A 5 YEARS CLINICAL FOLLOW-UP AFTER DUTY-CYCLED PHASED RF ABLATION OF PAROXYSMAL ATRIAL FIBRILLATION

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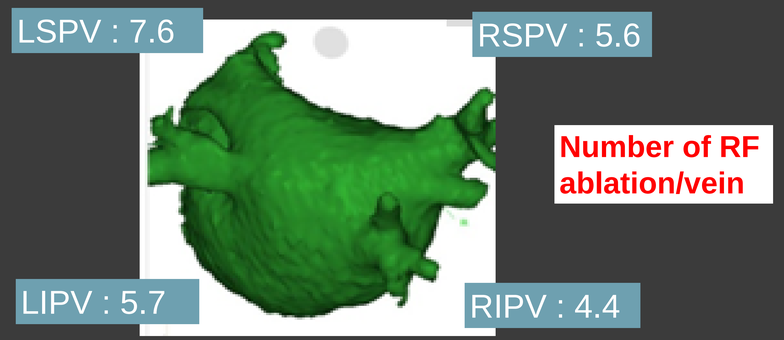
Aim: Catheter radiofrequency ablation (RFA) is an effective treatment for symptomatic paroxysmal atrial fibrillation (AF). It has been demonstrated that the multi-electrode pulmonary vein ablation catheter (PVAC) has favourable outcomes at 6-12 months post-ablation, but there are only few studies with a long-term follow-up.

PVAC

RF Generator



Methods: We retrospectively reviewed 77 consecutive PVAC procedures in our centre, from November 2007 to December 2012. RFA was attempted in pts with symptomatic paroxysmal AF (mean age: 58.7 +/- 9.8 years, 50 men (64.9%). The ablation strategy consisted of circumferential pulmonary vein isolation (CPVI) with the PVAC system. A questionnaire was used over the follow-up period to assess the efficacy of AF ablation. Success was defined as freedom from AF/ atrial flutter or atrial arrhythmia for a period ranging from 3 months to 12 months or more.

Results: 77 patients were included with paroxysmal AF. The mean duration of the procedure was: 99.6±26 min and fluoroscopy time: 19.4 ± 6.8 min. Time of RFA was 22.4 +/- 5.8 min. Acute complication rate was 10.4 % (the most frequent was vascular injury for 6 pts: 7.8 %, 1 pt presented sepsis (1.3%), 1 pt presented transient ischemic stroke). After a single procedure at a mean FU of 55+/-11 months, 54/77 (70.1%) patients were free of symptomatic AF.

Conclusion: These long-term results suggest that PVAC is an efficient system for CPVI of symptomatic paroxysmal AF.