シンポジウム

シンポジウム2（ II-S02）

Current Advance in Pediatric Interventional Cardiology; from Bench to Cath lab

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II-S02-01〜II-S02-05

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[II-S02-04]Incidence and risk factors of newly developed atrial fibrillation after ASD closure in patients older than 40 years without history of preoperative atrial fibrillation or flutter: device vs surgery.

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Purpose : The purpose of this study was to determine the risk factors of the incidence of newly developed atrial fibrillation (AF) after transcatheter or surgical atrial septal defect (ASD) closure in patients aged ≥40 years who had no history of preoperative AF or atrial flutter.
Methods: ASDs were closed with a device in 281 patients and with surgery in 24 patients. The incidence of postoperative AF was investigated.
Results: Eleven patients had AF after ASD closure. The detail of the AF incident was shown in the Table. In the Kaplan-Meier analysis, the cumulative survival without AF was 99.3% in the device group and 83.3% in the surgical group, and 97.3% and 79.2% at 1 and 5 years, respectively. In the Cox proportional hazard model, surgical closure and preoperative palpitation were significant risk factors of newly developed AF. ASD diameter ≥30mm and preoperative palpitation were significant risk factors of chronic AF. All but 1 patient lost the sinus rhythm within 3 years after ASD closure.
Conclusions: The most patients in this patient population could keep sinus rhythm. Surgical closure, large ASD diameter, and preoperative palpitation were significant risk factors of newly developed AF.