ABSENCE OF LEFT ATRIAL STUNNING AFTER CARDIOVERSION OF RECENT-ONSET ATRIAL FIBRILLATION IN PATIENTS AT LOW STROKE RISK
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Background: There are no strict recommendations on the use of anticoagulation in patients undergoing cardioversion (CV) of recent-onset atrial fibrillation (AF), at least in those with low risk.

Objective: To evaluate the presence and degree of spontaneous echo contrast (SEC) in the left atrium and of left atrial appendage (LAA) contractility before and after CV in patients with recent-onset AF.

Methods: We studied 56 patients. Thirty-two clinically stable patients (group 1) presented to the Emergency Department with recent-onset AF (< 48 hours duration). They underwent transesophageal echocardiography (TEE) guided CV. Control group (group 2) consisted of 24 patients admitted to the Cardiological Department for elective TEE guided CV of longer duration (> 2 days) AF. All patients repeated TEE within 1 hour after successful CV.

Results: Patients with recent-onset AF (group 1) showed no thrombogenic milieu at baseline without any evidence of atrial stunning after successful CV. SEC mean grade (0-3 grading) was 0.09 ± 0.3 vs 0.12 ± 0.4 after CV (p = 0.98) and LAA flow velocity was 60.7 ± 19.4 vs 56.7 ± 20.5 cm/sec after CV (p = 0.07). Group 2 patients showed significantly higher degree of SEC compared to group 1 (0.09 ± 0.3 vs 0.66 ± 0.7, p = 0.0093) and significantly lower LAA flow velocities (60.7 ± 19.4 vs 32.5 ± 12.4, p < 0.0001), with a significant worsening after successful CV (SEC degree 0.66 ± 0.9 vs 1.37 ± 0.9, p = 0.0093; LAA flow velocity 32.5 ± 12.4 vs 20.4 ± 12.7 cm/sec, p < 0.0001).

Conclusions: The absence of thrombogenic milieu and of left atrial stunning after CV in patients with recent-onset AF favours early CV without anticoagulation, at least in patients with low thromboembolic risk profile. These patients could be soon discharged from the urgent centre.