



Symptomatic valvular and non-valvular atrial fibrillation

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Introduction

Atrial fibrillation is typically associated with rapid ventricular response which reflects on patient's clinical and hemodynamic status. The loss of atrial systolic contribution to a total ventricular filling leads to a depression of cardiac output with shortness of breath and fatigue.

Aim

To evaluate the rate of symptoms in both valvular and non-valvular atrial fibrillation group.

Method

History, standard 12-lead ECG and heart ultrasound.

Results

The study included 90 consecutive subjects with atrial fibrillation (AF): 12 (13.3%) of valvular etiology (Group 1), and 78 (86.7%) of non-valvular etiology (Group 2).

The initial heart rate registered with ECG of 120<121 was the most common: in 6 (50%) subjects from the Group 1 and 34 (44%) subjects from the Group 2 ($p=0.962$). Anterior-posterior diameter of the left atrium measured using M-mod technique was 55.6 ± 11.5 in the Group 1 vs. 46.3 ± 6.2 mm in the group 2 ($p<0.001$). The most common symptoms were: shortness of breath in 12 (100%) vs. 64 (82%), $p=0.110$, respectively; palpitations in 9 (75%) vs. 39 (50%), $p=0.106$; chest discomfort in 10 (83%) vs. 63 (81%), $p=0.833$; dizziness in 5 (42%) vs. 28 (36%), $p=0.699$; and syncope in 0 (0%) vs. 7 (9%), $p=0.280$.

Conclusion

In our study population, the presence of symptoms was not significantly different between valvular and non-valvular group. Symptomatic atrial fibrillation may partially be explained by rapid initial ventricular response and supposedly by increased atrial pressure in dilated left atrium in both study groups.