
221. FIRST EXPERIENCE WITH CRYOBALLOON ABLATION FOR ATRIAL FIBRILLATION IN REPUBLIC OF MOLDOVA

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Introduction. Pulmonary vein isolation is an established therapy for symptomatic atrial fibrillation (AF). The second generation cryoballoon is effective in achieving pulmonary vein isolation. In 2018 we implemented the cryoballoon ablation (CBA) in Republic of Moldova.

Aim of the study. To assess the freedom from AF recurrence after CBA.

Materials and methods. A retrospective study was performed in 8 consecutive patients who underwent CBA using Arctic Front Advance cryoballoon (Medtronic) for paroxysmal or persistent AF from June 2018 till December 2019 in Medpark International Hospital. We followed up the patients from June 2018 till March 2020. The information about the clinical symptoms and ECG data during follow-up was collected to identify the presence of recurrence. A recurrence after CBA was considered AF episode that lasted at least 30 seconds. Continuous variables are presented as mean \pm SD. Kaplan–Meier analysis was used to determine the probability of freedom from AF during follow-up.

Results. A total number of 8 patients with a mean age of 60.13 ± 6.88 years with paroxysmal ($n=7$; 87.5%) or persistent ($n=1$; 12.5%) AF were identified. There were 6 males (75%) and 2 females (25%). All patients had a successful pulmonary vein isolation procedure with 100% of veins isolated. No patient had complication during procedure as phrenic nerve palsy, stroke or pericardial effusion. After a 3-month blanking period during a mean follow-up of 337 ± 135 days there were 2 (25%) AF recurrences. One patient developed atrial flutter but not AF in the follow-up period with restoration of sinus rhythm with electrical cardioversion. The average days before recurrence was 120.5 ± 41.72 (150 and 90). Freedom from AF recurrence was 75% at 11,2 months follow-up.

Conclusions. The second generation cryoballoon ablation is an effective method of treatment for atrial fibrillation. Our results are compatible with the success rate that is reported by majority of the studies.

Key words: Ablation, atrial fibrillation, cryoballoon, pulmonary vein isolation.

222. DILATED CARDIOMYOPATHY IN A PATIENT WITH ACROMEGALY – ASSOCIATION OR CAUSALITY

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Background. Acromegaly is a rare endocrine disorder that carries a significant burden of cardiovascular morbidity and mortality. Abnormalities of the growth hormone/insulin-like growth factor-1 (IGF-1) axis in acromegaly lead to the characteristic cardiovascular