

Table 1. Management of patients with asymptomatic preexcitation**ACC/AHA/HRS 2015 GL on SVT.****Asymptomatic patients with pre-excitation**

Low risk of rapid conduction in:

Abrupt loss of conduction over a manifest pathway during exercise testing in sinus rhythm

I-B-NR

Intermittent loss of pre-excitation during ECG or ambulatory monitoring

I-C-LD

EP study for risk stratification

IIa-B-NR

Catheter ablation of the accessory pathway if EP study identifies high risk, including rapidly conducting pre-excited AF

IIa-B-NR

Catheter ablation of the accessory pathway if the presence of pre-excitation precludes specific employment (such as with pilots)

IIa-B-NR

Observation without further evaluation or treatment

IIa-B-NR

Risk stratification of symptomatic patients with manifest accessory pathways

Low risk of rapid conduction in:

Abrupt loss of conduction over the pathway during exercise testing in sinus rhythm

I-B-NR

Intermittent loss of pre-excitation during ECG or ambulatory Monitoring

I-C-LD

EP study for risk stratification

I-B-NR

ACC/AHA/HRS 2015 Guideline for the management of adult patients with supraventricular tachycardia. *J Am Coll Cardiol*. 2015;doi:10.1016/j.jacc.2015.08.856 with permission from Elsevier.

ESC 2019 GL on SVT. Recommendations for the management of patients with asymptomatic pre-excitation

Performance of an EPS, with the use of isoprenaline, to risk stratify individuals with asymptomatic pre-excitation who have high risk occupations/hobbies,* and those who participate in competitive athletics.	I	B
Catheter ablation in asymptomatic patients in whom EP testing with the use of isoprenaline identifies high risk properties, such as SPERRI $\leq$ 250 ms, AP ERP $\leq$ 250 ms, multiple APs, and an inducible AP-mediated tachycardia.	I	B
Catheter ablation in high-risk patients with asymptomatic pre-excitation after discussing the risks, especially of heart block associated with ablation of anteroseptal or mid-septal APs, and benefits of the procedure	I	C
Performance of an EPS to risk stratify individuals with asymptomatic pre-excitation.	IIa	B
Non-invasive evaluation of the conducting properties of the AP in individuals with asymptomatic pre-excitation.	IIb	B
Invasive risk stratification with an EPS in patients without “low risk” characteristics at non-invasive risk stratification.	I	C
Clinical follow-up in a patient with asymptomatic pre-excitation, and low risk AP at invasive risk stratification.	IIa	C
Catheter ablation in a patient with asymptomatic pre-excitation, and low risk AP at invasive or non-invasive risk stratification.	IIb	C
Catheter ablation in patients with asymptomatic preexcitation and left ventricular dysfunction due to electrical dyssynchrony.	IIa	C
Catheter ablation of low-risk asymptomatic pre-excitation in appropriately experienced centres according to patient preferences.	IIb	C

*: Such as pilots and professional drivers.

AP = accessory pathway; EP = electrophysiology; EPS = electrophysiology study; ERP = effective refractory period; SPERRI = shortest pre-excited RR interval during atrial fibrillation.

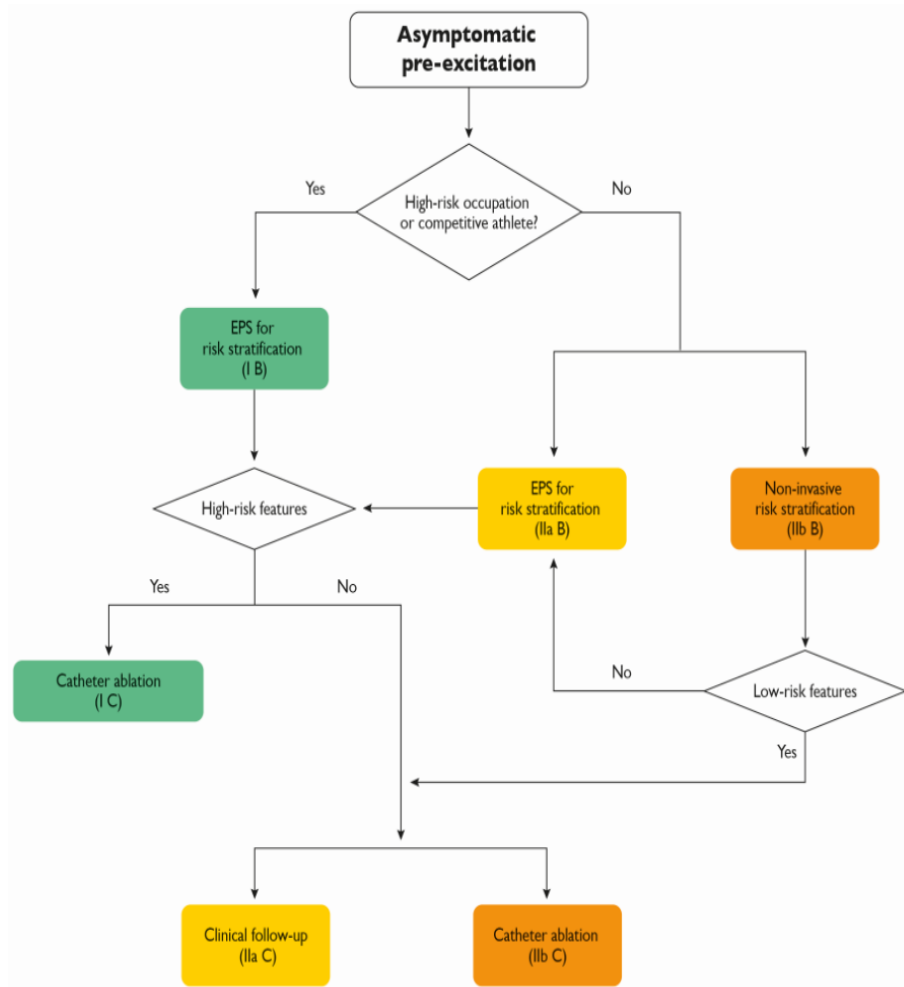


Figure 1. ESC 2019 GL on SVT. Risk stratification and therapy of patients with asymptomatic pre-excitation.

**Exercise tolerance test, drug testing, ambulatory monitoring.

EPS = electrophysiology study; RS = risk stratification; ERP = effective refractory period.