

Long-term results of radiofrequency catheter ablation in patients with multiple accessory pathways

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摘要

Abstract

Information on the long-term results of radiofrequency catheter ablation in a large group of patients with multiple accessory pathways (APs) was not available. This study included 858 patients with Wolff-Parkinson-White syndrome who underwent electrophysiologic study and radiofrequency catheter ablation: 73 patients (8.5%) had multiple APs. Sixty-six patients had 2 APs, 5 had 3 APs, 1 had 4 APs, and 1 had 5 APs. The most common combination pattern of these pathways were concealed APs (38 patients, 52%). Localization of accessory pathways showed a higher incidence of right free wall (22% vs 11%, $p < 0.05$), anteroseptal, and midseptal APs (9% vs 5%, $p < 0.05$) in patients with multiple APs than in patients with 1 AP. The most common anatomic sites for multiple APs were 2 APs in the left wall (21 patients, 28%). Although the success rate was similar (98% vs 99%, $p > 0.05$), procedure time (3.1 ± 1.2 vs 2.0 ± 1.1 hours, $p < 0.05$) and radiation exposure time (48 ± 26 vs 29 ± 19 minutes, $p < 0.05$) were longer in patients with multiple APs. The recurrence rate was higher in patients with multiple APs (9.5% vs 2.5%, $p < 0.05$), and the most common site of recurrent APs was in the left free wall (7.2%); in contrast, it was in the right free wall in patients with 1 AP. These findings demonstrated that a high success rate of radiofrequency catheter ablation was found in patients with multiple APs; however, the higher recurrence rate in patients with multiple APs should be considered.