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Focal atrial tachycardia originating in the distal portion of the right atrial appendage
aneurysm

Short title: Atrial tachycardia of right atrial appendage aneurysm

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Atrial tachycardia tends to originate at the crista terminalis, coronary sinus ostium, bundle of His, cavo tricuspid isthmus, and pulmonary vein ostium, and rarely in the right atrial appendage (RAA)^{1, 2}. A 35-year-old man visited his local physician with complaints of frequent palpitations during the day. The electrocardiogram showed supraventricular tachycardia with heart rate of 225 bpm. Electrophysiological (EP) testing was performed in our hospital. An electroanatomic mapping system (Ensite Precision Cardiac Mapping System, Abbott, Abbott Park, IL, USA) was used during the procedure. In the EP lab, atrial tachycardia with tachycardia cycle length of 275 ms appeared incessantly, and activation mapping revealed focal atrial tachycardia originating at the distal portion of the RAA aneurysm (Figure 1A and electronic movie). The atrial tachycardia terminated upon radiofrequency ablation at the site of earliest activation (Figure 1B), and the procedure was completed without inducing any further tachycardia. No recurrence was observed after 6 months. An aneurysm of the RAA is a rare structural abnormality of the heart. It may be asymptomatic, or it may present with supraventricular arrhythmias, thromboembolism, or dyspnea³. Previous reports showed that the earliest activation site of RAA tachycardias occurs in the proximal portion of the RAA^{1, 2}. Our patient had an atrial tachycardia with an unusual site of origin in the distal RAA.

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Figure1A

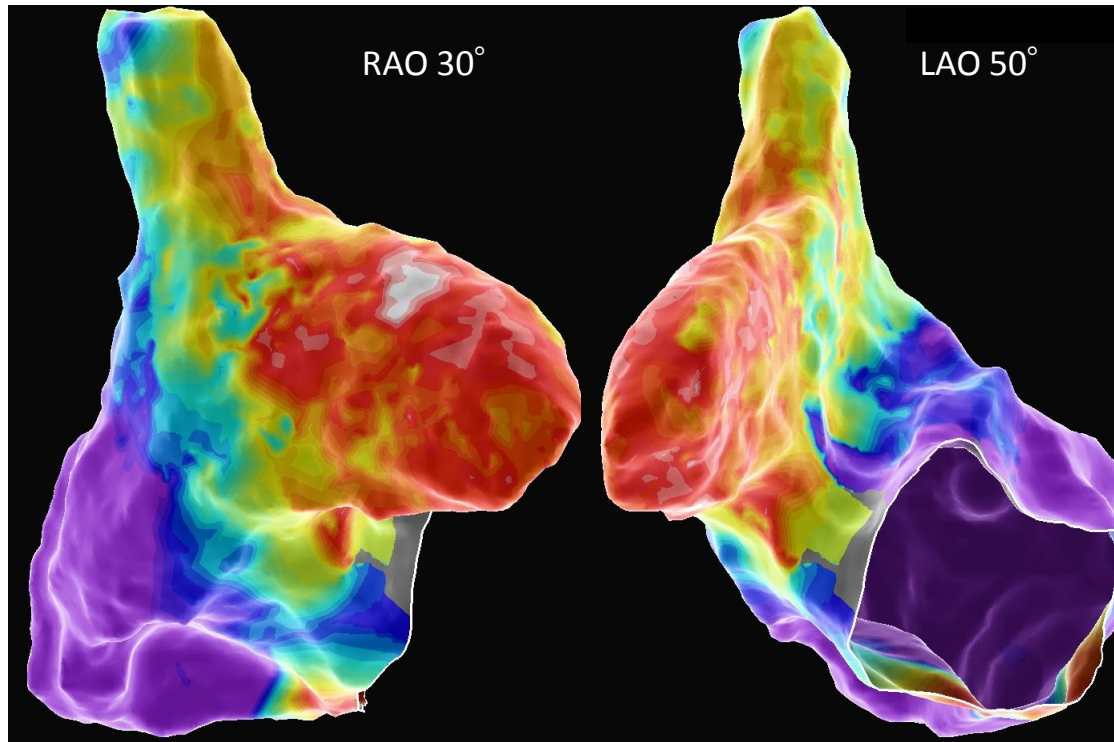


Figure1B

