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Case report. The patient is a 10 mo male with multiple VSDs. He presented at 2 months with congestive cardiac failure, ECG showed Wolff Parkinson White (WPW) pattern. He had pulmonary artery banding and post operatively developed regular broad complex tachycardia as well as regular narrow complex tachycardia, unresponsive to adenosine.

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The catheter crossed the atrioventricular valve with the remaining aspect of the catheter in the ventricle. A pigtail catheter was then utilized to loop the catheter and pull the catheter tip into the inferior vena cava. The catheter was then snared and pulled through the right groin removed in its entirety.

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Implanted intravenous infusion port (IVAP) is indicated for patients undergoing

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