Case Presentations
Atrial Fibrillation

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Goals

• Discuss approach to patient with newly diagnosed atrial fibrillation.
• Explore treatment modalities.
• Mitigate stroke risk in patient’s intolerant to anticoagulation.
Case 1

• 52 year old M presenting to clinic due to frequent instances of an “irregular rhythm” on his new Apple Watch he purchased two weeks ago.
Case 1

- Patient states that he occasionally feels palpitations, but didn’t think much of these symptoms until now.
- PMH includes essential HTN well controlled with thiazide diuretic.
- FH of stroke in his mother (deceased) at 86 yo. Father has HTN and BPH. No siblings.
- Denies tobacco, alcohol or other substance abuse
- ECG obtained
Case 1

- How should we proceed in regards to diagnostic testing?
Case 1

- Patient wore Zio Patch for 2 weeks. Results as follows:
Case 1

• What other work-up should be performed in a patient with new atrial fibrillation?

• What therapies should be offered to this patient?
Case 1

• Other testing performed on this patient:
  • Echo Summary
    • Normal LV size and function, EF 55-59%.
    • Upper normal LA size
    • No valvular abnormalities.
  • TSH normal
  • CBC, CMP normal
  • Sleep study performed, no OSA
Case 1

- After thorough discussion, the patient initially opted for rate control strategy with metoprolol.
  - HR trends on his Apple Watch suggests his rate is well controlled.

- 6 months later he returns stating that palpitations have become more frequent, despite HR within acceptable limits. The palpitations correlate with his “irregular rhythm”.
  - Patient inquiring about options to help with these symptoms.
Case 1

• Patient ultimately decided to undergo ablation.

• At 1 year, patient endorses no recurrence of symptoms. Apple Watch has not detected any recurrences of the “irregular rhythm”.
  • What should you do regarding anticoagulation?
Case 2

• Patient is an 86 year old F with long-standing history of persistence atrial fibrillation here for follow up.

• Currently taking Eliquis 2.5 mg BID for stroke prevention (dose reduced to age, and weight < 60 kg).
Case 2

• Past medical history remarkable for:
  • DM II
  • HTN
  • CAD s/p PCI to distal RCA 3 years ago after an NSTEMI
  • chronic systolic/diastolic HF (EF 40%, grade II diastolic dysfunction)
  • History of CVA 20 years ago at time of Afib diagnosis; mild residual left sided weakness.
Case 2

- The patient is joined by her daughter during the visit, who has become fairly concerned about the patient’s progressively worsening instability despite home PT/OT therapies.
- Patient has had several falls occurring 1-2x per week, including an incident where she tripped in the kitchen and landed on her head.
  - Patient was briefly unconscious and taken to the ER. Patient was seen by trauma service and monitored in the hospital for 48 hrs
  - Neuroimaging was fortunately negative for intracerebral hemorrhage.
  - Patient underwent skilled rehab, but still having falls.
Case 2

• The patient’s daughter is very concerned about the patient taking a blood thinner, but understands the patient’s stroke risk is very high.

• Where do we go from here?
Case 2

- After discussing various options, the patient and daughter agreed to undergo evaluation for Watchman.

- Patient received 30 mm Watchman device without any issues.
  - Eliquis stopped after post Watchman TEEs demonstrated no residual leak or thrombus.
  - No issues reported after 9 months follow up.