題名:The role of left atrial muscular bundles in catheter ablation of atrial fibrillation.

作者:謝敏雄

Chang SL; Tai CT; Lin YJ; Wongcharoen W; Lo LW; Lee KT; Chang SH; Chen YJ; Hsieh MH; Tsao HM; Wu M

貢獻者:醫學系內科學科

## 上傳時間:2009-10-06T04:18:09Z

摘要:OBJECTIVES: We sought to investigate the imaging of the left atrial (LA) muscular bundle and the relationship between the bundle and inducibility of tachyarrhythmia after pulmonary vein isolation (PVI). BACKGROUND: Noninducibility is used as a clinical end point of atrial substrate ablation after PVI. However, little is known about the role of the LA muscular bundles in tachyarrhythmia after PVI. METHODS: Forty-three consecutive patients with paroxysmal atrial fibrillation who underwent catheter ablation were included. Bi-atrial isochronal mapping was performed with the NavX system (St. Jude Medical Inc., St. Paul, Minnesota) during sinus rhythm. After 4 PVI, inducible organized LA flutter with or without transforming to atrial fibrillation (AF) (LA flutter/AF) was ablated with additional lines at the roof and/or mitral isthmus. RESULTS: The existence of bilateral muscular bundles was an independent predictor of LA flutter/AF after PVI (p =0.02). Patients with LA flutter/AF after PVI had a greater index of the double potentials (5.4 + - 3.4%) vs. 2.8 + - 1.8%, p = 0.006) and interpotential interval (33) +/-5 ms vs. 29 +/-4 ms, p = 0.02) than without LA flutter/AF. The muscular bundles were identified in 28% patients using 16-slice multidetector computed tomography, which were identical to the isochrone map. Patients with noninducible LA flutter/AF after PVI plus the additional linear ablation had a lower recurrence rate as compared with the patients without it (19% vs. 75%, p = 0.02). CONCLUSIONS: Left atrial muscular

bundles may provide a conduction block line and barrier, which is important for the formation of LA flutter/AF after PVI. The noninducibility of LA flutter/AF achieved after additional linear ablation may contribute to a better outcome in RF ablation of paroxysmal atrial fibrillation.