

### 3 EP report

KINGDOM OF SAUDI ARABIA

KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTER

8 March 1993

Dr. Helmut Weber, Head Laser-Unit  
Städtisches Krankenhaus Harlaching  
Sanatoriumsplatz 2  
D-8000 München 90, Germany  
Fax No: (49-89) 621-0692

**RE: Laser Ablation for AV Nodal Re-entry Tachycardia -- Results for Patient #6**

Dear Dr. Weber:

**We performed a successful procedure** on a patient with AV nodal re-entry tachycardia. This patient is a 39-year-old female who had had an unsuccessful radiofrequency ablation for fast pathway modification about eleven months ago. She continues to have recurrent supraventricular tachycardia.

We successfully performed the laser ablation procedure, and the slow pathway conduction was eliminated with two applications of laser energy. The initial application caused partial elimination of conduction in the slow pathway because the tachycardia was still inducible with two extra stimuli. Before this, the tachycardia was easily inducible by atrial pacing and single extra stimulus.

The next application was then performed, and the post-ablation study indicated non-inducibility of tachycardia by atrial pacing, two atrial extra stimuli and even isoproterenol administration in combination with atrial pacing and up to two atrial extrastimuli.

This was a very aggressive stimulation protocol, and the non-inducibility indicates that the result was very promising.

Furthermore, we checked the catheter system after the first application and then again at the end of the study after the second application. There was no damage to the catheter.

I will report this to you on a separate form if you require.

With best personal regards

Sincerely,  
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