Introduction: Idiopathic Ventricular fibrillation (IVF) is a rare cause of sudden cardiac arrest (SCA). It is reported in 6.8% of all patients surviving a cardiac arrest and is more common in young patients. IVF is a diagnosis of exclusion in patients who have survived a VF episode without any identifiable cause. In majority of cases, VF is triggered by premature ventricular contraction (PVC) from Purkinje network. Ablation of these VF triggers is associated with good long-term outcome.

Methods: A 45-year-old lady, known hypertensive for 2 years, presented with recurrent episodes of palpitations and 2 episodes of syncope. She was found to have ventricular tachycardia/fibrillation. As there were multiple episodes of VT/VF, she was managed in the ICU with xylocard, amiodarone, and metoprolol, and repeated cardioversions and defibrillation. ECG revealed short-coupled (280 msec) monomorphic PVC giving rise to ventricular fibrillation (VF) (Figure 1). Morphology of the triggering PVC was similar in all the VT/VF episodes. 2D ECHO and Cardiac MRI was normal. Further evaluation showed normal metabolic parameters and no evidence of structural heart disease on cardiac MRI scan and Cardiac PET scan. Patient was sedated and intubated. However, the number of VF storms continued. Patient was taken for catheter ablation under 3D electroanatomic mapping. Mapping and ablation were done using a 3.5-mm open irrigated-tip ablation catheter (Thermocool, Biosense Webster). A 3D electroanatomic map was created using the earliest activation of PVC origin site along the left Purkinje network of left ventricle septum. Earliest site was tagged. Ablation (30W/60 degree) was performed at the earliest activation site (local Purkinje potential) which initiated the non-sustained VF. RF Lesions were consolidated by ablation in the surrounding 1-2 cm². No more PVC appeared for a waiting period of 1 hour and with 20 mcg of isoprenaline. Post procedure, patient was stable and discharged. At 2 months follow-up, patient did not have any VF episode.

Result: N/A

Conclusion: IVF is a rare cause of SCA. It can present as an electrical storm. Catheter ablation of the Purkinje trigger is effective therapy for this condition.