PROGNOSTIC VALUE OF INCREMENTAL PACING MANEUVER FOR LONG-TERM RECURRENCES AFTER TYPICAL FLUTTER ABLATION

Poster Contributions
Poster Sessions, Expo North
Sunday, March 10, 2013, 9:45 a.m.-10:30 a.m.

Session Title: Arrhythmias: AF/SVT V
Abstract Category: 4. Arrhythmias: AF/SVT
Presentation Number: 1189-28

Authors: Ermengol Valles, Victor Bazan, Miguel Cainzos, Begoña Benito, Miguel Eduardo Jauregui, Jordi Bruguera, Julio Martí, Hospital del Mar de Barcelona, Barcelona, Spain

Background: Achievement of complete conduction block across the cavotricuspid isthmus (CTI) is associated with a reduction in typical atrial flutter recurrences after ablation therapy. A <20 ms increase in the distance between the 2 CTI potentials during the Incremental Pacing (IP) maneuver has been proved as a highly specific marker to differentiate functional from complete CTI block during ablation.

Methods: One hundred and thirty-four patients (78% males; 67 ± 13 years) undergoing successful CTI ablation were included and separated into 2 groups as follows: Group 1 (n = 68), in whom ablation was performed before the incorporation of the IP maneuver; and Group 2 (n = 66), undergoing IP during ablation to corroborate complete CTI block. The completion of the CTI block was also assessed through other previously reported maneuvers in both groups.

Results: No differences between Group 1 and Group 2 were observed in relation to fluoroscopy or radiofrequency times (18 2 vs. 17.7 min and 873 380 vs. 825 426 sec, respectively, p > 0.05). As expected, the follow-up period was longer in Group 1 (1366 571 vs 588 228 days, p < 0.01). Flutter recurrences were observed in 12 patients (9%), essentially occurred during the first year after ablation (in 9/12 patients, 75%), and were more common among Group 1 patients (10/68 patients (15%) vs. 2/66 patients (3%); p = 0.039).

Conclusion: Utilization of the IP maneuver for the diagnosis of complete CTI block is accompanied by a reduction in atrial flutter recurrences after ablation.