Smanjena učestalost fibrilacije atrijske nakon zatvaranja atrijskog septalnog defekta u odraslih

Reduced prevalence of atrial fibrillation after atrial septal defect closure in adults

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KLJUČNE RIJEČI: fibrilacija atrijske, atrijski septalni defekt, sinus ritam.

KEYWORDS: atrial fibrillation, atrial septal defect, sinus rhythm.

CITATION: Cardiol Croat. 2016;11(10-11):491. | DOI: <http://dx.doi.org/10.15836/ccar2016.491>

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Uvod: Atrijski septalni defekt (ASD), najčešće tip sekundum, se često ne dijagnosticira do odrasle dobi, kada može pridonijeti paroksizmima fibrilacije atrijske. Perkutano zatvaranje ASD-a metoda je izbora, ako postoje rubovi od 4-5 mm na koje se „kišobran“ pričvrsti, osobito u bolesnika poodmakle dobi. U suprotnom je indicirano kirurško zatvaranje. Sinusni ritam se često uspostavi unutar nekoliko mjeseci nakon zatvaranja ASD-a.¹⁻³ Prikazana su četiri takva bolesnika.

Prikaz slučajeva: *Slučaj 1.* 67-godišnje bolesnici je zbog fibrilacije atrijske s tahiaritmijom, učinjena kateterska ablacija. Istovremeno je dijagnosticiran i kirurški zatvoren ASD. Tijekom razdoblja praćenja njezin sinusni ritam se održava uz dobru kardiorespiratornu sposobnost. *Slučaj 2.* U 66-godišnje bolesnice, paroksizmi FA se medikamentno konvertiraju u sinusni ritam. Konačno je ASD tip II dijagnosticiran i kateterski zatvoren. Na idućim kontrolama sinusni ritam je stabilan, a kliničko stanje izvrsno. *Slučaj 3.* 59-godišnji bolesnik je 2013. imao recidivirajuće paroksizme fibrilacije atrijske. Tada je dijagnosticiran i perkutanom kateterskom tehnikom zatvoren ASD. Tri tjedna kasnije je, zbog undulacije atrijske, učinjena uspješna elektrokardioverzija nakon čega se održava stabilni sinus ritam. *Slučaj 4.* 59-godišnji hipertoničar od 2007. trpi napade paroksizmalne fibrilacije atrijske; 2011. je podvrgnut transvenskoj kateterskoj okluziji netom utvrđenog ASD. Slijedi stabilni sinus ritam 6 mjeseci kada je recidiv FA elektrokardioverzijom uspješno konvertiran u sinus ritam. Ipak, pet godina kasnije uslijedi permanentna fibrilacija atrijske.

Zaključak: ASD dijagnosticiran u odraslih osoba je često udružen s fibrilacijom atrijske. Nakon njegova zatvaranja često se može postići stabilan sinus ritam.

Introduction: Atrial septal defect (ASD), mostly type II, often remains undetected until adulthood and may contribute to atrial fibrillation (AF) onset. Percutaneous ASD closure is the method of choice if there is enough margin (4-5 mm) for the „umbrella“ implantation, particularly in the elderly, otherwise surgical closure is advised. Sinus rhythm frequently reappears within a few months after closing.¹⁻³ We present four such patients.

Case reports: *Case 1.* 67-years-old lady underwent catheter ablation for AF with tachyarrhythmia. At the same time ASD was detected and surgically closed. During the follow-up period her sinus rhythm is maintained with good cardiorespiratory function. *Case 2.* In 66-years-old lady paroxysmal AF was recurrently drug-converted to sinus rhythm. Eventually ASD type II was diagnosed and percutaneously occluded. The follow-up visits confirm stable sinus rhythm with excellent clinical outcome. *Case 3.* 59-years-old patient had recurrent paroxysms of AF in 2013. At that time ASD was detected and percutaneously closed. Three weeks later because of atrial undulation he underwent successful electrocardioversion and from that time on she maintains stable sinus rhythm. *Case 4.* Since 2007 a 59-years-old hypertensive patient is enduring paroxysmal AF attacks; in 2011 he underwent transvenous occlusion of recently diagnosed ASD followed by stable sinus rhythm for 6 months, when an AF relapse was successfully electrocardioverted. Nevertheless, five years later ensued permanent AF.

Conclusion: ASD discovered in adulthood is often associated with AF. After its closure a stable sinus rhythm may often be achieved.

RECEIVED:
September 25, 2016

ACCEPTED:
October 10, 2016

LITERATURE

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