**CAVO-TRICUSPID ISTHMUS CATHETER ABLATION WITHOUT FLUOROSCOPIC GUIDANCE: FIRST EXPERIENCE WITH CARTO 3 SYSTEM**

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Objectives: To compare our first experience in cavotricuspid isthmus catheter ablation (CTI-CA) exclusively guided by Carto 3 to procedures exclusively guided by Ensite-NavX.

Background: We and others have demonstrated that CTI-CA guided exclusively by Ensite-NavX is feasible and safe.

Methods: The first ten procedures guided exclusively by Carto 3 (group A) were compared with three other groups (B, C y D) using Ensite-NavX. Group B, first ten procedures; group C, next ten consecutive using one diagnostic catheter (DC) and right atrium (RA) 3D reconstruction; group D, last ten using one DC without 3D. Epidemiologic and related to procedure variables were compared. Irrigated- tip ablation catheter was used in every procedure. CTI bidirectional-block was considered as a successful procedure.

Results: Forty patients (31 men; mean age 62.3 years; 18.5 per cent) with structural heart disease) were included. There were no significant epidemiologic differences. All procedures were successful and only one minor complication was registered in group B. In group A, only one DC was used in all procedures and 3D-reconstruction was performed in eight procedures. Fluoroscopy was needed in only two procedures (one in each group A and B). Compared to group B, in group A less DC were used and ablation time was shortter . Compared to group D diagnostic time was longer in group A. There were no significant differences about radiofrequency time.

Conclusions: CTI-CA without using fluoroscopy and guided exclusively by Carto 3 system is feasible and has similar results than CTI-CA guided exclusively by Ensite-NavX system.