Abstract

Purpose: Study was aimed to evaluate whether additional dormant conduction ablation improves clinical outcomes in patients with atrial fibrillation after pulmonary vein (PV) isolation.

Methods: Study included 134 patients with paroxysmal and persistent atrial fibrillation. After PV isolation, 30 minutes observation period was applied, followed by adenosine-test. In case of dormant conduction patients were randomized to 2 groups. Dormant conduction was eliminated by additional ablations in all patients of ATP-Abl group and remained intact in ATP-Control group.

Results: Adenosine-test revealed dormant conduction in 33 out of 268 ipsilateral PV pairs (12%) in 31 patients (23%). ATP-Abl group included 14 patients, in whom dormant conduction were eliminated by additional ablations in 15 ipsilateral PV pairs. ATP-Control group included 17 patients, in whom dormant conduction was revealed in 18 ipsilateral PV pairs and left intact. After 40 months follow-up 6 patients in ATP-Abl group (43%) and 6 patients in ATP-Control group (35%) were free from any arrhythmia, difference didn’t demonstrate statistical significance (Log Rank = 0.75; p=0.39).

Conclusion: Elimination of dormant PV conduction does not improve long-term clinical outcomes after PV isolation.