

Historical and current information from this episode of care organized as a timeline.

2 years before hospitalization		TTE revealed moderate-to-severe stenosis and obstruction in LVOT.
Before ERASH		- The patient presented in our hospital with exacerbated stuffiness and wheezing. - TTE demonstrated diffuse thickening of the interventricular septum and SAM of the anterior mitral valve leaflet. (Fig.1b)
During ERASH		- Ablation at the maximal contact area between the basal septum and the mitral valve and the thickest part of the septum at a power of 50 W and a temperature of 30°C - SAM disappeared, and a strip of strong echo on the surface of the thinner septum was revealed. - Reduction of LOVT following procedure indicated a successful outcome.
After ERASH	24 hours	We observed improvement of 6-minute walk test and relief of symptoms.
	4 days	- The patient demonstrated a continuous increase in exercise capacity without any symptoms. - The LVOT gradient and currency velocity at rest on TTE demonstrated a delayed reduction. (Table 1)
	2 months	We observed further improvement in 6-minute walk test and a notable reduction of LVOT gradient.

TTE, Transthoracic echocardiography; LVOT, left ventricular outflow tract; ERASH, endocardial

radiofrequency ablation for septal hypertrophy; SAM, systolic anterior motion.