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Stridor and dyspnoea after ablation for atrial fibrillation

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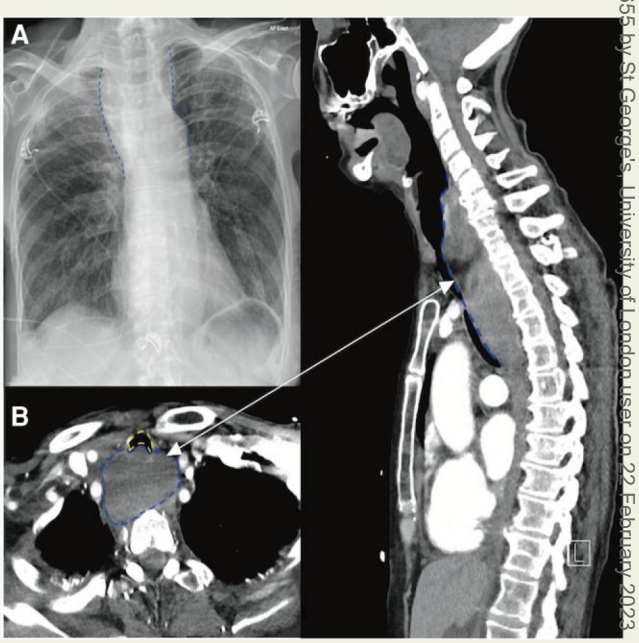
A 74-year-old female underwent redo catheter ablation for symptomatic atrial fibrillation. Transeptal puncture was performed without difficulty. The pulmonary veins had remained isolated, so radiofrequency energy was applied at the left atrial roof and posterior wall, and cavotricuspid isthmus by QDOT® catheter (Biosense Webster) using the QMODE plus protocol without immediate complication. Approximately 10 h post-ablation, the patient reported a foreign-body sensation in the throat and then progressive dyspnoea with stridor. Chest X-ray showed widening of the upper mediastinum (*Panel A*). Computed tomography (CT) at 24 h post-ablation showed a 6 × 3.5 cm haematoma extending 12 cm from the mediastinum into the neck and compressing surrounding structures including displacement of the trachea (*Panel B*). The patient was intubated and ventilated without difficulty. Repeated CT on day 3 showed shrinkage of the haematoma and reduced tracheal compression. The patient was extubated; her subsequent recovery was uneventful despite the resumption of anticoagulation at 1 week.



To our knowledge, this is the first report of superior mediastinal heamatoma following ablation. Management by intubation, positive pressure ventilation and cessation of anticoagulation was followed by slow resolution. The favourable outcome of this conservative approach may be a guide to management of similar cases.

The full-length version of this report can be viewed at: https://www.escardio.org/Education/E-Learning/Clinical-cases/Electrophysiology.

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