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Cryoablation of Antroseptal Accessory Pathways in Children with Limited Fluoroscopy Exposure

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Introduction: Cryoablation is utilized increasingly in children due to its safety profile especially for the septal accessory pathways (APs). Recent advances in electroanatomic mapping technologies resulted in a decrease and even in elimination of fluoroscopy exposure during these procedures. This study was done to assess the efficacy and safety of cryoablation of antroseptal APs using limited fluoroscopy guided by an electroanatomical mapping system.

Methods: A total of 15 patients underwent cryoablation for antroseptal APs between August 2010 and September 2011. Cryomapping is performed with an 6-mm tip catheter before placing ablation lesions. The procedures were performed using EnSite system (St. Jude Medical, St Paul, MN) guidance.

Results: The mean age was 13.3 ± 4.7 years. The acute success was 93% (14/15). The mean procedure and cryoablation times were 175 ± 68 mins and 1524 ± 651 secs, respectively. Fluoroscopy was used only in 4 patients and the mean fluoroscopy time was 0.7 ± 0.6 mins (range: 0.2-2.1). The recurrence was noted in 1 patient (7%) at a mean follow-up of 9.6 ± 4.3 months. Temporary AV block was observed in 1 patient. No other complications noted.

Conclusions: Cryoablation of antroseptal APs can be performed efficiently and safely in children using limited fluoroscopy exposure with the help of electroanatomical mapping systems.