Paroxysmal Atrial Fibrillation Caused by Preoperative Stress on Admission Improved with Intravenous Administration of Disopyramide

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We experienced a case that paroxysmal atrial fibrillation caused by preoperative stress improved with intravenous administration of disopyramide.

The patient was 62-year-old male with liver cirrhosis who had scheduled for cystectomy on the diagnosis of postoperative maxillary cyst. There was no abnormal finding in the preoperative ECG. Before the administration of premedication in the morning of the day of operation, arrhythmia was recognized by a routine vital sign checking. Thereafter, paroxysmal atrial fibrillation was diagnosed with 12 lead ECG monitoring. Although the atrial fibrillation did not improve after the 1st intravenous administration of disopyramide (50mg), it improved to the sinus rhythm after the 2nd intravenous administration of disopyramide (50mg). We suspended the operation because it was not emergency, and requested close examination to the cardiovascular department. Then, severe stenosis was detected with coronary angiography in part of the left coronary artery. Therefore, we determined to observe the maxillary cyst conservatively until the cardiac condition makes stable.

Sympathicotonia and myocardial ischemia due to preoperative stress are thought to be the causes of this case. Therefore, we suggest the difficulty of preoperative management. Atrial fibrillation complicated with a remarkable decrease of cardiac output must be treated immediately. AHA-ACLS provider manual, the present global standard of arrhythmia treatment, also indicates that electrical therapy is more effective than pharmacotherapy in the treatment of reentrant tachyarrhythmia or fibrillation. Any medical staff who possibly encounters sudden arrhythmia should be an AHA-ACLS provider.

Key words : stress, oral surgery, paroxysmal atrial fibrillation, disopyramide, preoperative management

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