



High density mapping of aortic cusps improves near field detection of pre-potentials during premature ventricular contractions



Filippo Maria Cauti ^{*}, Pietro Rossi, Luigi Iaia, Stefano Bianchi

Arrhythmology Unit - Ospedale S. Giovanni Calibita, Fatebenefratelli Isola Tiberina, Rome, Italy

ARTICLE INFO

Keywords:

Aortic cusps
Pre-potentials
Premature ventricular contraction
High density mapping

ABSTRACT

Recognition of pre-potentials during activation mapping of aortic cusp premature ventricular contractions is useful to localize the precise site of origin and is an indicator of successful ablation, but sometimes these electrograms can be blunt and have low amplitude. High resolution mapping in the aortic cusp region allows improved near field detection of these signals in very few beats.

© 2019 Elsevier Inc. All rights reserved.

A 47 year old man with frequent premature ventricular contractions (PVC) (Panel A), whose electrocardiographic morphology suggested an aortic cusp origin [1], underwent electro-anatomical mapping with the Rhythmia system and Orion catheter (Boston Scientific). Delayed post-potentials after the terminal portion of the far field ventricular electrogram (egm) were noted in the left coronary cusp region during sinus rhythm (confirmed by fluoro position of the Orion mapping catheter). During PVC, the egm sequence reversed showing high amplitude discrete pre-potentials that propagated from proximal to distal along the Orion splines (Panel B) enabling a quick identification of the earliest point. Ablating at this location (Panel C) resulted in complete suppression of all PVCs. Recognition of pre-potentials during activation mapping is useful to localize the precise site of origin and is an indicator of successful ablation, but sometimes these egms can be blunt and have low amplitude [2]. High density mapping with the Orion catheter can provide a more stable positioning and evaluation of a large portion of the valve region at once, detecting the activation at multiple points that are spatially distant from one another and evaluating their timing. The catheter enables to record the electrical activity both circumferentially and longitudinally giving a quick overview of the earliest prepotential in very few beats. Small electrodes with narrow inter-electrode spacing also improve near field detection of local myocardial sleeves depolarization that cause aortic cusps PVCs.

Funding sources

No external funding was obtained for this project.

Disclosures

Nothing to disclose.

Acknowledgment

Thanks to Francesco Maddaluno and Francesco Piccolo (BioMed Eng-Boston Scientific) for their technical support.

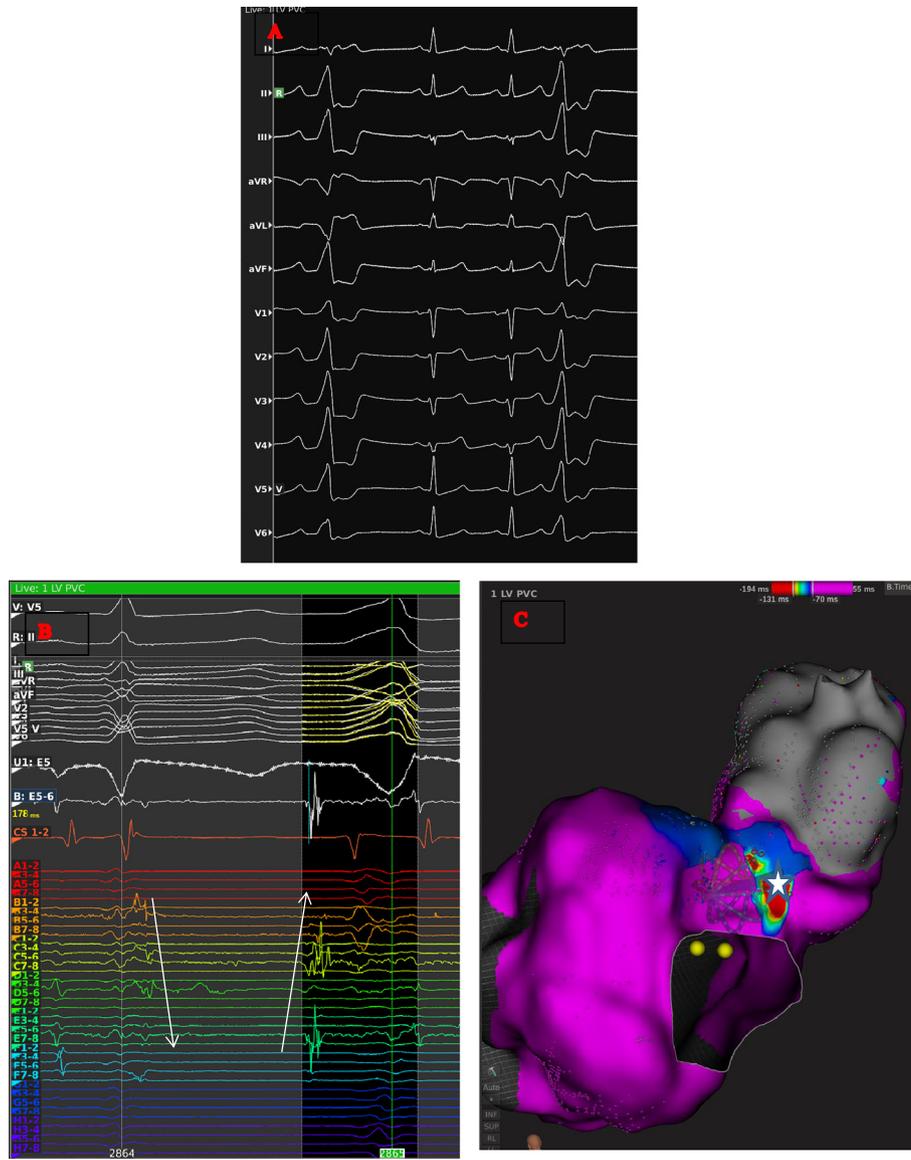
References

- [1] Lin D1, Ilkhanoff L, Gerstenfeld E, Dixit S, Beldner S, Bala R, et al. Twelve-lead electrocardiographic characteristics of the aortic cusp region guided by intracardiac echocardiography and electroanatomic mapping. *Heart Rhythm* 2008 May;5(5):663–9.
- [2] Hachiya H1, Yamauchi Y, Iesaka Y, Yagishita A, Sasaki T, Higuchi K, et al. Discrete prepotential as an indicator of successful ablation in patients with coronary cusp ventricular arrhythmia. *Circ Arrhythm Electrophysiol* 2013 Oct;6(5):898–904.

Abbreviations: PVC, Premature ventricular contractions; EGM, electrogram.

* Corresponding author.

E-mail address: filippocauti@hotmail.it (F.M. Cauti).



Panel A: 12 leads ecg showing ecm morphology of the PVC. Panel B: the sinus beat shows a delayed potential after the far field ventricular ecm. During PVCs, the ecm sequence reverses showing an early high amplitude near field pre-potential. Panel C: white star shows the region of earliest activation.