Case Report: Additional accessory pathway during the ablation procedure in atrioventricular reentry tachycardia (AVRT).

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Introduction: Atrioventricular reentry tachycardia (AVRT) is the most common type of supraventricular tachycardia (SVT). Radiofrequency ablation (RFA) is a procedure to treat AVRT with a high success rate. An additional accessory pathway is a common finding event during the ablation procedure.

Methods: We presented a case of AVRT with multiple accessory pathway during RFA. A 56-year-old female patient with a chief complaint of a frequent and long duration of palpitations, shortness of breath and fatigue for the last 6 months. No abnormal physical examinations, laboratory and echocardiography were found. The patient then underwent elective electrophysiology study planned to follow by a conventional ablation. From electrophysiology left lateral accessory pathway was found. An ablation procedure then performed targeting a left lateral accessory pathway during tachycardia. During the ablation we encounter a changed cycle length with different morphology of surface ECG that shows there was an adjacent multiple accessory pathway, then we continue the RFA targeting different site of VA fusion. The ablation procedure was successful, the rhythm converted spontaneously to sinus rhythm during RFA, and VA dissociation was noticed. No tachycardia-induced after RFA.

Result: Radiofrequency ablation is an effective procedure to treat AVRT. In this case, an additional accessory pathway has occurred during the procedure. Reportedly, an anatomically different and annular tissue plays a substantial role in this event. This is a rare event where there is a dual accessory pathway participated.

Conclusion: An additional accessory pathway is a rare event that can be occurred due to anatomically different and annular tissue during ablation procedure.