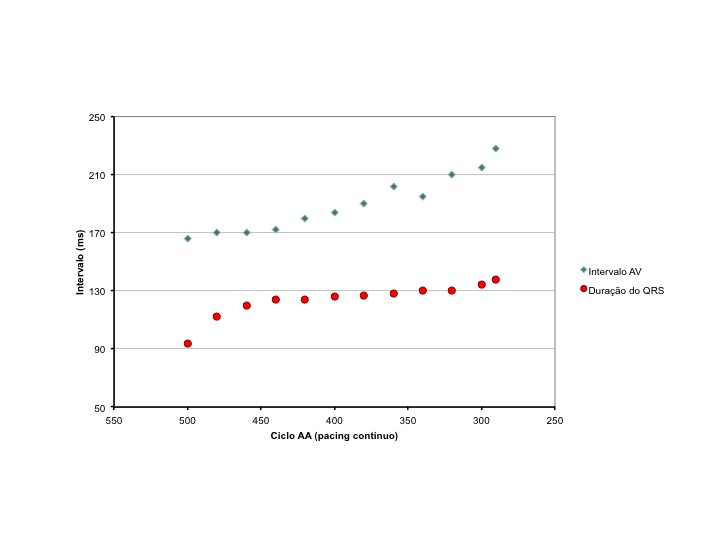
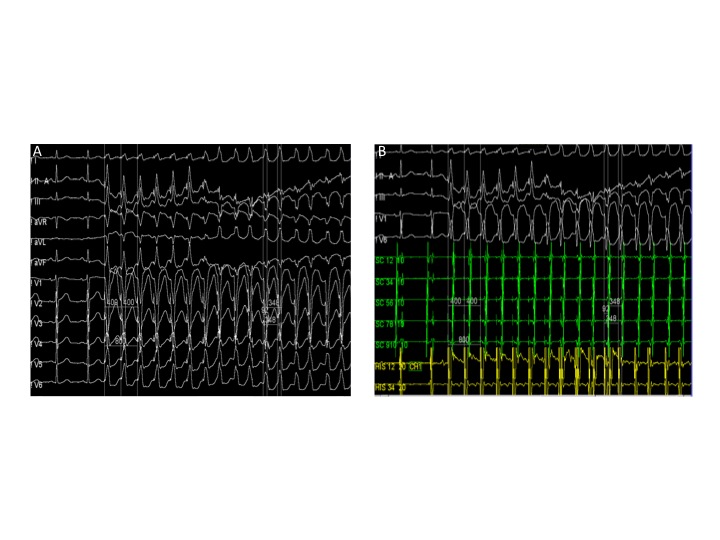


**Supplemental Figure 1. Electrophysiological study: (A)** Continuous ventricular pacing demonstrating concentric VA conduction; **(B,C)** Programmed atrial pacing at 500/400 ms and 500/290 ms, respectively, with progressive prolongation of the AV interval (increase in AH interval, reduction in HV interval) and progressive QRS widening (evidence of ventricular pre-excitation via AP with decremental conduction properties). ms: milliseconds

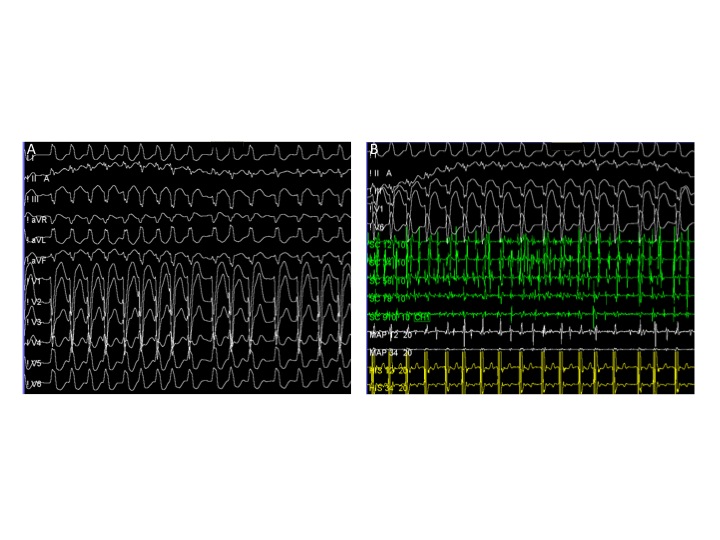


|  |  |
| --- | --- |
| **Intervalo (ms)** | **Interval (ms)** |
| **Ciclo AA (pacing continuo)** | **A-A cycle (continuous pacing)** |
| Intervalo AV | AV interval |
| Duração do QRS | QRS duration |

**Supplemental Figure 2.** Progressive QRS widening and prolongation of the AV interval under incremental atrial pacing (evidence of ventricular pre-excitation via AP with decremental conduction properties).



**Supplemental Figure 3. Electrophysiological study: (A) Surface ECG** with induction of antidromic AVRT with LBBB morphology under continuous atrial pacing; **(B) Intracavitary electrograms** with induction of antidromic AVRT with LBBB morphology with continuous atrial pacing. Typical LBBB: typical left bundle branch block; AVRT: atrioventricular reentrant tachycardia



**Supplemental Figure 4. Electrophysiological study: (A) Surface ECG** with progression of AVRT to pre-excited atrial fibrillation; **(B) Intracavitary electrograms** with progression of AVRT to pre-excited atrial fibrillation. AVRT: atrioventricular reentrant tachycardia.