multivariate regression adjusting for age, infarct age, and VT circuit tissue volume, inFAT remodeling within the VT circuit, but not scar, was a predictor of the amount of DZs ($\beta = 0.355$, $p<0.05$) and clinical ablations ($\beta = 0.323$, $p<0.005$) (Fig.B).

**Conclusion:** Post-infarct inFAT remodeling creates a critical arrhythmogenic substrate for VT that needs to be prioritized during ablation.

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**CA-531-02**

**ABLATION OF PREMATURE VENTRICULAR CONTRACTIONS: DISSOCIATION BETWEEN ACUTE AND LONG-TERM OUTCOMES**

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**Background:** Acute and long-term outcomes after premature ventricular contraction (PVC) ablation may vary with structural heart disease (SHD) and PVC origin.

**Objective:** To compare acute and long-term outcomes after PVC ablation according to SHD and origin.

**Methods:** We reviewed 213 consecutive patients who underwent PVC ablation. Acute success was defined as abolition of the target PVC. Follow-up included 12 lead electrocardiographic, ambulatory monitoring, and symptoms. The origin of PVC was defined by mapping and elimination by ablation.

**Results:** Of 213 patients, 125 (59%) had structural heart disease (SHD) (coronary disease in 42, cardiomyopathy in 64, valve disease in 19). Acute ablation success was achieved in 93% of patients. During long-term follow-up (391 ± 253 days), 20% of patients recurred. After acute failure, late success occurred in 6 of 14 (43%). In patients with SHD, the long-term recurrence rate was higher compared to patients without SHD (26% vs 11%; $P<0.05$), but the acute ablation success rate was similar (92% vs 95%; $P=0.31$). Outcome varied with PVC origin (Figure 2). Long-term success was greater in patients with outflow tract (RVOT and LVOT) PVCs than for other PVC origins (85% vs 67%; $P=0.001$) despite similar acute ablation success rates (93% vs 91%; $P=0.70$). Thirty-seven (17%) patients had PVCs from more than 1 segment. Acute success (96% vs 84%; $P<0.05$) and long-term outcome (82% vs 68%; $P<0.05$) were better for patients with PVCs from only one versus multiple segments.

**Conclusion:** In patients with PVCs, the acute effect of ablation predicts the long-term outcome, but with limited accuracy, particularly in patients with structural heart disease and PVCs from multiple origins. Late success after acute failure occasionally occurs.

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**CA-531-03**

**FIRST-IN-HUMAN EXPERIENCE WITH ULTRA-LOW TEMPERATURE CRYOABLATION FOR MONOMORPHIC VENTRICULAR TACHYCARDIA**

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**Abstracts**

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