

Catheter Ablation of Atrial Flutter after Bronchial Artery Embolization for Pulmonary Emphysema Case with Hemoptysis

Hisa Shimojima , Daisuke Wakatsuki, Sakura Nagumo, Miki Tsujiuchi, Masaaki Kurata, Chisato Sato, Takuya Mizukami, Masahiro Sasai, Ayaka Nogi, Etsushi Kyuno, Atsuo Maeda, Horoyoshi Mori, Hideyuki Maezawa, Kohei Wakabayashi, Yoshitaka Iso, Tokutada Sato, Mio Ebato, Hiroshi Suzuki

Showa University Fujigaoka Hospital, Division of Cardiology

A 75 years-old female was hospitalized because of acute heart failure caused by atrial flutter(AFL) with rapid ventricular reaction. She had history of thymomectomy and radiation therapy when 50 years-old and pulmonary emphysema. 12 leads ECG showed 2:1 common type AFL, HR was 168bpm. In UCG findings LVEF was 35%, LAD was 41mm, LAVI was 58ml/m², estimated RVSP was 45mmHg. Pilsicainide and bepridil were not effective. In day-2 she had hemoptysis under heparin, needed artificial ventilation. Bronchoscope could not identify the source of bleeding. AFL was terminated with electrical cardioversion but recurred in few seconds. Amiodaron was effective to maintain sinus rhythm. LVEF was 60% with sinus rhythm. After heart failure was controlled the catheter ablation(ABL) was scheduled. The bronchial artery embolization was performed to prevention for lung hemorrhage in the preoperative period of ABL. The embolization was performed for right bronchial artery and right second intercostals artery, which were seemed bleeding sources in CT findings. The next day of embolization, ABL was performed and CTI conduction was blocked. ACT was controlled in 200-250 sec. Pulmonary bleeding and other complication were not developed in the preoperative period. She started to take Rivaroxavan after ABL. Safety ABL was possible after bronchial artery embolization for emphysema case with hemoptysis.