

**Predictors of non-pulmonary vein ectopic beats
initiating paroxysmal atrial fibrillation implication for
catheter ablation.**

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摘要

Abstract

OBJECTIVES The purpose of this study was to investigate the predictor of non-pulmonary vein (PV) ectopic beats initiating paroxysmal atrial fibrillation (PAF). **BACKGROUND** Non-PV ectopic beats can initiate PAF in some patients and play an important role in the recurrence of PAF after PV isolation. Information on the predictors of non-PV ectopic beats initiating PAF is unknown. **METHODS** This study included 293 patients (215 men and 78 women, age 60 ± 14 years) with clinically documented drug-refractory PAF. Of the 94 patients with non-PV ectopic beats initiating PAF, 38 (40%) patients had superior vena cava (SVC) ectopic beats and 32 (34%) had left atrial posterior free wall (LAPFW) ectopic beats. **RESULTS** In a univariate analysis, only female gender was related to the presence of non-PV ($p = 0.016$) and SVC ectopic beats ($p = 0.012$). Right atrial enlargement ($p = 0.005$) and left atrial enlargement ($p < 0.001$) were related to the presence of LAPFW ectopic beats. In a multivariate analysis, female gender ($p = 0.043$; odds ratio 2.00, 95% confidence interval [CI] 1.02 to 3.92) and left atrial enlargement ($p = 0.007$; odds ratio 2.34, 95% CI 1.27 to 4.32) could predict the presence of non-PV ectopic beats. Subgroup analysis showed that female gender could predict the presence of SVC ectopic beats ($p = 0.039$; odds ratio 2.14, 95% CI 1.04 to 4.43). In contrast, left atrial enlargement could predict the presence of LAPFW ectopic beats ($p = 0.002$; odds ratio 3.89, 95% CI 1.62 to 9.38). **CONCLUSIONS** The location of non-PV ectopic beats initiating PAF can be predicted by both gender and left atrial enlargement.