Ablation of Familial Atrial Fibrillation. Favorable Long-Term Outcome

To the Editor:

We present the case of a 39-year-old man with no risk factors for cardiovascular disease. He had a 6-year history of paroxysmal atrial flutter and fibrillation, documented by electrocardiogram and Holter. He complained of daily episodes of rapid, irregular palpitation. There was no radiographic or echographic evidence of structural myocardial abnormalities. Other members of the family (a grandmother, his father, a brother and at least two uncles) had a history of atrial fibrillation that had begun at an early age (Figure). All of them had been diagnosed as having “isolated” atrial fibrillation. Our patient had been treated unsuccessfully with diltiazem, flecainide, and propafenone. An electrophysiological study revealed the presence of typical atrial flutter. Radiofrequency ablation was performed and the/flutter was interrupted by bidirectional isthmus block. Treatment was continued with flecainide at a dose of 100 mg/12 h. During follow-up, multiple episodes of paroxysmal atrial fibrillation were detected, and ablation of the pulmonary veins was indicated. This procedure was performed with the patient in sinus rhythm. Two electrode catheters were introduced via right femoral vein and a third via subclavian vein. Double transseptal catheterization was successfully performed, and pulmonary vein potentials were recorded using a 4-mm Ma-rinr ablation catheter (Medtronic) and a Lasso catheter (Cor-dis). The 4 pulmonary veins were isolated (power setting: 50 W, 65°C) and the left isthmus was ablated, although abnormal potentials were detected only in the left superior pul-

![Figure](image.png)

**Figure.** Family tree of the patient (who is indicated by the arrow). Square indicates man; circle, woman; darkened symbols, patient with atrial fibrillation; blank symbols, asymptomatic patient with no documented atrial fibrillation; shaded symbols, indeterminate.
isthmus block (between left inferior pulmonary vein and the mitral ring).

In conclusion, catheter ablation is a safe and effective technique for the treatment of atrial fibrillation that may also be successfully employed in patients with familial atrial fibrillation.

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REFERENCES