

Will New Approaches in The Treatment of Supraventricular Tachycardia Affect The Cardiologists' Perspective?

Cetin Sanlialp Sara

Servergazi State Hospital, Cardiology, Bereketler No:1, 20000, Merkezefendi-Denizli Turkey

Corresponding Author: Sara Cetin Sanlialp, MD, Servergazi State Hospital, Cardiology, Bereketler No:1, 20000, Merkezefendi-Denizli Turkey. **E-mail:** saracetin@hotmail.com.tr

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Junctional ectopic tachycardia (JET) is one of the rare supraventricular arrhythmias [1]. JET is categorized by two types. The less common type of JET is congenital form and the more common type has been seen in postoperative period of congenital cardiac surgery [2]. JET may cause heart failure and may confront the patient with a life-threatening condition after congenital cardiac surgery so the treatment of JET is very important [1, 2]. When we examine the treatment choices made over the years, we may observe that many antiarrhythmic drugs, digoxin and betablockers have been used [2]. Although amiodarone seems to be the first choice because of providing more success in the treatment of JET, the chance of success of other drugs are less and data from only small case series for these drugs are available [2]. Recently, there are small studies showing that ivabradine can be used in the treatment of JET and successful results have been obtained [3]. The use of multiple antiarrhythmic drugs in patients with high failure rates is an important problem because their effects on controlling JET is suboptimal [3]. Furthermore, long-term use of anti-arrhythmic agents may lead to serious toxicity [1]. For the reasons mentioned above, it seems more reasonable to use ablation techniques in JET treatment.

When we review the recently updated supraventricular tachycardia guideline (2019), the catheter ablation methods have been put forward in the chronic treatment of supraventricular tachyarrhythmias and the other medical antiarrhythmic treatments have been left behind. In addition, the current guideline states that the success rate of catheter ablation in various supraventricular tachycardia is high and the complication rates are low [4].

In the light of the new guideline, catheter ablation procedures will appear to play a greater role in our daily practice. It can be predicted that this situation will lead to the necessity to train more cardiologists in the field of electrophysiology.

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