Atrioventricular node reentrant tachycardia in patients with a long fast pathway effective refractory period: clinical features, electrophysiologic characteristics, and results of radiofrequency ablation.

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摘要

Abstract

Twenty-two patients (group 1) with AV node reentrant tachycardia and a baseline fast pathway effective refractory period (ERP) > or = 500 msec were compared with 30 consecutive patients (group 2) with AV node reentrant tachycardia and a fast pathway ERP < 500 msec. Both groups underwent slow pathway ablation. In the patients with complete elimination of slow pathway, the fast pathway ERP and shortest 1:1 conduction cycle length shortened significantly after ablation but was greater in group 1 (n = 14) than in group 2 (n = 21) (125 +/- 78 msec vs 48 +/- 29 msec, p < 0.001 and 103 +/- 72 msec vs 52 +/- 30 msec, p < 0.001, respectively). In group 1, the shortening of fast pathway ERP was correlated to baseline difference between anterograde fast and anterograde slow ERP (r = 0.806, p < 0.001, slope = 1.08), and the shortening of fast pathway shortest 1:1 conduction cycle length was correlated to baseline difference between anterograde fast and anterograde slow shortest 1:1 conduction cycle length (r = 0.885, p < 0.001, slope = 1.47). During follow-up bradycardia did not develop in any patient and no one required pacing. This shortening of the fast pathway ERP and shortest 1:1 conduction cycle length after complete elimination of slow pathway reduced the concern of

subsequent impairment of AV node conduction