Characteristics of Lethal Arrhythmia Cases Switched from Intravenous to Internal Use of Amiodarone

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Intravenous infusion of amiodarone has an important role in management of lethal arrhythmia, but the requirements for discontinuing amiodarone at the acute phase have not been fully elucidated. **Method:** Forty-four patients administered amiodarone intravenously for lethal arrhythmias were divided into 3 groups; patients discontinued intravenous and seceded amiodarone (8 cases in group of intravenous alone: IV), patients switched from intravenous to internal usage and seceded amiodarone (13 cases in group of switch and secession: OFF), and patients switched to internal usage and continued amiodarone (23 cases in group of continuation oral usage: ON). Characteristics and effectiveness of amiodarone were examined retrospectively. **Results:** Patients characteristics including age, gender, underlying heart disease, types of lethal arrhythmia, and intervention presented the same distribution between groups. Acute recurrence of arrhythmia after discontinuation of intravenous amiodarone was observed in 1 cases of IV. Late recurrence of arrhythmia after discharge was observed 12.5% in IV, 15.4% in OFF, 21.7% in ON (ns). **Conclusion:** Some cases might be able to discontinue amiodarone safely, however abrupt secession from intravenous administration would be needed to consideration discreetly. **Keywords:** lethal arrhythmia, amiodarone