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Successful high-resolution left atrial mapping and catheter ablation of a complex supraventricular tachycardia with transseptal passage through an atrial shunt device

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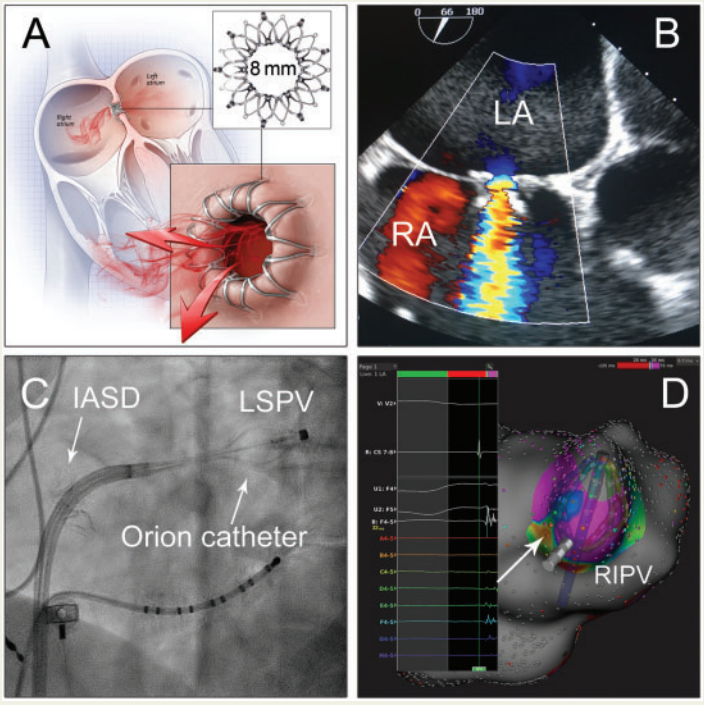

Atrial fibrillation is very common and clinically relevant in heart failure patients with preserved ejection fraction (HFpEF). To achieve rhythm control catheter mapping and ablation procedures in the left atrium (LA) with a transseptal access may be required. Atrial shunting enabled by permanent devices placed in the interatrial septum is a new treatment concept to reduce left atrial pressure by shunting blood from the left to the right atrium in patients with HFpEF (*Panels A* and *B*). These implants may interfere with ablation procedures. We report a case of a patient who underwent reablation of a complex atrial tachycardia (AT) 6 months after the implantation of an interatrial shunt (Corvia Medical Inc., Tewkesbury, MA, USA) (IASD). Instead of a transseptal puncture, left atrial access was obtained by crossing the IASD (*Panel C*). Supported by the ultra-high-density Rhythmia mapping system (Boston Scientific, Marlborough, MA, USA) and the Orion basket catheter, electrical gaps within the previously performed ablations were reablated (*Panel D*). This led to the termination of the AT. Routine catheter motions for mapping and effective ablation could safely be performed through the IASD. The patient showed clinical improvement and has been free from atrial arrhythmia so far. This case report demonstrates the safety and feasibility of crossing an IASD to perform a high-resolution mapping based ablation in the LA.

The full-length version of this report can be viewed at: https://www.escardio.org/Education/E-Learning/Clinical-cases/Electrophysiology.