

prescribed on an individual basis for 144 patients (42%) and no OAC in the remaining 199 patients (58%). During a 1-year follow-up, 17 strokes/thromboembolic events (5.0%), 29 major bleedings (8.5%) and 30 deaths (8.7%) were recorded. Patients under OAC had a non significant lower risk of stroke than those not treated with OAC (2.8% vs 6.5%, $p=0.14$), a non significant higher risk of bleeding (11.8% vs 6.0%, $p=0.08$) and a lower all-cause mortality (4.9% vs 11.6%, $p=0.03$).

Conclusions: In one of the largest series of AF patients with coronary stent implantation and a CHADS2 score =0-1, prescription of oral anticoagulation was associated with a trend towards lower risk of stroke and higher risk of bleeding, and with a significantly lower mortality.

0166

New measurement of A/V ratio on the mitral annulus: interest in ablation

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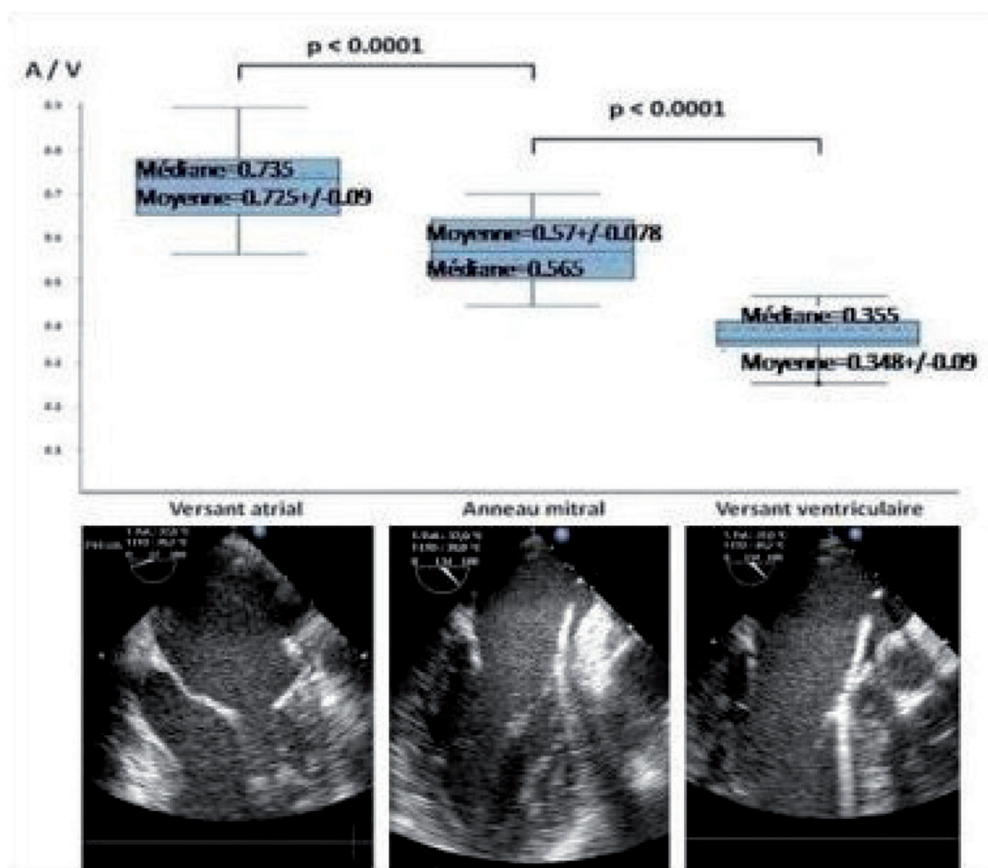
Introduction: Many ablations require radiofrequency delivery near to the mitral annulus (MA). No reliable data exists about the electrical criteria of mitral annulus localisation. The aim of this study was to measure the A/V

ratio on the mitral annulus and compare it to the A/V ratio on its atrial and ventricular side with transesophageal echocardiographic guidance and catheter tissue contact monitoring.

Methods: Ten patients in sinus rhythm undergoing atrial fibrillation catheter ablation under general anesthesia using a contact-force sensing catheter were included. After double transeptal puncture, we recorded the atrial and ventricular potentials on the mitral annulus at four defined points (3,6,9 and 12 o'clock), with direct confirmation of the position of the catheter relative to the mitral annulus by transesophageal echocardiography and contact assessment by the force sensor on the catheter tip. Then we performed the same procedure on the atrial and ventricular sides of the mitral annulus.

Results: There is a homogeneous distribution of the amplitude of the atrial and ventricular electrograms on the mitral annulus with a good correlation ($r=0.93$; $p < 0.0001$). The mean A/V ratio was $0.57 (\pm 0.078, IC\ 95\% 0.54-0.59)$ on the mitral annulus, $0.725 (\pm 0.09, IC\ 95\% 0.65-0.79)$ on the atrial side and $0.348 (\pm 0.09, IC\ 95\% 0.18-0.41)$ on the ventricular side near to the mitral annulus. These results were significantly different ($p < 0.0001$). No correlation was found between this ratio and the size of the left atrium, left ventricular mass and the presence of hypertension.

Conclusions: A/V ratio on the MA is 0.57. It is significantly different from the A/V ratio on the atrial and ventricular sides of the MA, and may be used as an electrical criterion for MA localisation during ablation procedures



Abstract 0166 – Figure