

14 months. Main data are summarized below : Conclusion : biventricular pacing improves patients functional status since the first month post implant. This functional improvement persists during FU. Increase in LVEF appears early and progresses during FU.

	Baseline	M1	M6	End FU
NYHA class	3.3±0.5	2.1±0.6*	2±0.5	2.2±0.7
VO2 peak (ml/kg/min)	12±5	16±4*	16.6±4	16.1±4
LVEF (%)	21±6	25±7*	29±10**	28±10

*p<0.01 ** p<0.005

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Simple Surgical Pulmonary Vein Isolation for Chronic Atrial Fibrillation Due to Mitral Valve Disease: A Case-Control Study

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Background: Chronic AF due to mitral valve disease has been successfully treated by surgery. We performed a case-control study to evaluate the efficacy of a surgical method of simple pulmonary vein isolation (SPVI), without radiofrequency or cryoablation, in the restoration of sinus rhythm in that set of patients. Methods: Surgical technique consisted of a circumferential incision around the four pulmonary veins and atrial appendage resection, followed by a simple running suture. A series of 15 patients were compared to 10 consecutive controls (mitral valve repair alone) aiming sinus rhythm restoration. Mean left atrial diameter was 56 ± 7.5 cm vs. 64 ± 11 (SPV vs. Control p=ns), age 54 ± 11 vs. 50 ± 15 (SPV vs. Control p=ns), NYHA class IV in 33.3% vs. 40% (p=ns). ECGs were recorded at hospital discharge, first, second and sixth post-operative months. All patients, cases and controls, were aggressively treated when arrhythmias were manifested early postoperatively. Results: See Table 1. Conclusion: SPVI without the use of radiofrequency or cryoablation is effective in restoration of sinus rhythm in patients with chronic AF secondary to mitral valve disease when compared to mitral valve repair alone.

Sinus Rhythm restoration up to 6 months postoperatively

Sinus rhythm	SPVI (n=15)	Control (n=10)	p value
Hospital discharge	73.3% (11/15)	10% (1/10)	=0.007
1st month	66.6% (10/15)	10% (1/10)	=0.01
2nd month	86.6% (13/15)	30% (3/10)	=0.02
6th month	92.3% (12/13)	20% (1/5)	=0.01