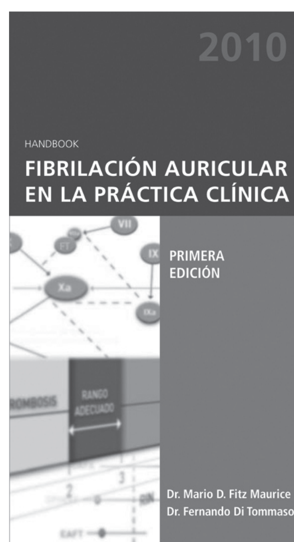

Atrial Fibrillation in Clinical Practice

DE MARIO D. MAURICE FITZ AND FERNANDO DI TOMMASO
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The good, if brief, twice good.
GRACIAN

Atrial fibrillation. A big deal, symposiums, round tables, free themes, in all Congress of Cardiology full rooms waiting for the latest news, recent works, the best therapeutic options, everything, absolutely everything, poured to a complete arrhythmia, as we learned when we were students, simple in terms of diagnosis, complex in deciding the appropriate treatment. It is the most prevalent arrhythmia in patients over 65 years, which has reached 10% in the eighties. Much it has been written and will be written about it.

The guide "Atrial Fibrillation in Clinical Practice," Drs. Mario D. Fitz Maurice and Fernando Di Tommaso, recently presented at the SAC, is the subject of this script. The presentation made at that time, led by Vice President of our organization, Dr. Carlos Barrero, filled the auditorium with collegues who wanted to, first-hand, approach the work and its authors. This is a simple but comprehensive study on atrial fibrillation (AF). The authors, with an abundant and qualified bibliography clearly set out the classification, pathogenesis, prevalence, prevention and treatment of arrhythmia and its possible complications.

It begins with the classification and the causes and it synthetically refers to both. It is to highlight the usefulness of the summary boxed at the end of each chapter, since its single reading puts us in position of the processed subject.

Within the classification, classical on the other hand, there is an interesting paragraph referred to the silent AF, that is to say, which is a finding outside the reason for the inquiry and that it sometimes comes with the worst complication such as acute CVA as first symptom.

The next chapters are focused on the treatment of AF and its complications. In its development there is a complete update of antiarrhythmic therapy, with emphasis on the maintenance of rhythm above the heart rate. This is a difficult subject to clarify, since there is still no drug or procedure to ensure the reversion and the sustainability of sinusal rhythm. How many times we have come across this dilemma! All who are reading this script has been faced with this situation. "Do we exaggerate the dose or amount of drugs with their possible side effects? Or do we try to manage the frequency with fewer drugs and therefore, with fewer side effects? In this case, the probability of thromboembolism is much higher even under anticoagulation (OAC).

The authors develop clearly both options.They make a detailed analysis of all known and new antiarrhythmics, including those that are not available in our area, their scopes, indications, dosage, interactions and risks in their use. Also, broadly, invasive procedures, new application in clinical trials and which include surgery, such as ligation of the left atrial appendage or occlusion of this through endovascular procedures.

In the treatment of prevention of the most serious complication, cerebral thromboembolism, there is an update of antithrombinic agents which are already tested and effective in replacement of ever current anti-K OAC, our traditional warfarin and acenocoumarol. It also describes the molecules that are still in experimental clinical studies in progress.

In the chapter "Invasive Treatments for Rhythm Control in AF" the endovascular treatments are described, which highlights the ablation of pulmonary veins with radiofrequency or cryoablation catheters, showing good results particularly in paroxysmal atrial fibrillation. The authors clarify that " multiple attempts are sometimes required" and with frequency,

they should continue with antiarrhythmic drugs. Also there is a brief description of the Maze surgery, its limitations and complications.

In summary, we believe that this guide is a practical pocket book, quick reference, appropriate answers, which will be useful not only for newcomers or unskilled, but also for those who have spent years trying to develop the best strategy to this, the most challenging of arrhythmias.

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