

IS THERE A RULE TO STOP ANTI-ARRHYTHMIC THERAPY AFTER ABLATION OF TYPICAL ATRIAL FLUTTER?

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INTRODUCTION

- Medical management of typical atrial flutter (AFL) is sometimes unsuccessful and may carry adverse effects. Symptom control using radiofrequency cavo-tricuspid isthmus ablation (CTA) is a feasible alternative, given the fact that it is a simple procedure with a low rate of complications.
- However, in some patients (pts), new atrial arrhythmias may develop, and the decision of anti-arrhythmic therapy (AAT) withdrawal is usually patient-based.

OBJECTIVE

- To predict the recurrence of atrial arrhythmias (AR) after CTA between pts that suspended AAT and those that maintained AAT.

METHODS

- Single-center retrospective study of pts with typical AFL submitted to ablation between 2015 and 2019.
- Pts clinical characteristics, current and follow up therapy were collected. Holter and/or 7-day event loop recorder were performed during the follow up to identify AR.
- For statistical analysis, we applied Chi-square, Mann-Whitney and Cox regression to identify predictors of AR.

RESULTS

- CTA ablation was performed in 476 pts (mean age: 66.3 ± 11.7 years, 79.8% males).
- At time of ablation most pts were in EHRA II class (70.8%) and 44.6% of pts had at least mild left atrial dilatation on transthoracic echocardiography.
- Mean follow-up time was 2.8 years.

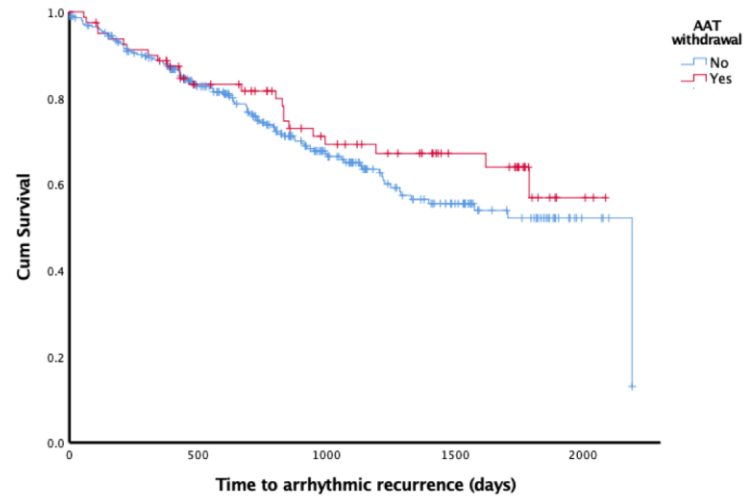


Table 1. Time to arrhythmic recurrence after CTA ablation, depending on medication status.

RESULTS

- 269 pts (57,6%) were under anti-arrhythmic therapy (AAT) before the ablation.
 - No AAT withdrawal: 203 pts
 - AAT withdrawal before AR: 58 pts
 - AAT withdrawal after AR: 8 pts
- During the follow-up period, we observed AR of typical AFL in 17 pts (3.6%), atypical AFL in 35 pts (7.4%) and AF in 118 pts (24.8%).
- No statistically significant differences regarding AR between pts that maintained and suspended AAT (p=NS).
- In pts that suspended AAT, the following were predictors of Arrhythmia Recurrence:
 - thyroid dysfunction (p=0.012),
 - higher CHADs-VASc score (p=0.033),
 - ischemic cardiomyopathy (p=0.001) HR 0.243; 95%CI 0.76-0.778, p=0.017);
 - tobacco abuse (p=0.005) (HR 4.449; 95% CI 1.12-17.553, p=0.033)

CONCLUSIONS

- After CTA ablation, Atrial Fibrillation is the most frequent recurrent arrhythmia. Interestingly, the withdrawn of anti-arrhythmic therapy didn't seem to predict the recurrence of arrhythmic events.
- The decision of stopping AAT must be individualized bearing in mind patients' clinical characteristics.