

# An Explosive Mixture

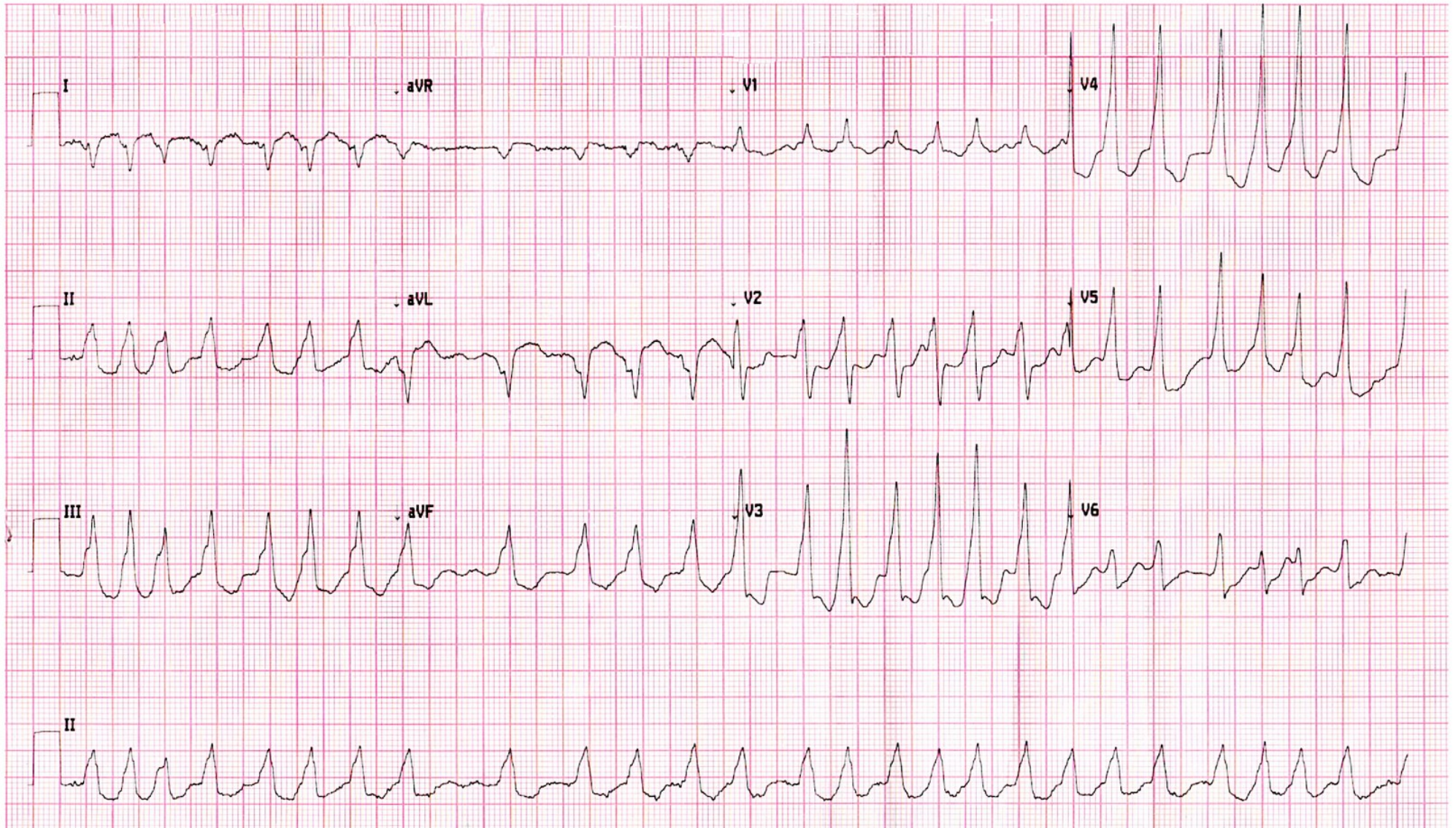
Mitral stenosis, Preexcited atrial fibrillation, Left atrial appendage thrombus and Left atrial appendage pathway

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# Presentation

- 38 year old female
- Rheumatic mitral stenosis on medical management
- Never previously diagnosed to have AF or preexcitation
- Palpitations and presyncope

# ECG at presentation



# Echocardiography

- Severe mitral stenosis
- Moderate mitral regurgitation
- Normal LV function
- Mobile clot in LAA

# Attempted conservative management

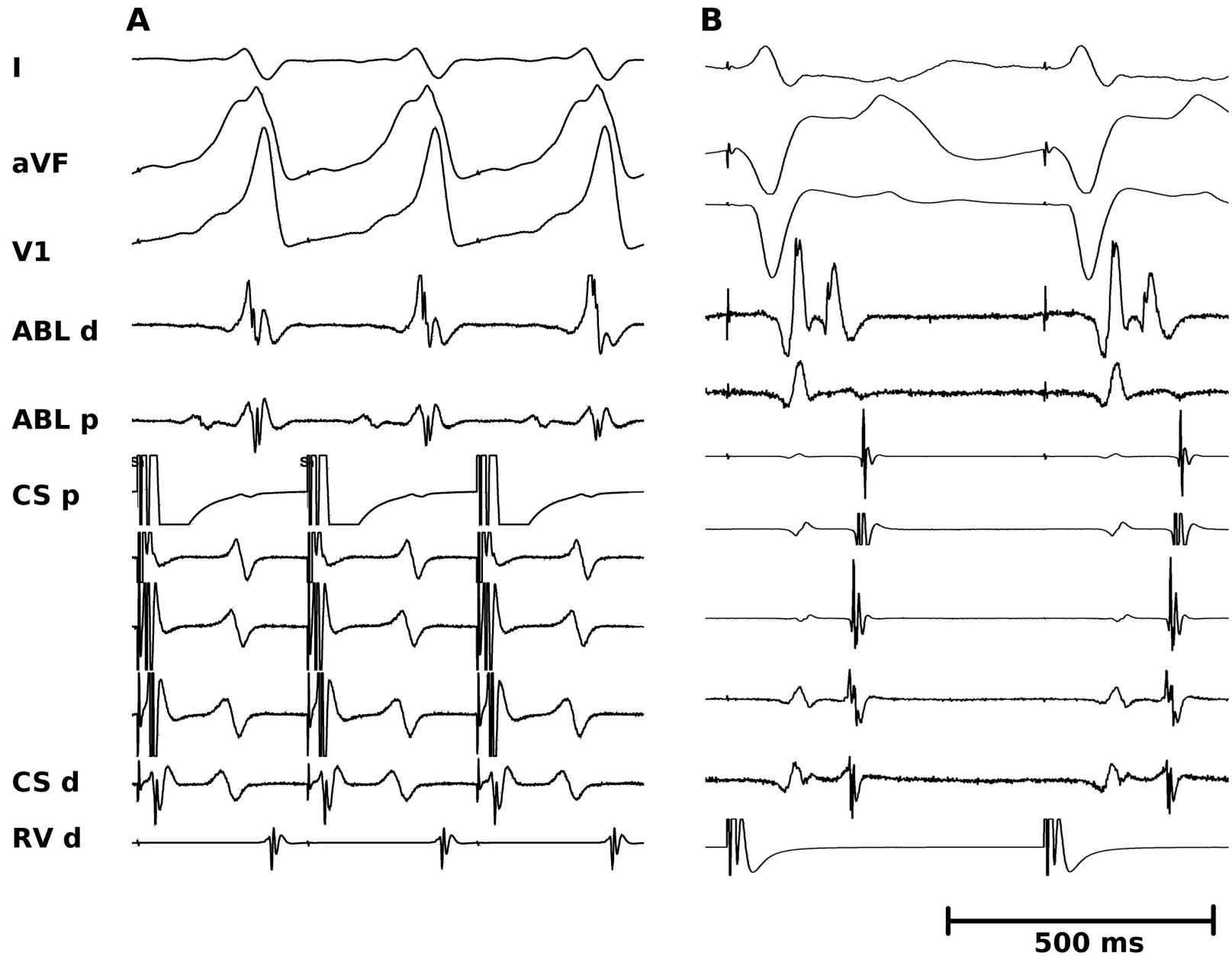
- Anticoagulation – Heparin and Warfarin
- Borderline hemodynamics / heart failure
- Flecainide with Metoprolol after 2 days (attempt to slow pathway conduction)
- Recurrent VF and polymorphic VT
- Sinus rhythm after cardioversion, but prolonged QT and non-sustained atrial arrhythmias
- ? Proarrhythmia

# EP study

- Diagnostic catheters – CS catheter placed deep, distal bipole at 3'O clock
- Bidirectional pathway conduction demonstrated
- Antegrade APERP 600/260
- Transseptal puncture for mapping in LA

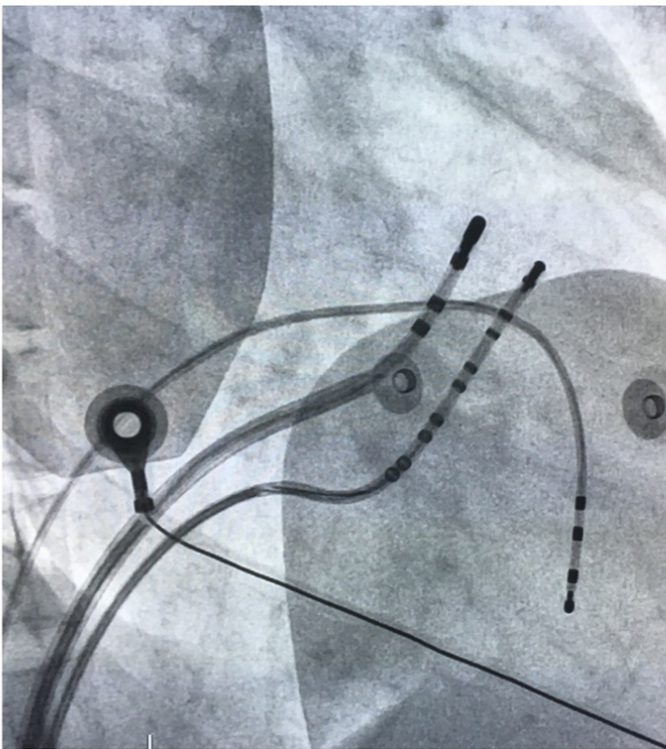


# CS activation – A pacing (A) and V pacing (B)

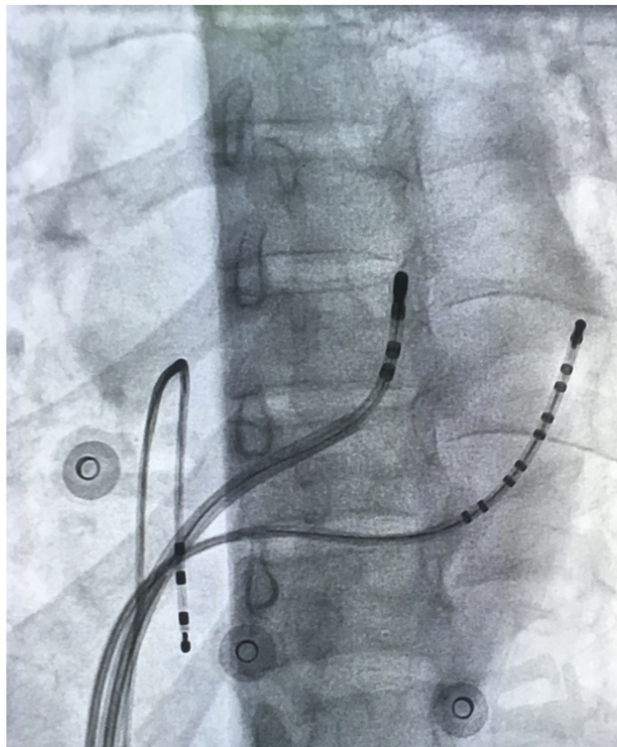


# Earliest atrial activation – Echo confirmed LAA base

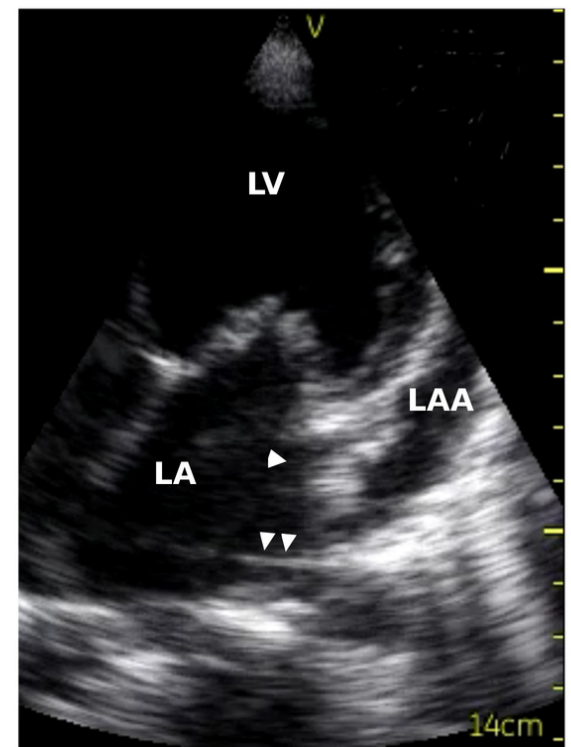
**A**



**B**

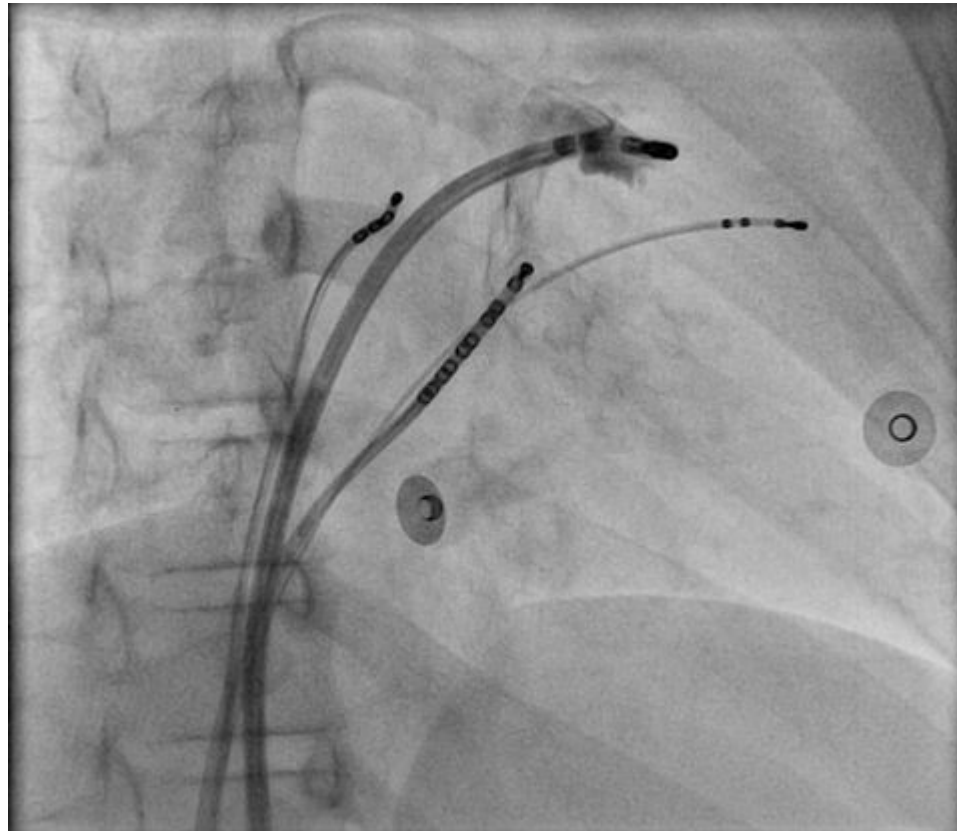


**C**

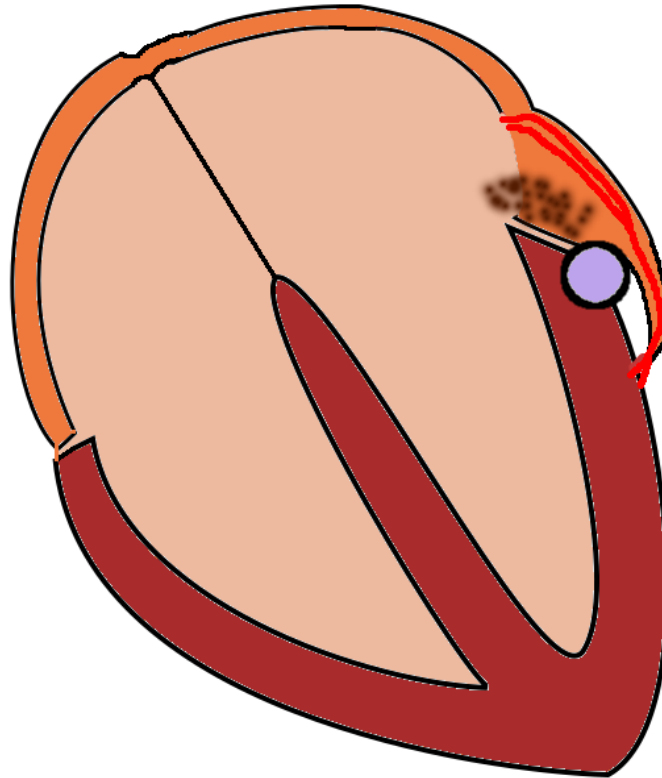




Compare with previous patient with  
LAA pathway



# Schematic representation



# Outcome

- Successful ablation
- No recurrence of arrhythmias
- Extubated, recovered and discharged
- Plan elective percutaneous / surgical treatment for MS

- Initial surgical approach would have been better
- High surgical risk
- Too high risk to map in LA with clot
- Balloon valvotomy with clot
- LV ablation with endocardial clot
- Better imaging intra procedure
- ICE / TEE would have been preferable