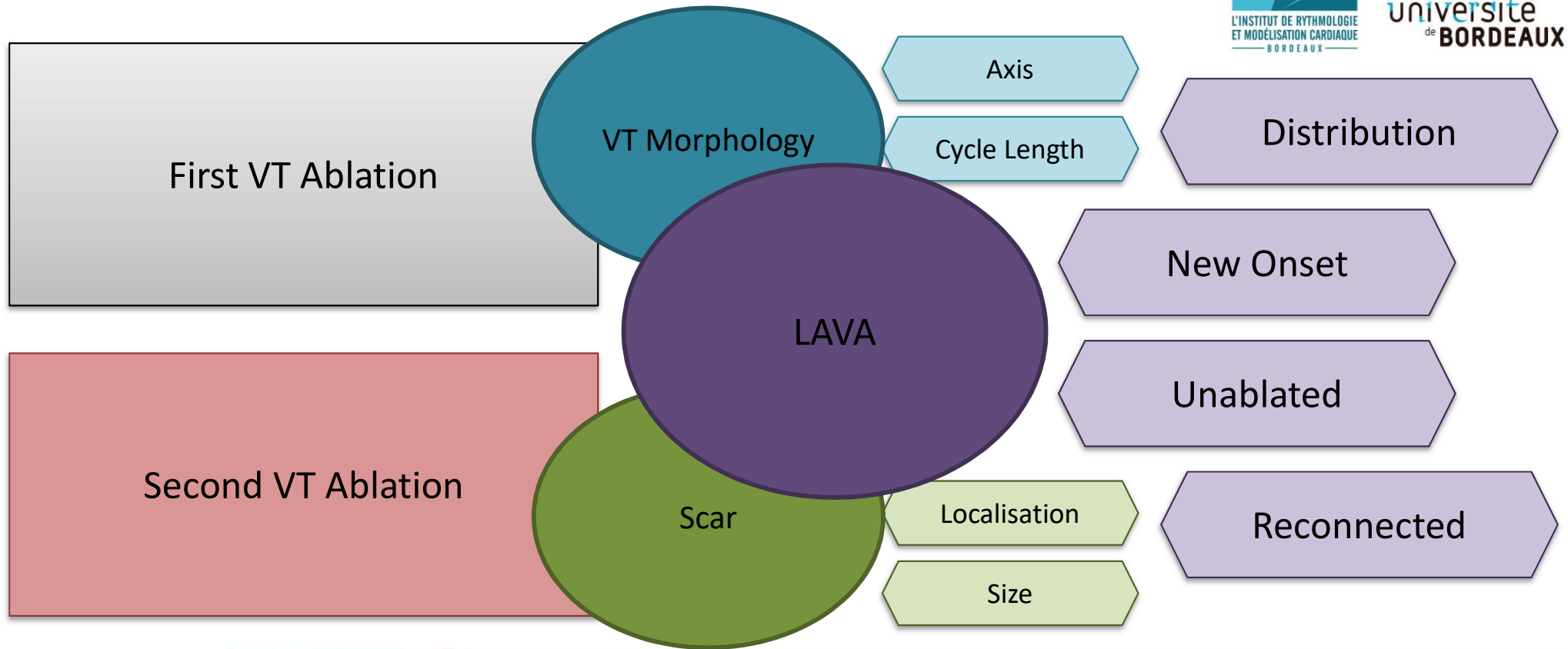


◆ 1st ablation
■ 2nd ablation

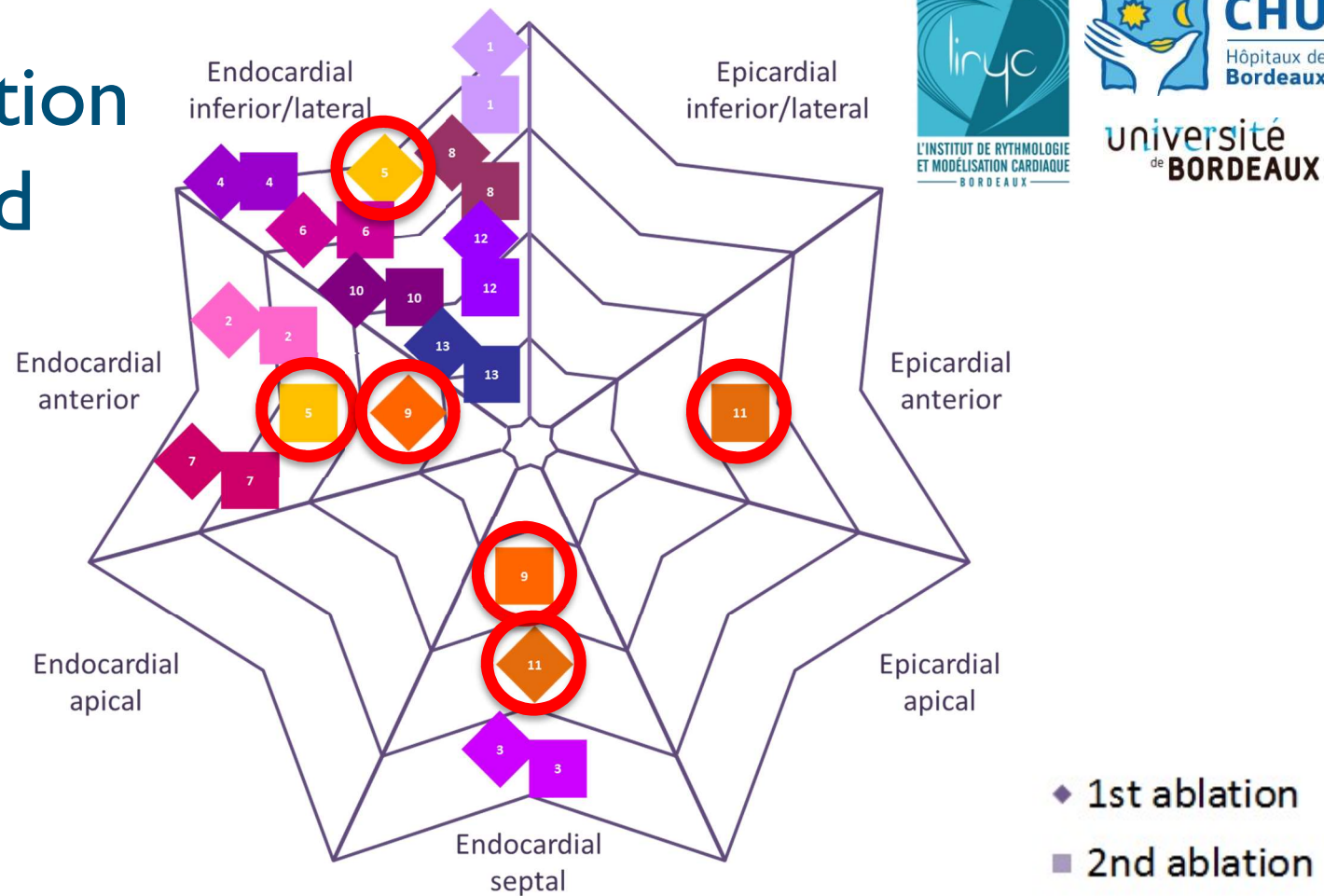
Scar localisation during first and 2nd ablation



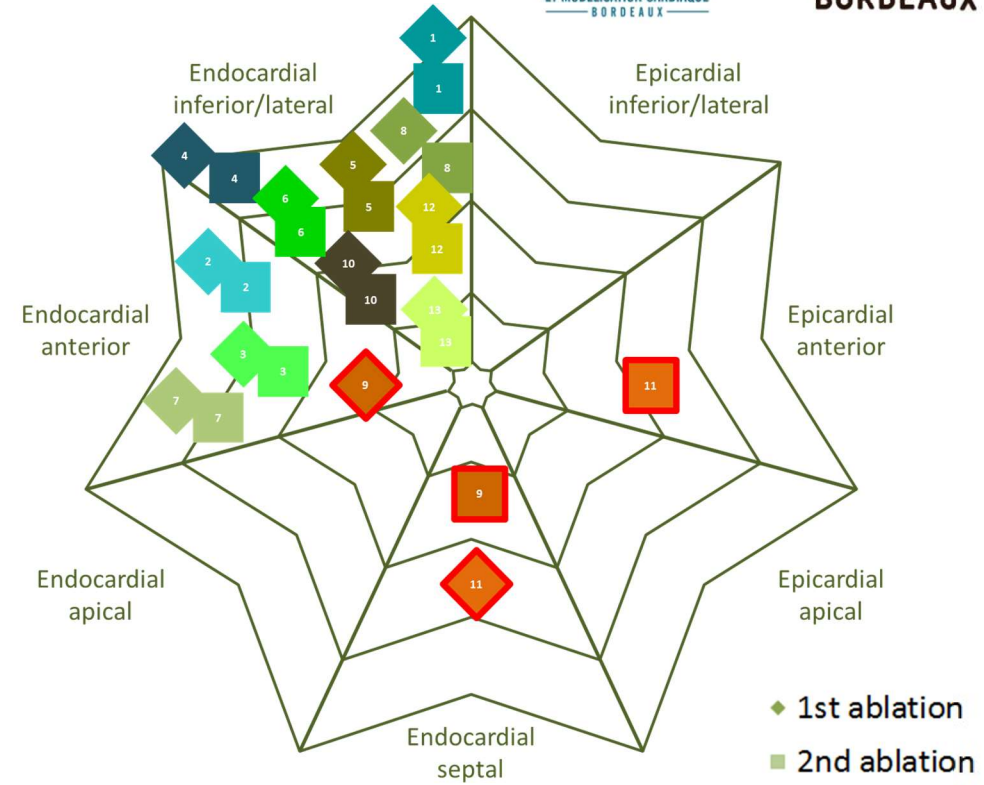
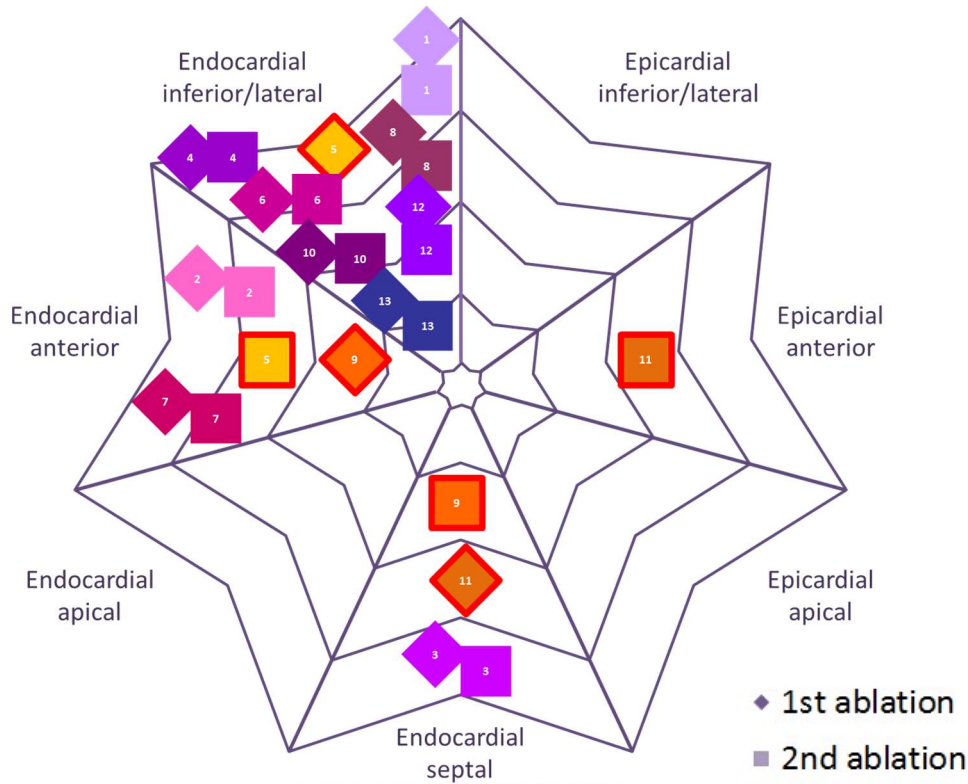
Methods



LAVA distribution during first and 2nd ablation



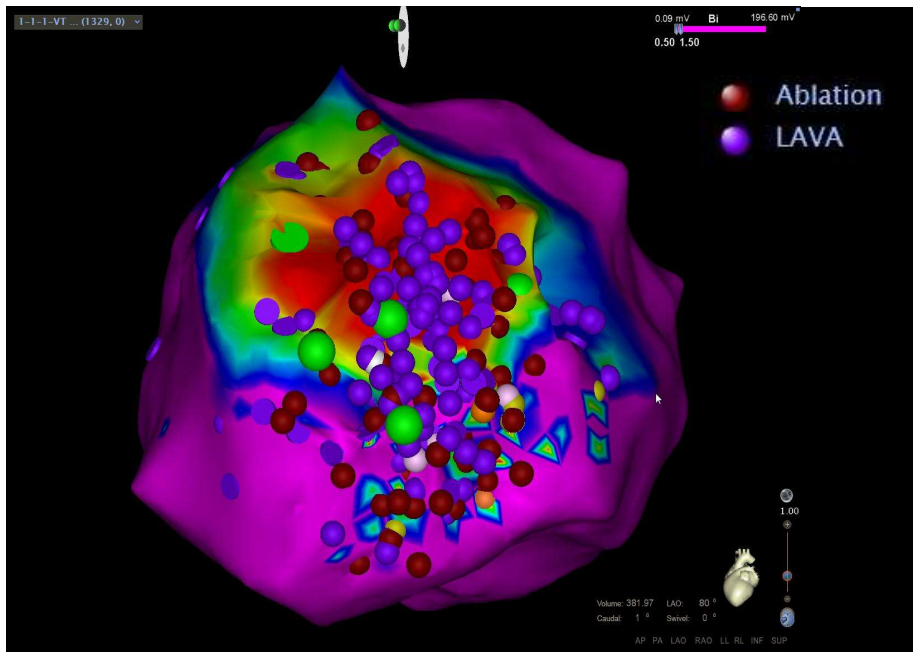
LAVA distribution vs Scar localisation



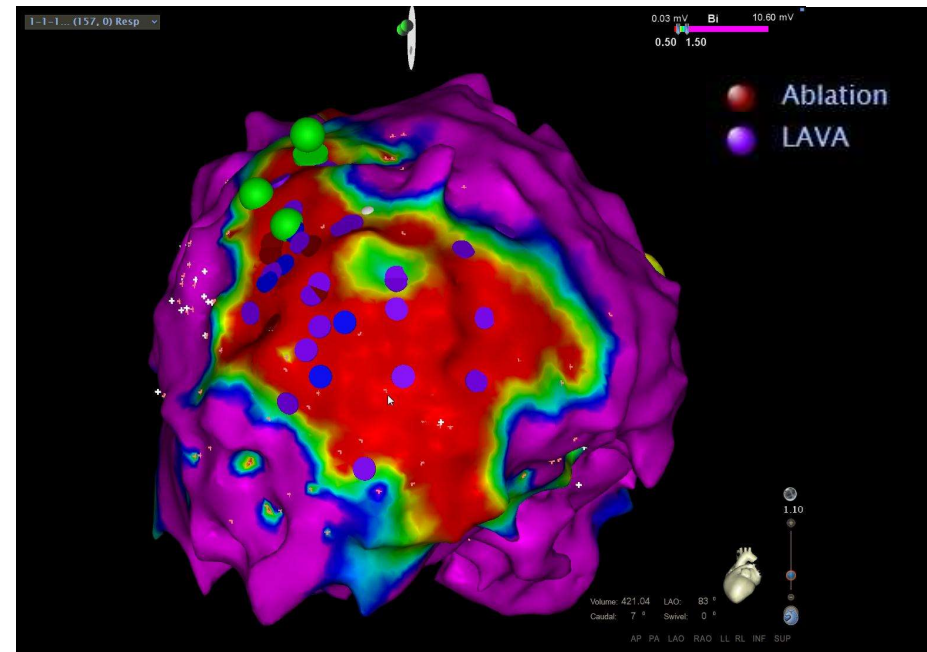
LAVA, Scar and Ablation Points



1st ablation, 17/10/2013

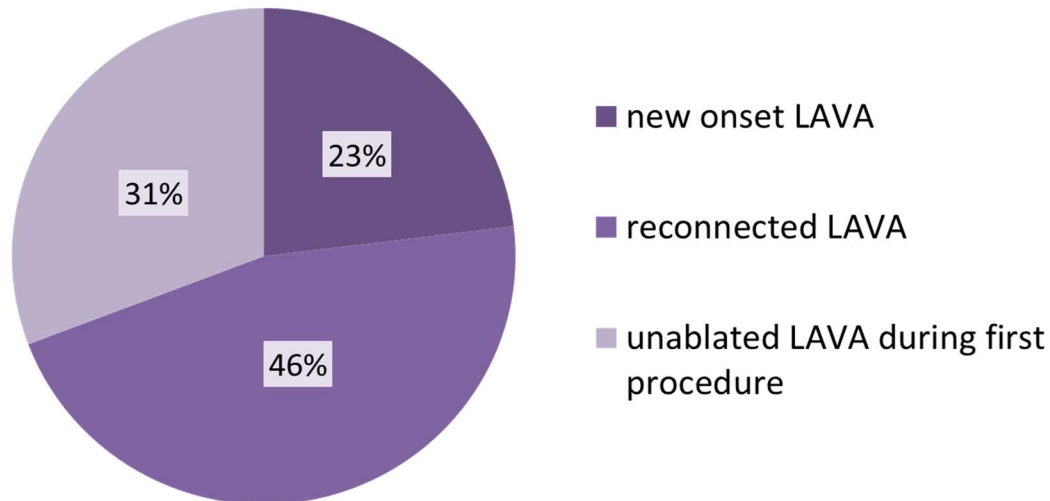


2nd ablation, 11/09/2015

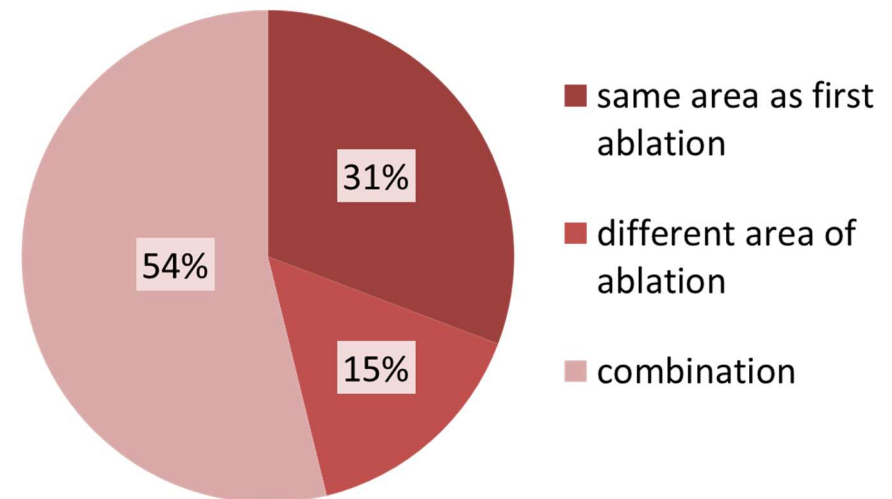


Second VT Ablation

LAVA characteristics during second VT ablation



Ablation area during second VT procedure



Conclusions



- Arrhythmogenic substrate and scar unchanged
- Reconnected and un-ablated LAVA most common
- VT recurrences due to incomplete or insufficient index substrate ablation (77%)



Thank you!



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