mapping time 25 minutes; Figure 1A and Supplemental Video 1A) with a very small gap (0.123 mV on the mini-basket catheter) with fragmented potentials within a dense scar (measuring 5 mm in diameter; Figure 1A). Entrainment from the anterior part of the scar demonstrated a postpacing interval – tachycardia cycle length of 0 ms, although it was not possible to capture the isthmus and the posterior/inferior part of the dense scar despite high-output pacing. The ultra–high-resolution mapping–guided ablation procedure with an open-irrigated 3.5-mm-tip ablation catheter (Celsius ThermoCool SF; Biosense Webster, Inc, Diamond Bar, CA) was performed at the isthmus site where a very low amplitude (0.04 mV) was recorded (Figure 1B, ABL indicates ablation; AP, anteroposterior; CSd, coronary sinus distal; CSp, coronary sinus proximal; MV, mitral valve; RA, right atrium; TV, tricuspid valve). The AT terminated within 5 seconds of ablation.

This case demonstrates the utility of the ultra–high-resolution mapping system Rhythmia for detailed characterization of the mechanism of a microreentrant AT. The Rhythmia mapping system has recently been reported to be effective for the mapping of complex scar-related reentrant ATs with identification of distinct critical isthmuses with ultra–high-resolution mapping. Importantly, mapping of this tachycardia with conventional lower resolution mapping techniques may have inaccurately identified this as a focal AT, which in turn could potentially lead to unsuccessful ablation (confidence mask 0.2 mV; Supplemental Video 1B).

Appendix
Supplementary data
Supplementary data associated with this article can be found in the online version at https://doi.org/10.1016/j.hrthm.2017.10.032.

Reference

ERRATUM

In the article titled “Successful ventricular tachycardia ablation in patients with electrical storm reduces recurrences and improves survival” by Pasquale Vergara, Roderick Tung, Marmar Vaseghi, et al that published in the January issue of Heart Rhythm (2018; 15: 48-55), Dr Frankel’s name should have been written as David S. Frankel, MD. The error is regretted.