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Safety and efficacy of oral anticoagulation discontinuation in high thromboembolic risk patients at long term follow-up after successful atrial fibrillation ablation

G. Cavalli, P. China, E. Marras, A. Corrado, S. Themistoclakis

Hospital dell'Angelo, Mestre-Venice, Italy

Background: Current guidelines recommend the use of oral anticoagulation (OAC) after successful ablation procedure of atrial fibrillation (AF), according to patient's thromboembolic risk score. However, several observational studies demonstrated similar thromboembolic events and lower incidence of major bleedings in patients who discontinued OAC after successful AF ablation compared with those on OAC. However, data on long-term follow-up after OAC discontinuation in high thromboembolic risk patients successfully treated with AF ablation are missing.

Purpose: To evaluate the incidence of stroke/TIA and bleeding events at long term follow-up after successful AF ablation in high thromboembolic risk patients who discontinued OAC therapy (Off OAC group) compared to those who continued it indefinitely (On OAC group).

Methods: Patients with CHA₂DS₂VASC score of 2 or more at time of the ablation procedure who discontinued OAC after successful catheter ablation for AF performed between 2001 and 2018 were included in this study. OAC was discontinued in patients without atrial tachyarrhythmias re-

currences after intensive monitoring, left atrial dysfunction or pulmonary stenosis.

Results: 503 patients (pts), were enrolled in the study (On OAC group: 241 pts; Off OAC group: 262 pts). After a median follow up of 6.3 years, occurred 12 and 14 stroke/TIA events in the On OAC and Off OAC group, respectively (p: 0.854). Bleeding events occurred more frequently in the On OAC group compared to Off OAC group (18 vs 8 events, p: 0.025). At multivariate analysis OAC therapy was independently associated with an increased risk of major bleeding (OR: 2.92, CI95%: 1.11–7.70, p: 0.03) whereas no difference in the risk of stroke were found (OR 0.89, CI95%: 0.37–2.16, p: 0.799).

Conclusion: Discontinuation of OAC after successful AF ablation in high thromboembolic risk patients seems to be a safe and effective strategy even in a long term follow up. Prospective randomized trials are needed to confirm these results

