Gastroparesis: an under-recognized complication after atrial fibrillation catheter ablation procedure

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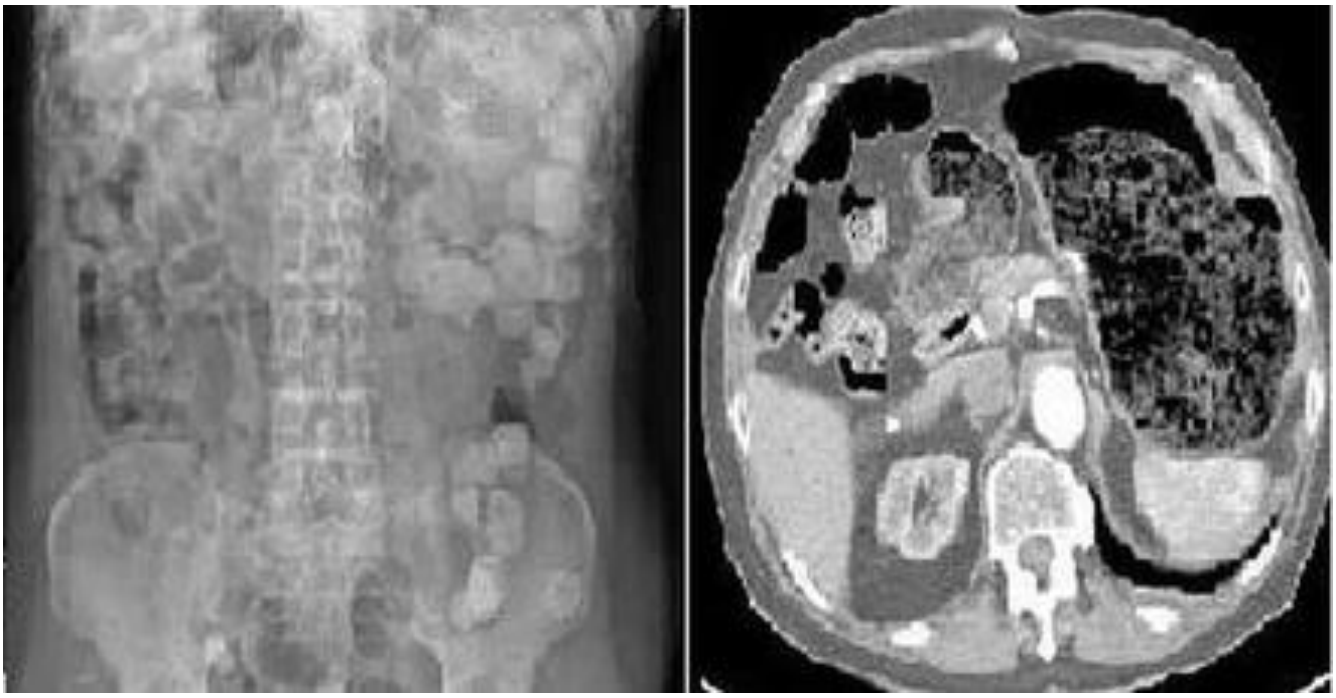
Abstract

Purpose: Percutaneous catheter ablation (CA) is a well-established treatment for symptomatic atrial fibrillation (AF). Major complications occur in up to 6% of procedures, being mostly cardiovascular events. Among extracardiac complications, only a few cases of gastroparesis have been reported. We present two cases of gastroparesis after CA.

Methods: Patients with AF undergoing CA with radiofrecuency (RF) or cryoablation therapy (CrT) were consecutively included. CrT was performed in those patients with normal anatomy of pulmonary veins (PV) and paroxysmal AF, and the rest of the patients underwent RF CA.

Results: From May 2011 to December 2012 a total of 106 procedures were performed (80 RF and 26 CrT procedures). Mean age was 63,6years, 63% were male. AF was persistent in 48% of cases. The incidence of gastroparesis was 1.88% (2/106). Patients complained of shortness of breath, dysphagia, early satiety and epigastric discomfort within 72-96 hours after CA. RF standard CA was performed in both cases (a 3.5-mm irrigated catheter with up to 35 W in a temperature-controlled, power limited mode). CT scan excluded atrio-esophageal fistula and showed a marked gastric dilatation and remnants of food (figure). A gastric emptying study was diagnostic of gastroparesis. Management was conservative with pro-kinetic therapy, proton pump inhibitors and ceasing oral intake during the first 3 days. At 6 months follow-up patients have no residual symptoms.



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X-ray and CTscan images

Conclusions: Gastroparesis is a poorly defined and often under-recognized extracardiac complication caused by vagus nerve injury after CA. Delayed presentation and subtle symptoms can mask this complication. A prompt diagnosis and treatment are necessary in order to avoid significant patient morbidity