Efficacy and safety of radio frequency ablation for atrial flutter at single center in Vietnam

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Introduction: Radio frequency ablation (RFCA), recently becomes one of the most effective treatment for atrial flutter patients who do not either respond to medical treatment. However, there are insufficient studies in Viet Nam about treatment outcomes after performing ablation. Therefore, the aim of our study is to assess efficacy and safety of RFCA for managing atrial flutter at Tam Duc Heart Hospital.

Methods: Between December 2013 and July 2019, twenty-three patients underwent ablation of atrial flutter at Tam Duc Heart Hospital. Pre-ablation transoesophageal echocardiography were performed for excluding intracardiac thrombus. During post-ablation follow up period, majority of patients received oral anticoagulation and antiarrhythmic medications for at least one month, depending on individual thromboembolism and bleeding profiles. Recurrence of atrial flutter was assessed by symptoms, ECG, or Holter ECG.

Result: A total of 23 patients entered our study, 19 of whom have typical atrial flutter and the rest having atypical atrial flutter. The majority in our study is male patients; the mean CHA2S2-D-VaSc score is 1.9 and the mean HAS-BLED score is 0.7. After the mean follow up of 25.7 months, 74 % (17/23) of patients were free of symptom during follow up. Recurrence rate are 25% (1/4) for atypical atrial flutter group, while the number is 26% (5/19) for typical atrial flutter. Among these patients which have atrial flutter recurrence, only one patient underwent re-ablation with completely success. Following ablation, only two patients developed atrial fibrillation. Only one femoral hematoma was reported as complication in our study.

Conclusion: Our study illustrates same results as many previous studies about atrial flutter ablation. In a selected group of patients with atrial flutter, catheter ablation could be considered as first-line therapy because of its efficacy and safety, low recurrence and complication rate.