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Clinical characteristics of atrial fibrillation in Saudi women and its clinical impact in a Tertiary University Hospital

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Objective: The aim of this study is to evaluate the characteristics of atrial fibrillation in Saudi women and its clinical impact of the common clinical practice on mortality and morbidity.

Subjects & Methods: The study was conducted on 84 women with atrial fibrillation; all of them were subjected to complete medical history and clinical examination including complete cardiac clinical examination, electrocardiogram, Echocardiogram, blood pressure measuring as well as thyroid examination. Laboratory examination was performed to detect levels of international normalized ratio, thyroid stimulating hormone (TSH), triiodothyronine, thyroxine, triglyceride, low-density and high-density lipoprotein as well as hospitalizations, stroke and in-hospital mortality.

Results: The mean age of our patients was 61.8 years old with an average Body Mass Index 28.45 kg/m², the mean hemoglobin level in all patients was 12.2 g/dl and the mean TSH level for all patients was 3.75mIU/L. The target INR was achieved in 58% of all treated population, 70% of our patient sample had more than one hospital admission and (19%) had suffered a stroke.

Conclusion: This study confirms the management gap in women with atrial fibrillation and the negative impact on the clinical outcome, indicating the urge to increase the attention to the treatment plans designed for such patients.

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Atrial flutter and atrial fibrillation combination RF catheter ablation

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Background: Atrial Fib and Atrial Flutter are two kind of atrial arrhythmia with mechanism of reentry. Site of origin of atrial Fib in 90% cases is PVs. Also around the CS-OS and SVC and IVC junction to RA could be the origin of APCs initiating Atrial Fib. Atrial Flutter (AF) has a macroreentry circuit in the RA.

Objective: RFCA is applicable in the patients with A.F and A. Fib with single site lesion.

Method: We studied 3 patients with AF and A. Fib, after locating CS and halo Catheters we induced AF which converted to A. Fib before sinus rhythm appearance. Prominent APCs with little different AA intervals were seen around CS OS.APCs. RF energy was delivered to the isthmus between CS OS and IVC and bilateral block was showed with CS and Halo catheter pacing. Then we could not induce AF, also no APCs was seen.

Result: After 12 to 6 months follow up no patients experienced any arrhythmia without any antiarrhythmic agent, neither 48 hours holter monitoring disclosed any arrhythmia.

Conclusion: Coincidence of AF and A. Fib is common. In these cases the site of origin of A. Fib could be the isthmus region and RFCA of this area would eradicate both of them.

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