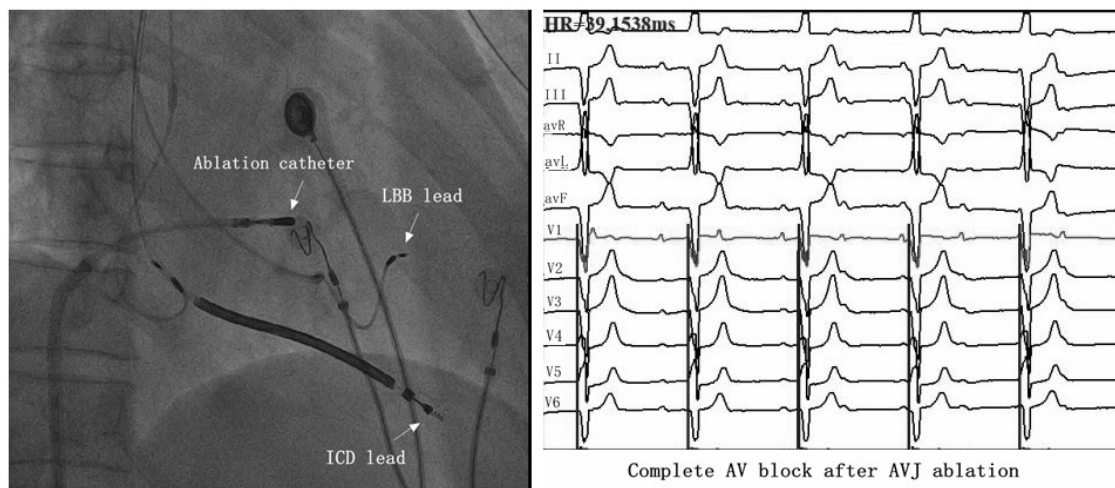


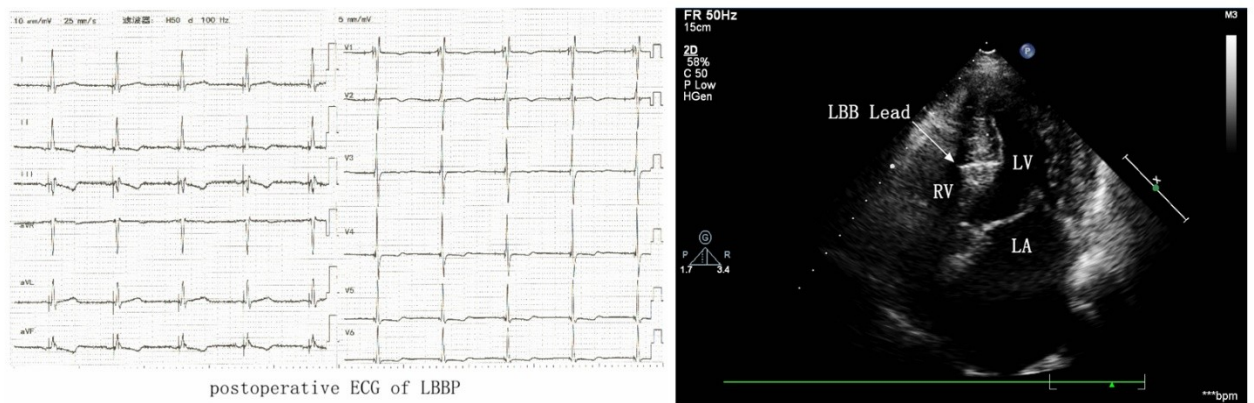
**[Fig1] Electrogram (EGM) characteristics and fluoroscopic image of location of leads.**

- ① His potential noted during intrinsic rhythm with the potential to ventricle interval (HV interval) of 43.94 ms.
- ② The paced QRS complex morphology of “w” pattern in lead V1 probably indicates the ideal place (the initial site) before the fixation of LBB lead.
- ③ Paced morphology of RBBB pattern indicates the capture of left bundle branch (LBB). No LBB potential was observed before the ventricular activation.
- ④ Fluoroscopic image of location of the HBP lead, LBBP lead and ICD lead. Image of sheath angiography demonstrates that, the location of LBBP lead is approximately 1cm distal to the HBP lead along the line between HBP site and right ventricular apex, the depth of LBBP lead inside the septum was measured from the initial site to final site.



**[Fig2] Fluoroscopic image of ablation and the ECG indication of successful ablation.**

- ① Fluoroscopic image of the site for atrioventricular junction ablation in relation to the tip of the LBB lead.
- ② Complete atrioventricular block indicates the successful ablation of the proximity of His bundle.



**[Fig3] Postoperative ECG of LBBP, echocardiographic image of hypertrophic septum and location of LBBP lead.**

- ① Features of twelve-lead ECG shown at a sweep speed of 25 mm/s are invariable. The postoperative, 6-month and 1.5-year follow-up ECG display the extremely similar features of LBBP.
- ② Echocardiographic image of hypertrophic septum, the location and depth of LBBP lead.