Comparison of clinical and conduction parameters of Atypical AVNRT and Typical AVNRT

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**Introduction:** Atypical AVNRT comprises a minority of cases of AVNRT. The ‘splitters’ have sub-grouped atypical AVNRT as ‘fast-slow’, slow-slow’, ‘slow-intermediate’, etc; We used the ‘lumpers’ approach and considered atypical AVNRT as one group. We assessed the prevalence of atypical AVNRT and compared its demographics and EP parameters with those of typical AVNRT.

**Methods:** This was a retrospective study of patients with AVNRT, who were admitted and underwent EP study over the last 10 years. AVNRT was considered atypical when the HA time exceeded 100 msec. Out of the 1015 patients who were admitted with a possible diagnosis of AVNRT, 50 (5%) had atypical AVNRT (Group A), and the other 965 (95%) patients had typical AVNRT (Group T). We compared Group A with 300 patients from Group T. - The clinical parameters compared were age at presentation and gender. - The EP parameters compared were tachycardia rate, AV conduction features (AH jump, Wenckebach point, AVNERP), VA conduction features (VAERP), mode of tachycardia initiation/termination and associated arrhythmias.

**Result:** The tachycardia rate was lower in Group A. Tachycardia initiation by AES was always seen in Group T; by VES, this was seen only in Group A. Tachycardia termination by AES was more common in Group T; while termination by VES was more common in Group A. With respect to the remaining parameters, there was no significant difference between the two groups apart from a marginal difference in the magnitude of the AH jump.

**Conclusion:** There are subtle differences between Typical and Atypical AVNRT in the tachycardia rate mode of initiation and termination.