We sought to determine mortality and in-hospital outcomes. The effect of catheter ablation (CA) on mortality in CS has not been well studied.

**Background:** Cardiac sarcoidosis (CS) is associated with poor outcomes. The effect of catheter ablation (CA) on mortality in CS has not been well studied.

**Objective:** To see whether ablation inside CS ostium is safe and feasible.

**Methods:** We retrospectively analyzed AVNRT cases where ablation under fluoroscopy in lower TOK was unsuccessful. A maneuver with timed atrial premature depolarisation (APD) from 2-3 cm inside coronary sinus (CS) was performed to prove/exclude left sided SP inputs. Then, RFA was attempted just inside CS ostium near roof (within 1 cm).

**Results:** Among 130 AVNRT cases, ablation in TOK was initially unsuccessful in 11. After excluding 3 cases with anatomic variability, 8 cases (including 2 with left sided SP input) were subjected to ablation just inside CS ostium near the roof. Among the 8 cases - Age: 33±17 years, Male = 4. With this novel approach 7/8 cases (including 2 left sided extensions) had acute success with a median of 3 RF lesions. In 1 case (right sided SP), this approach was unsuccessful and high up (M1-A2) ablation was required.

**Conclusion:** SP modification just inside CS ostium appears to be a safe and effective strategy for cases where conventional ablation in lower TOK fails. Need for high up ablation can be avoided minimizing the chance of AV nodal injury. This can also obviate the need for left sided