

Right atrial focal atrial fibrillation: electrophysiologic characteristics and radiofrequency catheter ablation.

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摘要

Abstract

INTRODUCTION: Information about focal atrial fibrillation (AF) originating from the right atrium has not been well described. The purposes of this study were to demonstrate the electrophysiologic characteristics and radiofrequency catheter ablation in patients who had right atrial focal AF. **METHODS AND RESULTS:** From January 1996 to September 1998, 172 patients with clinically documented attacks of paroxysmal AF were referred to this institution for electrophysiologic study and/or radiofrequency catheter ablation. Anterior free wall, crista terminalis, and right and left superior pulmonary veins were mapped simultaneously. Eight patients (4.7%) had right atrial focal AF, consistent activation sequence, irregular fibrillation interval (mean fibrillation interval: 164 +/- 11 msec), and episodes of exit block from the initiating foci observed. The presumed ablation site was chosen on the basis of the earliest bipolar activity relative to an atrial electrogram reference during the initiation of AF. After application of 2 +/- 1 radiofrequency pulses, AF was eliminated without recurrence during the follow-up period (mean: 14 +/- 8 months; range: 3 to 25). Twenty-four-hour Holter monitoring showed that the number of atrial premature beats decreased significantly at the 3-month follow-up (4,216 +/- 411 vs 135 +/- 14 beats/day). **CONCLUSION:** Right atrial focal AF is one subgroup of focal AF, and it can be cured by radiofrequency catheter ablation