

AVNRT with VA dissociation and other unusual variants

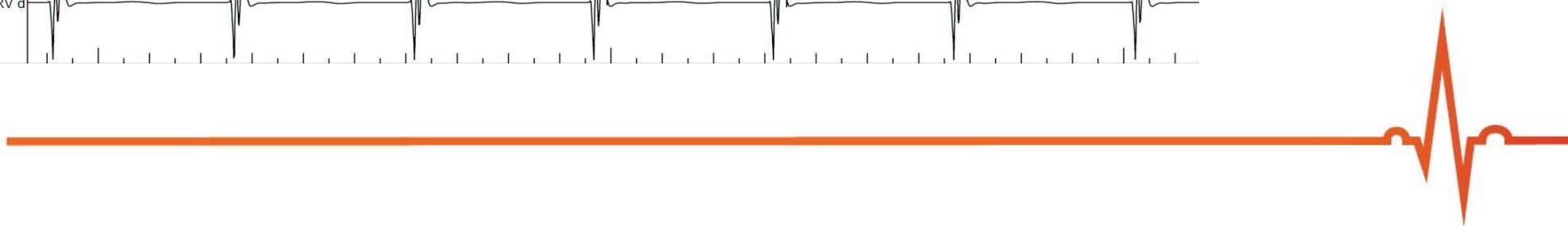


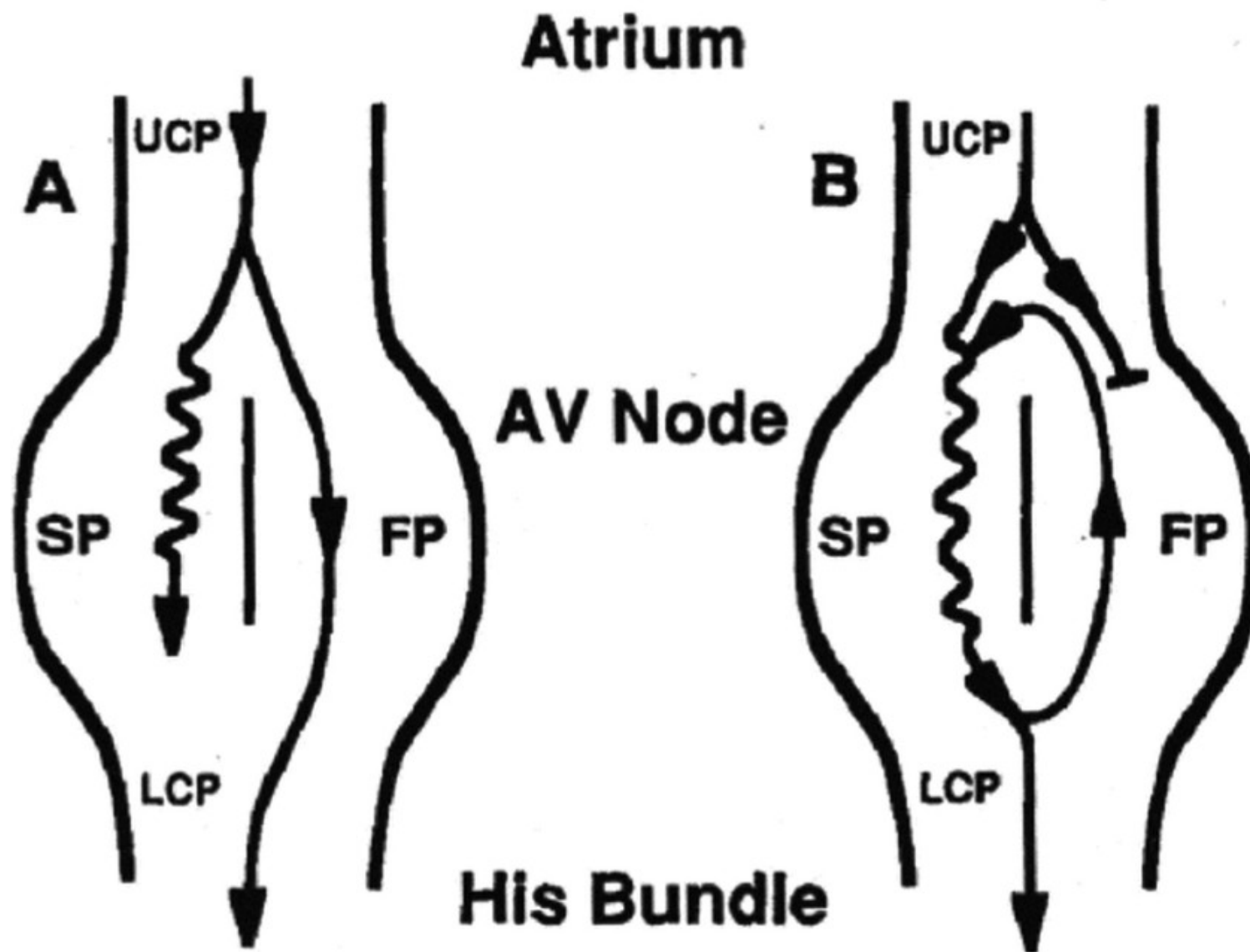
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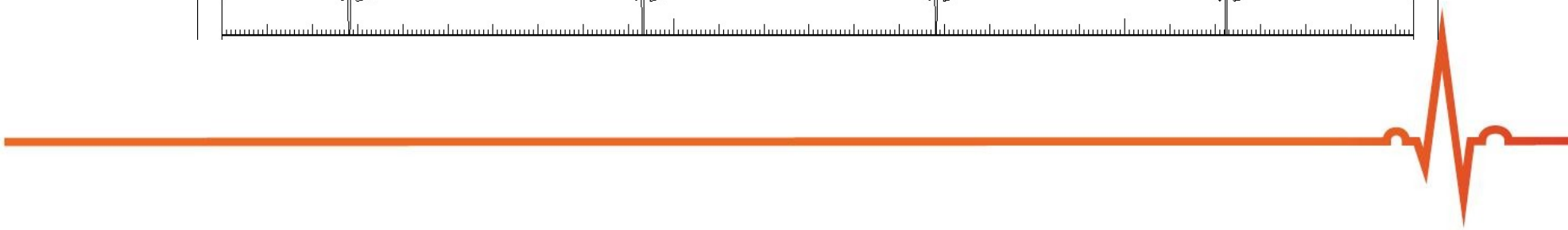
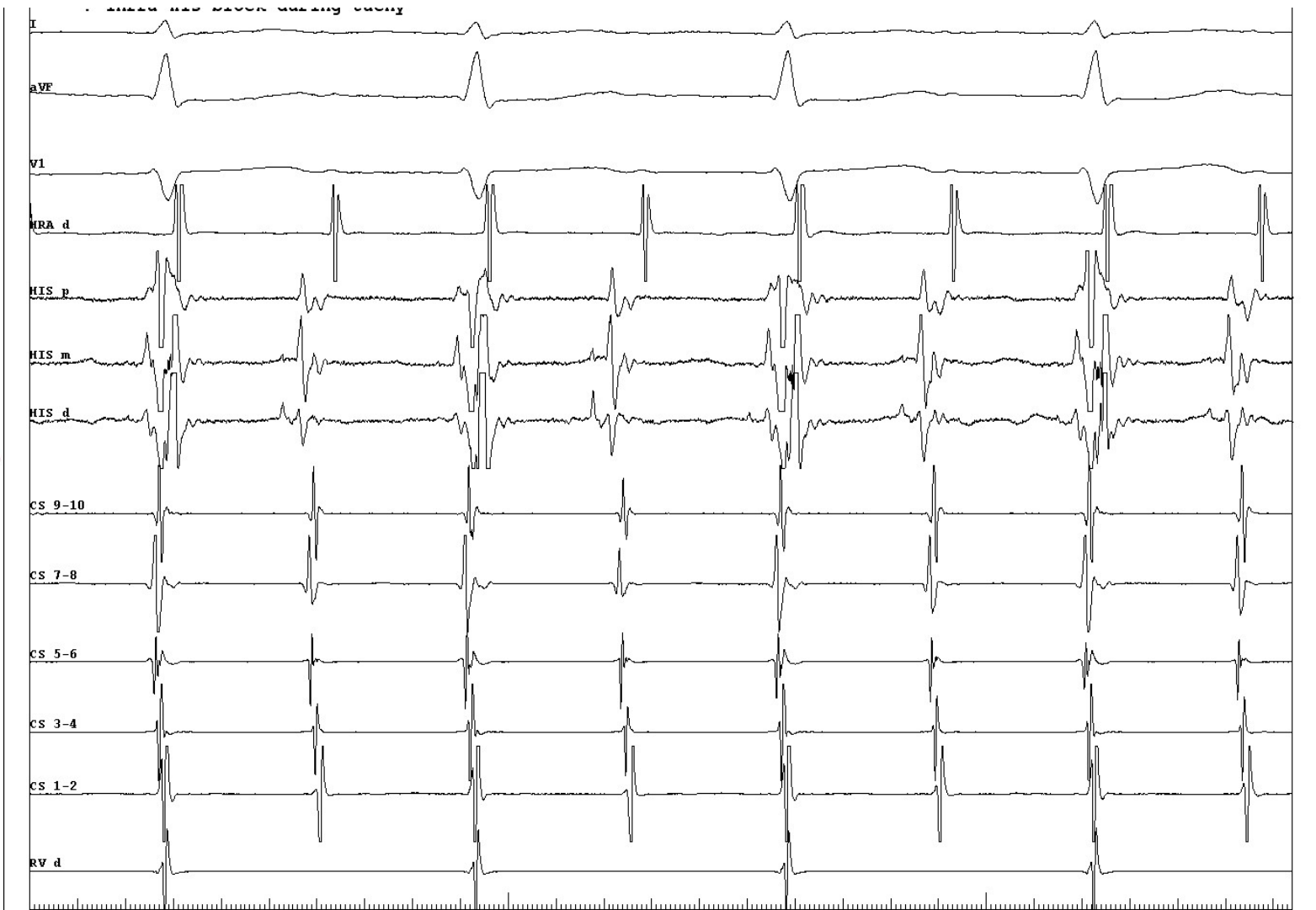
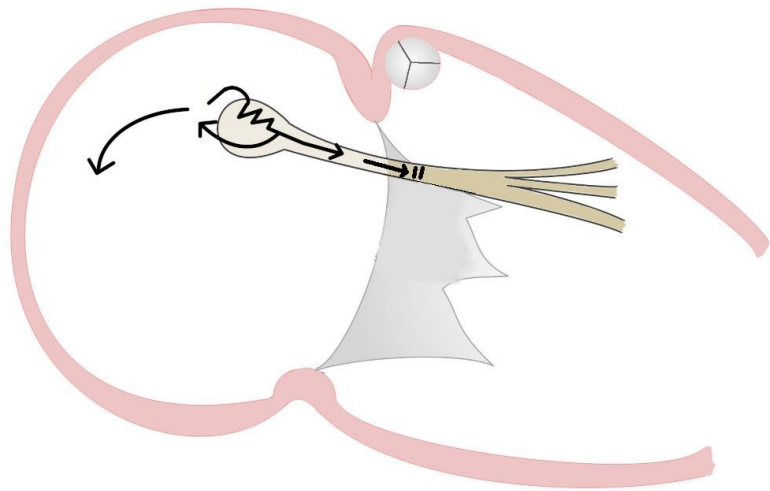
- J. Cardiovasc Electrophysiol 1993;4;573

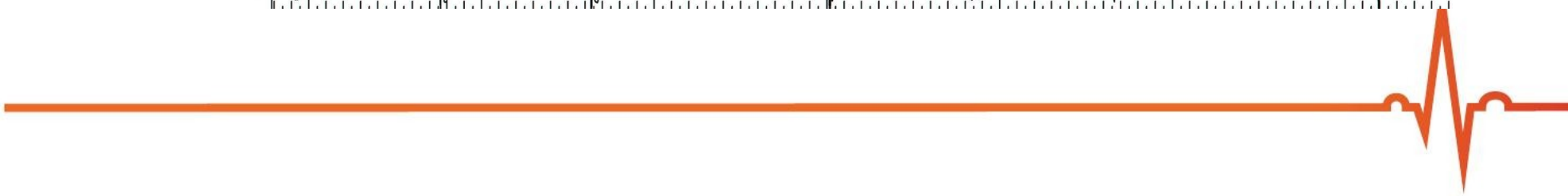
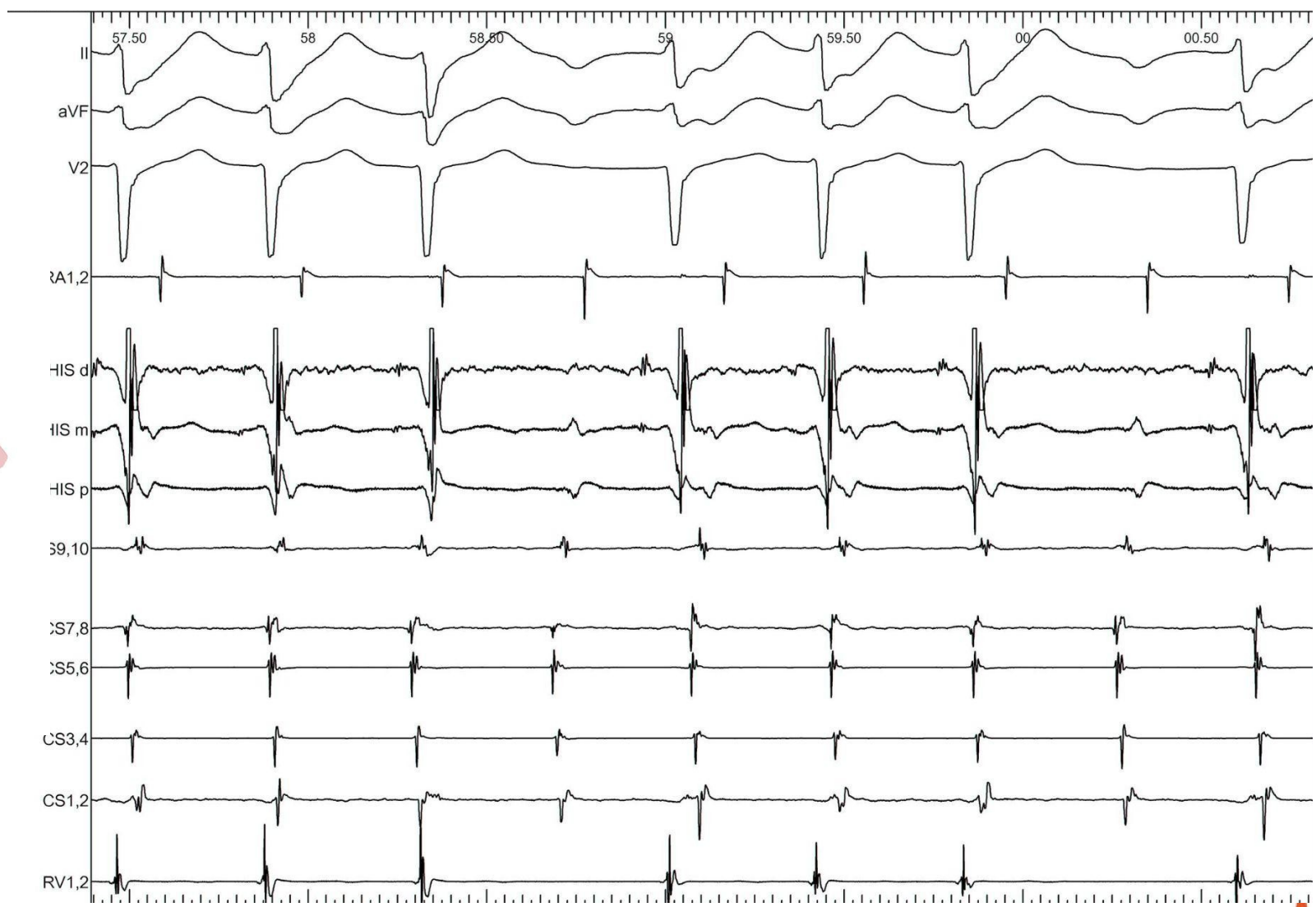
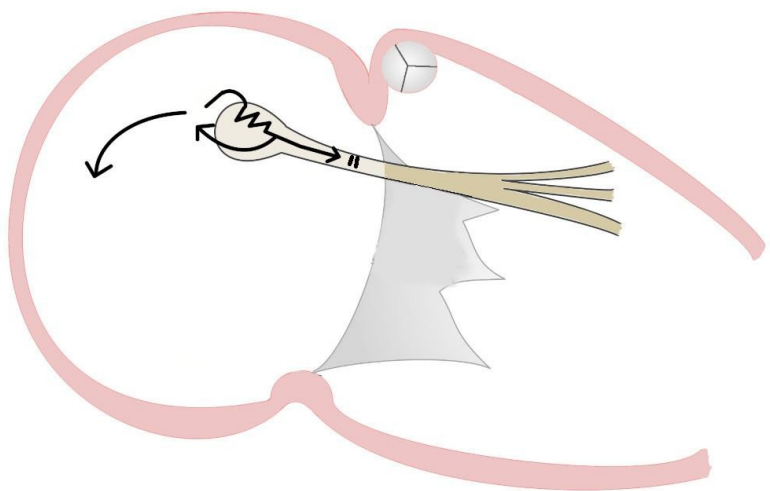


AVNRT with VA dissociation

- $A > V$
- $V > A$
- Insights on AVNRT circuit
- Differential diagnosis and challenges

AVNRT with $A > V$



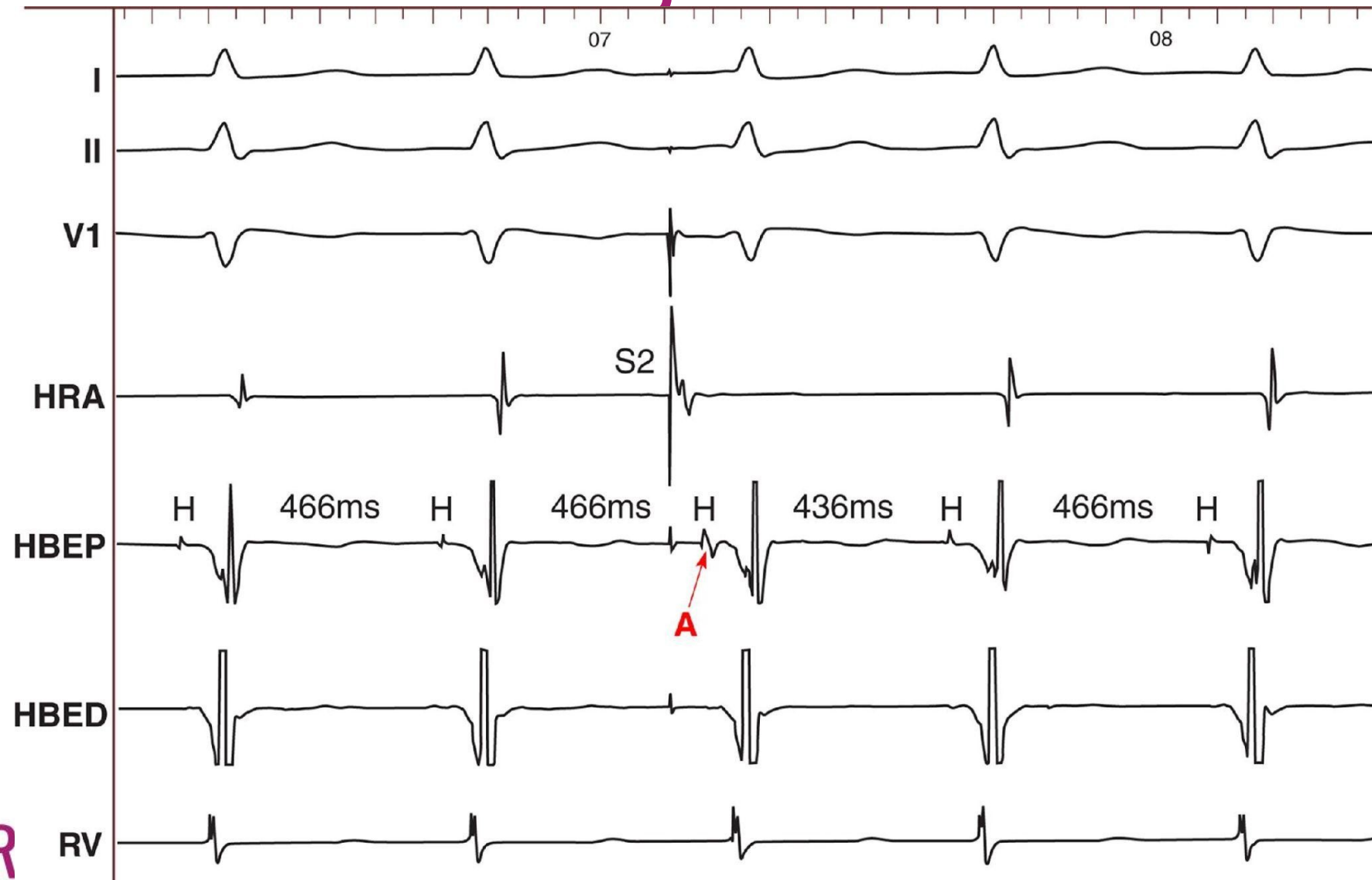


Differential diagnoses

- AVNRT with “lower common pathway” block
- Atrial tachycardia
- Junctional tachycardia



PACs -AVNRT vs JT



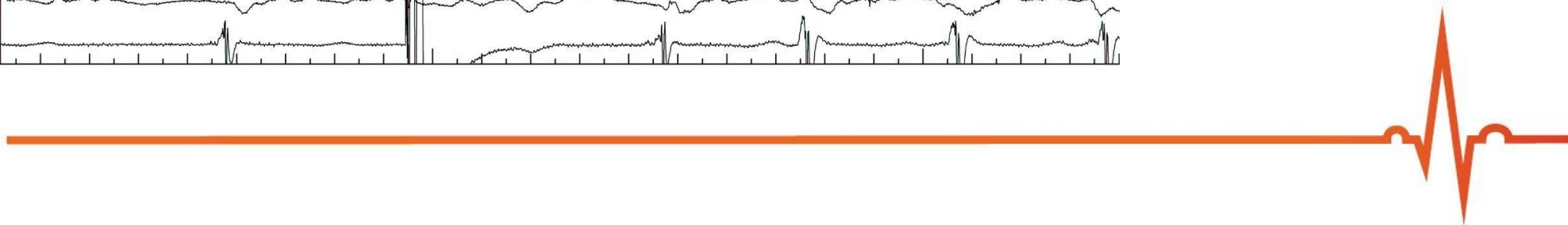
AVNRT vs AT

- VA linking
- Simultaneous AV pacing
- Response to PVCs





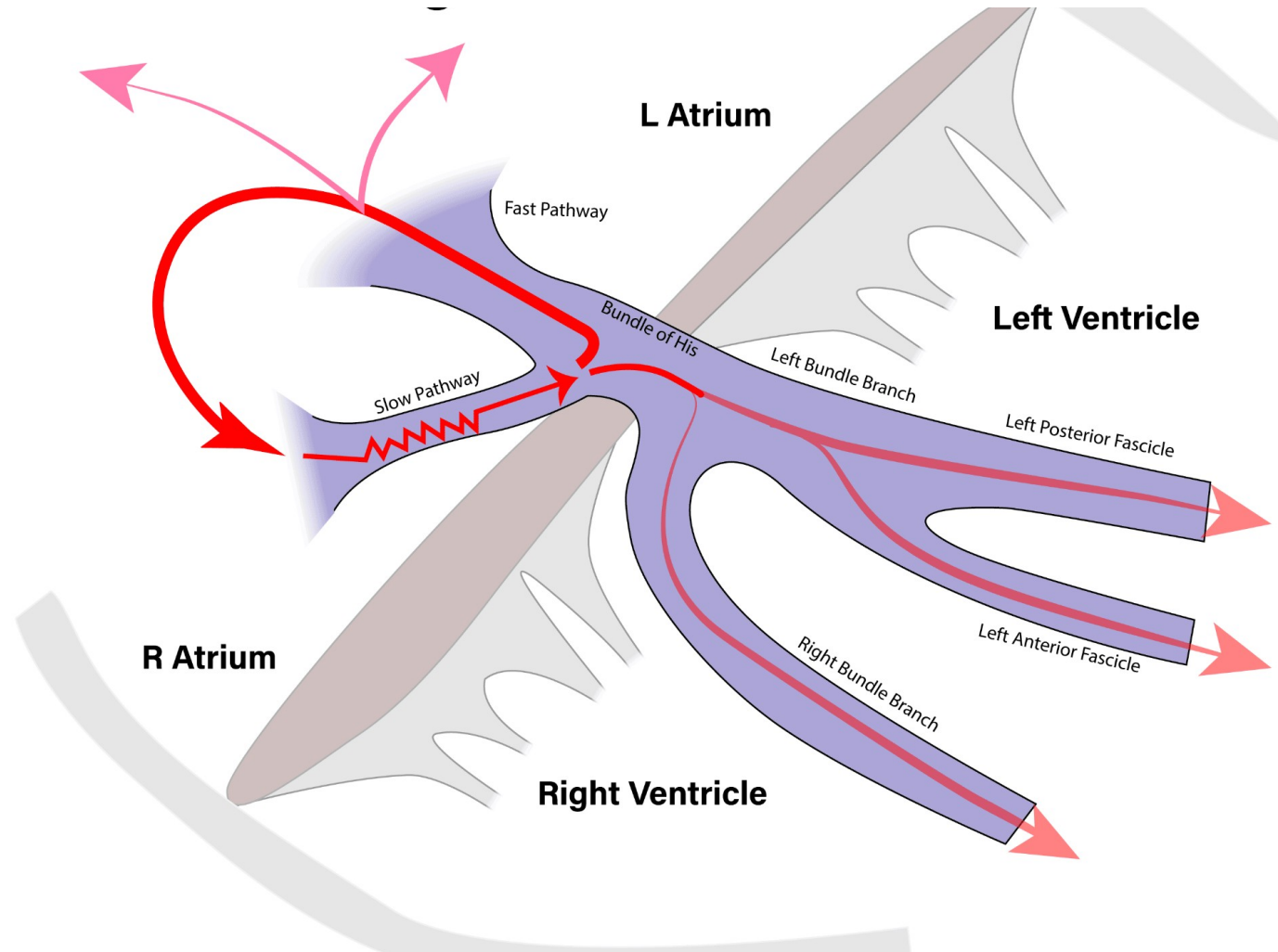
Converting to 1:1



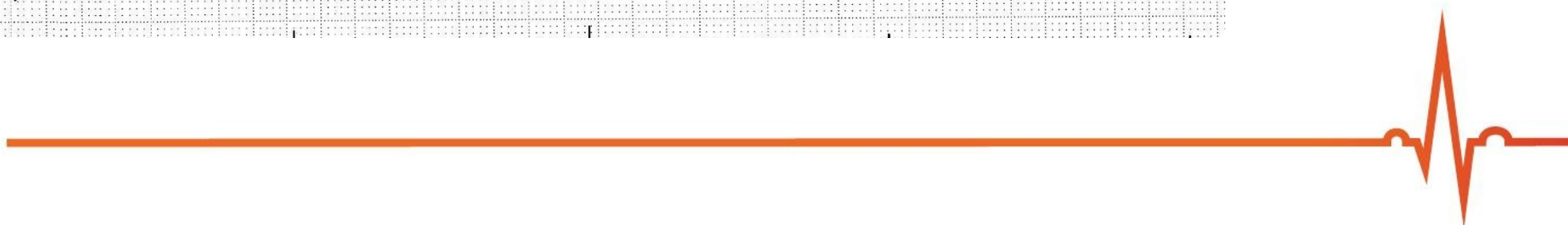
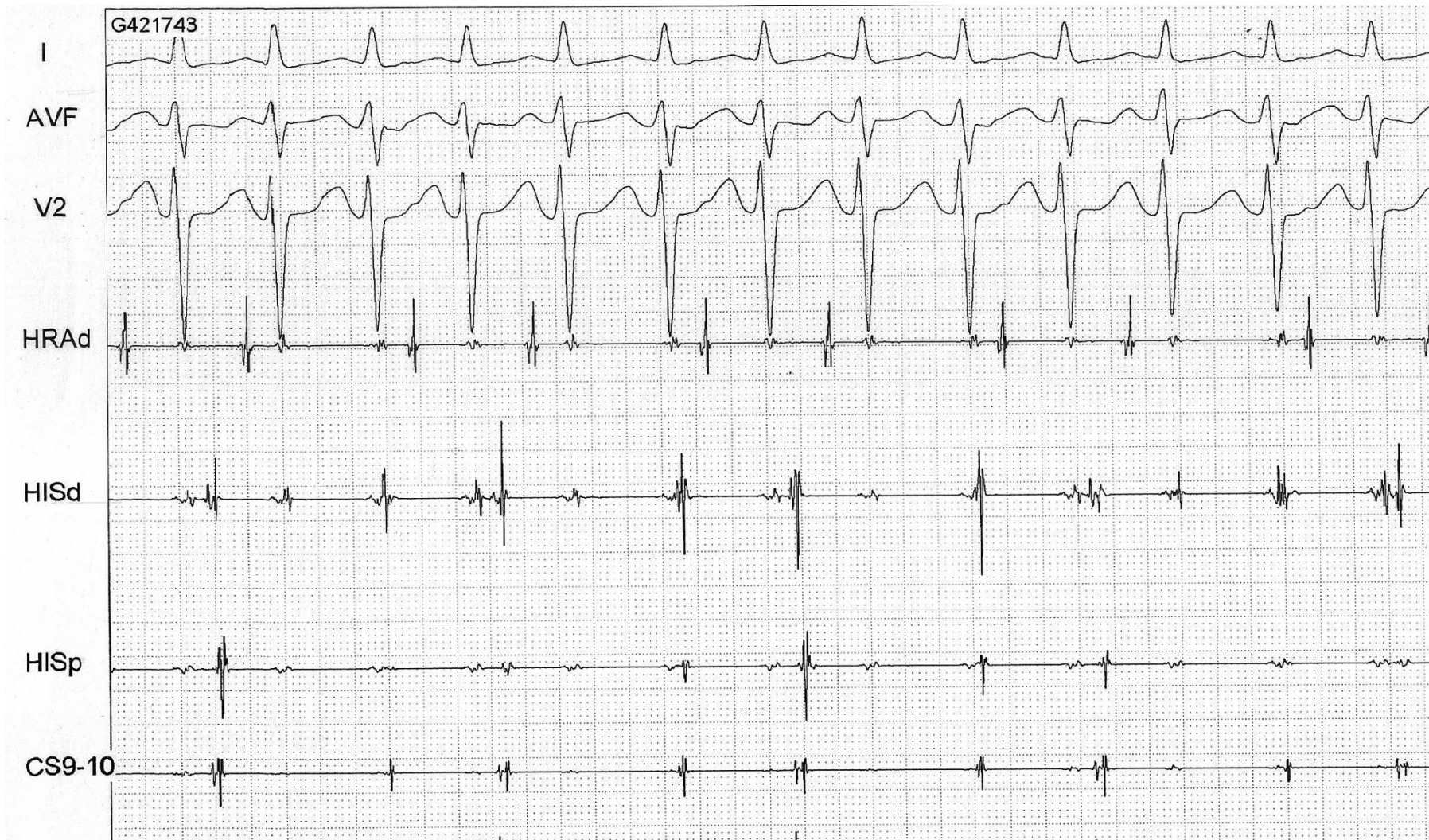
AVNRT with 2:1 AV block - always in HPS ?

- Retrospective study of 140 patients
- Seen in about 10% of patients with AVNRT
- About half have no His in blocked beats
- No response to atropine
- Converts to 1:1 with PVCs
- All cases represent functional infranodal block ?

AVNRT with $V > A$



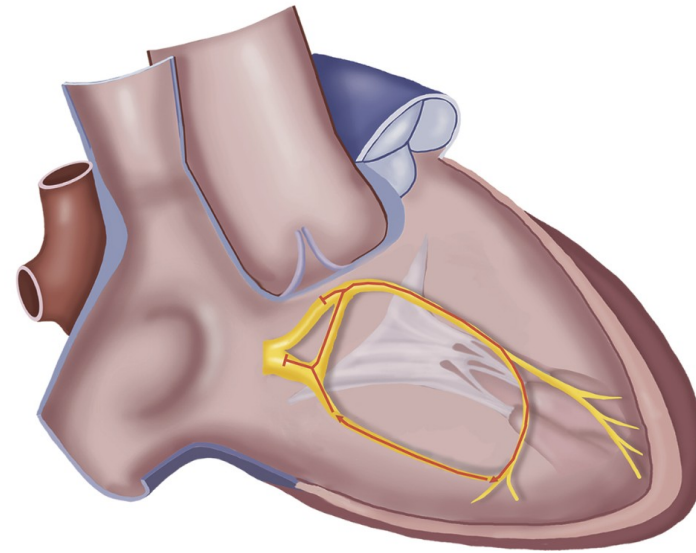
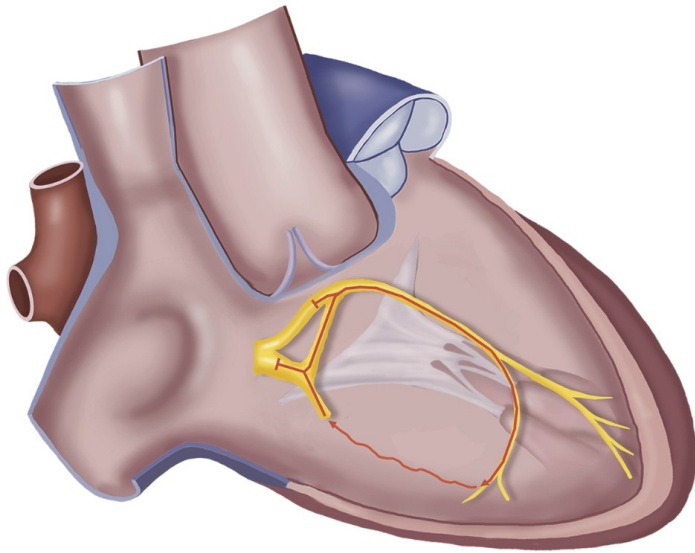
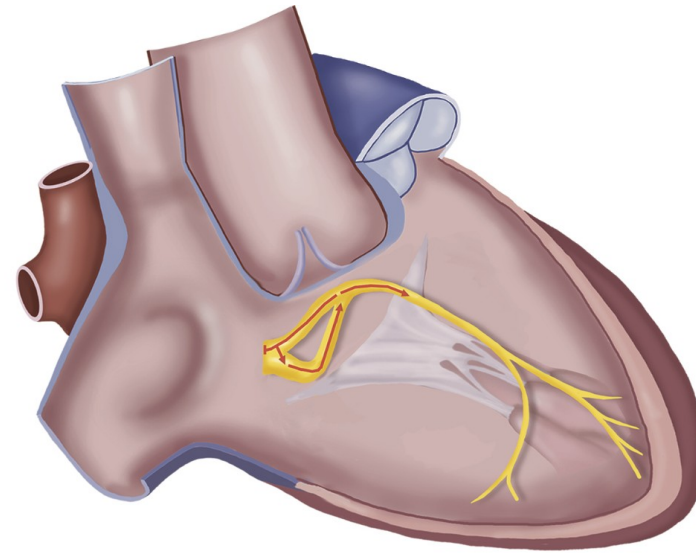
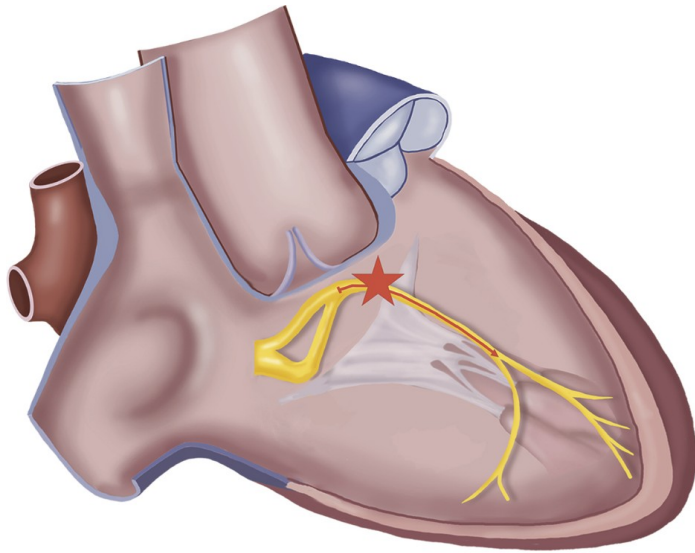




Differential diagnoses

- AVNRT with “upper common pathway” block
- ORT using concealed nodoventricular /nodofascicular pathway
- Junctional tachycardia



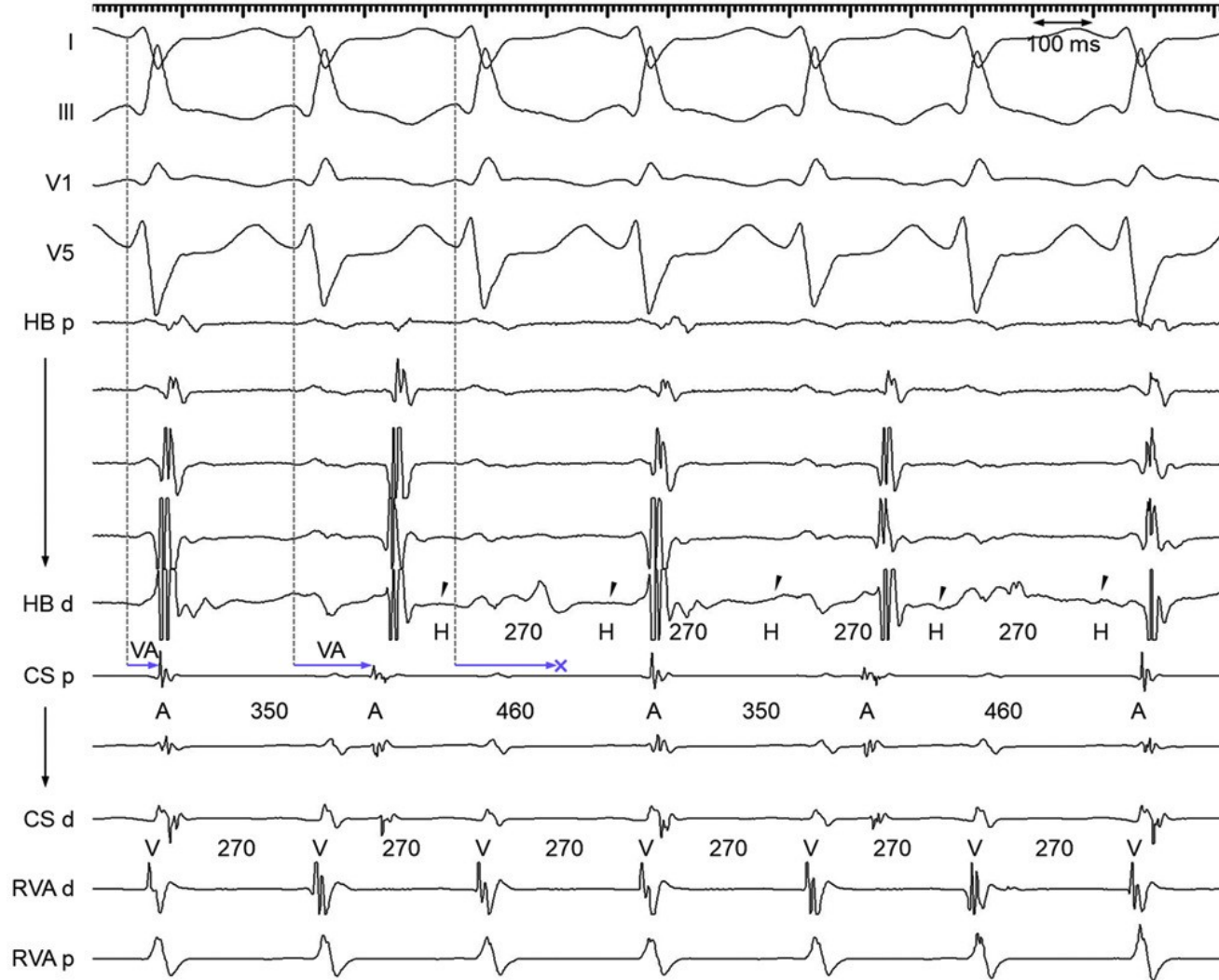


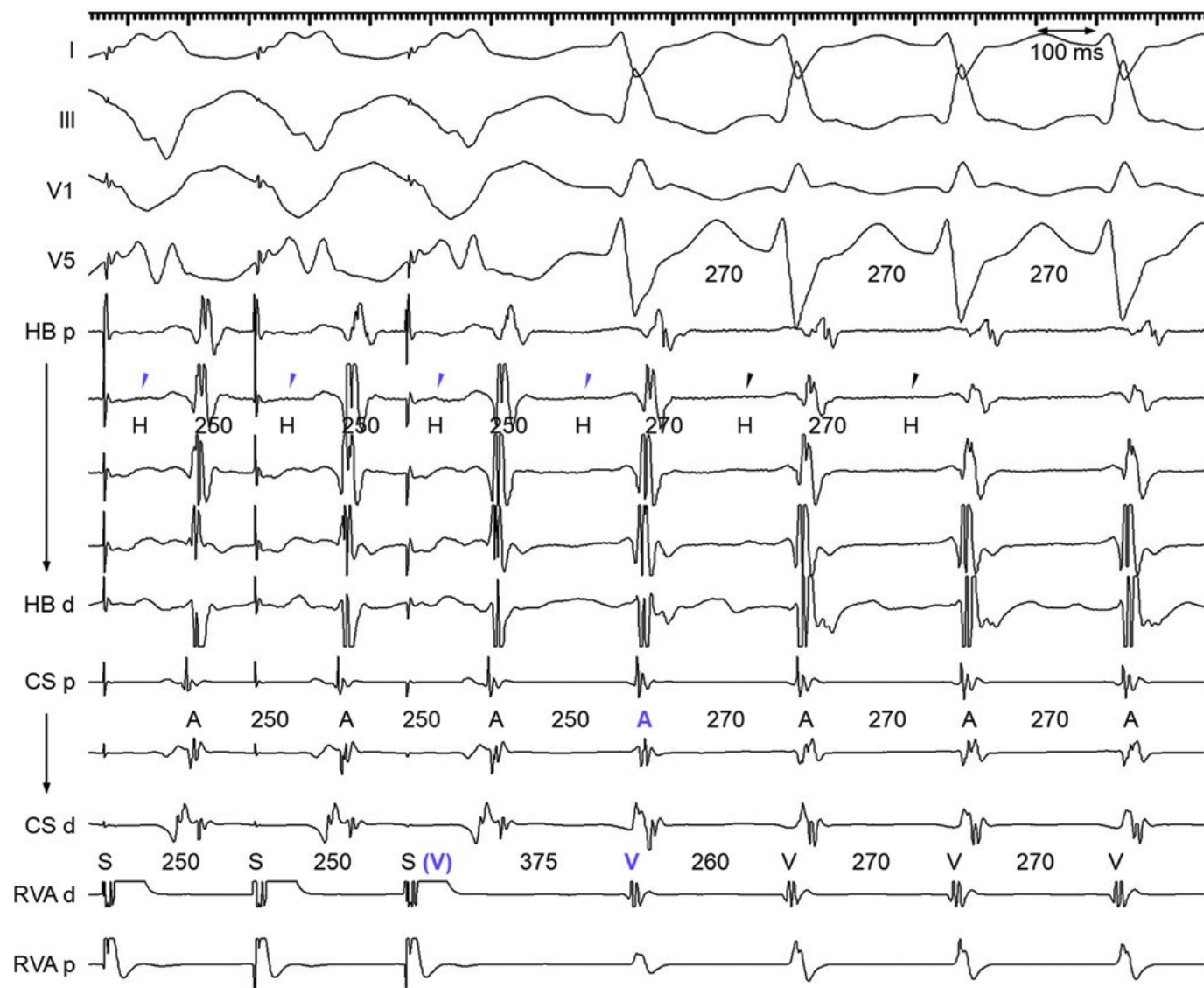
Identifying concealed NV/ NF pathway (25 pts)

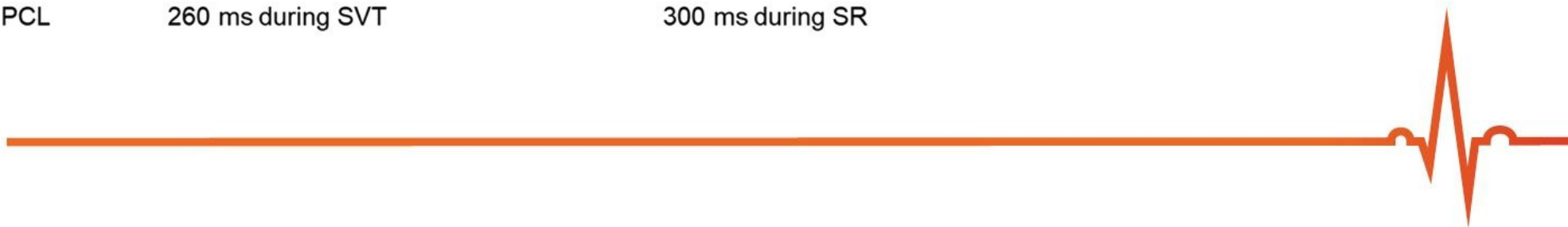
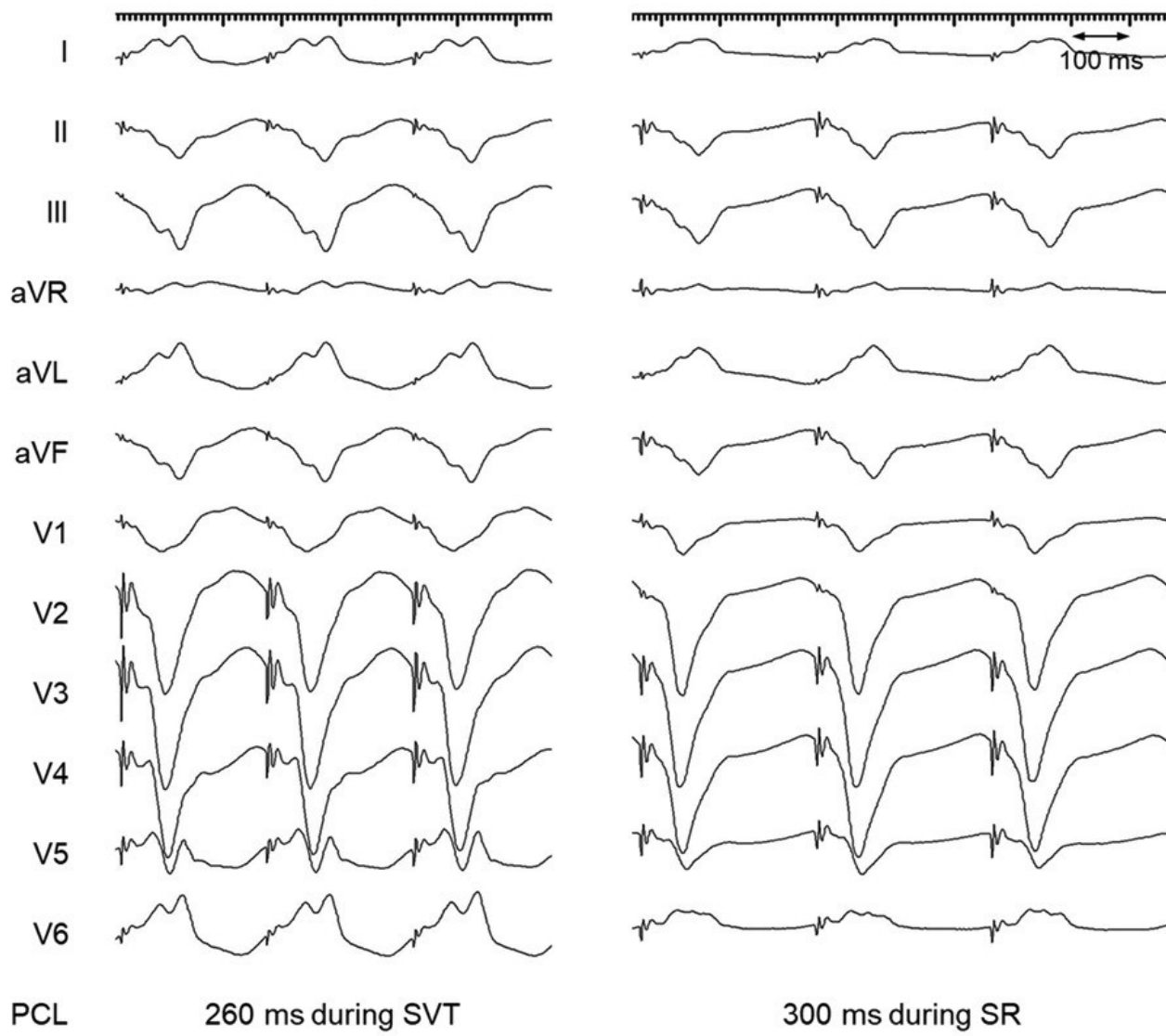
- ORT with NV / NF pathway (36% of all SVT with VA block)
 - Advancement or delay of His with His refractory PVC
 - VAV response with PPI-TCL < 115 ms or SA-VA < 85 on VOP
 - Orthodromic His capture during VOP
- NV pathway
 - Entrainment with fusion from RV
- AVNRT
 - If none of these criteria met
 - Multiple SVTs with different VA interval
 - VA wenckebach uncommon
 - HH prolongation with VA block

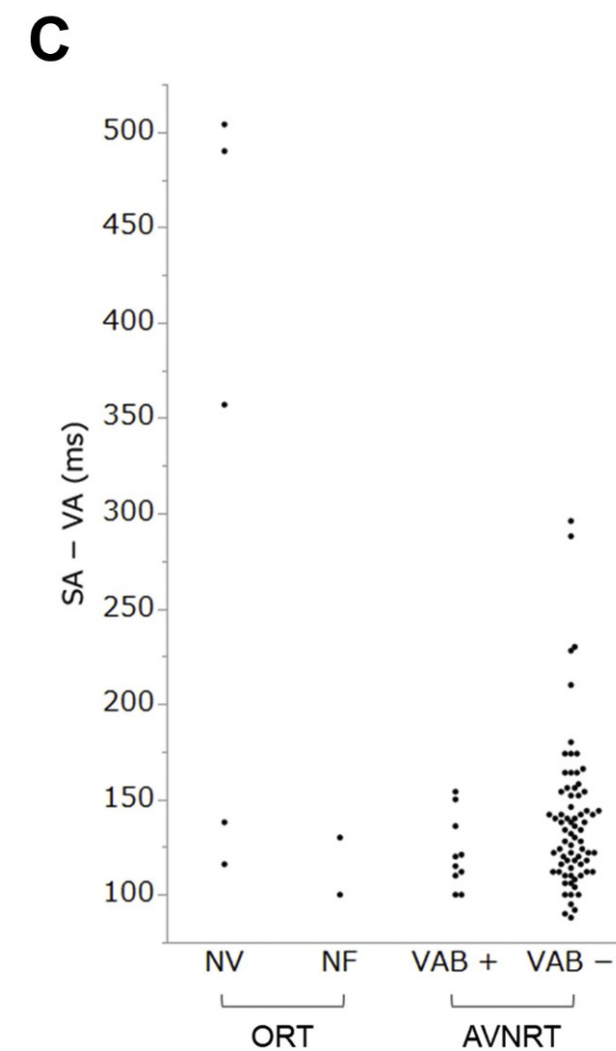
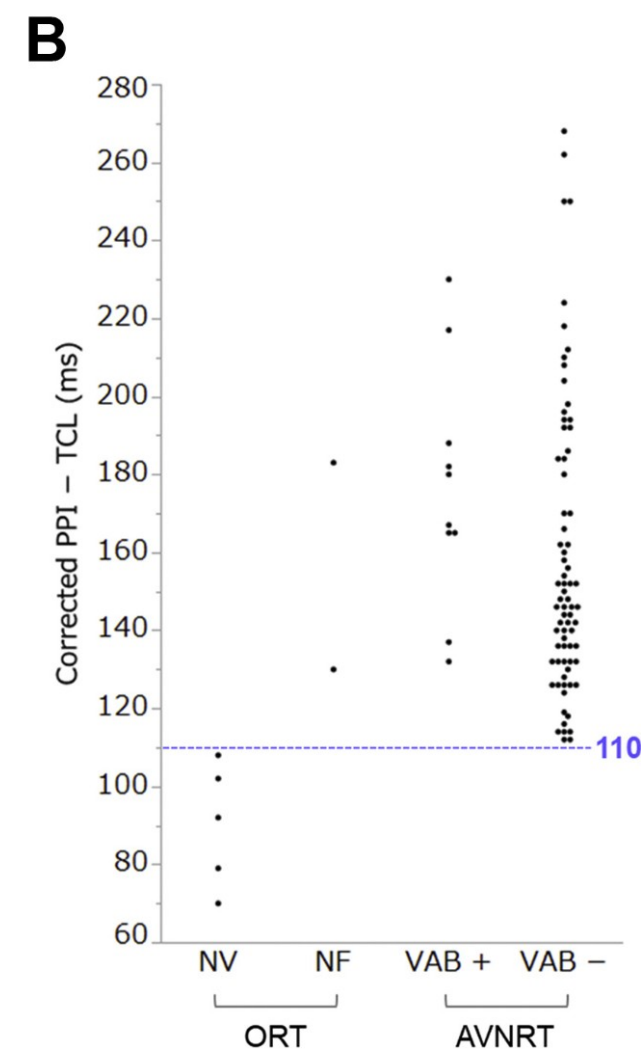
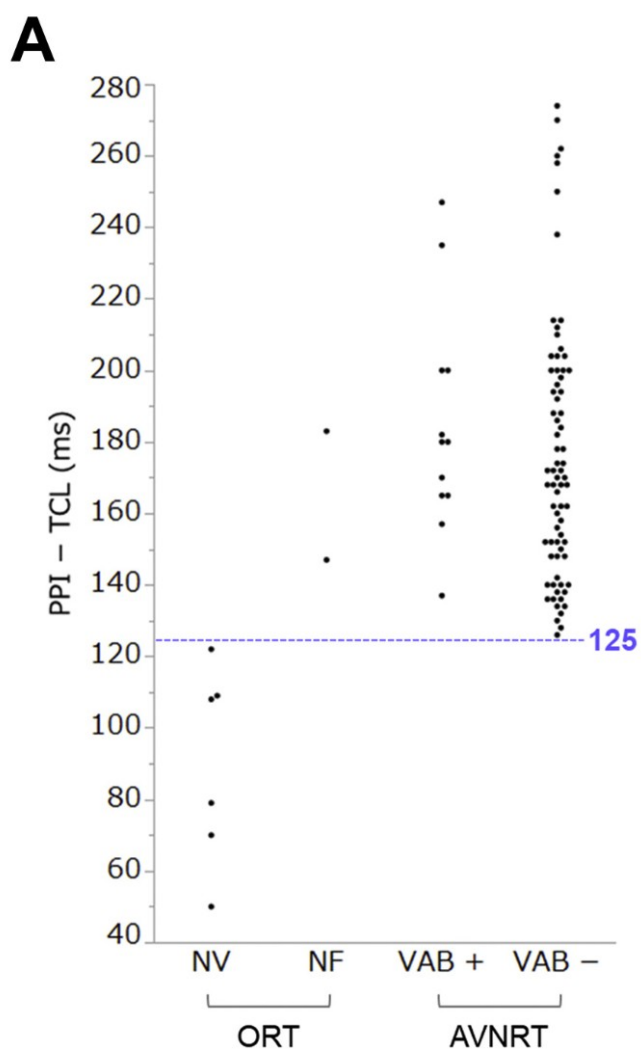
Nagashima K et al. Novel Diagnostic Observations of Nodoventricular/Nodofascicular Pathway-Related Orthodromic Reciprocating Tachycardia Differentiating From Atrioventricular Nodal Re-Entrant Tachycardia. JACC Clin Electrophysiol. 2020 Dec;6(14):1797-1807.



A

B





AVNRT with VA dissociation - Summary

- $A > V$ - 10 %
- Usually not persistent
- Does not typically pose difficulties in diagnosis

- $V > A$ - 4 to 5%
- Can be persistent
- Nodoventricular / nodofascicular ORT to be considered
- May be under recognised

