Percutaneous Retrieval of an Entrapped Ablation Catheter during a Retrograde Approach for a Left Free Wall Accessory Pathway

Hung-Kai Huang 1,3, Li-Wei Lo 1,2, Yenn-Jiang Lin 1,3, Ching-Hui Huang 2 and Shih-Ann Chen 1,2 *

1 Division of Cardiology, Department of Medicine, Taipei Veterans General Hospital, Taipei, Taiwan
2 Institute of Clinical Medicine, and Cardiovascular Research Institute, National Yang-Ming University, Taipei, Taiwan.
3 Division of Cardiology, Department of Medicine, Changhua Christian Hospital, Changhua, Taiwan

Abstract

A 25-year-old man suffered from repeated attacks of orthodromic atrioventricular reciprocating tachycardia utilizing a left lateral accessory pathway (AP) for retrograde conduction. The catheter was approached through the aorta to map the AP and was entrapped in the mitral valve apparatus, and it had a broken internal wire. A snare-assisted technique was successfully utilized to retrieve the catheter.

Keywords: Ablation catheter; Complication; Left ventricle

Introduction

Radiofrequency ablation is currently the treatment of choice for cardiac arrhythmia. The complication rate of radiofrequency ablation is 3.1% [1]. Although a broken internal wire in a radiofrequency catheter is not rare, a catheter’s becoming entrapped in the mitral valve apparatus is uncommon during the manipulation of catheters.

Case Report

A 25-year-old man suffered from repeated attacks of orthodromic atrioventricular reciprocating tachycardia with an LV origin or supraventricular tachycardia involving the left AP is useful but poses potential risks. Reports of catheter entrapment in the mitral valve apparatus are rare; however, they may possibly be under-reported [1–4]. The forceful removal of an ablation catheter may be dangerous due to the risk of rupturing the LV or tearing of the mitral

Discussion

A trans-aortic approach for the ablation of a ventricular tachycardia

*Corresponding author: Shih-Ann Chen, Division of Cardiology, Department of Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, Tel: +886 2 2871 2121; E-mail: epsachen@m41.hinet.net

Received January 07, 2016; Accepted February 21, 2016; Published February 25, 2016


Copyright: © 2016 Huang H, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
snare-assisted techniques are acceptable relative to the risks of surgical intervention [5]. In this study, we provide details of a simple self-made wire snare to remove a broken ablation catheter from the LV safely. This technique can be safely performed to address this rare complication.

Acknowledgment

The present work was supported by the Taipei Veterans General Hospital (V105C-116, V105C-060).

References