Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.8588-16
Intern Med 56: 2239-2240, 2017
http://internmed.jp

【 PICTURES IN CLINICAL MEDICINE 】

AF Sustained in Only a Small Area of SVC

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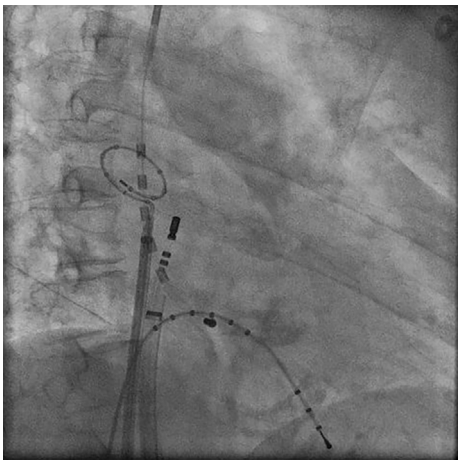
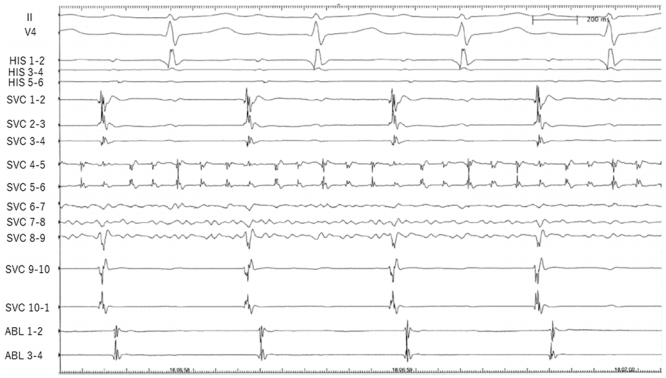
Key words: atrial fibrillation, superior vena cava, catheter ablation

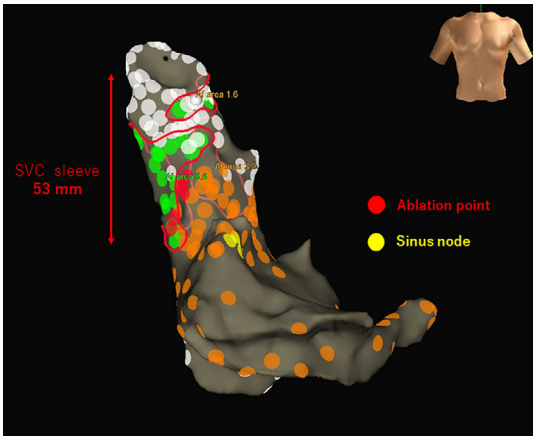
(Intern Med 56: 2239-2240, 2017)
(DOI: 10.2169/internalmedicine.8588-16)



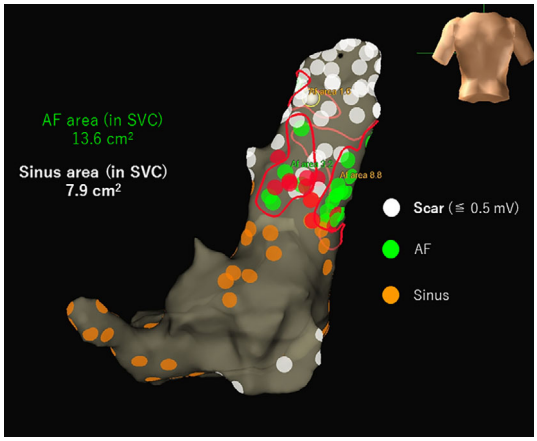
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 66-year-old female was admitted to our hospital to undergo catheter ablation for symptomatic paroxysmal atrial fibrillation (AF). After pulmonary vein isolation was achieved by cryoballoon and adenosine triphosphate was injected to confirm the dormant conduction of the pulmonary veins, AF was induced. Sinus rhythm was restored by cardioversion, whereas AF was sustained only in the superior vena cava (SVC) (Picture 1 and 2). Mapping under a 3D mapping system revealed that AF was sustained in only a very small area of SVC (13.6 cm^2) (Picture 3 and 4). All ar-

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Received: November 20, 2016; Accepted: December 27, 2016; Advance Publication by J-STAGE: August 1, 2017
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eas in SVC returned to sinus rhythm during the isolation of SVC.

SVC is important for non-pulmonary vein focus and the maintenance of AF. Conduction blocks and the heterogenicity of the histological structure in SVC has also been reported (1, 2). This case was rare in the respect that we could detect a very small area of sustained AF in SVC using the 3D mapping system.

The authors state that they have no Conflict of Interest (COI).

References

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