

Development of atrial fibrillation in patients with atrioventricular block after atrioventricular synchronized pacing

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摘要

Abstract

Many studies have evidenced an increased incidence of AF in patients receiving single chamber ventricular pacing (VVI) when compared with those undergoing an atrial-based system (AAI or DDD). However, the difference in incidence of AF between two atrial-based systems (VDD, DDD) in patients with AV block was still controversial. This study was conducted to compare the development of AF between different modes of pacemakers (VDD and DDD) in patients with symptomatic AV block. A retrospective review was conducted of the detailed records of all consecutive patients who received permanent pacemakers due to symptomatic bradycardia from March 1995 to March 2000. The occurrence of AF was documented when there was presence of AF in the free-run or 12-lead ECG, any ECG strips, or persistent AF on 24-hour Holter ECG during the follow-up. The study included 152 patients (44 women, 108 men; mean age 73). The patients were divided into two groups: VDD (n = 100) and DDD (n = 52). The mean follow-up was 48.9 ± 22.9 months. The incidence of AF was 7.9%. A higher incidence of AF was noted in the DDD group (15.4%) when compared with the VDD group (4.0%, P = 0.023). The incidence of development of AF in patients with AV block was higher in those receiving DDD cardiac pacing when compared with those who received the VDD system. The authors suggest that VDD pacing may be a better choice than the DDD system for patients with AV block, but without clinical evidence of sinus node dysfunction, and if an atrial lead is required, it should be placed close to the Bachmann's bundle.

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