A 31 years male came to us with history of frequent episodes of documented supra ventricular tachycardia. Base line ECG showed evidence of Wolff- Parkinson- White syndrome. He underwent successful radiofrequency ablation of right free wall accessory pathway. During ablation, immediately after the disappearance of the delta wave, deep T wave inversion developed in leads II, III and aVF (Fig. 1). First seven QRS complexes in figure 1 were pre-excited as suggested by the short PR interval, delta waves in leads III, aVF, I, aVL (marked by arrows) and V5-6. The eight QRS complex showed loss of delta waves and the presence of deep T inversion. Simultaneous intracardiac electrogram showed separation of H from V suggesting elimination of accessory pathway (Fig. 2).

Persistent T wave abnormality after successful ablation of manifest accessory pathways is called memory T wave and are due to change in the activation sequence of myocardium causing changes in the expression of transient outward current K channels in the sub-endocardium. It occurs only in manifest accessory pathways and can persist up to minutes to months. T wave vector observed after ablation deviate in the direction of pre excited QRS vector. Memory T wave can mimic ischaemia or pericarditis and the knowledge about this can help in avoiding further investigations.

A Harish, AS Mulasari, UM Pandurangi
Institute of Cardiovascular Diseases, Madras Medical Mission, Chennai.