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EDITORIAL COMMENT

Tachycardia-Induced Cardiomyopathy

A Fascinating Clinical Entity*

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Tachycardia-induced cardiomyopathy or tachycardiomyopathy was initially described as so-called persistent reciprocating junctional tachycardia, a term that mainly denoted atrioventricular re-entrant tachycardia (AVRT) caused by a septal decremental accessory pathway (AP). We know now that any chronic cardiac arrhythmia may cause tachycardia-induced cardiomyopathy. Incessant AVRT secondary to septal APs, rapid atrial fibrillation, idiopathic ventricular tachycardia, inappropriate sinus nodal tachycardia, atrial flutter, and persistent ventricular ectopic beats, albeit possibly by different mechanisms (1–3), are the most frequently described causes (4–6). In young patients <18 years of age, ectopic atrial tachycardia is the most common cause (7). So far, however, this clinical entity had not been related to AVRT resulting from nondecremental APs located away from the septal area.

In this issue of *JACC: Case Reports,* Moulin et al. (8) describe 2 cases of AVRT resulting from left lateral APs, 1 concealed and the other displaying overt pre-excitation. Tachycardiomyopathy is a fascinating clinical entity, and interest in it has been renewed for 2 reasons: it is more common than previously thought, and, more importantly, it represents a condition that is treatable by catheter ablation. The report by Moulin et al. (8) therefore completes the puzzle by providing evidence that *any persistent arrhythmia,* including frequent ventricular ectopic beats, may result in overt heart failure. It further provides evidence that APs may not be benign clinical findings even in asymptomatic patients, given the possibility of left ventricular dysfunction related to electrical asynchrony in patients, especially children, with asymptomatic pre-excitation (9–12).

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