In summary: the events-rate during antithrombotic therapy was similar in all groups. Pts with prior embolism had a higher risk of new vascular events in spite of Aco therapy. Combined therapy significantly reduced vascular events and intracranial bleeding compared with Aco alone.

552 Intrapericardial sotalol infusion fails to terminate chronic atrial fibrillation in the goat
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Purpose: Delivery of antiarrhythmic agents into the pericardial space may be a strategy to increase drug efficacy and reduce side effects. The purpose of this study was to determine the effects of intrapericardial sotalol infusion on chronic atrial fibrillation (AF) in the goat.

Methods: Five goats were instrumented with atrial bipolar electrodes and an intrapericardial drug delivery catheter (diameter 2mm). Effects of intrapericardial and intravenous sotalol infusion on atrial effective refractory period (AERP) were studied in non-remodeled goats. Persisted AF (>48h) was induced by burst pacing, and effects of intrapericardial and intravenous sotalol infusion on atrial effective refractory period (AERP) were compared.

Results: Intrapericardial sotalol infusion (3 mg/kg.h) in the non-remodeled goats did increase the AERP400 to a greater extend (from 159±26 to 182±10, p<0.05) than intravenous delivery (from 157±4 to 170±10, p>0.05). Sustained AF was obtained by burst pacing in all animals after 12±6 days. Both low and high intrapericardial sotalol infusion rates (0.03 - 6 mg/kg.h) failed to terminate AF in all animals. After 6 mg/kg.h IV sotalol, AF terminated in sinus rhythm in 2/5 animals. AF cycle length increased from 114±24 ms to 129±28 ms after 1 mg/kg.h intrapericardial sotalol infusion (p < 0.05) and from 117±10 ms to 124±8 ms after 1 mg/kg.h intravenous sotalol infusion (p = 0.06). Effects on AERP and AF cycle length were not significantly different after intrapericardial compared to intravenous delivery.

Conclusions: Intrapericardial sotalol infusion in goats effects AERP and AF cycle length to a greater extend than intravenous delivery. However, both low and high dosages of intrapericardial sotalol infusion fail to terminate chronic AF in the goat.

553 Efficiency of new class III antiarrhythmic - Nibentan versus amiodarone for sinus rhythm restoration in paroxysmal atrial fibrillation patients
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Purpose: to compare antiarrhythmic efficiency of nibentan (novel class III antiarrhythmic drug) with amiodarone in paroxysmal atrial fibrillation (Afib) patients to restore sinus rhythm (SR).

Materials and methods: Study included 106 consecutive CAD pts with paroxysmal Afib admitted to our hospital. All pts were randomized into two groups. One group including 49 pts (5 women, 54.8±9.3 years of age, was treated with i.v. nibentan infusion (0.125 mg/kg during 5 minutes). The second group consisted of 57 pts (4 women), 59.2±9.4 years of age, who were attempted for conversion by i.v. amiodarone infusion (5 mg/kg during 30-120 minute). Duration of Afib admission episode was 13.7±5.3 hours in group one and 12.4±5.6 hours in group two. History of arrhythmia was 3.4±1.2 years in group one and 3.5±1.2 years in the second group. Myocardial infarction history was determined in 26 (53.1%) pts of group one and in 38 pts (66.6%) of group two. Differences in ECHO-parameters of left atrial diameter (40.3±2.7 mm vs. 41.2±2.4 mm) and ejection fraction (52.4±4.4% vs. 51.8±3.6%) were statistically non-significant between group one and two.

Results: Afib was terminated in 43 pts (87.7%) due to nibentan infusion (group one) within 40.2±5.1 min since i.v. infusion had been started. In second group Afib was converted to SR in 45 pts (78.9%) within 2244.0±144.0 min since i.v. amiodarone infusion had been started. These differences were statistically significant between the groups.

Conclusion: antiarrhythmic efficiency of nibentan has some advantages in SR restoration in paroxysmal Afib pts comparing to amiodarone.

554 Trends of antithrombotic treatment in the management of atrial fibrillation in Greece
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Purpose: stroke associated with atrial fibrillation (AF) has become an increasingly important clinical problem. The rate of stroke in AF patients (pts) is related to coexistent risk factors for stroke. Anticoagulation is the preferred treatment for stroke prevention. Despite this, anticoagulation treatment appears underused in eligible patients. This survey aimed to record the current practice in antithrombotic treatment in AF pts in Greece.

Methods-Results: the study involved emergency cardiology departments located in 4 district hospitals and 5 hospitals in Athens, during February and March 2003. A questionnaire was used to collect information on presenting symptoms, risk factors and the current antithrombotic treatment for every individual pt with AF presenting in the emergency department.

Over the study period, 266 pts with AF were reported (118 males and 148 females), mean age: 69.7 years. The study population included 129 pts with permanent AF, 113 pts with paroxysmal AF and 24 pts with persistent AF. At least, one risk factor for stroke was present in 235 pts. Of the 235 pts, 97 pts (41.2%) were receiving warfarin (37.4%) or warfarin plus aspirin (33.8%), 75 pts (31.9%) were receiving aspirin alone (28.9%) or aspirin plus clopidogrel (33%), whereas 63 pts (26.8%) were not on any antithrombotic agent. It was of interest, that cardiologists and general practitioners tended to prescribe antithrombotic treatment more often than internal medicine physicians.

Conclusions: this survey indicates a trend to low use of warfarin, coming up to 41.2%, in AF patients with risk factors for stroke.

555 Efficacy of propafenone as single oral loading dose in pharmacology converting recent-onset atrial fibrillation and atrial flutter
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Aim: an assessment the efficacy and safety of propafenone as single oral loading dose in converting recent-onset atrial fibrillation and atrial flutter.

Methods: for 55 patients range 28-69 years (mean age 54.4±9.2 years) with recent-onset atrial fibrillation and atrial flutter by duration no more
than 48 hours were evaluated propafenone 600 mg efficiency as single oral loading dose (36 episodes of atrial fibrillation and 7 episodes of atrial flutter) and placebo (16 episodes of atrial fibrillation and 8 - atrial flutter) according to the clinical observations, ECG and Holter monitoring after 2, 4 and 8 hours.

**Results:** there were no significant differences in baseline characteristics between the both groups. In group of propafenone efficiency was higher of the patients with atrial fibrillation than in the placebo group in 2 hours (51,2% vs 12,5%, p=0,004), 4 hours (65,1% vs 20,8%, p=0,001), and 8 hours (74,4% vs 37,5%, p=0,004). Mean conversion times to sinus rhythm within 8 hours were 2,3+4,9 hours for propafenone and 2,4+2,3 hours for placebo. There was no effect for patients with atrial flutter within 8 hours in the both groups.

Adverse effects were observed in 9 patients on propafenone (20,9%): 6 patients had dizziness, weakness, weakness, visual impairment, 2 patients with atrial flutter (< 130 bpm) developed to have atrioventricular conduction ratio of 2:1 and 1:1. In the second case there was high mean ventricular rate 230 b/m. In the both cases high ventricular rate was followed by dyspnea, weakness and decrease BP, that has demanded urgent of electrical cardioversion for one of the patients. With one patient, for whom paroxysms atrial fibrillation and atrial flutter were registered earlier, on propafenone treatment the transformation of atrial fibrillation into atrial flutter was observed. There were no adverse effects in placebo group.

**Conclusions:** efficiency propafenone as single oral loading dose 600 mg in pharmacology converting atrial fibrillation by duration no more than 48 hours equate 74,4% (p=0.004) at the end 8-h observation period. At the same time it appeared to be non-effective with atrial flutter.

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**Arterial embolic events in patients suffering from bradycardia and atrial fibrillation implanted with antitachycardia pacemakers**

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**Background:** atrial fibrillation (AF) is associated to high incidence of arterial embolism (AE). Aim of our study was to evaluate AE occurrence rate and predictors, in patients (pts) suffering from bradycardia and AF and wearing a pacemaker with antitachycardia pacing therapies.

**Methods:** 725 pts (360 men, age 70.9±11.1) received an antitachycardia pacemaker (AE500TM Medtronic Inc., MN, USA). In total 489 (67.4%) pts were on anticoagulant therapy, receiving antiplatelet or anticoagulation agents.

**Results:** over a median follow-up of 18 months (25th-75th quartile range 12 - 26 months), AE occurred in 14 (1.9%) pts: 7 pts suffered a non fatal ischemic stroke, with a rate of 0.6% per year, 4 pts had transient ischemic attack, with a rate of 0.34% per year and 3 pts had embolic complications. Multivariate logistic analysis was performed to identify AE predictors among patient baseline characteristics, as shown in Table 1.

**Table 1. AE predictors**

<table>
<thead>
<tr>
<th>Baseline characteristics</th>
<th>p-value</th>
<th>OR</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic cardiopathy</td>
<td>0.001</td>
<td>6.994</td>
<td>2.397</td>
<td>21.300</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0.036</td>
<td>4.136</td>
<td>1.100</td>
<td>15.551</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.028</td>
<td>4.654</td>
<td>1.344</td>
<td>16.094</td>
</tr>
<tr>
<td>History of embolic events</td>
<td>0.029</td>
<td>7.319</td>
<td>1.221</td>
<td>43.862</td>
</tr>
</tbody>
</table>

Device detected AF recurrences longer than 1 day were more frequent (71.4% vs 41.2%, P<0.03) in patients with vs without arterial embolism.

**Conclusions:** in a cohort of patients with bradycardia and AF, arterial embolism was common in patients with prior embolism, ischaemic cardiopathy, hypertension, diabetes mellitus. Device detected AF recurrences were AE predictors only if longer than 1 day.

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**Predictors of thromboembolic complications in the very old patients with atrial fibrillation**

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**Purpose:** Atrial fibrillation (AF) is the most frequent sustained arrhythmia in the very old associated with an increased risk for the occurrence of thromboembolic(TE) complications, particularly stroke. The aim of present study was to identify the clinical and echocardiographic parameters, which are predictors of stroke in very old AF patients.

**Methods:** 102 consecutive patients old 75 years and more with non-rheumatic AF were examined and followed for 3 years. During follow up 12 patients had a cardioembolic stroke due to AF. The following parameters were evaluated: age and gender, duration of AF, left atrial dimension, left ventricular dimension, mitral annular calcification.

**Results:** Patients were 82 years old on average, stroke group were older, 83 vs 78 years, x2=12,83, p<0.02. AF was discovered accidentally in 36 (35,3%) patients without any symptoms. In other cases AF lasted on average 12 (1-40) years and it’s duration influenced the occurrence stroke: it lasted on average 10 years in the patients without stroke, and 18 years in the patient who developed stroke, U-test, U=101, p<0.01. The other parameter associated with stroke is enlarged left atrial dimension >5.0 cm, 83,5% in stroke group, 30% in controls, x2=64,53 p<0.01. Mitral annular calcification was more frequent in the population with stroke, 66,67%, x2=14,41, p<0.01.

**Conclusion:** Predictors for cardioembolic stroke in the very old with AF are age, long duration of AF, left atrial enlargement>5.0 cm, and mitral annular calcification.

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**Single center results of atrial fibrillation ablation using Lasso catheter with variable diameter**

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Our aim was to analyze results of RF ablation of atrial fibrillation (AF) guided with Lasso 2515 (Johnson&Johnson) catheter with variable diameter.

**Material and methods:** 76 patients (45M, 21F; aged 52±11 years): 60 with paroxysmal, 6 with persistent, 10 with permanent AF. History of AF was 57±69mth. Patients were previously treated with 5±2 antiarrhythmics, 31 (41%) had 1-50 electrical cardioversions. 40 pts had hypertension, 13 - coronary artery disease, 2 - congestive...