

**Table 3 Electrophysiological Characteristics and ablation result of VAs originating from the LV-BIS-MA**

	Patients (N = 25)
VAs episode	
Frequently episode of clinical VAs during baseline (%)	19/25 (76.0%)
Needs isoproterenol infusion to induce clinical VAs (%)	6/25(24.0%)
Steerable sheath needed	13/25 (52.0%)
a amplitude / v amplitude ratio during sinus rhythm at the ablation target	0.13 ± 0.10
Earliest bipolar V-QRS interval during clinical VAs (ms)	32.3 ± 11.5
Target characteristics	
Pre-potential (%)	3/25 (12.0%)
Fragmented potential (%)	6/25 (24.0%)
Earliest bipolar V-QRS without isolated pre-potential or fragmented potential (%)	16/25 (64.0%)
Initial QS wave during uniplolar recording (%)	23/25 (94.0%)
Perfect (12/12 leads) or near perfect (11/12 leads) pace mapping (%)	14/25 (56.0%)
Start to effect time (s)	10.2 ± 5.8
Junction rhythm during ablation (%)	1/25 (4.0%)

AV 1:1 conduction before ablation (ms)	388.2 ± 50.0
AV 1:1 conduction after ablation (ms)	387.3 ± 49.6
Recurrence during 3 days of in-hospital monitoring (%)	1/25 (4.0%)
Recurrence during one-year follow up (%)	3/25 (12.0%)

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Values are given as the mean ± SD (range) or n (%), unless otherwise indicated.