

JCK Session

Session 06 (III-JCK06)

Arrhythmia

Chair:Jun Yoshimoto (Shizuoka Children's Hospital, Japan)

Chair:Fen Li (Department of Cardiology/ Heart Center, Shanghai Children's Medical Center Aliated to Shanghai Jiaotong University School of Medicine, China)

Chair:Myung Chul Hyun (Pediatric Cardiology, Kyung Pook National University Hospital, Korea)

Sun. Jul 11, 2021 10:40 AM - 12:10 PM Track5 (Web開催会場)

[III-JCK06-2]Non-genetic arrhythmias in pediatric patients

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Non genetic arrhythmia include supraventricular tachycardia (SVT) and ventricular tachycardia (VT) unrelated to genetic abnormalities. Here, I reviewed the spectrum of this SVT and idiopathic VT in normal structural heart from ECG diagnosis and electrophysiological characteristics to management. SVT is the most common rhythm disturbance in pediatric patients. Several different mechanisms are responsible for SVT. Atrio-ventricular reentry tachycardia and Atrio-ventricular nodal reentry tachycardia are mostly presented in SVT. Infants may present with ectopic atrial tachycardia or atrial flutter.

Idiopathic VT is a rare but relatively well recognized clinical condition. Idiopathic LV fascicular tachycardia (ILVT) has RBBB morphology and superior QRS axis. Verapamil is very effective for acute termination. When ILVT is refractory to medical therapy, radiofrequency catheter ablation is indication.