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Pulmonary embolism after ablation of supraventricular tachycardia

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Background: Radiofrequency catheter ablation has become established as an effective therapy for the treatment of supraventricular tachycardia. The risk of thromboembolism is little and anticoagulation is unnecessary in usual cases. However we experienced severe thromboembolism after catheter ablation.

Case Report: A 62-year-old man was referred for recurrent syncope. Electrophysiological study was performed from the left femoral vein using 10Fr sized Trio Sheath. Atroioventricular nodal reciprocating tachycardia was induced and a significant decrease in blood pressure occurred. Radiofrequency current was successfully delivered at the slow pathway. After catheter ablation, hemostasis at the left femoral venous access site was provided by manual compression. After a week, he felt dyspnea on walking and came to our hospital. Echocardiography showed pressure overload of the right ventricle and thrombus was seen on the branch of the pulmonary artery. Many thrombus appeared in the inferior vena cava from left femoral vein on contrast enhanced CT. There was a wide range of thrombus, thrombolytic therapy was performed. Subsequently, thrombus was reduced and right ventricular pressure overload was improved.

Conclusion: Usually anticoagulation is unnecessary for ablation of supraventricular tachycardia. However we showed the case with severe pulmonary embolism after catheter ablation. The possibility of the thrombus must be considered in any cases.

Pulmonary artery
Inferior vena cava