

BLOGS RADIO | Arrhythmia & EP | theheart.org | JOIN DRs. ZIPES AND SWEENEY FOR A DISCUSSION ON

Navigation menu with categories: ACS, Arrhythmia/EP, Brain/Kidney/Peripheral, Clinical cardiology, Heart failure, Hypertension, Imaging, Interventional/Surgery, Lipid/Metabolic, Prevention, Thrombosis

heartwire | Comment | Send | Print | Share | Cite | Tweet this | Text size

Follow heartwire on Twitter

ARRHYTHMIA/EP

Hint of steroid benefit following AF ablation

MAY 14, 2010 | Michael O'Riordan

Denver, CO - Interim results from a small study showed that the administration of steroid therapy following the ablation of atrial fibrillation (AF) resulted in a nonsignificant trend toward reduction of early AF symptoms [1].

"After the ablation procedure, there is a period of six weeks where these patients have a lot of issues," lead investigator Dr Daniel Melby (Minneapolis Heart Institute, MN) told heartwire. "They have recurrent atrial fibrillation, they have to go to the emergency department, and they're calling us with highly symptomatic episodes of atrial fibrillation."



Dr Daniel Melby

The results of the study, known as the Steroid after Ablation (SAAB) trial, were presented here today during the late-breaking clinical-trials session at the Heart Rhythm Society 2010 Scientific Sessions.

Trend toward benefit but no clear win

In this study, Melby and colleagues wanted to systematically test whether the administration of methylprednisolone 100 mg IV within two hours of AF ablation would reduce the procedure-related inflammatory response and, as a result, reduce early atrial arrhythmias.

Regarding the primary end point, a composite that included highly symptomatic AF events within the first six weeks after ablation, there was a trend toward improvement with methylprednisolone compared with placebo. Of these patients, 18.2% treated with placebo had to visit the emergency department or were hospitalized, underwent cardioversion, or required an increase or initiation of antiarrhythmic drug therapy compared with 4.9% of patients who received steroid therapy (p=0.091).

To heartwire, Melby said he suspects the lack of clear benefit is likely the result of small numbers and that once more patients are followed, the reduction in the primary end point could reach statistical significance.

"The patient went home that day feeling great," said Melby. "I thought, then, this is something important, and it seems to be a very positive effect that I'm seeing. I adopted it then as part of my clinical practice."

10 Most Recent heartwire | Embattled Mark Midei speaks: Meets lawsuits by filing his own in "unnecessary-stenting" saga

Featured CME | View all CME programs >>

Inside: Arrhythmia/EP | Cardiac Rhythm Management | Cardiac Resynchronization Therapy in Heart Failure: Understanding Patient Management and Selection in 2010 and Beyond

« PREVIOUS HEARTWIRE ARTICLE | NEXT HEARTWIRE ARTICLE » | Fibrates show "moderate" reduction in | IOM recommends the FDA unify its

cardiac events in meta-analysis

MAY 14, 2010 12:30 EDT

system for evaluating biomarkers

MAY 14, 2010 17:00 EDT

Source

- Melby DP, Gornick CC, Katsiyannis WT, et al. Steroid injection for reduction of severe arrhythmias following AF ablation. Heart Rhythm Society 2010 Scientific Sessions; May 14, 2010; Denver, CO.

Related links

- Can steroids help prevent AF after cardiac surgery? [heartwire > News; Apr 10, 2007]
- Corticosteroids of no benefit in Kawasaki disease [heartwire > News; Feb 14, 2007]
- High-dose corticosteroids linked to increased risk of new AF [heartwire > News; May 08, 2006]

Post a new comment

theheart.org's forum is a sounding board for healthcare providers, clinicians, and researchers, and **is not intended to supply answers or advice to patients**. We reserve the right to remove posts containing inappropriate language, promotional content, personal agendas or hostile intent, and posts from patients asking for medical advice.

Author Meghan Bethke

*Comment title

*Comment

/ 4000

Approach to Atrial Fibrillation: Adopting Practice to the Evidence



The Potential of Direct Thrombin Inhibition for Anticoagulation in Atrial Fibrillation

Stroke Prevention in Atrial Fibrillation: Controversies in Anticoagulant Care



CRT-D Monitoring and Risk for Hospitalization in Heart Failure

CRT-D vs CRT-P: Multinational Perspectives on Device Selection Strategies

OTHER PROGRAMS

Advances in the Continuum of Care of SCD: Wearable Defibrillators as a Bridge to ICD Implantation

Improving Outcomes in Ischemia: The Value of Continuous ST-Segment Monitoring



- Blogs
- Radio
- Mobile
- Subscribe to RSS feed
- Forum
- Newsletters
- My profile
- Send
- Print

Home | ACS | Arrhythmia/EP | Brain/Kidney/Peripheral | Clinical cardiology | Heart failure | Hypertension | Imaging | Interventional/Surgery | Lipid/Metabolic | Prevention | Thrombosis



We comply with the **HONcode standard for trustworthy health** information: [verify here](#).

Copyright ©1999-2010 theheart.org by WebMD. All rights reserved.

All material on this website is protected by copyright.

- Terms of use
- Privacy policy
- About theheart.org
- Help
- Contact us
- Work for us