

A SYSTEMATIC REVIEW ON THE PROGRESSION OF PAROXYSMAL TO PERSISTENT ATRIAL FIBRILLATION

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The progression from paroxysmal atrial fibrillation (AF) to persistent or long-term persistent forms has recently gained increasing attention. A growing amount of data has shown a significant morbidity and mortality associated with the transition. The aim of our systematic review was to assess the evidence regarding AF progression rates with different management approaches. Electronic databases were searched by using text words and relevant indexing to capture data on AF progression. Studies that considered progression from paroxysmal AF to a persistent or permanent form were included. The papers collected were divided into 2 groups: general population studies (with almost exclusively medical therapy); and studies that consider progression of AF subsequent to AF ablation. Twenty-one studies were included in the first group and eight in the second group. In the first group, percentage of AF progression at one year ranged from 10% to 20%. Studies that included a longer follow-up detected a higher percentage of progression (from 50% to 77% after 12 years). In patients treated with catheter ablation, the percentage of progression was significantly lower (from 2.4% to 2.7% at five years' follow-up). The percentage of progression after catheter ablation did not change according to duration of follow-up. AF ablation is associated with significantly reduced progression to persistent forms compared with studies in the general population. Prevention of long-term AF progression may be a clinically relevant outcome after AF ablation. Further research is required to determine whether delaying progression of AF by catheter ablation reduces morbidity and mortality.

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