

# Double VTs associated with an anatomical isthmus identified by a CT-derived channel

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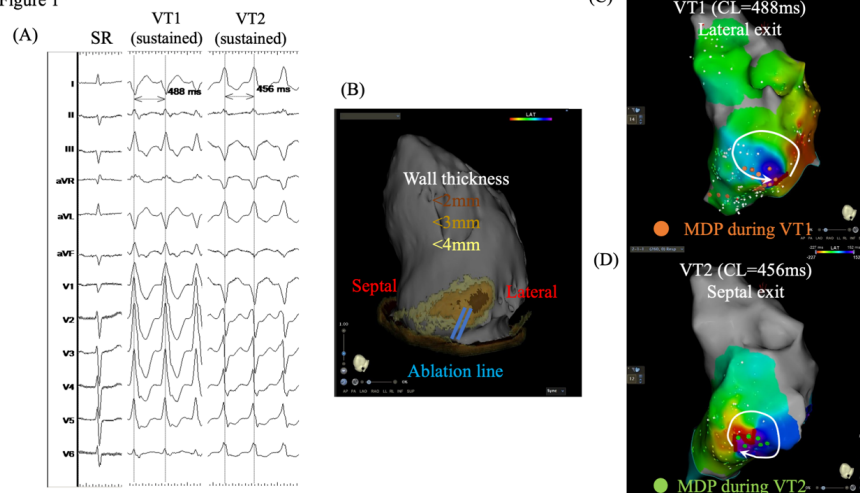
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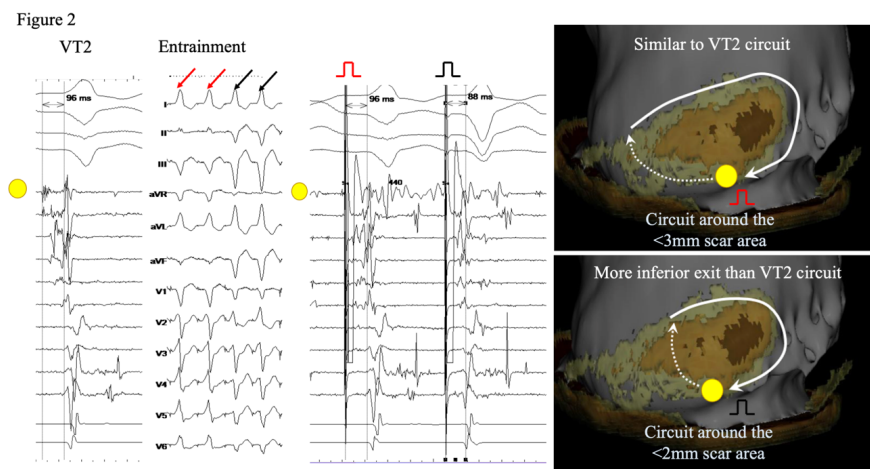
June 22, 2020

## Abstract

We demonstrated a 47 year-old woman with ischemic-VT with repetitive ICD-shocks, requiring ablation. Pre-procedural CT demonstrated a single anatomical channel on the inferior-basal infarcted area between <3mm wall thinning area and the mitral annulus, which suggested the circuit of two VTs observed. Additionally, distribution of <2mm and <3mm scars can explain the mechanism of the variation of QRS morphology and S-QRS interval during entrainment. Ablation on this region resulted in no VT- inducibility and absence of any VTs for 2yrs. CT wall thinning data may allow us to understand the mechanism and circuit of VT and aid VT ablation procedures.

Figure 1





## Figure legends

### Figure 1: ECG and Circuit of clinical VTs

12-lead ECG of VT1 and VT2 (A). Distribution of wall thinning areas based on CT (B). VT1 rotates the scar area in clockwise direction (C) and VT2 rotates clockwise.

### Figure 2: Entrainment pacing during VT2

#### References

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