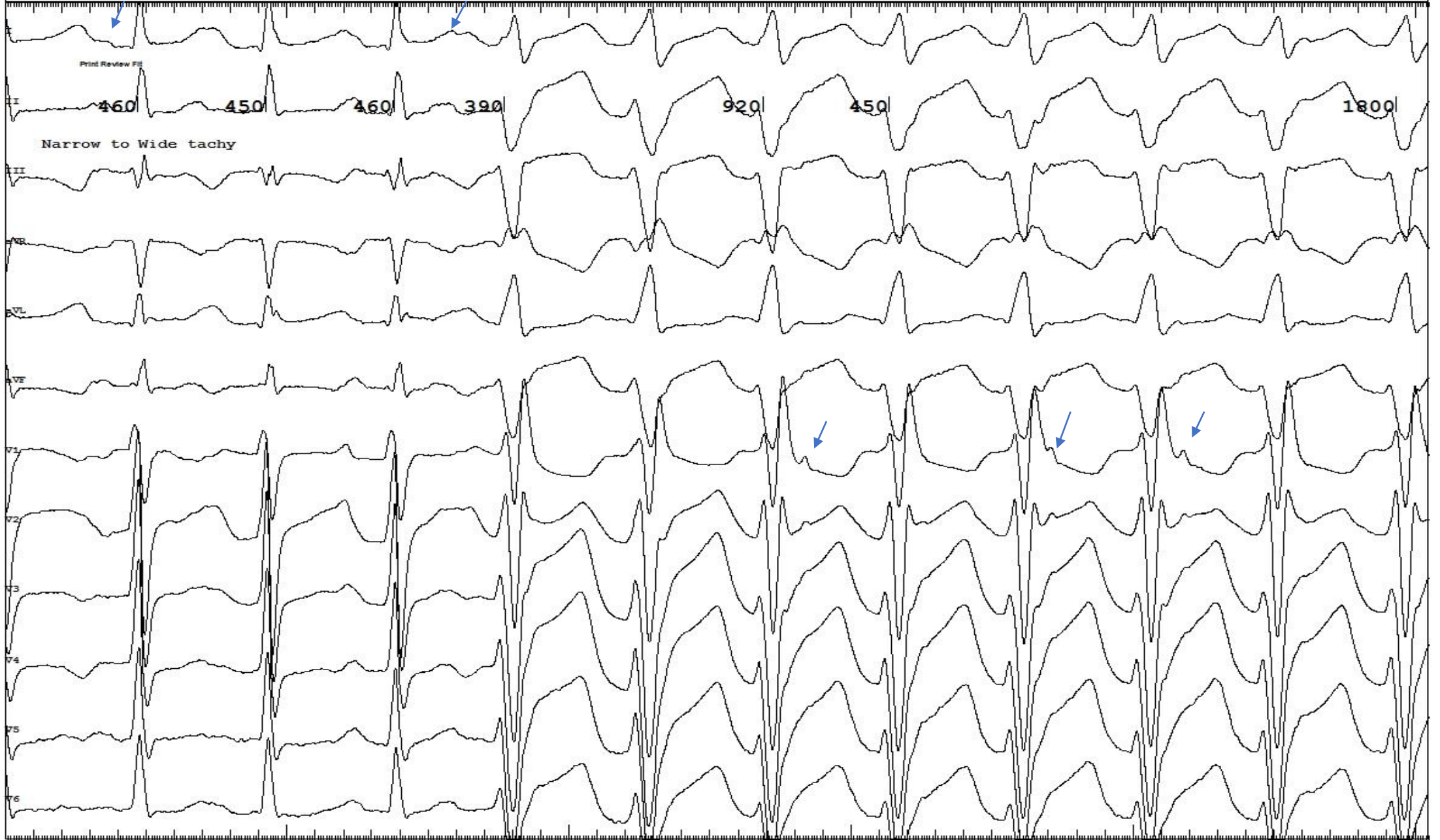
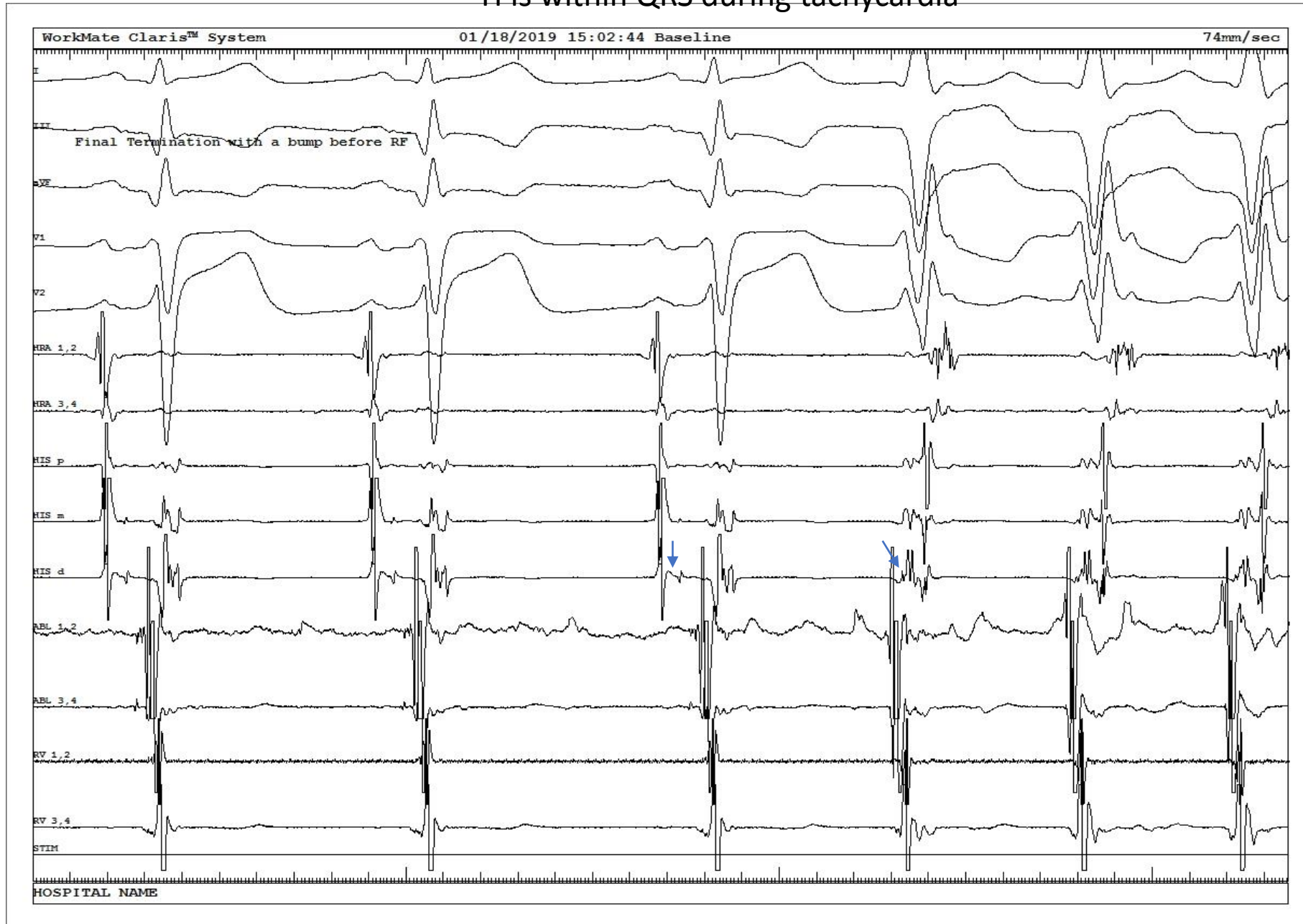


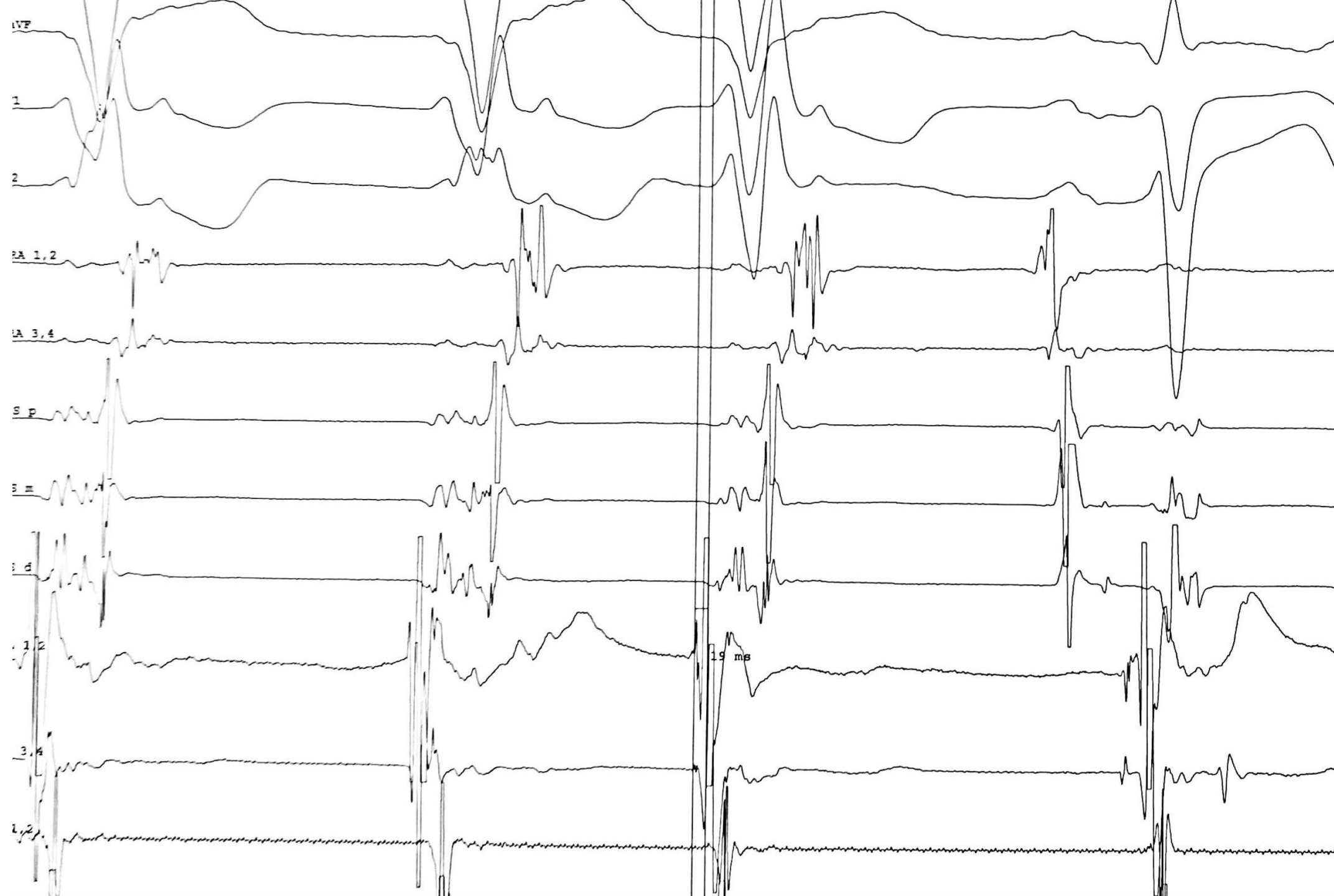
Narrow and wide complex Tachycardia in 20 year old with out structural cardiac disease

- Dr Njiem (Beirut)



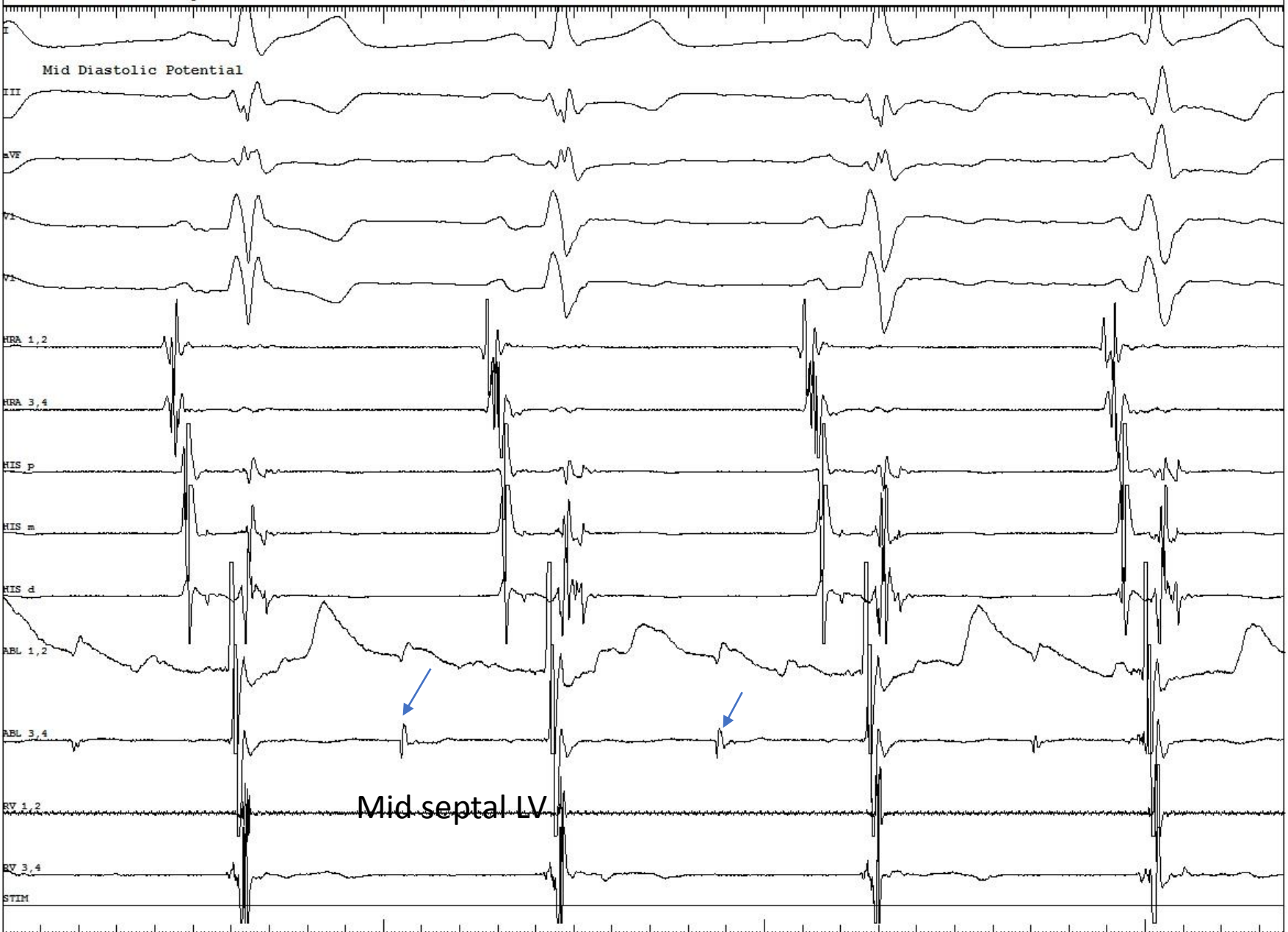
H is within QRS during tachycardia

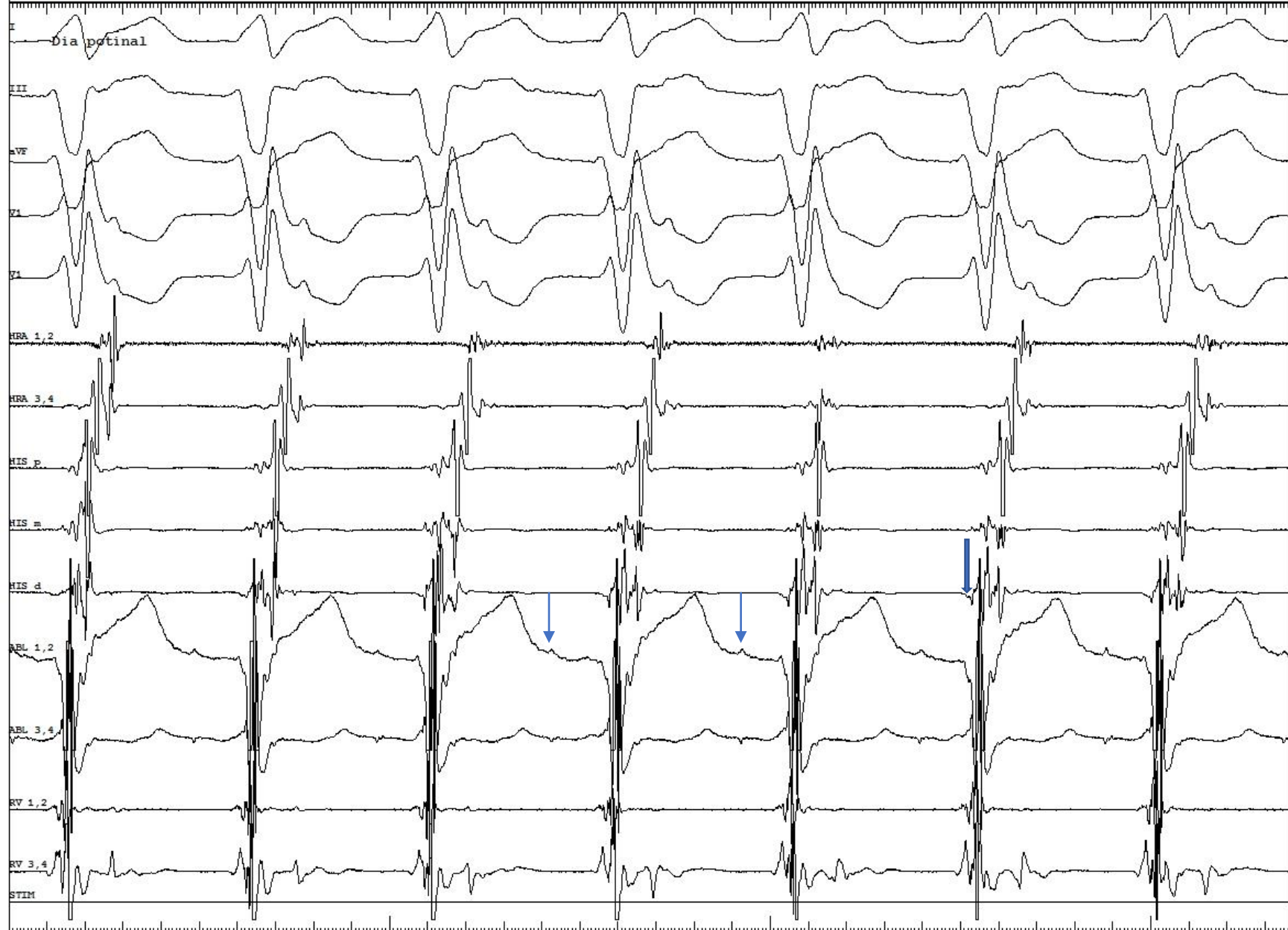


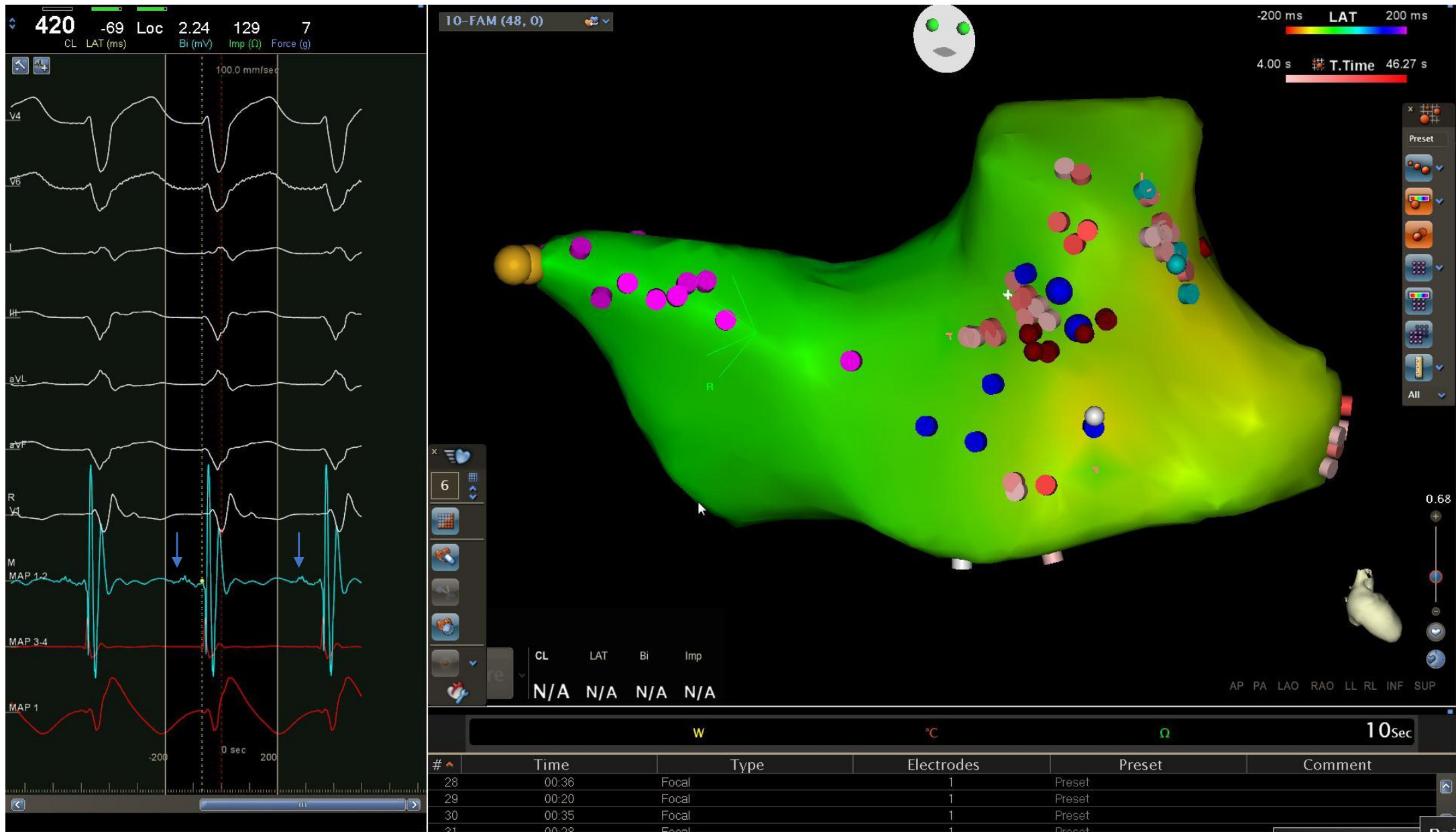


A pulls in His and V with out affecting tachycardia



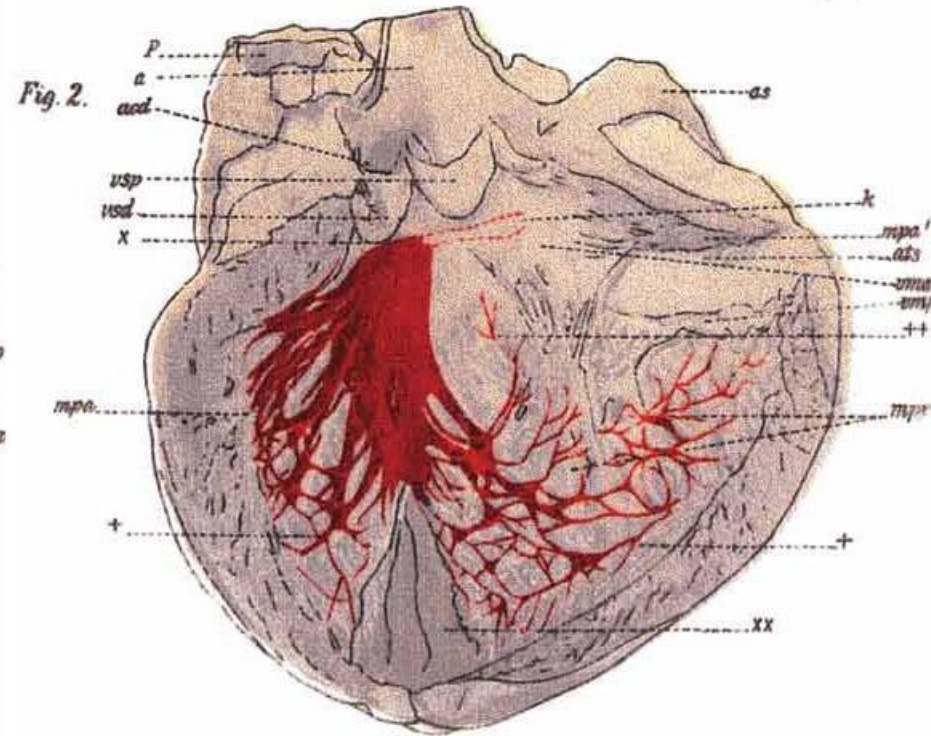
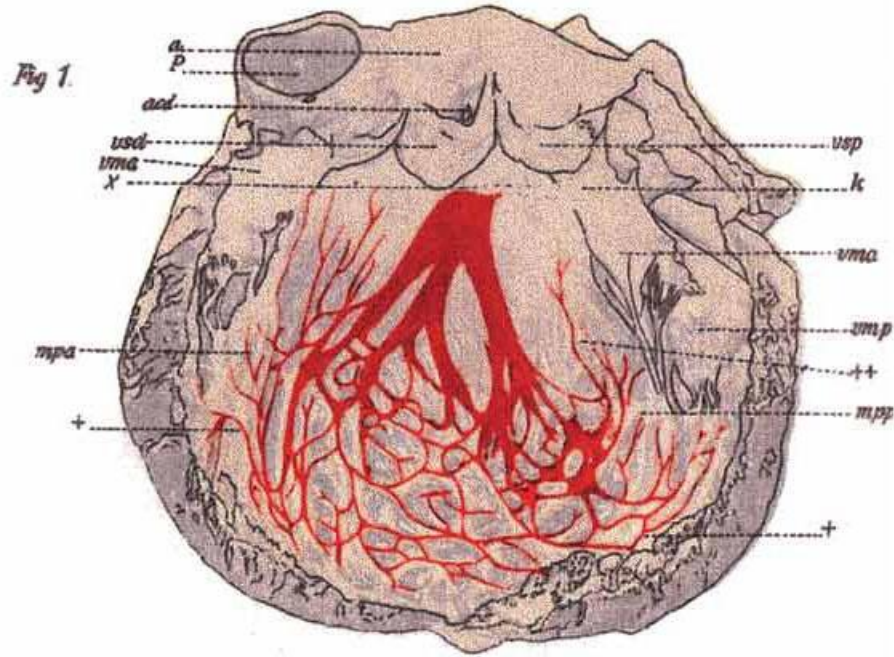






Presystolic potential recorded from mid LV septum

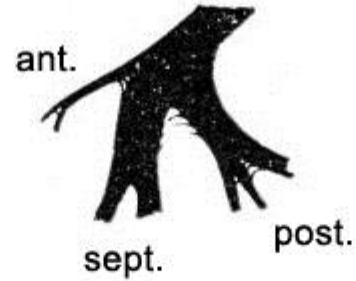
Left Fascicular System



Tawara

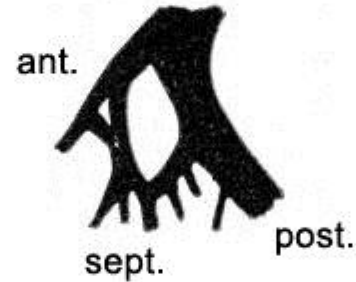
Left Fascicular System

Type I



20 cases

Type II



9 cases

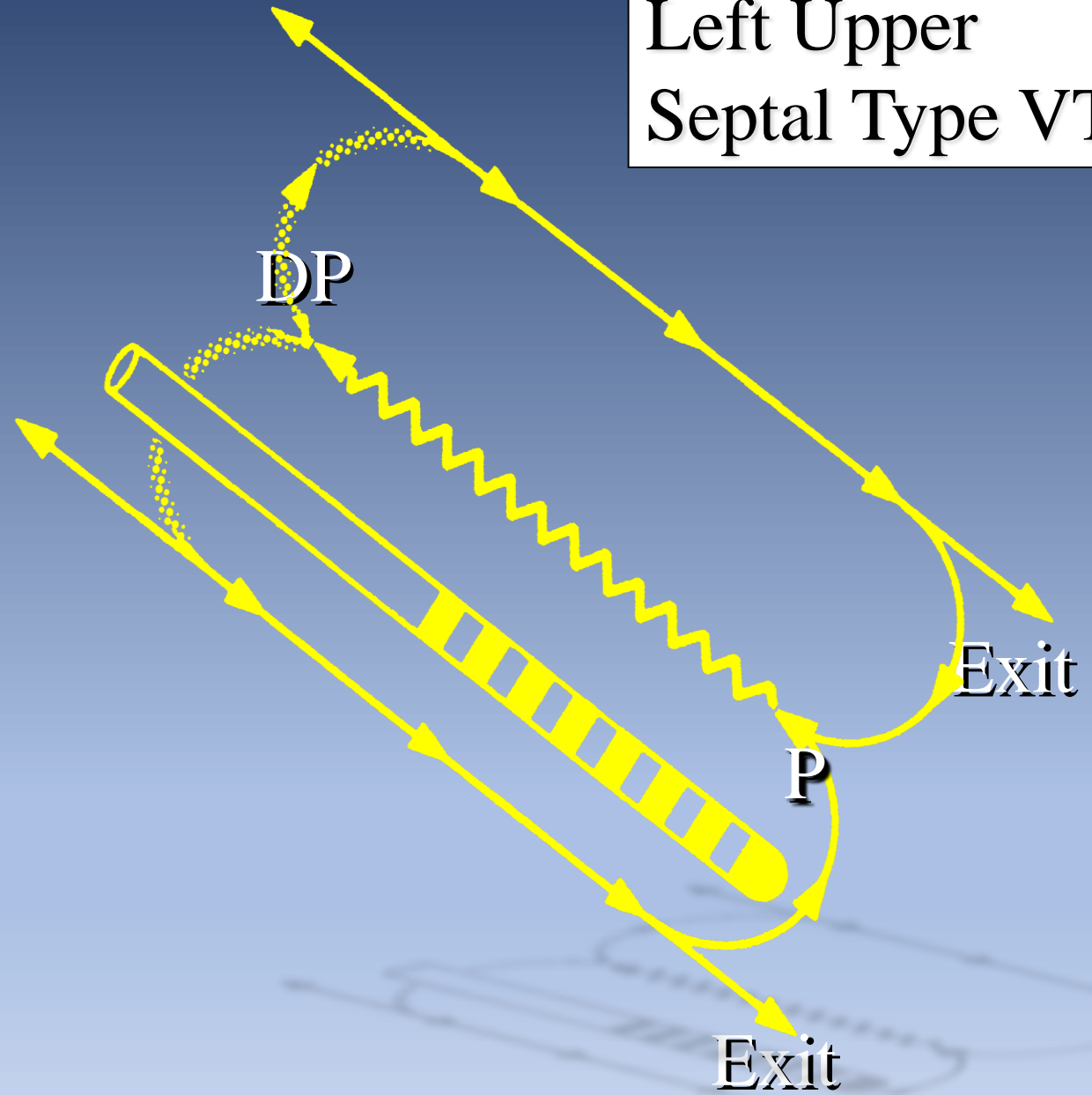
Type III



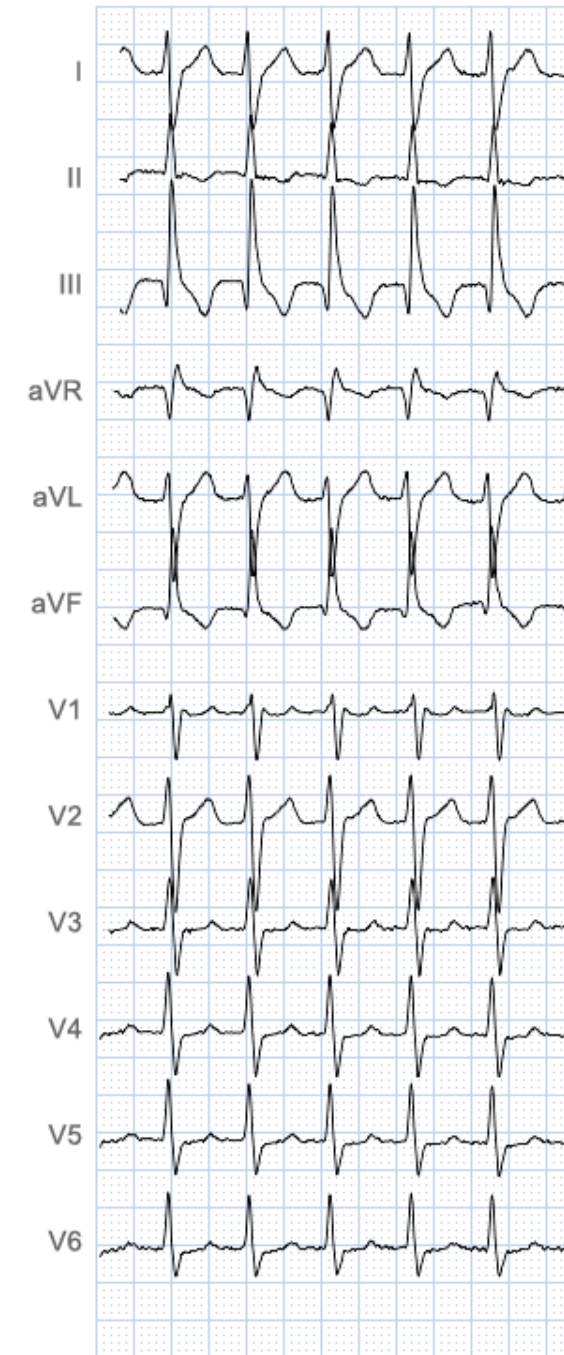
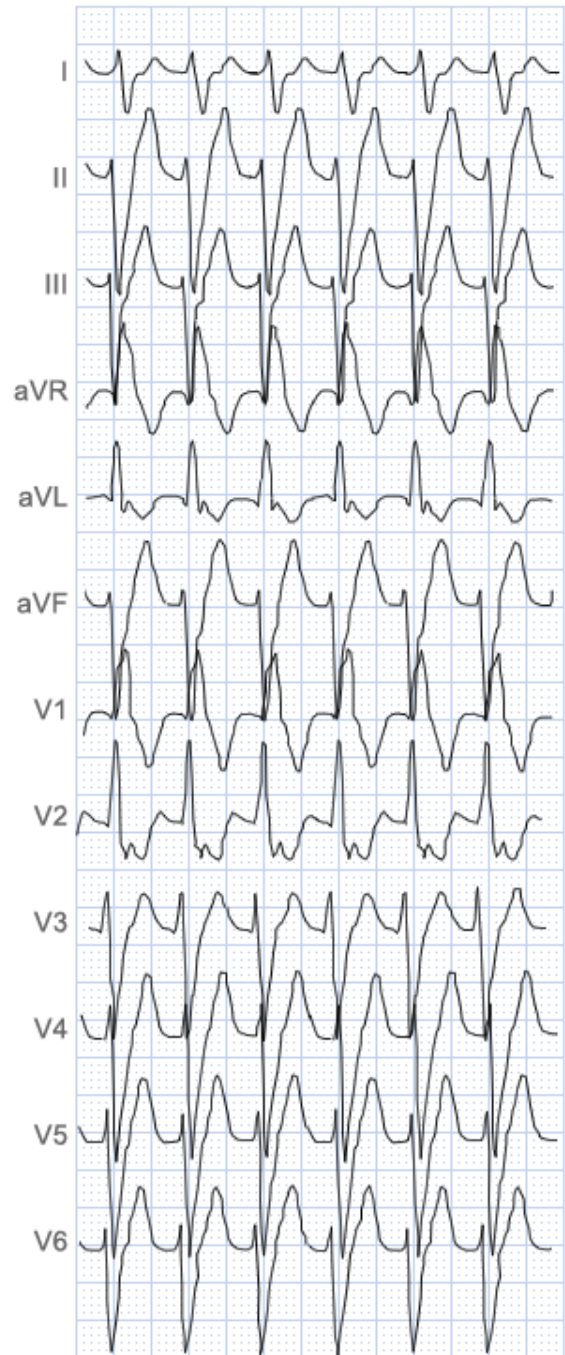
5 cases

RAO

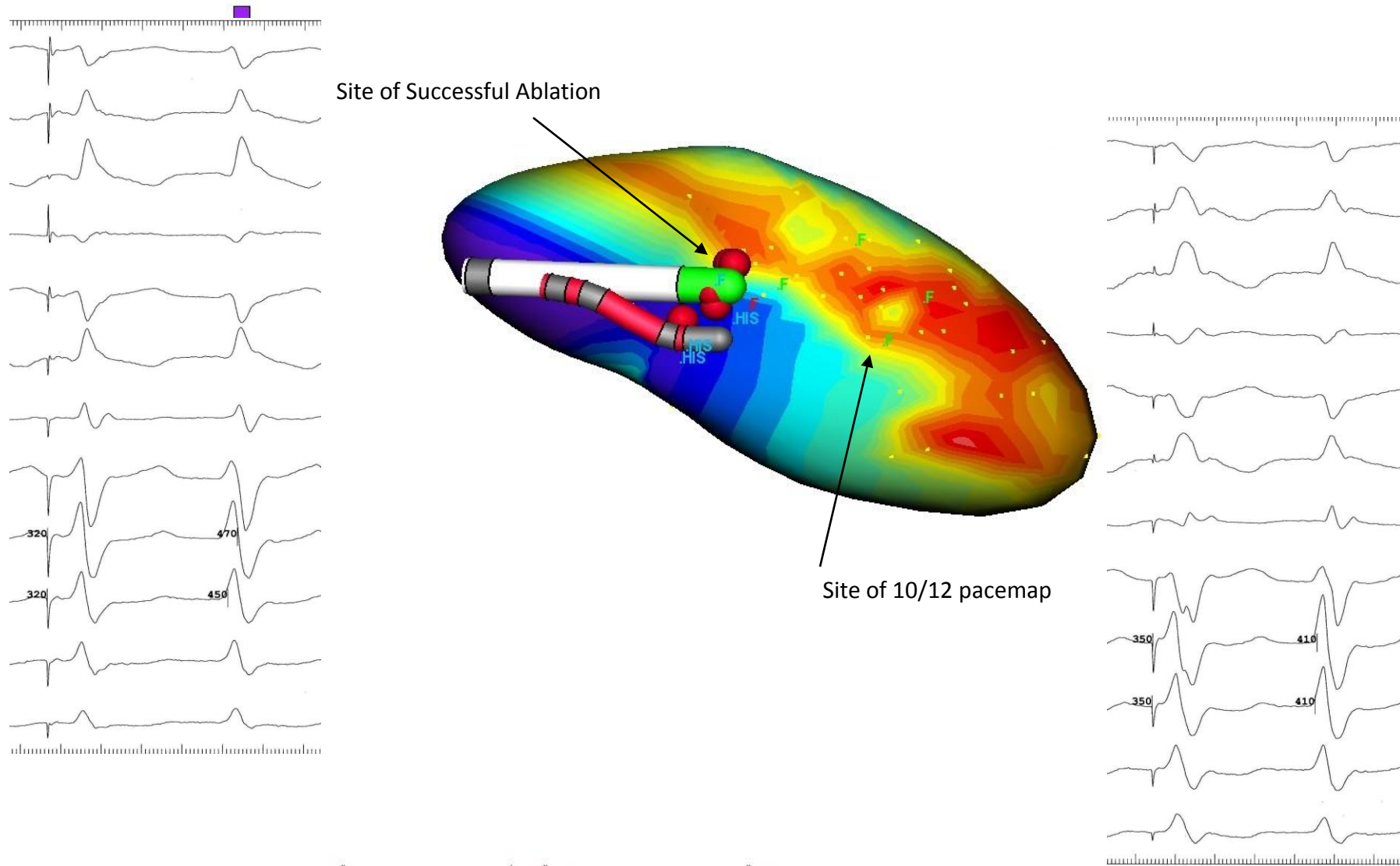
Left Upper
Septal Type VT



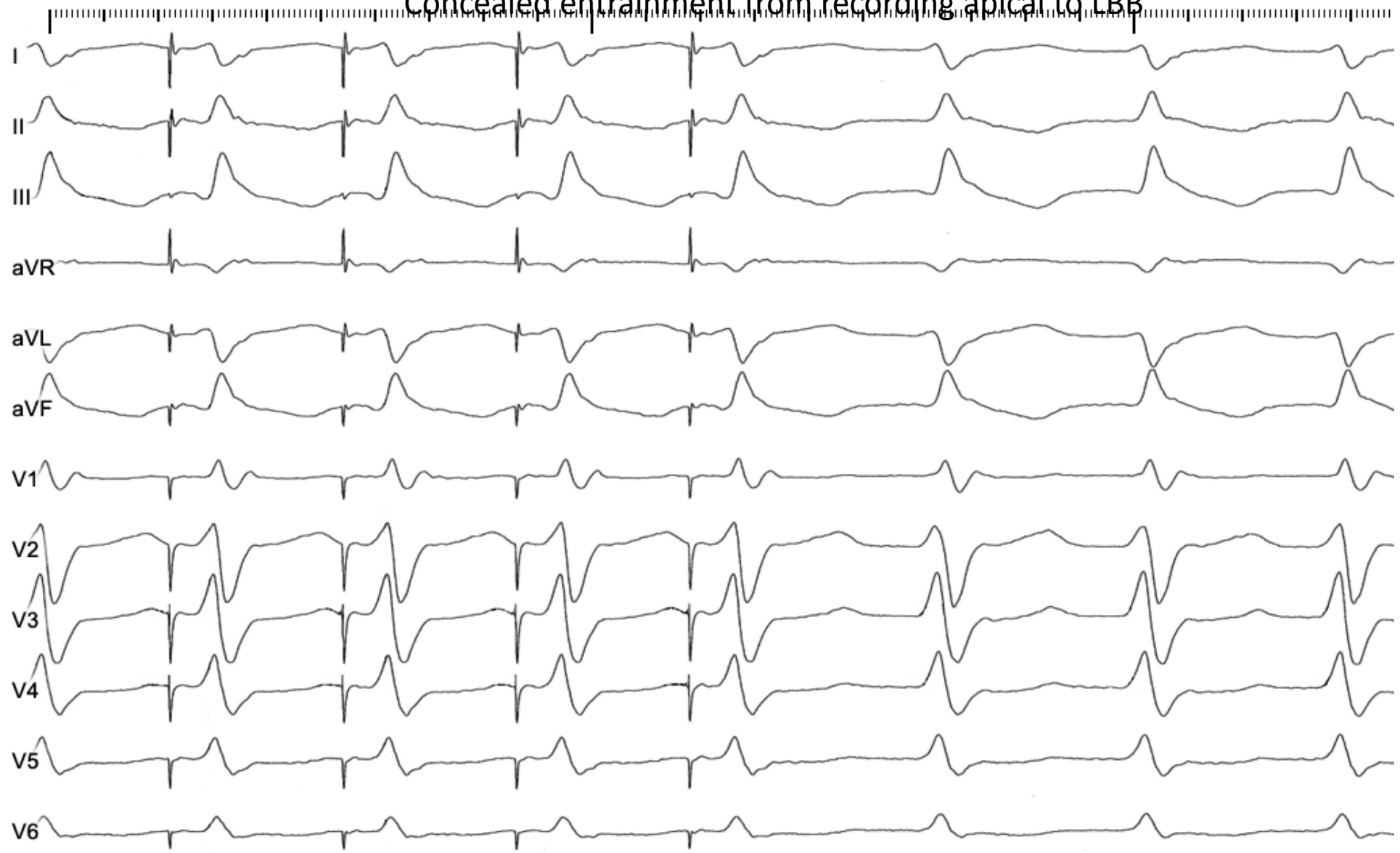
Nogami



RAO view of ESI/NavX map of LV with sites ("F") of presystolic potentials



Concealed entrainment from recording apical to LBB



Findings

- Alternate narrow and wide complex tachycardia
- During tachycardia His is within QRS and H-H drives V-V
- A retro potential was recorded in sinus rhythm which preceded the QRS during tachycardia
- Ablation at LV mid upper septum where diastolic potentials were recorded was successful ablation site

Interpretation

- The short H-V during tachycardia excludes BBRT as well as any form of SVT. Including concealed N-V circuits.
- Late potential in sinus as well as presystolic potential represent in site portions of tachycardia circuit.
- Tachycardia likely reentrant involving left mid septal fascicle resulting in either narrow or wide complex tachycardia.

