

Figures

Figure 1. Electrocardiogram on his first admission at 33 years old. Polymorphic wide QRS complex was recorded. Heart rate was 330bpm.

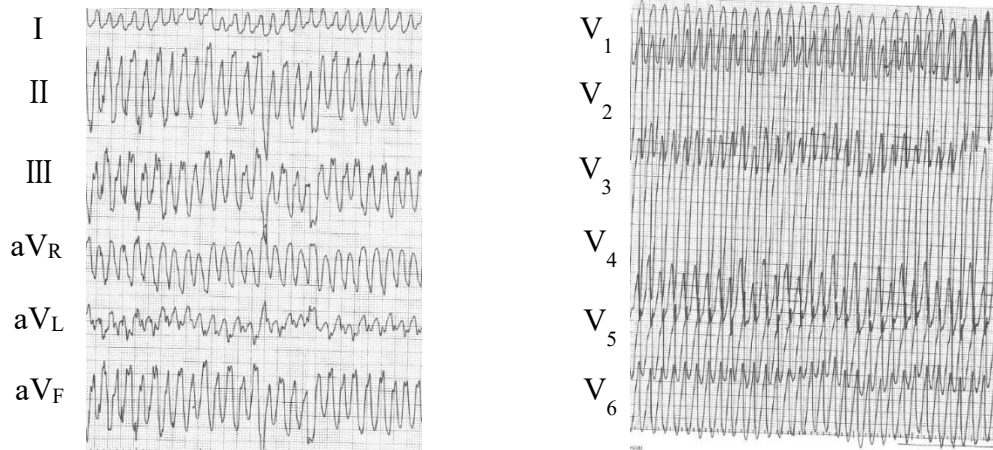


Figure2. Intracardiac ICD record of the monomorphic VT. Monomorphic VT (mean cycle length, 185ms) was recorded and always triggered by the same PVC. ICD: implantable cardioverter defibrillator; VT: ventricular tachycardia; PVC: premature ventricular contraction.

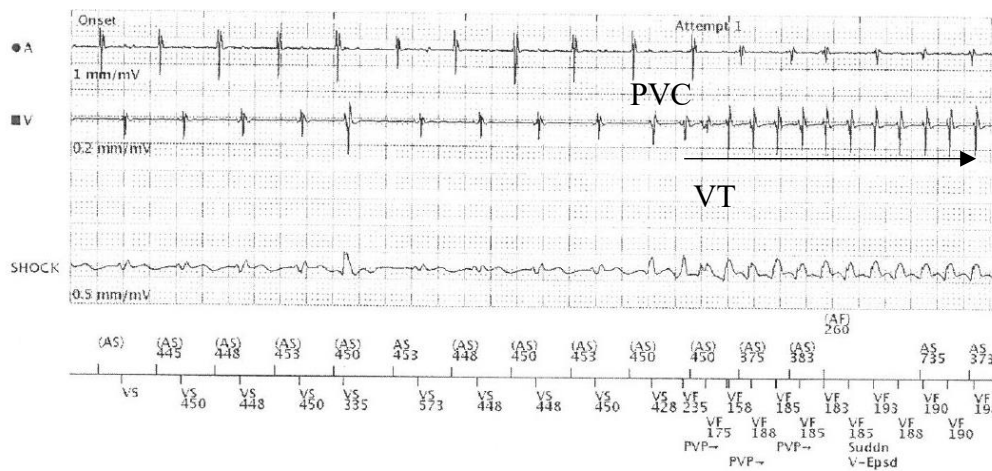


Figure 3-A. Electrocardiogram on admission when VT storm before 3rd ablation therapy.

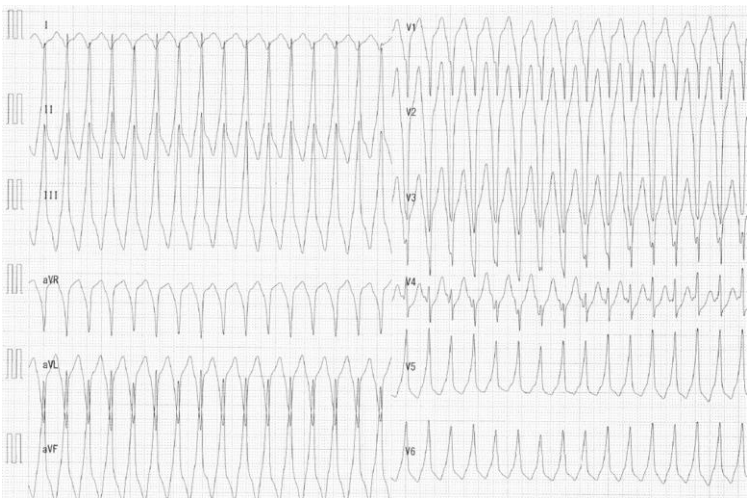
The morphology of VT was a left bundle branch block configuration with an inferior axis. Its origin was estimated to be located in the right ventricular outflow tract. VT: ventricular tachycardia.

3-B. 3D voltage map during sinus rhythm. Anterior to posterior view of 3D mapping of RV in the 3rd session. Blue tag indicates the successful ablation site for PVC, where good pacemap, score of 96, was obtained. Brown tags indicate the ablation sites. Yellow tags indicate the pacemap site.

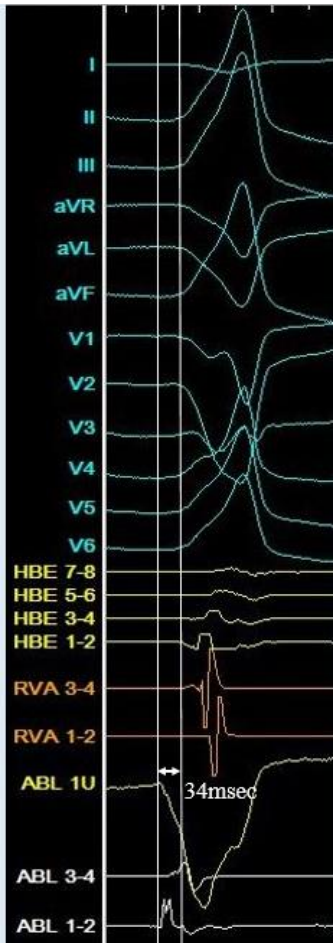
3D: three-dimensional; RV: right ventricle; PVC: premature ventricular contraction; PV: pulmonary valve; TV: tricuspid valve.

3-C. Intracardiac electrogram in the success site of 3rd ablation therapy. Distal part of ablation catheter (ABL 1U and ABL 1-2) detected depolarization 34 milliseconds earlier than any other leads of electrocardiogram. ABL: ablation; HBE: his bundle electrogram; RVA: right ventricular apex.

3-A



3-C



3-B

