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THE STUDY OF THE RELATION BETWEEN DIFFERENT END POINTS OF SLOW ATRIOVENTRICULAR NODAL PATHWAY ABLATION AND CLINICAL EFFICIENCY IN PATIENTS WITH ATRIOVENTRICULAR NODAL REENTRANT TACHYCARDIA (SLOW-FAST KIND)

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Objective The study of the Relation between different end points of slow atrioventricular nodal pathway ablation and clinical efficiency in patients with atrioventricular nodal reentrant tachycardia.

Methods 350 patients with atrioventricular nodal re-entrant (AVNRT) were treated with slow atrioventricular nodal pathway ablation in order to observe the effect of endpoint type A (on slow pathway conduction and on inducible AVNRT), B (residual slow pathway conduction but no inducible AVNRT and AVN echo) and C (residual slow pathway conduction and 1–3 AVN echo but no inducible AVNRT).

Results (1) End point A 77% (270 case), end point B 16% (59 cases), end point C 7% (21 case). (2) There was improvement of AV conduction in patients with end point type A,

but no difference in patients with type B and C before and after slow pathway ablation. (3) all patients were followed up 4 ± 1.5 (0.5–8) years and AVNRT recurrence were the same.

Conclusion There was improvement of AV conduction in patients with end point type A, but no difference in patients with type B and C before and after slow pathway ablation. The recurrence rate of AVNRT was same in type A, type B and type C.