Rekurentni paroksizmi fibrilacije atrijske nakon elektroterapije – prikaz slučaja

Recurrent paroxysmal atrial fibrillation after electrophysical therapy – case report

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KLJUČNE RIJEČI: paroksizmalna fibrilacija atrijske, elektroterapija, proaritmijski učinak.

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UVOD: Uvidom u znanstvenu literaturu rijetko je opisivana povezanost između primjene elektroterapije i fibrilacije atrijske, a prema postojećoj literaturi stimulacijom cervikalnih ganglija i time podražajem autonomnog simpatičkog sustava moglo bi se povezati nastup aritmije.

PRIKAZ SLUČAJA: Bolesnik u dobi od 55 godina s učinjnom rekonstrukcijom oba ramena s implantiranom totalnom endoprotezom u prosincu 2012. godine te redovitim primjenama magneto-, krio-, lasero- i elektroterapije u područje oba ramena. Provođena elektroterapija je bila primjenjivana kao transkutana nervna stimulacija. Tijekom 2013. godine bolesnik je u tri navrata za vrijeme elektroterapije imao nastupe paroksizmalne fibrilacije atrijske zbog kojih je u dva navrata pregledan u hitnoj internističkoj ambulanti sa spontanom konverzijom u sinus ritam. Nakon prestanka elektroterapije u kolovozu 2013. godine bolesnik je ritmološki stabilan.

ZAKLJUČAK: Potrebna su daljnja istraživanja kojim bi se ova hipoteza mogla nadopuniti.

INTRODUCTION: Having reviewed the scientific literature it is possible to describe the connection between the application of electrophysical therapy and atrial fibrillation, and according to the existing literature by stimulating the cervical ganglia and thus stimulation of the autonomic sympathetic system it could provoke arrhythmias.

CASE PRESENTATION: 55-year-old male patient with known reconstruction of both shoulders and implanted total endoprosthesis in December 2012 was regularly treated with magnetic, cryo, laser and electrophysical therapy in the area of both shoulders. Conducted electrophysical therapy was applied as transcutaneous electrical nerve stimulation therapy. During 2013, the patient had three times episodes of paroxysmal atrial fibrillation during treatment with electrophysical therapy, for which he was twice examined in the emergency unit with spontaneous conversion to sinus rhythm. Since the termination of electrophysical therapy in August 2013 he is in stable sinus rhythm. Conclusions: Further research is needed to power this hypothesis.

LITERATURE

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