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Empirical Slow Pathway Ablation in Documented but Noninducible PSVT

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Background: The empirical slow pathway ablation /modification (ESPA/M) is often applied to a documented but noninducible supraventricular tachycardia (SVT) in the electrophysiology study (EPS). A clinical paroxysmal supraventricular tachycardia (PSVT) cannot be induced renders the therapeutic end point of radiofrequency catheter ablation difficult. The data supporting the ESPA/M in adult patients are limited. The aim of this study was to assess the clinical efficacy and safety of the ESPA/M in adults.

Methods: A retrospective study of symptomatic patients with ECG- or Holter-documented PSVTs who underwent the ESPA/M in our department between May 2011 and March 2018 was performed. A telephone questionnaire was conducted for follow-up. Recurrence was based on preprocedural symptoms and/or ECG documentation.

Results: 152 (5%) out of 3018 Slow pathway ablation /modification (SPA/M) procedures were identified as the ESPA/M. The mean age of the study population was 51 (range = 16–82) years, and 62% of the subjects were female. Thirty-eight (25%) patients had a atrium-His (AH) jumps only, 90 (59.2%) had AH jumps plus a single or 2 atrioventricular nodal echo beats (AVNEBs), 17 (11.2%) had a single or 2 AVNEBs without AH jumps, and 7 (4.6%) had no AH jumps or AVNEBs by programmed electrical stimulation at baseline. During a mean follow-up period of 43 months (6–81 mon), 92% of the patients benefited from the procedure (full elimination of symptoms in 80.3% and an improvement in clinical symptoms in 11.7%). The symptomatic recurrence rate, defined as preprocedural symptoms and any documented arrhythmia due to an SVT, was 8.1% (11 patients).

Conclusions: The ESPA/M can be performed safely and effectively in patients with documented but noninducible AVNRTs with good long-term results.