**OP50-4**  Bepridil Might Be Useful to Restore Sinus Rhythm after Pulmonary Vein Isolation in Mildly Remodeled Persistent Atrial Fibrillation

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**Background:** Although early recurrence (ER) after PV isolation (PVI) in patients with persistent AF is often observed, optimal medical therapy of ER is still undetermined. **Objective:** The purpose of this study was to demonstrate the effect of bepridil for restoration of sinus rhythm (SR) after ER (ER: occurrence of AF or atrial tachycardia (AT) within 30 days after PVI).

**Methods and Results:** We performed PVI for 77 patients with persistent AF (male 58 patients, 61 ± 12 years old). ER was occurred in 38 cases (49%), for whom we administered bepridil to 25 (Bepridil-group), no antiarrhythmic drug to 12 (noAAD-group), amiodarone to 1. During follow-up periods (149 ± 121 days), 13 patients (52%) obtained SR in Bepridil-group, while 3 patients (33%) obtained SR in noAAD-group. The cohort of SR restored in Bepridil-group showed smaller LA diameter (42 vs. 48 mm, p=0.04), shorter duration of persistent AF before PVI (357 vs. 1519 days, p=0.01), higher rate of either induction ofself-limited AF or non-induction of AF by CS burst pacing immediately after PVI (50% vs. 11%, p=0.01), and higher incidence for ER of not persistent but paroxysmal AF or AT (69% vs. 16%, p<0.01) than that of SR not restored. **Conclusion:** It is suggested that bepridil is useful for SR restoration in mildly remodeled persistent AF after PVI

**Keywords:** bepridil, atrial fibrillation, catheter ablation