**IVABRADINE’S POTENT EFFECT ON THE AV NODE: A CASE OF 2ND DEGREE HEART BLOCK**

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*Background*: Ivabradine is a medication that blocks the funny channel in the SA node leading to a reduction in heart rate without affecting blood pressure. This makes it attractive for the management of inappropriate sinus tachycardia. It is known to cause sinus bradycardia or occasionally 1st degree heart block. We present a case in which Ivabradine contributed to the development of 2nd degree Wenckebach AV block.

*Case*: A 39-year-old female with a history of recurrent supraventricular tachycardia (SVT) had undergone an ablation of the slow pathway of the AV node for AV nodal reentrant tachycardia and an atrial focus in the crista terminalis. At that time she was also found to have sinus node dysfunction and a dual-chamber pacemaker was placed. She later developed severe tricuspid regurgitation, leading to removal of the right ventricular lead with placement of a coronary sinus lead in the anterior interventricular vein. The lead was turned off shortly after due to the development of diaphragmatic stimulation. A month later, she presented with recurrent symptoms and was diagnosed with inappropriate sinus tachycardia following another EP study. She was then started on Ivabradine 5 mg daily which effectively led to a reduction in heart rate. The following day, she developed Wenckebach 2nd degree AV block with episodes of 2:1 conduction causing a ventricular rate of 32 beats a minute. A new right ventricular lead was placed and a pacemaker interrogation 24 hours later revealed 19% atrial pacing, 35% ventricular pacing, and a heart rate of 60-70 beats per minute.

*Conclusion*: This case demonstrates the potential for Ivabradine to cause 2nd degree Wenckebach AV block, which has not been previously described. Ivabradine should therefore be used with caution in patients who have had a previous ablation in the region of the compact AV node.