

**Catheter ablation of atrial fibrillation versus
atrioventricular junction ablation plus pacing therapy
for elderly patients with medically refractory
paroxysmal atrial fibrillation.**

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摘要

Abstract

BACKGROUND: Catheter ablation of atrial fibrillation (AF) has become another nonpharmacologic therapeutic option for medically refractory paroxysmal AF. Whether this method is better than atrioventricular (AV) junction ablation plus pacing therapy is unknown. The purpose of this study was to compare the very long-term (longer than 4 years) clinical outcomes of the 2 methods in elderly patients (>65 years old) with medically refractory paroxysmal AF. **METHODS:** From January 1995 to December 2001, 71 elderly patients with medically refractory paroxysmal AF were included; group 1 included 32 patients with successful AV junction ablation plus pacing therapy and group 2, 37 patients with successful catheter ablation of AF. **RESULTS:** After a mean follow-up of more than 52 months, the AF was better controlled in the group 1 patients than group 2 (100% vs 81%, $P = 0.013$), however, they had a significantly higher incidence of persistent AF (69% vs 8%, $P < 0.001$) and heart failure (53% vs 24%, $P = 0.001$). Furthermore, the incidence of ischemic stroke and cardiac death was similar between the 2 groups. Compared with the preablation values, a significant increase in the NYHA functional class (1.7 ± 0.9 vs 1.4 ± 0.7 , $P = 0.01$) and significant decrease in the left ventricular ejection fraction ($44 \pm 8\%$ vs $51 \pm 10\%$, $P = 0.01$) were noted in the group 1 patients, but not in the group 2 patients. **CONCLUSIONS:** Although AV junction ablation plus pacing therapy better controlled the AF in elderly patients with medically refractory paroxysmal AF, that method was associated with a higher incidence of persistent AF and heart failure than catheter ablation of AF in the very long-term follow-up.

