Concomitant Radiofrequency Fragmentation of the Left Atrium During CABG: Dangerous Luxury or Real Need?

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The Aim of Study:

To examine the role of bipolar radiofrequency fragmentation of the left atrium (LA) during CABG. The study included patients with CHD and AF c (n = 178) treated at the clinic f our Research Institute from 2006 to 2009 All patients were divided into two groups: I group - patients who underwent CABG and RF isolation LP n = 68; II group - patients who underwent CABG only without simultaneous procedures (n = 110). The main clinical characteristics of the groups did not differ significantly.

Results:

The confirmed correlation between the clinical milestone (at discharge) failures of radiofrequency ablation (≈ 4% n = 8) arrhythmogenic zones of the LP and its size, as well as the duration of the existence of AF. Aggregate hospital mortality among patients enrolled in the study amounted to 3,8% (n = 7), group 4% (n = 3) and 3.6% (n = 4) and had no statistically significant differences. Causes of deaths in Group I were: wave MI and cardiogenic shock (2,94% n = 2), postoperative bleeding (1,47% n = 1). In the second group: intraoperative dissection of the aorta (0,9% n = 1), pneumonia and sepsis (0,9% n = 1) in two cases, re-MI (0,9%, n = 2).

Conclusions:

Radiofrequency bipolar fragmentation of LA is the method of choice for direct myocardial revascularization in patients with coronary artery disease and concomitant AF. The best immediate results of this technique is shown in paroxysmal or persistent AF in situations where complete myocardial revascularization technically feasible, and preoperative evaluation of the system EuroSCORE less than 4 points on the additive scale and ≈ 5% of the logistic scale.