Clinical outcome of typical atrial flutter after radiofrequency catheter ablation

KIYUNG BOO
Jong-II Choi
Yun Young Choi
Ha Young Choi
Do Young Kim
Yun Gi Kim
Kwang-No Lee
Jaemin Shim
Jin Seok Kim
Young-Hoon Kim

Introduction: In the current guideline, treatment and stroke prevention strategies are known to be similar with AF, however, there is a lack of data on coexistence of AF and evaluation of thromboembolic risk and clinical event in patients with AFL.

Methods: We retrospectively evaluated patients who underwent RFCA for typical atrial flutter at in a tertiary center. The presence of AF before and after CTI ablation was assessed, and compared the clinical and echocardiographic parameters between two groups.

Result: A total of 138 consecutive patients were successfully treated with CTI ablation (79% male; 52±16 years). Eleven patients (8%) had AF before the ablation and 40 patients (31%) were newly diagnosed with AF after the procedure (total 51 patients were AF (37%)). LA diameter was significantly larger in patients with AF compare to those without AF (42.7±7.1 mm vs. 39.8±7.5 mm, p = 0.048). However, there was no event of thromboembolism in both group, and only 2 noncardiac death were observed in patients without AF.

Conclusion: This study demonstrated that atrial flutter showed a progression from AF up to 31%, and there was significantly larger in LA diameter in those patients. Although atrial flutter are limited to assess thromboembolic risk, it is suggested that anticoagulation may be performed by evaluating the possibility of AF based on remodeling of LA.