

Catheter ablation of paroxysmal atrial fibrillation initiated by non-pulmonary vein ectopy.

謝敏雄

**Lin WS; Tai CT; Hsieh MH; Tsai CF; Lin YK; Tsao
HM; Huang JL; Yu WC; Yang SP; Ding YA; Chang
MS; Chen SA**

摘要

Abstract

BACKGROUND: Most of the ectopic beats initiating paroxysmal atrial fibrillation (PAF) originate from the pulmonary vein (PV). However, only limited data are available on PAF originating from the non-PV areas. **METHODS AND RESULTS:** Two hundred forty patients with a total of 358 ectopic foci initiating PAF were included. Sixty-eight (28%) patients had AF initiated by ectopic beats (73 foci, 20%) from the non-PV areas, including the left atrial posterior free wall (28, 38.3%), superior vena cava (27, 37.0%), crista terminalis (10, 3.7%), ligament of Marshall (6, 8.2%), coronary sinus ostium (1, 1.4%), and interatrial septum (1, 1.4%). Catheter ablation eliminated AF with acute success rates of 63%, 96%, 100%, 50%, 100%, and 0% in left atrial posterior free wall, superior vena cava, crista terminalis, ligament of Marshall, coronary sinus ostium, and interatrial septum, respectively. During a follow-up period of 22 \pm 11 months, 43 patients (63.2%) were free of antiarrhythmic drugs without AF recurrence. **CONCLUSIONS:** Ectopic beats initiating PAF can originate from the non-PV areas, and catheter ablation of the non-PV ectopy has a moderate efficacy in treatment of PAF..