A randomized, prospective comparison of anterior and posterior approaches to atrioventricular junction modification of medically refractory atrial fibrillation.

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摘要
Abstract

To compare the safety and efficacy of anterior versus posterior approach for atrioventricular (AV) junction modification, 40 patients with medically refractory paroxysmal (PAF) or chronic atrial fibrillation (AF) were randomly assigned to receive AV junction modification with an anterior or posterior approach. If the ablation session had taken more than 1 hour without success, the alternative ablation approach was attempted. Among the 18 patients assigned to receive the anterior approach, 14 (78%) had a primary success. One (5%) patient had complete AV block after ablation. Three patients crossed over to the posterior approach and had a successful outcome. Fourteen (64%) of 22 patients initially treated with the posterior approach had primary success. One (4%) patient developed complete AV block. Seven patients crossed over to the anterior approach and had a successful outcome. The primary success rate (14/18 vs 14/22, P = NS), incidence of transient AV block (3/18 vs 3/22, P = NS), and complete AV block (1/18 vs 1/22, P = NS) were similar between the anterior approach and posterior approach. The major differences between the two groups showed more radiofrequency pulses (10 +/- 4 vs 6 +/- 3 pulses, P < 0.01), longer procedure duration (50 +/- 24 vs 28 +/- 18 minutes, P < 0.01), and longer fluoroscopy exposure time (28 +/- 17 vs 16 +/- 8 minutes, P < 0.01) in the patients who had primary success with the posterior approach. In conclusion, this study demonstrated that (1) the two techniques had similar efficacies; (2) if one approach was ineffective, switching to the other approach might be safe; (3) combining these two approaches resulted in overall improvement in the success rate of this procedure, and (4) the posterior approach needed more radiofrequency pulses, longer procedural time, and longer fluoroscopy exposure time

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