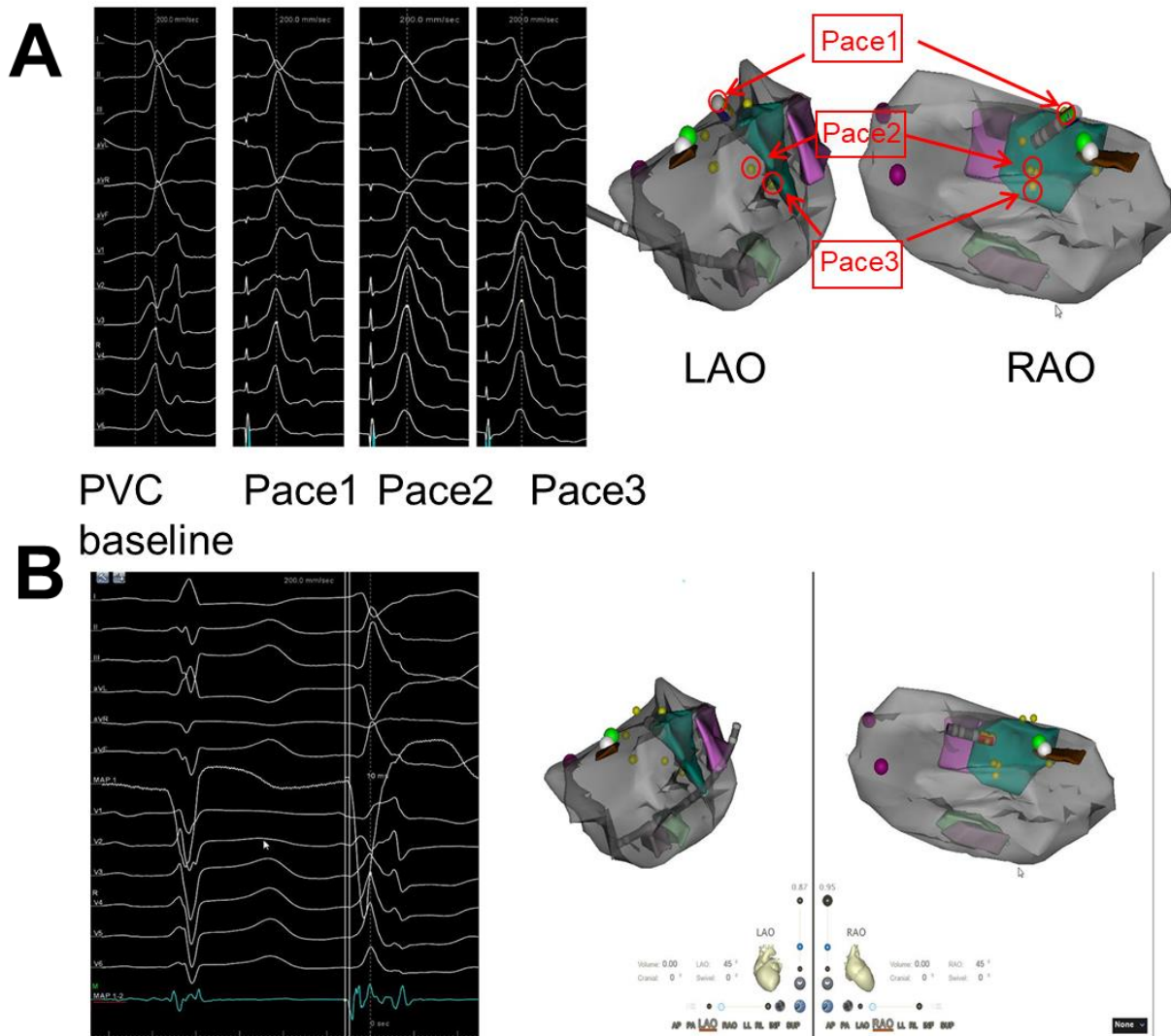
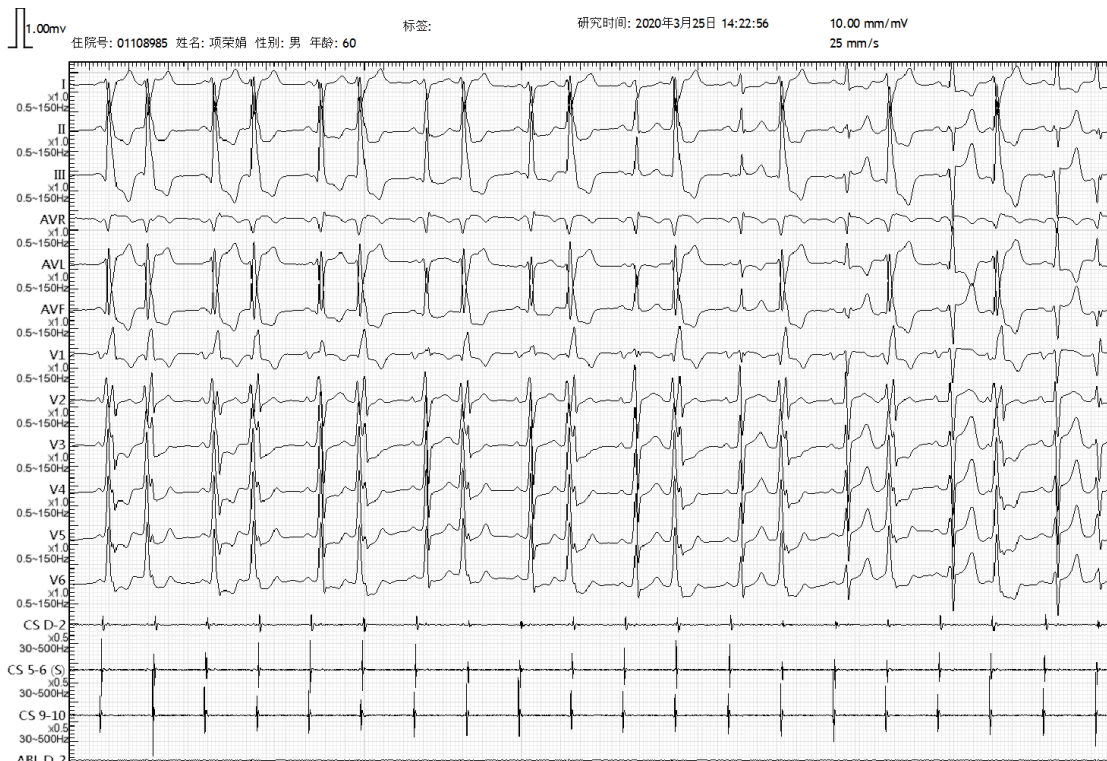


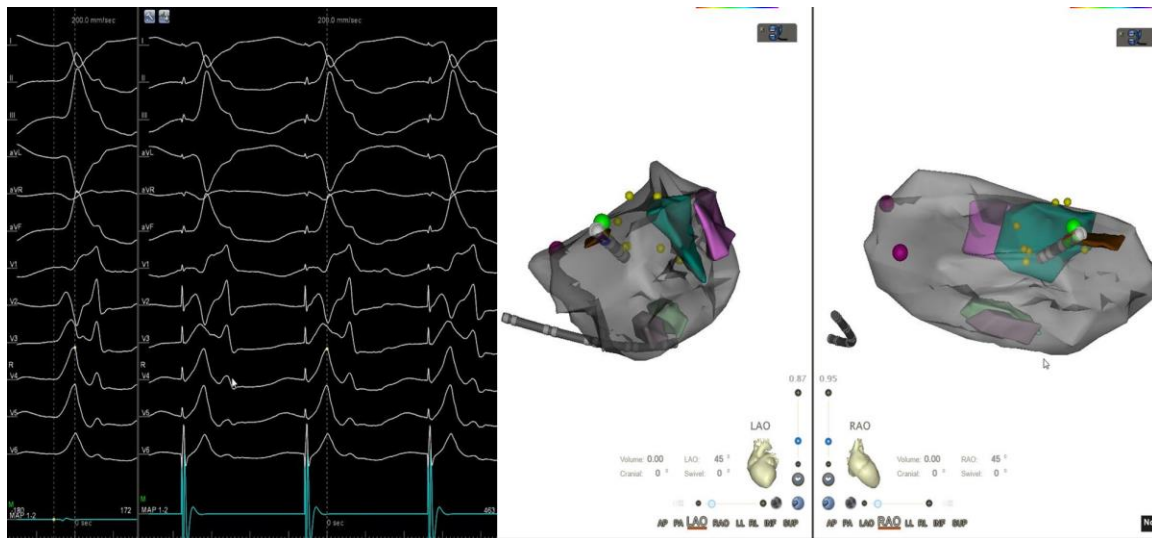
Supplementary Figure 1 Holter monitor and echocardiography of the patient before radiofrequency ablation. A: Sinus rhythm accompanied by premature ventricular contraction; B: Ventricular tachycardia with a rate of 200 bpm; C: The echocardiography before radiofrequency ablation (RFCA). There was no mitral insufficiency before RFCA.



Supplementary Figure 2 Electrocardiogram morphologies pacing at different sites of anterolateral papillary muscle. A: Premature ventricular contractions baseline and pacing morphologies at different sites (pace 1, pace 2, pace 3) with different PASO score, pace 1: 0.891, pace 2: 0.836, pace 3: 0.840; B: Local fractional potential on the body of anterolateral papillary muscle preceding the surface QRS at 10 ms was recorded. LAO: Left anterior oblique; RAO: Right anterior oblique.



Supplementary Figure 3 VT turned into bigeminy of premature ventricular contractions after ablation.



Supplementary Figure 4 Perfect pace-maping site at another top of anterolateral papillary muscle (the white tag).



Supplementary Figure 5 VT rate slowed down and was successfully eliminated during ablation.

Supplementary Video 1 No pericardial effusion or mitral valve injury was observed after the operation.