

**atrioventricular nodal reentrant
tachycardia in patients with a prolonged
AH interval during sinus rhythm: clinical
feathures, electrophysiologic
characteristics and results of
radiofrequency ablation.**

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摘要

Abstract

Among a consecutive series of 600 patients who underwent radiofrequency catheter ablation for AV node reentrant tachycardia, 14 patients (age 29-76 years) had a prolonged AH interval during sinus rhythm (172 +/- 18 ms, range 140 to 200). Seven of them had unsuccessful ablation during the previous ablation sessions. Eight patients with anterograde dual AV node pathway physiology received anterograde slow pathway ablation, and the other 6 patients without dual-pathway physiology received retrograde fast pathway ablation. All patients had successful elimination of AV nodal reentrant tachycardia after a mean of 4 +/- 4 radiofrequency applications, power level 36 +/- 6 watts and a pulse duration of 42 +/- 4 seconds. The postablation AH interval remained unchanged. During a follow-up period of 25 +/- 13 months, one patient who received slow pathway ablation developed 2:1 AV block with syncope. As compared with the other 586 patients without a prolonged AH interval, these 14 patients had significantly poorer anterograde AV nodal function and lower incidence of anterograde dual AV node physiology (P < 0.01). We concluded that slow pathway ablation in patients with dual pathway physiology, and retrograde fast pathway ablation in patients without dual

pathway physiology were effective and safe in patients with a prolonged AH interval. However, delayed onset of symptomatic AV block is possible and careful follow-up is necessary.