

Effect of Gender on the Incidence of Tamponade in Patients Undergoing RF Ablation of Supraventricular Tachyarrhythmias. A Single Center Experience in 3,373 Cases.

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There was no conflict of interest during this meta-analysis

- **Background:** Cardiac tamponade is a dramatic complication of cardiac ablation procedures. Female gender may be a risk factor for complications during ablation. However, it is unknown whether women have a higher risk of tamponade.
- **Aim:** To assess the incidence rate of tamponade in regard to patient gender during ablation of various types of supraventricular tachyarrhythmias (SVTA) in a large patient cohort.

- **Method:** We reviewed the computerized database of all SVTA ablation procedures performed at our institution between 1993-2012. All cases of acute tamponade were further assessed in respect to patient gender, age and management.

- **Results:**

	No patients	No Procedures/ pt	Male	Female	Tamponade Male	Tamponade Female	P
AVNRT	1372	1.03	557	815	0(0%)	1(0.12%)	0.41
AP	645	1.1	403	242	1(0.25%)	2(0.82%)	0.3
AFL	1140	1.08	814	326	0	1 (0.31%)	0.11
AF	240	1.12	168	72	1(0.6%)	5(6.9%)	0.003
ALL	3373		1928	1445	2(0.10%)	9(0.62%)	0.009

* Tamponade was managed by pericardiocentesis in 9 (82%) of patients. In the remaining 2 (18%) patients, who both underwent AF ablation, emergency surgery was required.

Conclusions:

Tamponade is extremely rare during ablation of AVNRT, AP and AFL; however it occurs in 2.8% of patients undergoing AF ablation. Women have a 12-fold higher risk of developing tamponade during AF ablation. In centers performing AF ablation, surgical back-up is warranted