248 Focal Atrial Tachycardia

William H. Sauer, Paul C. Zei

The underlying mechanisms of focal atrial tachycardia (AT) include abnormal automaticity, triggered automaticity, or a small reentry circuit in diseased atrial tissue. The term *focal* is used to differentiate this form of atrial tachycardia from typical and atypical atrial flutter but does not define a mechanism of the arrhythmia. ATs can originate from most regions of the atria, including atrial tissue extending into a pulmonary vein, the coronary sinus, or vena cava. It can be sustained, nonsustained, paroxysmal, or incessant. Focal AT accounts for ~10% of paroxysmal supraventricular tachycardia (PSVTs) in patients referred for catheter ablation. Nonsustained focal AT is commonly observed on ambulatory electrocardiogram (ECG) recordings, and the prevalence increases with age. Treatment is not recommended for asymptomatic nonsustained atrial tachycardia identified on ECG monitoring. However, frequent atrial ectopy and nonsustained AT are often precursors to more significant arrhythmias such as atrial fibrillation and atrial flutter. Nonsustained, frequent atrial ectopy or short bursts of AT may be symptomatic and require therapy similar to that required for focal AT **(Fig. 248-1)**.