Introduction: Twenty five year old male presented recurrent palpitations with ECG showing Regular wide QRS tachycardia with RBBB and Left axis deviation with V1 to V6 positive. Left posterolateral origin of tachycardia. DC cardioversion was done. Echo showed structurally and functionally normal heart. Taken up for EPS and RFA.

Methods: EP study showed only antegrade conducting pathway with maximum preexcitation near C5,6 and pacing C5,6 in decapolar catheter showed maximum preexcitation. On V-pacing from RV apex conduction was concentric and decremental which exclude retrograde conduction through the pathway. We paced LV lateral wall which also confirmed retrograde conduction through the AV node. This confirms pathway is only antegrade conducting. On A-Pacing AV interval increases on progressive Preexcitation at shorter CL on atrial extra beat suggestive of decrementally conducting pathway.

Result: By Transeptal route successful RF ablation done in Left posterolateral region while pacing C5,6 diapole with maximum preexcitation and earlier V than delta wave with loss of preexcitation.

Conclusion: This 25 year old male having regular wide QRS tachycardia with RBBB and Left axis deviation and V1 to V6 positive concordance suggestive of left posterolateral VT or Preexcited tachycardia. But Preexcitation in baseline suggestive of Preexcited tachycardia. Maneuver done to exclude retrograde conduction of pathway. Atrial pacing suggestive of decremental antegrade pathway with Mahaim like properties. By transeptal route successful RF ablation done with loss of Preexcitation. Over 4 months of follow up no recurrence of pathway or tachycardia.