Surgical treatment of atrial fibrillation between benefit and risk

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Objective: The main objective of this presentation is to put in discussion the surgical treatment of atrial fibrillation between benefit and risk. Atrial fibrillation is one of the most common arrhythmia in the clinical practice, with a well-established protocol management. However a patient’s response to treatment is very unpredictable.

Material & Methods: Present the situation of a patient 52 years old, with good life style non-smoker, no coffee drink, non-alcohol consumption, with normal weight of the body mass, who had an episode of paroxysmal atrial fibrillation, who didn’t came in sinus rhythm after therapy with Cordarone I.V. The heart ultrasound was normal without clots in the left atrium. Thyroidal hormones levels were normal and thyroid ultrasound was normal as well. Electric shock was performed but without any result. The patient follows therapy with beta-blocker but remain in atrial fibrillation. For this reason decided to perform ablation surgical procedure to revue in sinus rhythm. After the surgical procedure remained also with beta-blockers drugs 2X50 mg/day but for a short period of time was in sinus rhythm and again revue in atrial fibrillation under therapy. For this reason performed again ablation surgical procedure follows also therapy with beta-blocker after that and the sinus rhythm was present for a short period of time. In this time appear two episodes of paroxysmal atrial fibrillation under medications and decided a third surgical procedures of ablation but during surgery procedure was induced atrial fibrillation and needs anti-arrhythmic therapy I.V. to become in sinus rhythm and after that remain on beta-blocker drugs in sinus rhythm during therapy. After two months the patient develops again atrial fibrillation under antiarrhythmic therapy. Of course, this surgical procedure appears with all the good intentions for the patients to try solving the real cause of the problem – ectopic foci – but these must to can be localized first and we must to take into account also the risk of myocardial fibrosis induced. One thing is certain that repeated surgeries through ablation process are themselves risky and can become a risk factor for subsequent episodes of atrial fibrillation. Sometimes the surgical procedure itself can induce this rhythm disorder. Moreover mechanical process of the atrium, with intent to destroy ectopic foci can affect healthy myocardial tissue, which can then generate new ectopic foci, plus they can induce atrial myocardial fibrosis.

Conclusion: Repeated surgeries ablation procedures to treat atrial fibrillation are not beneficial and even can become itself a risk factor for new episodes of atrial fibrillation and myocardial fibrosis. If one procedure is with therapeutic success is good, but repeated procedures become risky.

Biography
Manuela Stoicescu is Consultant Internal Medicine Physician (PhD in Internal Medicine), Assistant Professor of University of Oradea, Faculty of Medicine and Pharmacy, Romania. She was invited as speaker at more than 30 International Conferences is USA, China, Japan, Canada, Thailand, Dubai, Spain, Germany, she is Committing Organizing Member at many International Conferences, is editorial board member in two ISSN prestigious Journal in U.S.A, published more than 30 articles in prestigious ISSN Journals in U.S.A., published five books (two on Amazon – one is “Sudden cardiac death in the young”), one monograph and two chapter books – Cardiovascular disease: Causes, Risks, Management CVD1- Causes of Cardiovascular Disease 1.5, 1.6, U.S.A on Amazon.

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