Left Olique Accessory Pathway Ablation in A Patient with Congenital Heart Disease - Case Report

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**Introduction**: Only child, full-term birth, cesarean delivery, birth weight: 3.4 kg Since 2012, she discovered congenital heart disease at 5 months old with diagnosis of Double AV discordance – ASD, VSD – Pulmonary atresia – Abnormal position of great arteries She had operation at Tam Duc Hospital in 2012 (BT shunt) and 2015 (Glenn shunt and PA enlargement) Since 2016, she's had several episodes of tachycardia, each lasts #15-30 minutes, terminate spontaneously. Few months later, the tachycardia became persist . During tachycardia (HR 210-220 bpm), she had dyspnea, sweating, increased cyanosis and occasionally vomited ⚖ admitted to Khanh Hoa Hospital with hypotension ⚖ terminate SVT with Cordarone IV. Treatment with Amiodarone 100mg + Bisoprolol 2.5 mgqd. During medication, the patient still suffered from many episodes of symptomatic tachycardia required termination with cordarone IV. In 2018, the episodes of symptomatic SVT become more often (1 -2 episodes/month) even with high dose of AAD (Bisoprolol 5mg + Cordarone 100mg) ⚖ admitted to TD Hospital for SVT ablation During SVT, her blood pressure dropped significantly and she was near-syncopy.

**Methods**: AP Ablation with 3D mapping

**Result**: Successfully ablation left oblique AP

**Conclusion**: Paediatric patients with congenital heart disease represent unique challenges to the interventional electrophysiologist. The advent of both mapping and ablative technologies and understanding of arrhythmia mechanism, has helped us to ablate successfully this case.