

Görüntülü olgu örnekleri

Case images

Successful catheter ablation of atrioventricular nodal reentrant tachycardia in a patient with congenital absence of inferior vena cava

Konjenital inferior vena cava agenezi olan hastada atriyoventriküler nodal reentran taşikardisinin başarılı kateter ablasyonu

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advanced through the inferior vena cava (IVC) due to resistance. Contrast injection through the sheath showed that IVC was totally occluded along with weak collaterals arising from the hepatic vein (Figure A and Video 1*). Following insertion of the sheath through the left femoral vein, another venograms were obtained also

A 50-year-old woman admitted with recurrent palpitations due to supraventricular tachycardia previously documented by ECG. She was referred for electrophysiological study and catheter ablation initiated by introducing the venous sheath via the right femoral vein. However, the ablation catheter could not be ad-

showed total absence of the IVC along with a tortuous azygous connection (Figure B and Video 2*). Then two sheaths were introduced into the right subclavian vein for the insertion of coronary sinus (CS) and radio-frequency (RF) catheters. CS catheter was positioned properly and the RF catheter was located near the region of His. Following programmed atrial stimulation, atrio-ventricular nodal reentrant tachycardia (AVNRT) was induced. The region showing slow pathway potentials was ablated with the RF catheter but several attempts failed to induce junctional beats. Retrograde transaortic approach was used to localize the region of slow pathway from the left ventricle. Subsequent RF deliveries showed junctional beats provided that AVNRT could no longer be induced. Figure C shows the catheters used in the procedure. Computed tomography with reconstruction demonstrated the interruption of the inferior vena cava below the hepatic level (Figure D).



Figures– (A) Contrast injection through the left femoral sheath showing that IVC was totally occluded along with weak collaterals coming from the hepatic vein. (B) Venographies performed through the right femoral vein also demonstrate total absence of the IVC along with a tortuous azygous connection. (C) Localizations of the catheters used in the procedure (RF and CS catheters were inserted through the right subclavian vein; transaortic RF catheter was advanced through the right femoral artery). (D) Abdominal CT scan with 3D-reconstruction demonstrates the interruption of the inferior vena cava below the hepatic level. *Supplementary video files associated with this presentation can be found in the online version of the journal.