The Use of Transtelephonic Loop Recorders for the Assessment of Symptoms and Arrhythmia Recurrence After Radiofrequency Catheter Ablation

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Abstract

Radiofrequency catheter ablation (RFA) is an effective treatment of arrhythmias. However, patients often remain symptomatic after the procedure. We aimed to assess the arrhythmia recurrence after successful RFA in relation to patients’ symptoms using transtelephonic loop recorders. Thirty-six consecutive patients (age 50±14 years, 17 males/19 females) were enrolled after successful RFA for atrioventricular (AV) nodal reentrant tachycardia (n=21), AV reentrant tachycardia (n=8), atrial tachycardia (n=2), atrial fibrillation/flutter (n=4), and ventricular tachycardia (n=1). During 23±6 days of follow-up, 679 events were recorded, 246 of which were true arrhythmic events, mostly (56%) asymptomatic. The vast majority of these true arrhythmic events were due to trivial arrhythmias (extrasystoles or sinus tachycardia), equally distributed among symptomatic and asymptomatic episodes. Arrhythmia relapse was shown in four patients, who had a total of nine episodes, eight of which were symptomatic. No high degree AV block was detected. Overall, symptom recurrence had low sensitivity (44%) and high specificity (95%) for the detection of any arrhythmia, and high sensitivity (89%) but low specificity (58%) for the detection of relapse. In conclusion, transtelephonic monitoring was a useful tool for the assessment of symptoms after
RFA and its use may be reserved for the most symptomatic patients to detect a relapse or to reassure them for the benign nature of their symptoms.