**Left Inferior Lateral Ablation of Typical AVNRT (Left sided AVNRT)**

*Ramdeo Yadave*

**Introduction**: Forty nine year old female presented with recurrent palpitations for 10 years duration. ECG during palpitation suggestive of AVNRT with baseline ECG without any preexcitation. Echo showed structurally and functionally normal heart. EP Study done which confirmed AVNRT after excluding other mechanism of SVT. Tried to ablate inferior–posterior right septum but failed to ablate and so patient was put on Metoprolol 50 mg BD but after few months AVNRT recurred even on beta-blocker. Therefore taken up for repeat procedure and 3D Mapping Navix was used.

**Methods**: First I tried to ablate on the right side of Inferior triangle of Koch but tachycardia was remain inducible even good number of junctional baets are coming

**Result**: When failed to ablate on the right side then I used 3D NavX system mapping and by transseptal route to map and ablate the tachycardia. On the left lateral Mitral annulus RFA was started by seeing the slow pathway potential and with single RF application several number of junctional beat recorded and RFA given for 70 sec with further no AVNRT was inducible. Over more than one year of follow up no tachycardia was inducible.

**Conclusion**: The left sided variety of Typical Slow–Fast AVNRT is very rare. This is first case for me where I did RF ablation from left inferolateral part of Mitral annulus when failed to ablate from right side at two attempt with frequent junctional beats. Over more than one year of follow up there is on recurrence of tachycardia.