Moderator band VT

Ramdeo Yadave

Introduction: Thirty two year old male presented with recurrent pre-syncope and palpitations.

Methods: ECG showed VPCs with LBBB and LAD with late transition after V4. 24 Hr Holter showed frequent VPCs and NSVT and couplets and triplets with 42% VPCs load. Echo showed structurally and functionally normal heart. MRI of heart showed no late gadolinium enhancement. PET CT was done by Dr. Narsimhan Sir which was normal. Put on Amiodarone 200 twice daily along with Metoprolol 25 mg twice daily. Repeat Holter after 3 weeks of medications VPCs reduced to 5%. Patient is asymptomatic on medical therapy. He did not agreed for EPS and RFA. Recommended for ICD implantation.

Result: The morphology of VPCs suggestive of Moderator band VT. This may degenerate to VF. ICD should be recommended for this. This VT can be ablated from either septal part of moderator band or lateral part of it at the attachment of MB to anterior papillary muscle of RV.

Conclusion: Moderator band VT is dangerous as it may degenerate into VF and ICD support may be needed. RFA is the treatment of choice.