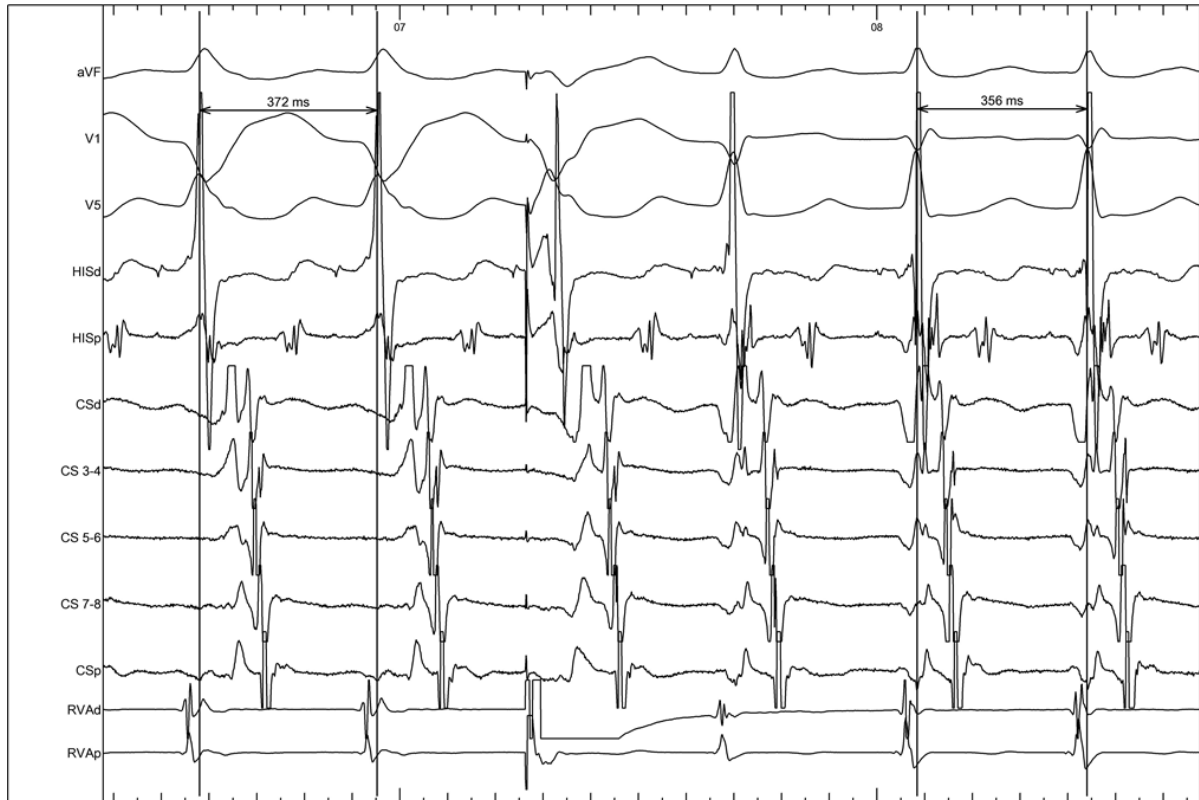
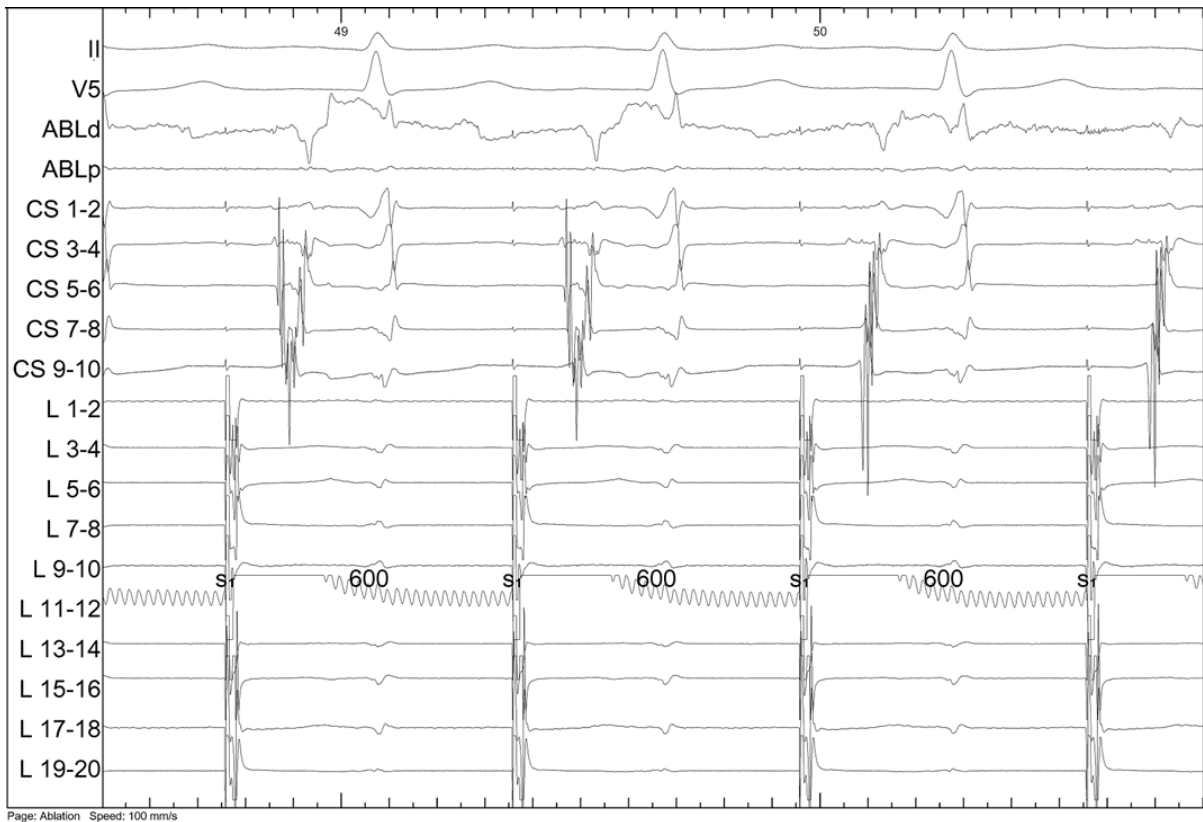


A 62 year old man presented following ICD shock due to a broad complex tachycardia and a small troponin rise. Angiography demonstrated minor coronary disease and he had good LV function on echocardiography. A diagnostic EP study was performed and the below tracing was obtained. What would be the most appropriate treatment?



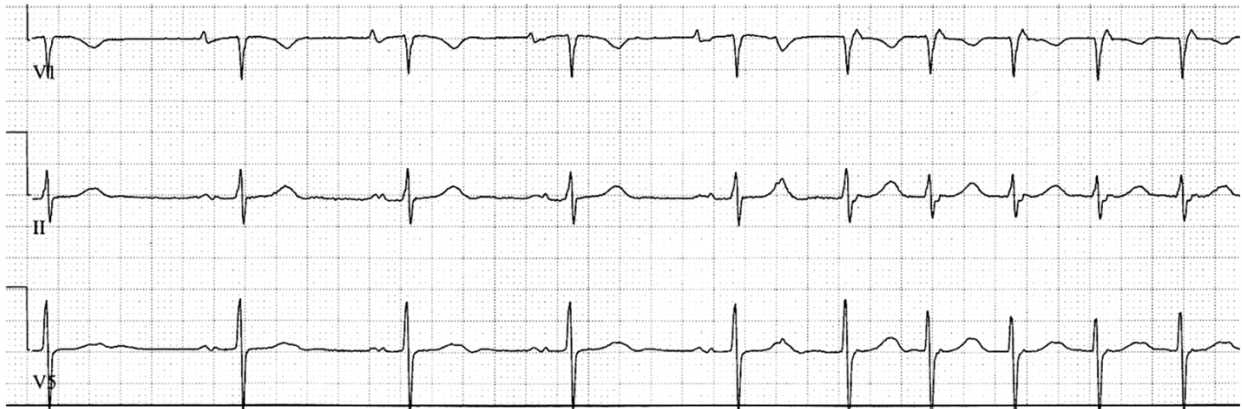
- A. Accessory pathway ablation
- B. Amiodarone
- C. Increase tachycardia detection time
- D. Slow pathway modification
- E. VT ablation

The electrograms below were recorded during an ablation for persistent atrial fibrillation. Pacing was performed from a circular mapping catheter in the left atrial appendage (L= Circular mapping catheter, CS – coronary sinus 1,2 distal, 9-10 proximal). What is shown in the trace?



- A. Development of clockwise cavo-tricuspid isthmus
- B. Development of clockwise mitral isthmus block
- C. Development of counter-clockwise mitral isthmus block
- D. Development of exit block from the left upper pulmonary vein
- E. Development of roof block

A 30 year-old man was seen in outpatients with palpitations. The rhythm strip from an ECG recorded by chance during a brief episode of arrhythmia is shown: What is the most likely cause of his palpitations?



- A. Atrial tachycardia
- B. Atriofascicular tachycardia
- C. AV node re-entry tachycardia
- D. AV re-entry tachycardia
- E. Fascicular tachycardia