CASE PRESENTATION: VT

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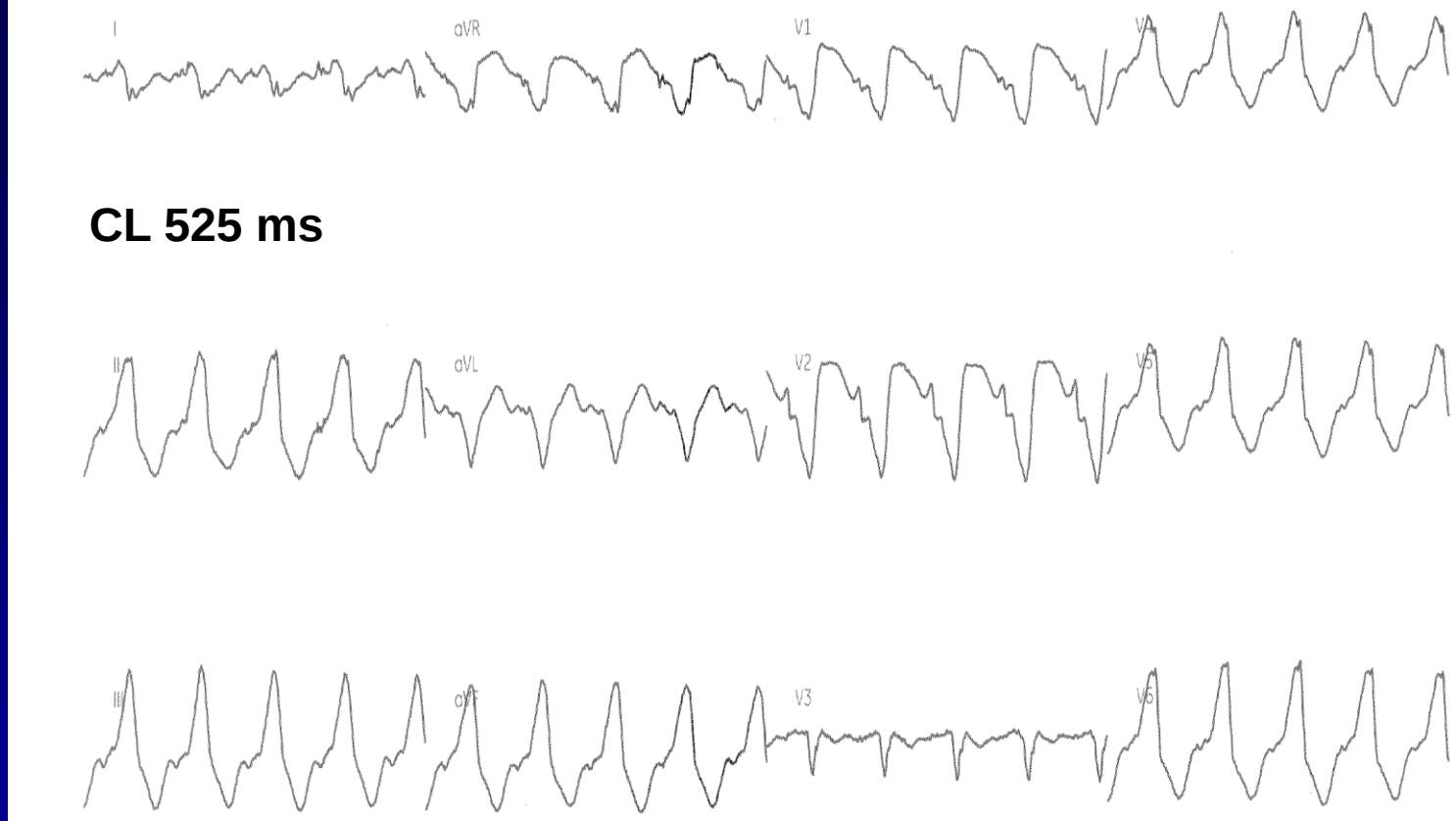
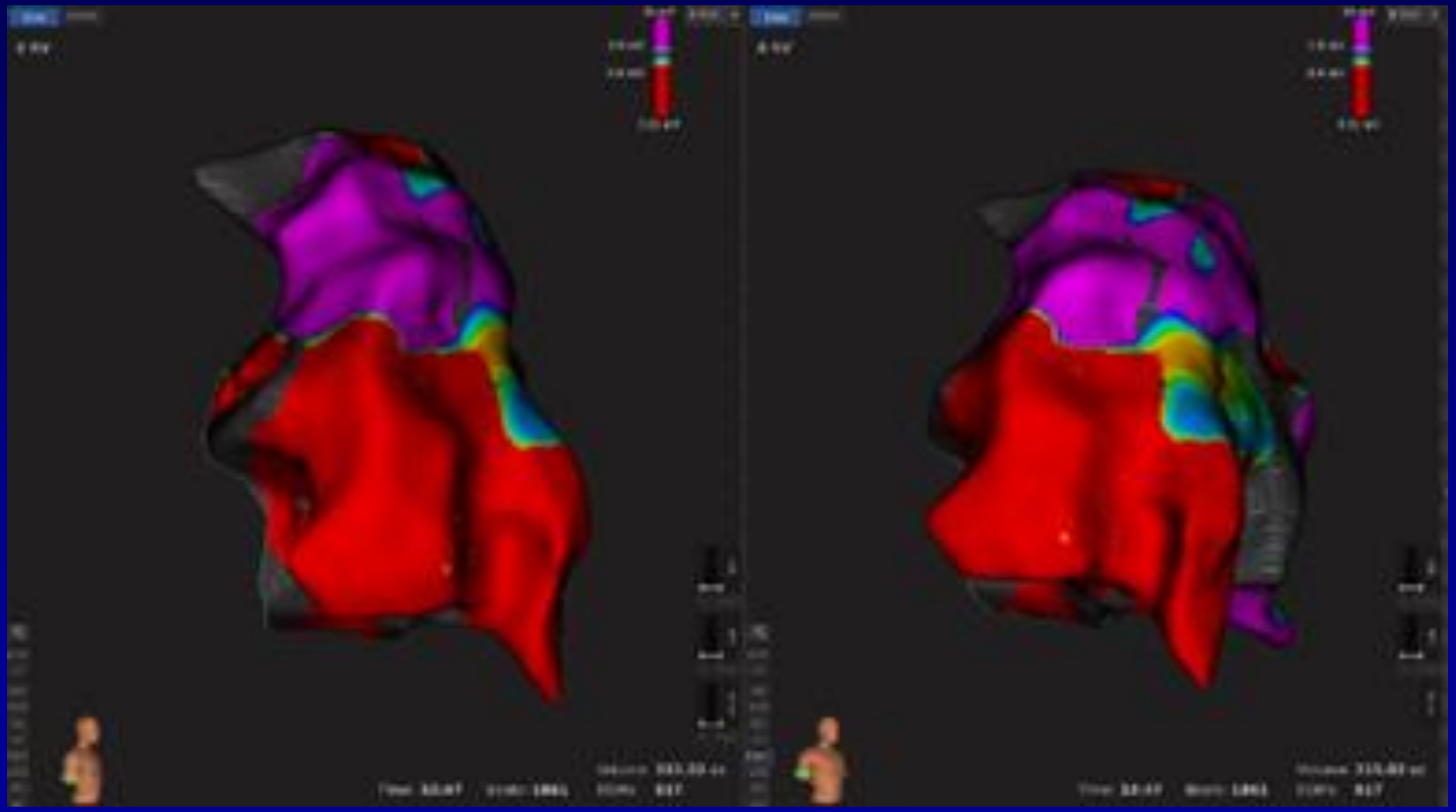
CASE

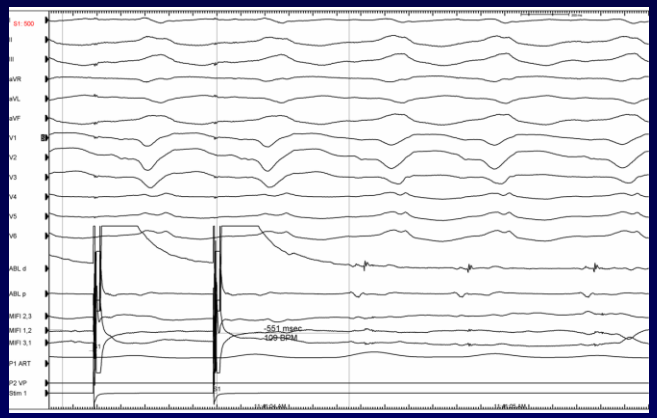
- 82 year old man with history of inferior wall MI / RV extension 1989.
- Comorbidities: hypertension, obesity (BMI 47 kg/m2)
- ICD 2005 for sporadic VT. More frequent VT 2018, placed on amiodarone
- Ablation at outside hospital for multiple VTs (CL 500-350 ms 1/2019), with LV substrate based approach, reported to be noninducible post procedure, but began to have multiple VT episodes one month later (CL 520. LBBB-IA) not suppressed by addition of mexiletine
- Angiogram: chronic TO of pRCA. No significant LCA lesions. LVEF 40%



What are the possibilities?

RV Voltage Map





ISCHEMIC VT FROM RVFW

ISCHEMIC VT FROM RV

- RV infarction in 30-50% of inferior or inferoseptal MI
- Most common scenario for RV involvement is early activation of RV from septal infarction either due to intramural source or less often, predominant RV septal endocardium
- Free wall site of ischemic RV origin rare
- Consider RV mapping in LBBB ischemic VT
  - Early activation of RV septum after VT induction
  - Failure to eliminate VT with LV substrate approach particularly in absence of VT mapping

Questions?