Atrial Functional Mitral and Tricuspid Regurgitation Associated with Bialtrial remodeling predict Early Recurrence in Atrial Fibrillation Patients with Preserved Left Ventricular Ejection Fraction

Keijiro Nakamura  
Takahito Takagi  
Yoshinari Enomoto  
Rina Ishii  
Masako Asami  
Hikari Hashimoto  
Mahito Noro  
Kaoru Sugi  
Masato Nakamura  
Mahito Noro  
Kaoru Sugi

Introduction: Atrial fibrillation (AF) induces atrial functional mitral and tricuspid regurgitation. However, the contribution of mitral and tricuspid regurgitation to the bi atrial substrate or remodeling in AF with normal ejection function is unclear.

Methods: Consecutive patients with AF and normal left ventricular ejection fraction (LVEF >50%) undergoing AF ablation were enrolled. The patients with reduced LVEF were excluded. Atrial functional mitral and tricuspid regurgitation, left and right atrial volume were evaluated. During AF procedure, voltage and conduction velocity were assessed by bi atrial electroanatomic mapping.

Result: A total of 98 patients were enrolled. Moderate or greater degree of functional MR and of TR was seen in 4 (4.0%) and in 11 (11.2%) patients. The severity of MR and TR significant correlated with eGFR, NT-pro BNP, high sense troponin T, LV and RA volume. Moreover, TR was associated with significantly more the average of bi atrial voltage (RA; r = -0.42, LA; r=-0.35) and RA conduction velocity time (r = 0.33). Multiple regression analysis showed that NT-pro BNP were independent variables of increased atrial functional MR and TR. On the recurrence, the presence of both significant functional MR and TR (n=13) was associated with high early recurrence rate to compare to no MR and TR at 3 month after procedure (38% vs 16% p<0.05).

Conclusion: The functional TR is associated with significantly reduced bialtrial tissue voltage, which have implications for the intensive progression of remodeling. These functional MR and TR combination may predict early recurrence after AF ablation.