GW25-e1729

Combining use of Amiodarone and Esmolol In Management of Patients with Ventricular Electrical Storm

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Objectives: To analyze the management of ventricular electrical storm with amio-
darone and esmolol.
Methods: We conducted a retrospective analysis during last 5 years in our hospital.
To review and assess the causes, differential diagnosis and treatment with ventricular
electrical storm (VES). VES was defined by 2 or more sustained episodes of ventric-
tual tachycardia or ventricular fibrillation within 24 hours. All patients were treated
with electrical conversion or defibrillation emergently, and treated with amiodarone, in
ineffective esmolol would be used.
Results: A total of 15 cases of ventricular electrical storm (ES) were included. Causes
of ventricular ES included: coronary atherosclerotic heart disease (n=7), Brugada
syndrome (n=1), Dilated cardiomyopathy (n=3), Acute myocarditis (n=1), Aconitine
poisoning (n=1), Idiopathic ventricular tachycardia (n=2). All patients were treated
with electrical conversion or defibrillation emergently with averagely 4.5 times. All
cases were received intravenous injection of amiodarone, 5 cases were effective ( the
effective rate was 70%). 3 cases were died within 24 hours, 12 cases were treated successfully (the total
effective rate of amiodarone and esmolol was 80%).After the ventricular ES subsided, 3
cases accepted ICD implantation, All 12 cases treated with amiodarone and betaoc-
oral maintenance. 1 case died suddenly during a half year follow-up, None of VES
recurrence were monitored among the others.
Conclusions: Combining use of amiodarone and esmolol is effective in management
of patients in ventricular electrical storm, the early use of beta-blocking agent
especially esmolol should be considered.

GW25-e2433

Catheter Ablation versus Antiarrhythmic Drugs for Atrial Fibrillation: An Overview of Systematic Reviews

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Objectives: Atrial fibrillation (AF) is the most frequent arrhythmia seen in clinical
practice. Antiarrhythmic drug (AAD) has a modest long-term efficacy and the poten-
tial for serious side effects. Catheter ablation (CA) is now considered as a viable
alternative to AAD in maintaining sinus rhythm in patients with AF. Numerous
systematic reviews comparing CA with AAD for AF have already been pub-
lished. Then, it is necessary and important to summarise the results of these SRs in an
overview. To conduct an overview of SRs that evaluates the efficacy and safety of CA
comparing with AAD for AF.
Methods: We searched the Cochrane Library, PubMed, EMBASE, Web of Science
and Chinese databases (CBM, CNKI and Wanfang) electronically and also retrieved
papers from other sources, such as searching the reference lists of all included reviews
and carrying out a citation search of those papers which cited studies included in the
reviews. All SRs were collected to carry out an overview of SRs comparing CA with AAD for AF. Then the results of
the synthesized analysis indicated that compared to the AAD strategy, CA had a higher costs with better effectiveness.
Conclusions: Evidence from the present SRs suggest that CA may be a better treat-
ment option compared to AAD in the management of AF. We can consider CA as a relatively effective and well-tolerated procedure for maintaining sinus rhythm. However, the comparison of long-term efficacy and safety between CA and AAD, as well as economic variable, should be further evaluated by more large sample and high
quality studies. Ongoing clinical trials in the future may provide further information for guidance on these treatment options for AF.

GW25-e3147

Radiofrequency catheter ablation Of right atrioventricular accessory pathway via unconventional left subclavian venous access

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Objectives: To prove the effectiveness of radiofrequency catheter ablation (RFCA) of right atrioventricular accessory pathway Via Left subclavian venous Access.
Methods: 22 patients [14 men average age of (41.2±3.7) years old] underwent conventional electrophysiological study and diagnostic Right Atrioventricular acces-
sory pathway, but unsuccessfully RFCA via femoral vein access. Try to RFCA via unconventional left subclavian venous access.
Results: The right atrioventricular accessory pathway were successfully eliminated by RFCA in all 22 cases during operation. The sites of the accessory pathway were from the right anterior septum in 3, the right free wall in 11, the right posterolateral in 8 cases. After ablation, no patient had recurrence. The success rate was 100%.
Conclusions: The anatomy of right atrioventricular accessory pathway is compara-
tively special. Occasionally, it is difficult to RFCA via femoral vein access. It’s suggested that RFCA of right atrioventricular accessory pathway by unconventional left subclavian venous access may be an alternative approach.

GW25-e3372

Variation and significance of serum CARP, hs-CRP in patients with atrial fibrillation

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Objectives: To explore the changes of serum levels of CARP, hs-CRP in patients with atrial fibrillation and its signiﬁcance, and survey the relationship among CARP, hs-
CRP and cardiac function.
Methods: 124 patients of our department were divided into atrial fibrillation group
(n=64) and sinus rhythm group (n=60) according to ECG. The two groups were divided into three subgroups (the NYHA class I, the NYHA class II and the NYHA
class III) according to the NYHA cardiac function class. On the second morning, Serum CARP levels in all patients were measured by enzyme-linked immune sorbent
 assay (ELISA), and serum hs-CRP levels were measured by latex enhance immune and turbidimetric immunoassay (PETIA).Then the levels of them were dealt with
statistical analysis.
Results: (1) The levels of serum CARP, hs-CRP in atrial fibrillation group were significantly higher than those in sinus rhythm group (P<0.05). In the same NYHA
class subgroup, the levels of serum CARP, hs-CRP in atrial fibrillation group were significantly higher than those in sinus rhythm group (P<0.05). (2) The levels of serum CARP and hs-CRP both in atrial fibrillation group and in sinus rhythm group were in sequence increased significantly with the NYHA class (P<0.05).
Conclusions: (1) The levels of serum CARP, hs-CRP in atrial fibrillation group were significantly higher than those in sinus rhythm group. The levels of serum CARP and hs-CRP were significantly increased with the deterioration of cardiac function. (2) CARP and hs-CRP may be involved in the occurrence and sustenance of atrial fibrillation. The levels of serum CARP, hs-CRP may serve as an independent index of atrial fibrillation.

GW25-e4526

Efficacy of adjunctive ablation of complex fractionated atrial electrograms and pulmonary vein isolation in patients with atrial fibrillation: a meta-analysis

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Objectives: To compare the efficacy and safety of pulmonary vein isolation (PVI) versus PVI plus adjunctive ablation of complex fractionated atrial electrograms (CFAEs) in patients with atrial fibrillation (AF) after a single procedure.
Methods: Literature search was conducted in PubMed, EMBASE, Cochrane Library, CBM, Elsevier, CNKI and VIP for the clinical controlled trials of PVI versus PVI plus adjunctive ablation of CFAEs in patients with AF, from January 1, 1980 to August 31, 2010.