



Present your most challenging cases - rising stars and more

**A difficult case of atrial arrhythmia in a
patient who underwent subcutaneous ICD**

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**NO CONFLICT OF
INTEREST TO
DECLARE**



History (1)

- **G.P.** 68 y.o. male
- Hypertension, ex tobacco use.
- Absence of heart disease



10/2014: AMI with cardiogenic shock and severe LV dysfunction (LVEF 30%). **Klebsiella Pneumonia+.**

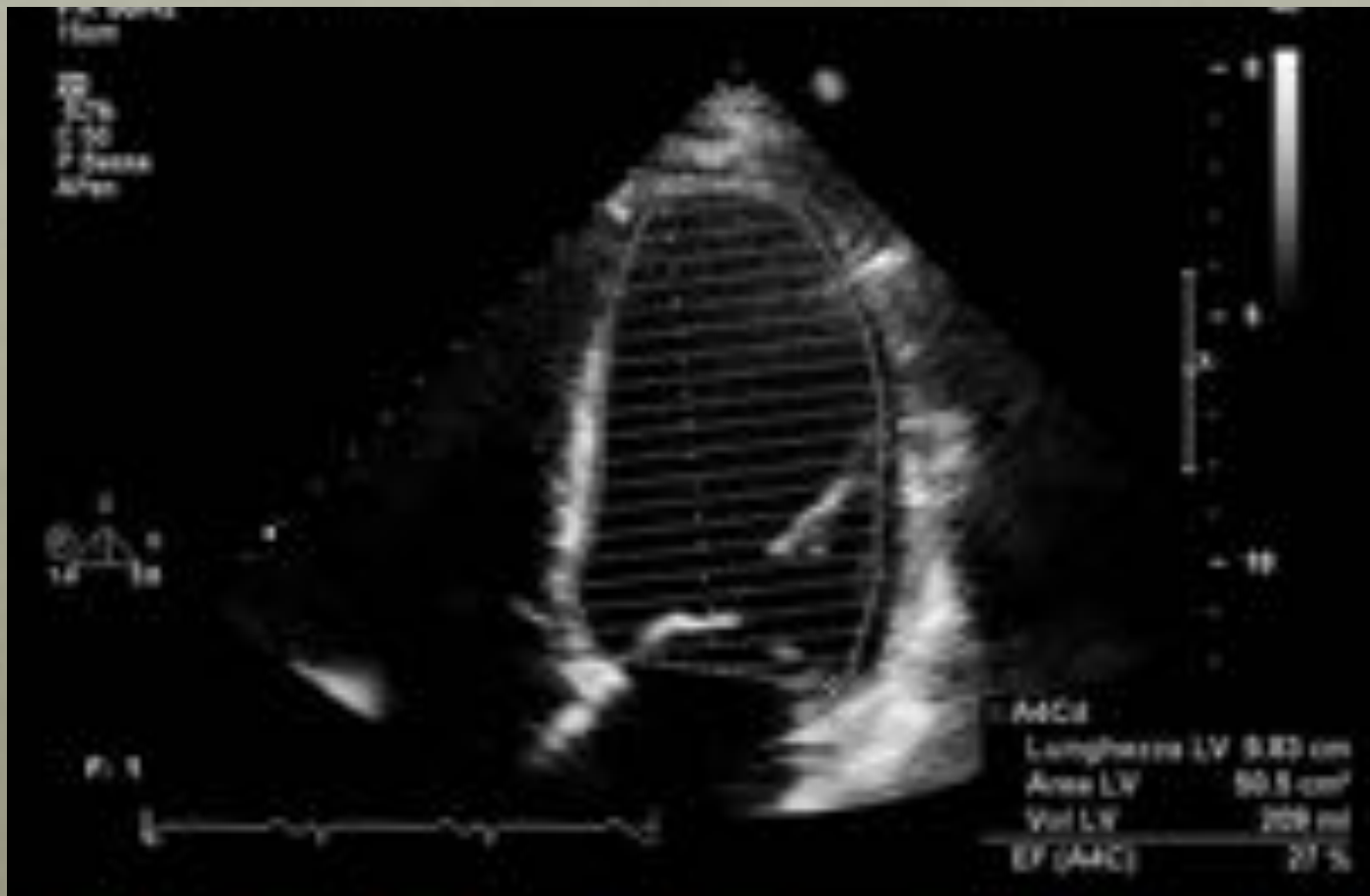
Coronary angiography





10/2014: AMI with cardiogenic shock and severe LV dysfunction (LVEF 27%). **Klebsiella Pneumonia+.**

Echocardiography





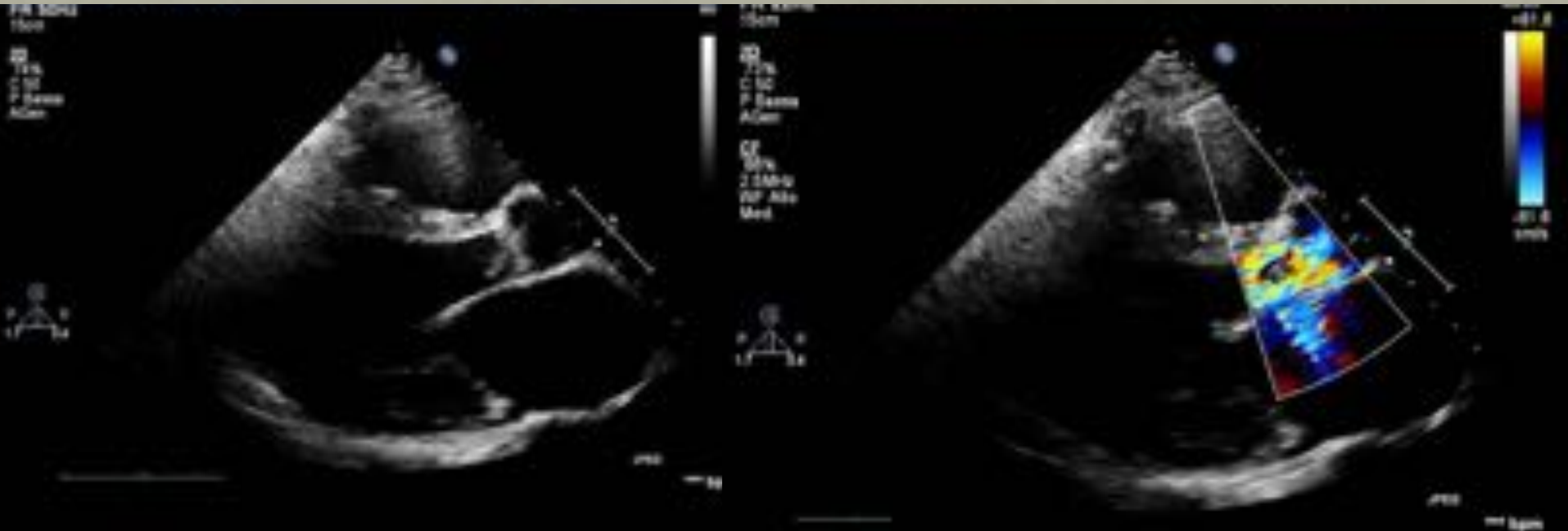
11/2014: Implantation of ICD VR for syncopal VTs.





3/2015: replacement of aortic valve and extraction of ICD lead for endocarditis.

Echocardiography





3/2014: After 4 weeks implantation of S-ICD





History (2)

5/2015:

- Complete AV block
- Persistence of KP+.
 - LVEF 38%.

Dual chamber PM implantation

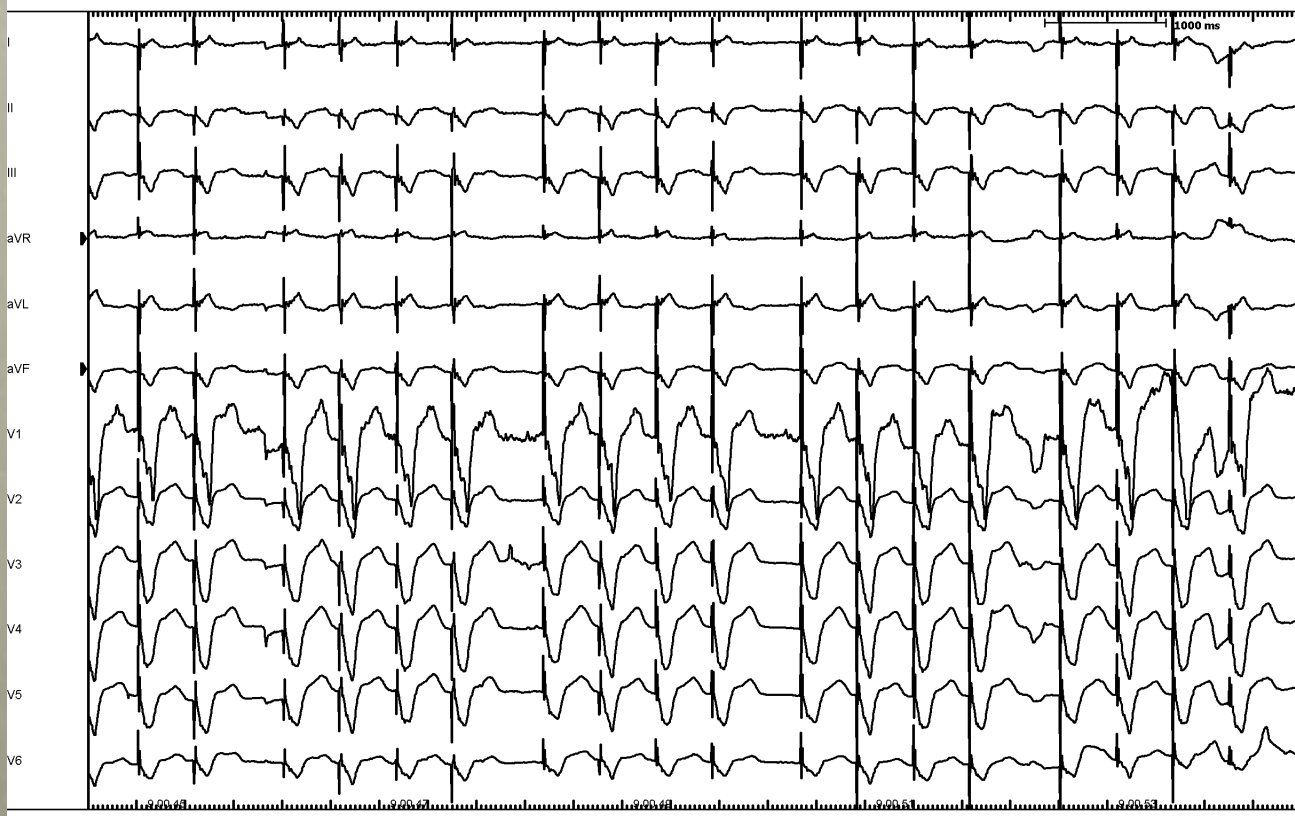


History (3)

- **June 2015:** patients experienced fatigue and dyspnoea
- **ECG:** evidence of atrial tachycardia



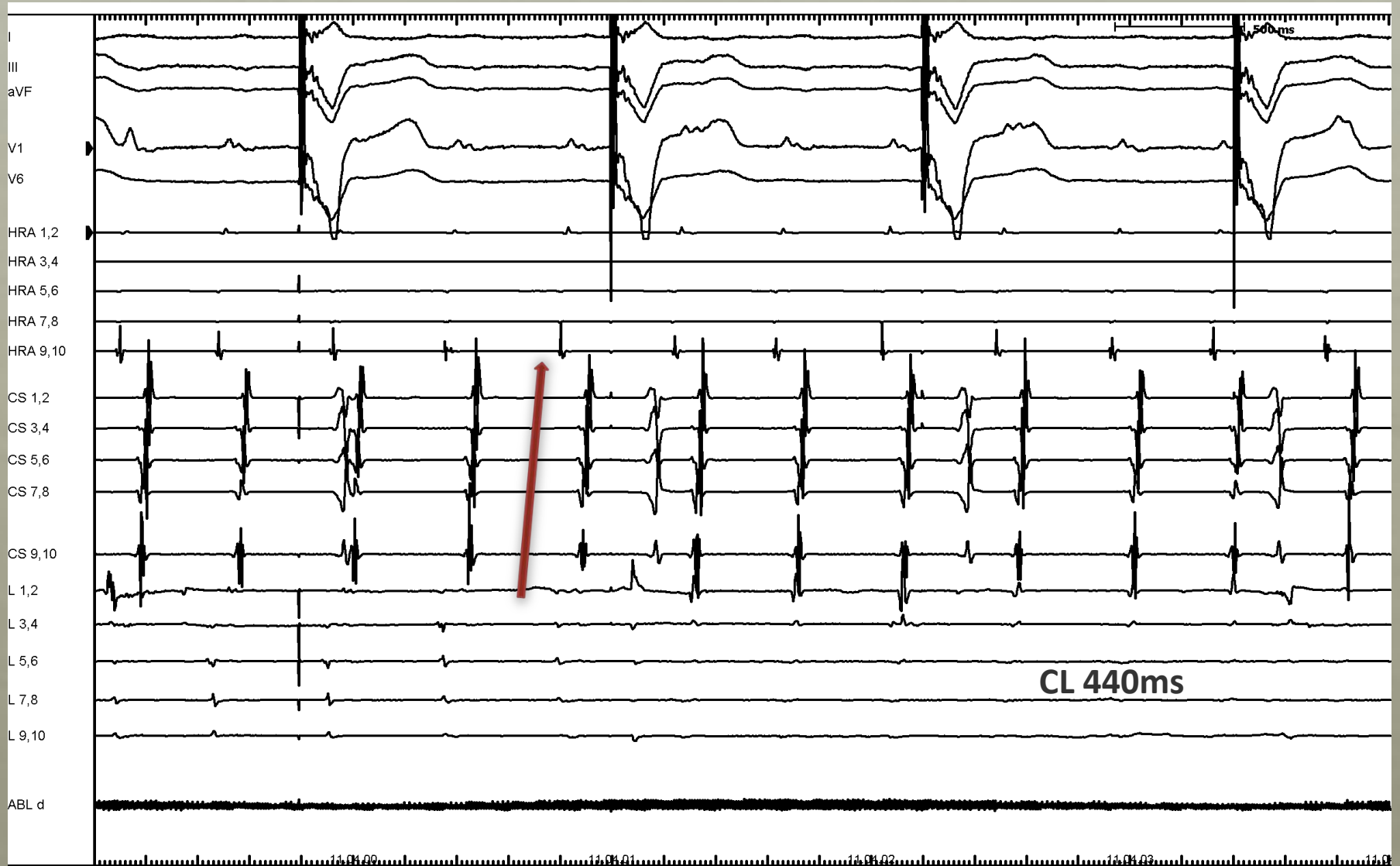
ECG



Scheduled ablation procedure



EP study



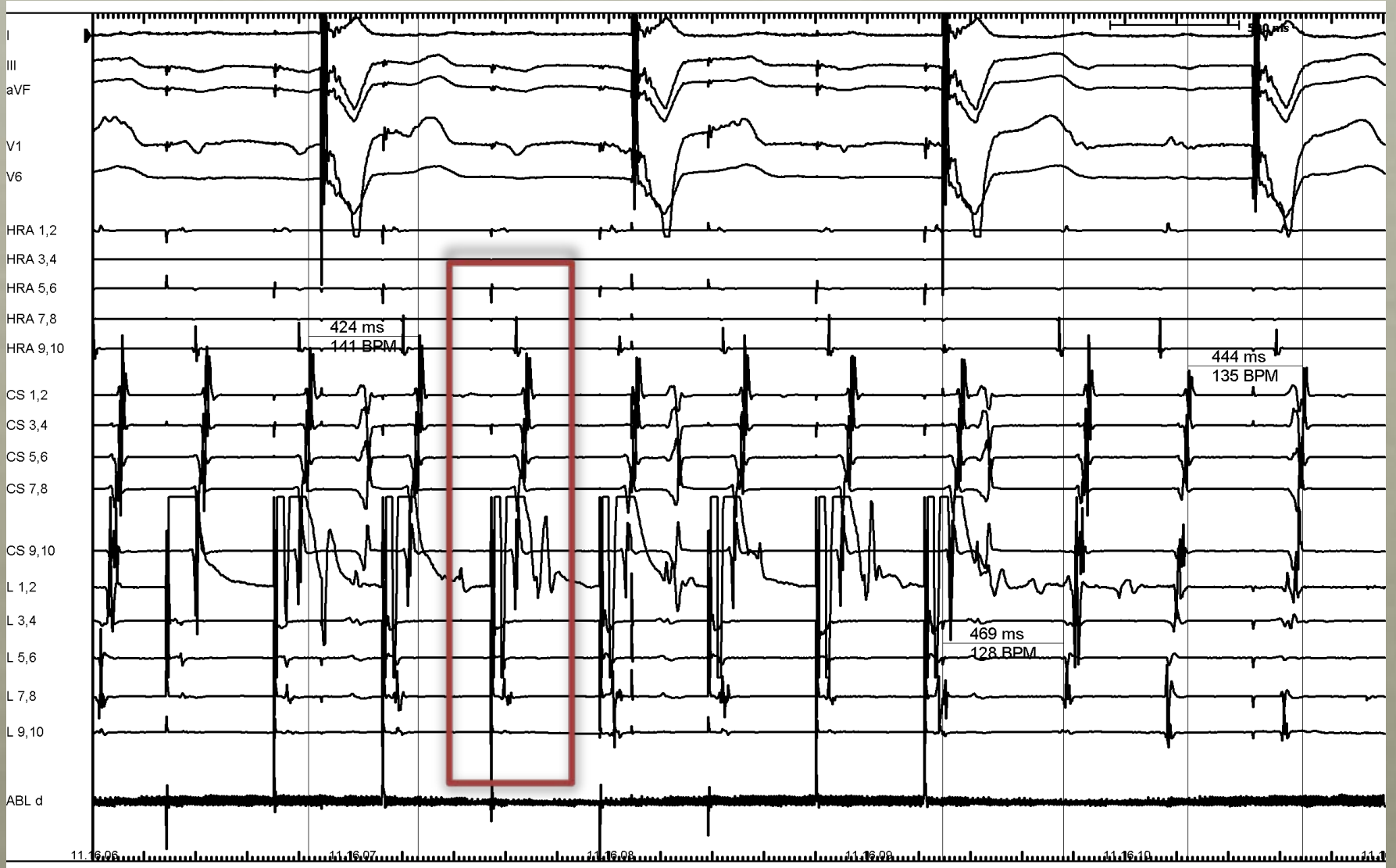


CS pacing



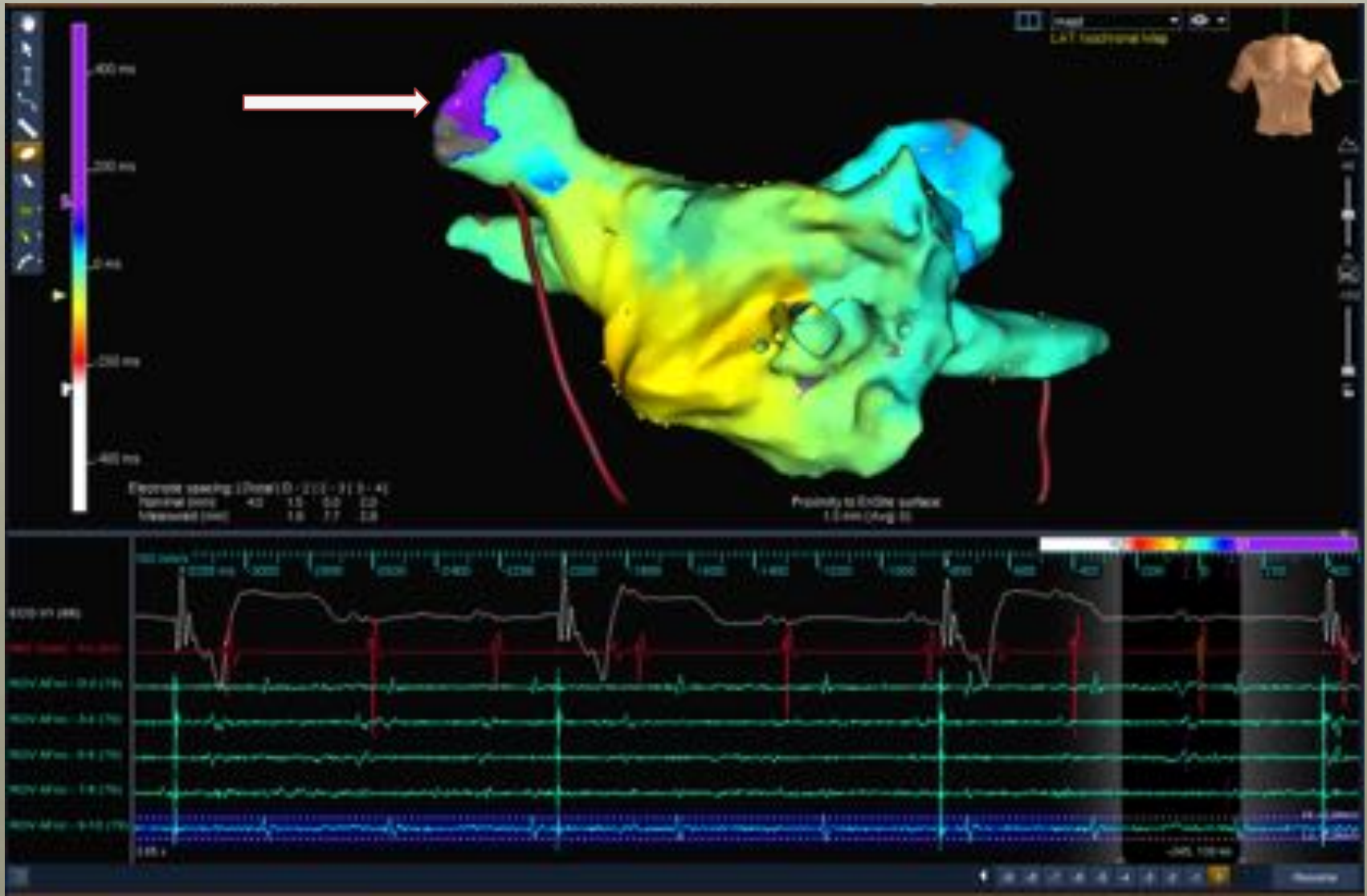


Lateral RA pacing



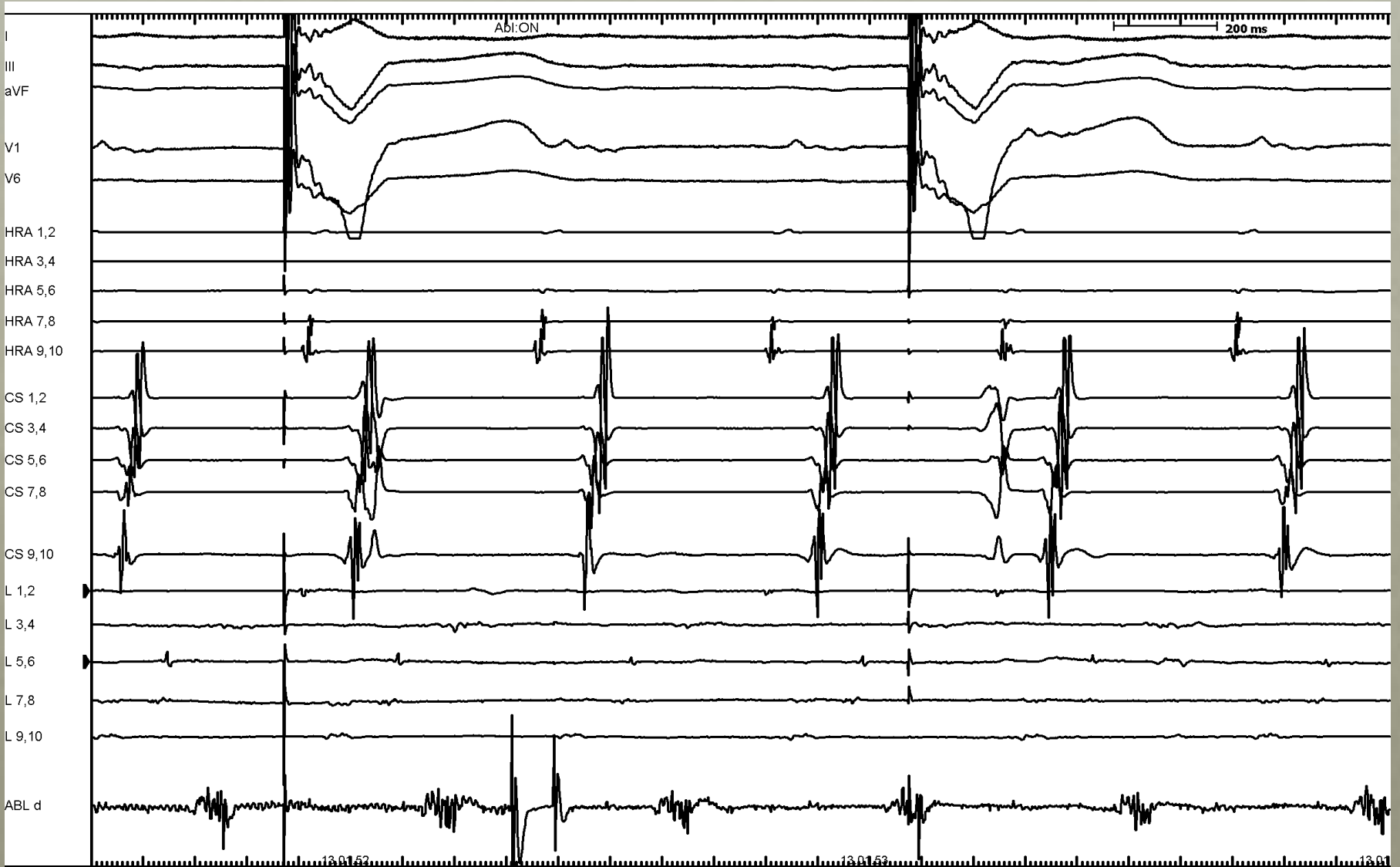


Activation Map: LA





Ablation Site



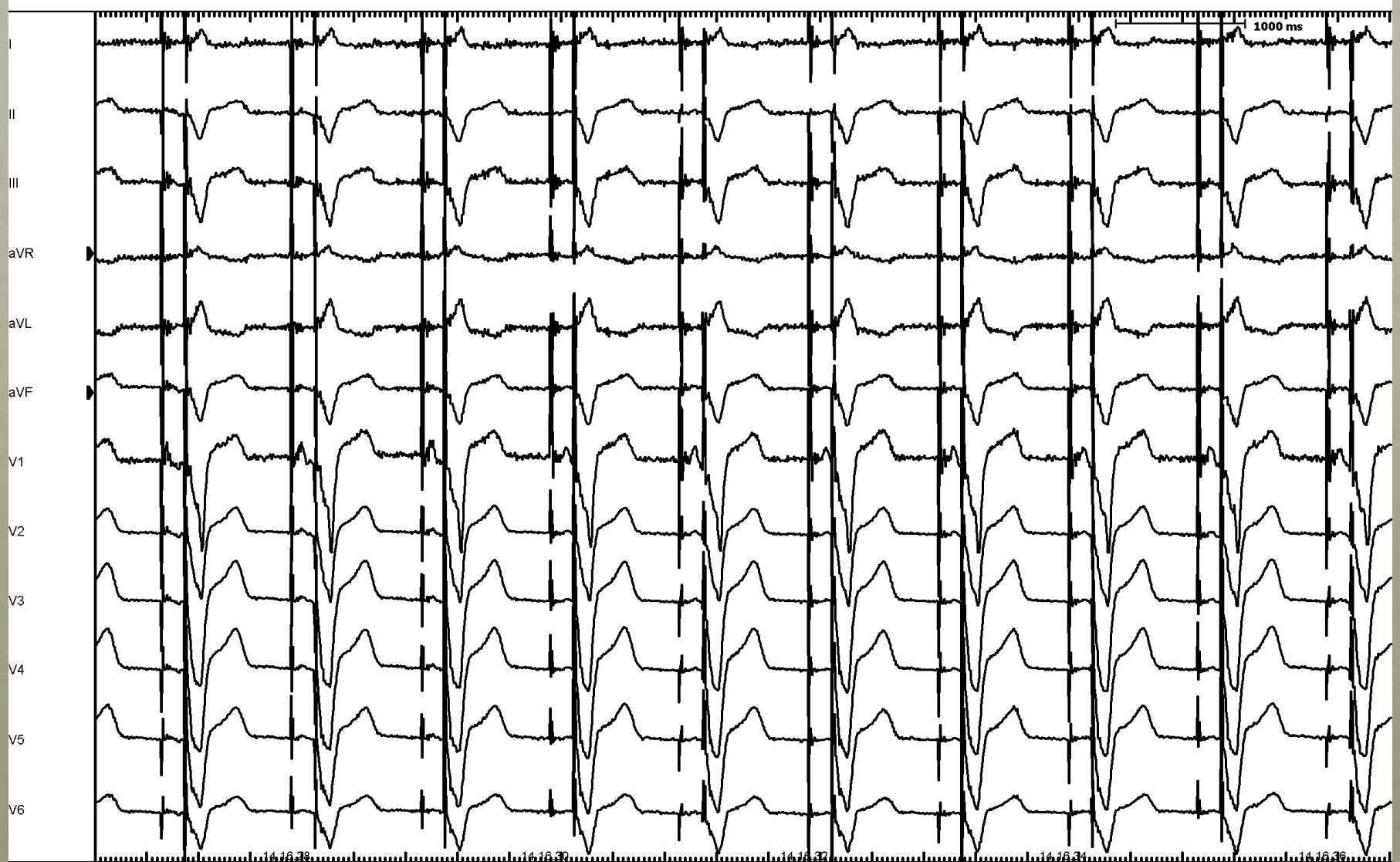


TA interruption during RF



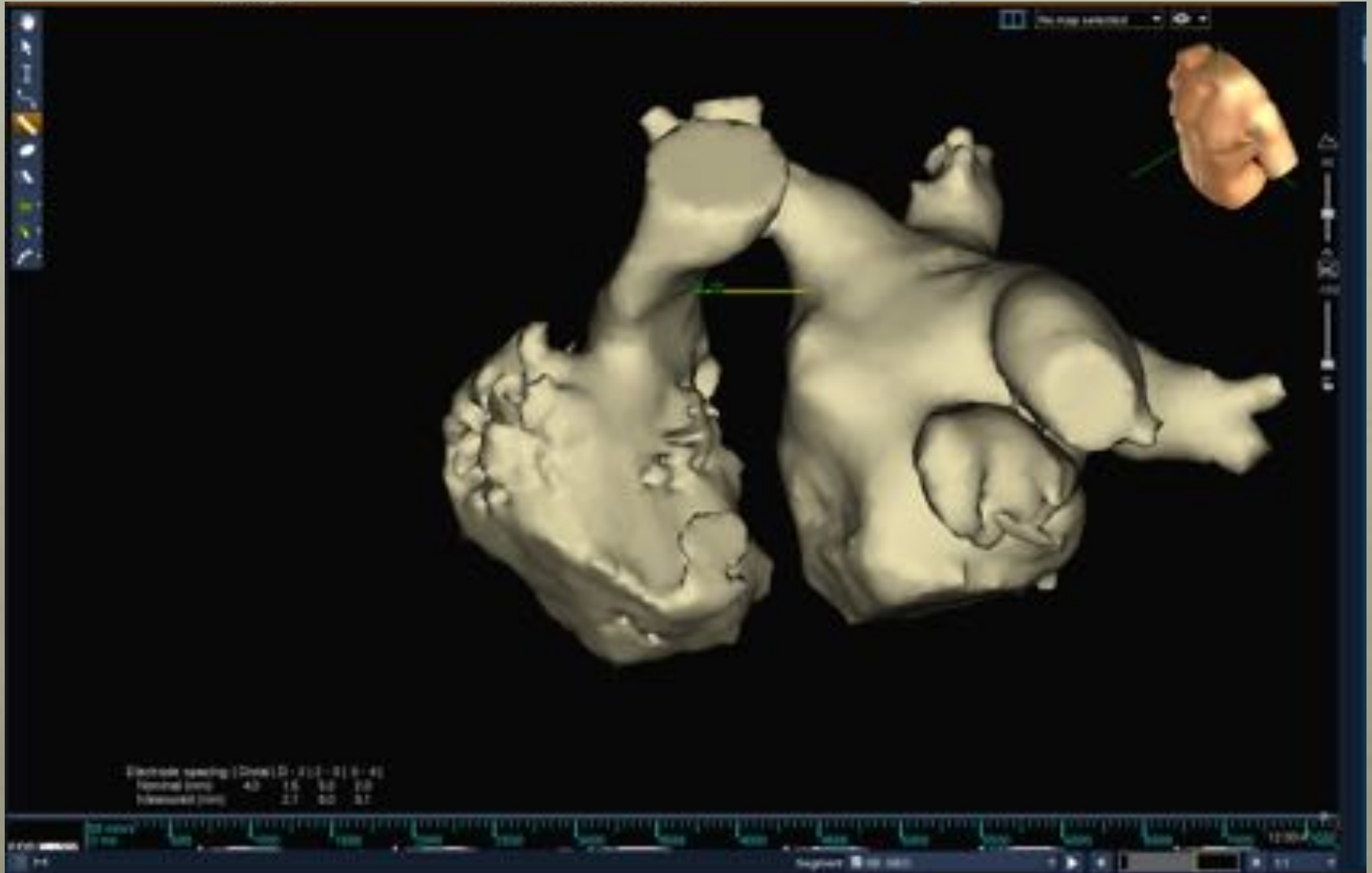


Post procedure ECG





Anatomical issue





Intracardiac Echo





CT-Scan

