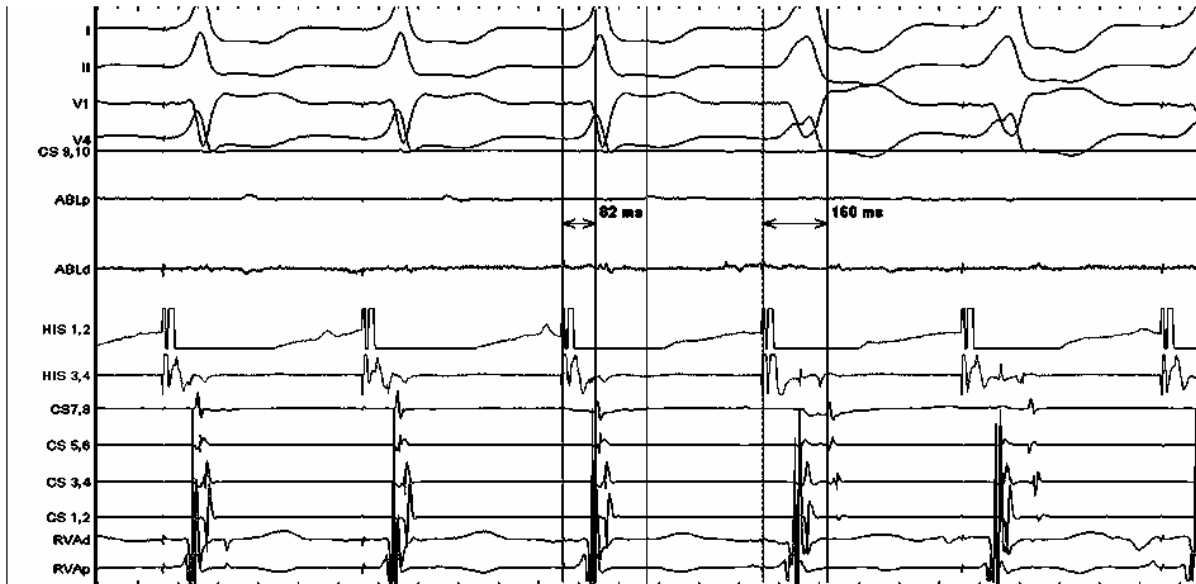




The trace below was recorded following ablation of a concealed septal accessory pathway in a 20-year-old man with recurrent SVT. ABL: ablation catheter, CS: coronary sinus, RVAd: right ventricular apex. Distal poles of catheters 1,2 or d. Pacing is being performed from the distal His bi-pole at 500ms.



What does the tracing show?

- A. Anterograde conduction over an accessory pathway
- B. Complete ventriculo-atrial block
- C. Decremental VA conduction
- D. Persistent retrograde conduction via the concealed accessory pathway
- E. Retrograde conduction over the AV node

A 65-year-old man with a previous MI and an ICD presents with 6 shocks for ventricular tachycardia (VT) at a rate of 150/min. Anti-tachycardia pacing by the device is unsuccessful at terminating VT. An ablation for VT is recommended for him. During consent for the procedure, it is important to explain that:

- A. Ablation has success rates of more than 90%
- B. Arterial access will not be required
- C. There is a risk of heart block
- D. There is minimal risk of stroke with ablation
- E. There is no mortality risk