

Hubungan Indeks Volume Atrium Kiri terhadap Keberhasilan Jangka Pendek Bedah Ablasi pada Pasien Fibrilasi Atrium yang disertai Operasi Katup Mitral = Correlation between left atrial volume index and early successful rate of surgical ablation in patients with chronic atrial fibrillation undergo mitral surgery

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Abstrak

Latar Belakang. Pada pasien katup mitral yang disertai fibrilasi atrium (FA), bedah ablasinya dapat dilakukan bersamaan dengan bedah katup mitral. Dalam penelitian ini kami melakukan evaluasi keberhasilan jangka pendek terhadap pasien-pasien katup mitral yang dilakukan bedah ablasinya di Pusat Jantung Nasional Harapan Kita Jakarta. Kami mempunyai hipotesis bahwa indeks volume atrium kiri pra-bedah dan pasca-bedah berhubungan dengan keberhasilan bedah ablasinya jangka pendek.

Metodologi. Merupakan studi retrospektif. Semua pasien yang dilakukan bedah ablasinya bersamaan dengan koreksi katup mitral dengan kriteria standard pada periode bulan Maret 2012-Januari 2015 dimasukkan dalam penelitian ini. Data pasien diambil dari catatan medik rumah sakit, termasuk data klinis, EKG, laboratorium, echocardiografi sebelum dan sesudah bedah ablasinya. Evaluasi keberhasilan jangka pendek dilihat ada tidaknya FA selama masa hospitalisasi sampai 1 bulan pasca-bedah.

Hasil. Selama periode penelitian, sebanyak 46 pasien ikut dalam penelitian ini {laki-laki 19 (41,3%) dan wanita 27 (58,7%)}. Rerata umur $42,7 \pm 9,6$ tahun. Lima orang meninggal segera setelah bedah ablasinya (8,7%). Tiga puluh pasien tetap dalam irama sinus pada akhir bulan pertama sesudah tindakan bedah (65,2%). Rerata indeks volume atrium kiri pra-bedah pada pasien yang tetap dalam irama sinus pada akhir bulan pertama lebih kecil dibanding dengan yang tetap dalam irama FA, tetapi secara statistik tidak bermakna ($156,83 \pm 84,3$ vs $189,4 \pm 92$ ml/m², $p=0,256$). Rerata indeks volume atrium kiri pasca-bedah pada kelompok pasien yang tetap dalam irama sinus lebih kecil dibanding dengan pasien dalam irama FA pada akhir bulan pertama ($95,2 \pm 55,4$ vs $126 \pm 43,9$ ml/m², $p=0,029$) secara statistik berbeda bermakna. Sembilan belas pasien menggunakan obat penyekat beta (41,3%) ternyata 3 pasien menjadi FA (15,8%) sedang yang tidak menggunakan obat penyekat beta (27 pasien, 58,7%) ternyata 13 pasien (48%) yang secara statistik bermakna ($p=0,023$). Analisis multivariat dengan menggunakan analisis regresi logistik menunjukkan bahwa indeks volume atrium kiri pasca-bedah adalah berpengaruh terhadap kejadian FA jangka pendek yang secara statistik bermakna (OR 1,02 (IK 95% 1,001-1,04, $p=0,043$)). Demikian pula penggunaan obat penyekat beta (OR 0,02 (IK 95% 0,001-0,364, $p=0,008$)).

Kesimpulan. Angka keberhasilan jangka pendek bedah ablasinya FA pada pasien katup mitral adalah 65,2%. Indeks volume atrium kiri pasca bedah berpengaruh terhadap keberhasilan jangka pendek bedah ablasinya FA. Temuan tambahan lain dalam penelitian ini yaitu penggunaan penyekat beta pasca bedah berpengaruh terhadap keberhasilan jangka pendek bedah ablasinya FA.

.....**Background.** Surgical ablation is commonly done in patients with chronic atrial fibrillation (AF) undergo mitral valve surgery. This study was designed to identify the relationship between pre-operative and post-operative left atrial volume indices (LAVi) and short term success of restoration sinus rhythm after surgical AF ablation concomitant with mitral valve surgery.

Methods. Data were collected retrospectively from our hospital medical record . These included electrocardiograms, laboratory, echocardiography before and after surgical ablation in all patients. Each patient was evaluated at the outpatient hospital clinic. The AF recurrence was evaluated from the ECG recording within 1 month after surgery. Left atrial volume was calculated using modified Simpson's method. Volume was corrected by surface area.

Results: From March 2012 through January 2015, there were 46 patients who underwent surgical AF ablation concomitant with mitral valve surgery. The mean age was 42.7 ± 9.6 year-old. {males were 19 (41.3%) and females were 27 (58.7%)} Early mortality was found in 5 patients (8.7%). Sinus rhythm (SR) was restored and maintained within first month in 30 patients (65.2%) of the 46 patients. The pre-operative LAVi was smaller in patients who was successfully restored in SR compared with those who was unsuccessfully restored in sinus rhythm, but statistically insignificant (156.83 ± 84.3 vs 189.4 ± 92 ml/m², $p=0.256$). However, post-operative LAVi was smaller and statistically significant in those patients who was successfully restored in SR compared with those who was unsuccessfully restored in SR (95.2 ± 55.4 vs 126 ± 43.9 ml/m², $p=0.029$). Multivariate analysis using logistic regression analysis showed post-operative LAVi (OR was 1.02 (CI 95% 1.001-1.04, $p=0.043$) and beta blocker usage early post hospitalization (OR was 0.02 (CI 95% 0.001-0.364, $p=0.008$) were independent predictor of maintaining SR after surgical AF ablation concomitant with mitral valve surgery.

Conclusions: Short term success rate of the surgical AF ablation in patients with chronic AF and concomitant mitral valve surgery was 65,2%. Post-operative LAVi and post operative beta blocker therapy was independent predictor of maintaining SR after surgical AF ablation concomitant with mitral valve surgery.