Multicentrični, međunarodni registar izolacije plućnih vena jugoistočne i centralne Europe (SECE PVI) – ideja i trenutno stanje

Southeast and Central European Pulmonary Vein Isolation Registry – rationale and current status

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Uvod: Izolacija plućnih vena (PVI) je vodeća metoda kateterskog liječenja fibrilacije atrijske (AF). Prema sadašnjim smjernicama PVI je indiciran u odabranih bolesnika s paroksizmalnom i perzistentnom AF s ciljem smanjenja ukupne prevalencije i broja ataka, kao i simptomatologije¹. Postoji nekoliko PVI tehnika, a nove metode se stalno razvijaju. Također, provođenje postupka PVI se razlikuje (uglavnom u transseptalnim punkcijama, korištenjem fluoroskopije i sustavima mapiranja) među elektrofiziološkim centrima. Postoje smjernice za periproceduralnu antikoagulantnu terapiju, ali različiti pristupi antikoagulantnoj terapiji nisu procijenjeni kroz kliničke registre. Cilj: uspostaviti multicentrični, međunarodni, klinički registar PVI i ocjenjivati periproceduralno liječenje pacijenata s naglaskom na antikoagulantnu terapiju i pridržavanje aktualnih smjernicama.

Pacijenti i metode: uspostavili smo međunarodni, online registar pacijenata kojima je učinjen PVI, a koji uključuje zemlje jugoistočne i srednje Europe (broj centara): Hrvatska (4), Slovenija (2), Srbija (2), Bugarska (1). 130 parametara se unose u registar i to klikanjem kroz ponuđene opcije, što ukupno traje 10-12 minuta po pacijentu, najlakše nakon PVI procedure. Svi pacijenti su potpisali informirani pristanak prije sudjelovanja, a Registar je odobren od strane nadležnog Etičkog povjerenstva.

Rezultati: Od uspostavljanja registra prije 5 mjeseci, upisano je 150 uzastopnih pacijenata koji su bili podvrgnuti PVI proceduri i to u 7 elektrofizioloških centara. Međutim, 3 centra su uključila zajedno manje od 10 pacijenata, a tu su još 2 centra koja nisu započela unošenje pacijenata u registar. Među 150 upisanih pacijenata, kod njih 10 (6%) nisu upisani potpuni podaci, dok preostali pacijenti imaju upisano svih 130 parametara.

Diskusija i zaključak: Registri postaju sve popularniji, međunarodni i veći po broju upisanih pacijenata². Naš Registar je osnovan kako bi nam dao svakodnevne kliničke podatke o postupku PVI i periproceduralnom liječenju pacijenata. Također, registra se nadograđuje kako bi se omogućio unos podataka o praćenju pacijenata kao i dugoročni uspjeh postupka PVI.

Background: The pulmonary vein isolation (PVI) is a cornerstone of catheter ablation for atrial fibrillation (AF). According to current guidelines, PVI is indicated in selected patients with paroxysmal and persistent AF with the goal to reduce AF burden and symptoms¹. There are several technologies with novel technologies emerging constantly. Also, procedures differ (mainly in the trans-septal puncture, use of fluoroscopy and mapping systems) between centres. There are recommendations for periprocedural anticoagulation but different approaches to anticoagulation have not been evaluated in clinical registries. **Aims:** to establish a multicenter, multinational PVI registry and evaluate patient periprocedural management with emphasis on anticoagulation therapy and adherence to current guidelines.

Patients and Methods: We have set up an online based registry of PVI which includes the following southeast and central European countries (number of centres): Croatia (4), Slovenia (2), Serbia (2), Bulgaria (1). Registry constitutes of 130 parameters that are filled up by drop down menu. To complete the online forms it takes 10-12 minutes per patient after the PVI procedure.

Results/Current status: Since initiation of the registry five months ago, 150 consecutive patients who underwent PVI have been included in 7 centres. However, 3 centres have included less than 10 patients and there are still 2 centres that have not started the enrolment. Among 150 entries, 10 (6%) are incomplete, while other contain all 130 parameters.

Discussion and conclusion: Registries are becoming increasingly popular, widespread and large in size². Our registry was established to provide us "real world" data on PVI periprocedural patient management. Also, registry upgrade is being performed to allow follow up data entries and long term PVI success rates evaluation.

LITERATURE

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