**CATHETER ABLATION RELATED CORONARY OCCLUSION AND TAMPONADE - A DOUBLE HIT**

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*Introduction:*Catheter ablation (CA) is increasingly used for therapy of various arrhythmias. We present an unusual complication of coronary artery occlusion along with cardiac tamponade during CA for atrial tachycardia.

*Methods:*NA

*Results:*A 64-year old woman with h/o lymphoma was admitted with dizziness. ECG showed right atrial coronary sinus (CS) atrial tachycardia with complete heart block and ECHO showed an EF of 30%. EnSite 3-dimensional mapping confirmed CS ostium as the site of earliest activation. A cool-path Daig irrigated tip catheter was used for ablation with a power of 30-45 watts, maximum temperature of 45C for duration of 120 seconds. 14 RF applications were delivered cessation of tachycardia. Immediately post ablation, patient was hypotensive with absent motion of the LV border on fluoroscopy. ECHO showed a large pericardial effusion with tamponade requiring emergent pericardiocentesis. A coronary angiogram revealed an abrupt 100% occlusion of the right posterolateral (rPL) branch of the RCA (Fig). As the occlusion was distal, PCI was deferred. Patient did well postoperatively and underwent implantation of a BiVentricular ICD for treatment of complete heart block and non-ischemic cardiomyopathy.

*Conclusions:* Coronary artery occlusion is a rare complication of CA with a reported incidence of 0.2-0.5%. The PL and PDA branches of the RCA are the most commonly injured vessels during ablation adjacent to the CS. It is unclear if prior thoracic radiation is a risk factor for adverse events. Careful attention to ECG and proximity of ablation site to coronary artery anatomy is crucial. 