Mechanism seems more complex than a contrast induced nephropathy. Careful pre and post implantation management is required. This registry was designed to quantify the serious effect on cardiac function. Non rhythmic complications occurred in 27 patients (infection: 178, oversensing: 44%, supra ventricular tachycardia: 39%). Non rhythmic complications occurred in 27 patients (infected lead: 17%, 52% of patients with a normal baseline PR interval vs 39.5 in pts with prolonged (>200 ms) PR interval (p<0.0001). AF burden was significantly lower in pts with VP% ≤ 10% (0.4% vs 4.2%, p=0.026). The median VP% was 4.2 in pts with normal baseline PR interval vs 39.5 in pts with prolonged (>200 ms) PR interval (p<0.0001). AF burden was significantly lower in pts with VP% ≤ 10% (0.4% vs 4.2%, p=0.026).

Conclusion: Inappropriate ventricular pacing with the IRS Plus algorithm is more common than previously described. Atrial fibrillation (AF) is a major cause of stroke. AF incidence is increased in Wolff-Parkinson-White syndrome (WPW), represents about 10 % of spontaneous arrhythmias and has several mechanisms as the degeneration of atrioventricular reentrant tachycardia (AVRT) into AF, the AF facilitation by the atrial insertion of accessory pathway (AP) or another origin. The purpose of this study was to assess the incidence of stroke in patients (pts) who had a preexistant AF. The remaining pts had no heart disease. Their age was significantly older than remaining population (62±9 years to 75 years. They had a normal carotid and transcranial Doppler ultrasonography. One pt had ischemic heart disease and the remaining pts had no heart disease. Their age was significantly older than remaining population (62±9 years to 34±17) (p<0.0001). Only one pt had spontaneous AF: 51 other pts with spontaneous AF had no stroke. One of 247 was asymptomatic; one pt of 93 had syncope and 2 pts of 315 had spontaneous AVRT. At EPS, one asymptomatic pt had AF with long refractory period and no inducible tachycardia. Two pts with spontaneous tachycardias had only inducible AVRT and the pt with spontaneous AF had inducible antiodiodic tachycardia and AF. The pt with syncope had only inducible AF. These electrophysiological data did not differ from the remaining population. Anticoagulants were maintained after AF ablation, although the disappearance of arrhythmias.