[PICTURES IN CLINICAL MEDICINE]

Acute Gastric Dilation after Catheter Ablation

Tomoya Sato, Takao Konishi, Rui Kamada and Toshihisa Anzai

Key words: gastric dilation, catheter ablation

(Intern Med 59: 2341, 2020)

(DOI: 10.2169/internalmedicine.4721-20)

Picture 1.

Picture 2.

A 71-year-old man with heart failure was admitted for radiofrequency catheter ablation for atrial fibrillation. Pulmonary vein isolation (PVI) and cavotricuspid isthmus ablation were successfully performed. Three days after PVI, the patient experienced nausea, and abdominal computed tomography (CT) showed gastric dilation (Picture 1), which improved by day 11 after administration of metoclopramide, mosapride and erythromycin (Picture 2). Catheter ablation can cause gastrointestinal disorders through periesophageal vagal nerve injury due to the proximity to the pulmonary vein; its incidence within 48 hours of the procedure is 1.1% (1). Gastric dilation is often diagnosed by CT, and gastric peristalsis is confirmed by endoscopy. Peristaltic stimulants are useful for improving gastric motility (1). Esophageal temperature monitoring during catheter ablation can prevent vagal nerve injury (2). Although most abdominal symptoms improve noninvasively, some cases require surgery (2). Gastric peristalsis due to esophageal plexus injury should be considered as a cause of abdominal bloating

or nausea after catheter ablation.

The authors state that they have no Conflict of Interest (COI).

References

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