in adult typical atrioventricular nodal reentrant tachycardia (AVNRT) consider most common paroxysmal supraventricular tachycardia. Dual pathway idea still accepted and used widely and commonly. According to the guide line, ablations of slow pathway still the first treatment with good success rate.

Identify the electrophysiological difference of atrioventricular nodal pathways pre and post ablation.

Electrophysiological study was done to 54 patients with only typical type AVNRTs; they were 40 (74%) females and 14 (26%) males. Divided into two groups G1 with 38 patients (70.4%) having one pathway and G2 with 16 patients (29.6%) with multiple pathway. After induction we study the clinical and electrophysiological feature of tachycardia and showed faster tachycardia in G1 than G2 (330 ±56 versus 430 ±67). And the time per minute to achieve ablation or end point more in G2 than G1 (82±12.4 G2 versus 71±11.6 G1) with more energy applied in G2 versus G1 (12.4± 4.8 versus 6.3± 3.2). Complete ablation of the slow pathway was achieve in 37(69%) of total patients and only modulation occur in 17 (31%) with variation between two groups. And block not recorded in this study.

In patient with typical AVNRTs there is percentage of multiple AV pathways 29.6%, and during EP procedure those need good interpretation, analysis of tachycardia after induction, pre and post ablation, and also they need more time and energy for elimination of slow pathway as well as the used of mapping system to localized the His area before ablation is of value to prevent AV nodal injury.