





## inHEART for a faster out-of-heart

 **Tomislav Pijetlović\***,  
 **Ante Komazin,**  
 **Gordana Hursa,**  
 **Sanja Keleković**

University Hospital Centre  
"Sestre milosrdnice", Zagreb,  
Croatia

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**\*ADDRESS FOR CORRESPONDENCE:** Tomislav Pijetlović, Klinički bolnički centar Sestre milosrdnice, Vinogradska cesta 29, HR-10000 Zagreb, Croatia. / Phone: +385-99-6744-240 / E-mail: [plaiiyt@gmail.com](mailto:plaiiyt@gmail.com)

**ORCID:** Tomislav Pijetlović, <https://orcid.org/0000-0002-4499-4428> • Ante Komazin, <https://orcid.org/0009-0003-9515-4319>  
Gordana Hursa, <https://orcid.org/0000-0001-9118-9707> • Sanja Keleković, <https://orcid.org/0000-0003-4951-876X>

In patients with recurrent ventricular tachycardia, catheter ablation is an essential therapeutic strategy to prevent arrhythmia recurrence. Using inHEART's AI-driven platform increases the efficiency of this procedure by creating a 3D digital replica of the patient's heart from preoperative CT and MRI scans.<sup>1</sup> This technology allows detailed visualization of cardiac anatomy, including scar tissue (as well as its thickness) and arrhythmogenic areas, which helps in precise targeting of the ablation site. The use of inHEART greatly helps the identification of the arrhythmia substrate and simplifies the procedure. Preoperative images are processed to create a highly detailed patient-specific model of the heart, which is imported into the CARTO system. After merging the anatomical map from CARTO and the inHEART map, the mapping of the area of interest begins. The detailed map allows the electrophysiologist to accurately identify arrhythmogenic zones in the scar tissue and guide the catheter to optimal ablation sites, minimizing procedure time and reducing the risk of recurrence. The inHEART-guided procedure improves overall outcome by reducing procedural complexity and the risk of ventricular tachycardia recurrence. We will present the case of a 59-year-old patient with recurrent episodes of ventricular tachycardia, which has an underlying ischemic cardiomyopathy. On two occasions, VT was recorded on the patient's ICD. The device recognized the ventricular tachycardia and delivered a DC shock both times without successfully stopping the tachycardia using "overdrive" stimulation.

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### LITERATURE

1. IHU Liryç - Hôpital Xavier Arnoz. [Inheartmedical.com](https://www.inheartmedical.com) [Internet]. France: IHU Liryç - Hôpital Xavier Arnoz; [cited 2024 Sep 24]. Available from: <https://www.inheartmedical.com/>.