
Methods: Taken up for EP study after stopping drugs for 2 weeks-comment. ‘Unifocal’ PVCs with varying coupling intervals; no common basic interval, hence not a parasystole. The PVCs have LBBB morphology, +ve in L1, more +ve in L II than III. Atrial pacing…interpret. The LBBB induced by RA pacing is identical to the PVCs. Likely to be spontaneous automaticity of a Mahaim-like accessory pathway. Any further insight? RA pacing, with LBBB pattern of ventricular conduction with small r in V1. ‘PVC’, the APERP is reached. Decapolar catheter placed across the His-RB region. RA pacing. Reversal of His-RB activation with preexcitation, 1 ‘PVC’ which has an identical QRS. No ‘M’ potential found along the tricuspid annulus. The RV was mapped. The best early activation obtained…

Result: RF energy- AP eliminated, RBBB seen.

Conclusion: Right free wall atriofascicular Mahaim pathway inserting into RBB. Frequent automaticity from ventricular insertion site producing symptomatic ‘VT’S. Successful RF ablation with resultant RBBB.