

# Case 2 (1 st, Feb)

- 70 yrs-old, male
- This patient was introduced from his family practitioner to assess his abnormal findings of his 12-leads ECG.
- He has had relatively heavy exercise such as long distance of swimming. He has never suffered from palpitation, dizziness and syncopal attack.
- He was recommended to undergo EP study.

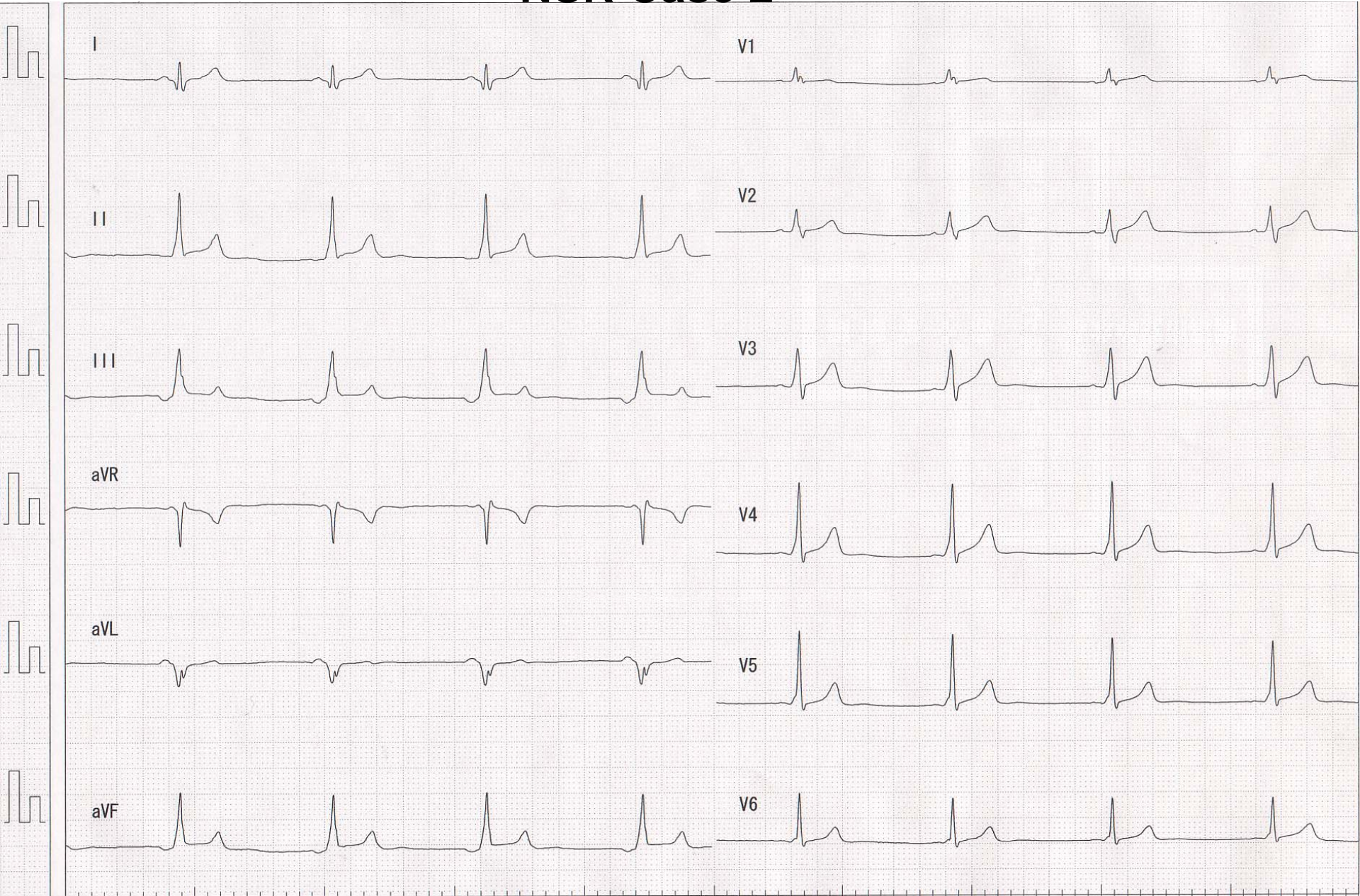
# EP Study Report

- Antegrade ERP of the Kent bundle was 300ms at PCL of 600ms during the intravenous isoproterenol of 1 microgram/minute.
- Retrograde conduction was absent.
- Atrial fibrillation was easily provoked by the atrial burst pacing.
- The shortest R-R interval during AFB was approximately 320 ms without the isoproterenol.

- This patient insisted on getting the perfect guarantee to be able to continue his heavy exercises such long distance swimming participating in the senior swimming race safely.
- Sufficient information regarding the risk and benefit of the radiofrequency catheter ablation was given to this patient, and he was determined to undergo this treatment procedure.



# NSR Case 2





# 2DE Case 2

M-mode (B-mode)

AoD	30 mm (20~38)	LAD	36 mm (20~40)		
IVSd	8 mm (6~12)	LVDd	53 mm (30~54)	LVPWd	7 mm (6~12)
IVSs	11 mm	LVDs	36 mm (22~38)	LVPWs	11 mm
FS	31 % (30~50)	EF(Teichholz)	59 % (58~80)	EF(Simpson)	% (58~80)
LV inflow		IVC			
E	0.53 m/s	吸気	4 mm		
A	0.68 m/s	呼気	13 mm		
E/A	0.78				
E DcT	217 ms				

1) 大動脈弁		2) 僧帽弁		3) 肺動脈弁		4) 三尖弁	
AR	なし none	MR	なし none	PR	生理的 physiological	TR	生理的 physiological
AS	なし	MS	なし	PS		RV-RA PG	20.7 mmHg
LV-Ao PG	mmHg	MVA(Trace)	cm <sup>2</sup>	EDPG	6.5 mmHg	Vmax	2.3 m/s
Vmax	m/s	MVA(PHT)	cm <sup>2</sup>				

