Letter by Haft Regarding Article, “Temporal Relationship Between Subclinical Atrial Fibrillation and Embolic Events”

To the Editor:

The search for the smoking gun may not be over yet. The ability of the Asymptomatic Atrial Fibrillation and Stroke Evaluation in Pacemaker Patients and the Atrial Fibrillation Reduction Atrial Pacing Trial (ASSERT) investigators to only rarely (8%) identify an episode of significant atrial fibrillation (AF) in the 30 days before an ischemic stroke or other embolic event may be attributable to their definition of a significant occurrence of AF as a bout of arrhythmia that persists for ≥6 minutes. It is widely known that normal stagnant or nonflowing but agitated human blood may clot after 2 to 3 minutes and 6 minutes is toward the upper limit of the normal whole blood clotting time. On interrogating the devices in patients with pacemakers or implanted defibrillators, it is not uncommon to see frequent episodes of rapid supraventricular tachycardia lasting a few seconds to a few minutes that either speed up and abate, or slow down and abate. These are so common that we usually do not notice or report them unless they persist for >6 minutes, the usual threshold for considering these findings more than only an annoyance. The ASSERT investigators had and may still have the opportunity to determine whether such short-lived events occur more frequently before ischemic stroke or embolic events. Instead of concluding that AF is just a marker for identifying a patient prone to stroke, AF may be the mechanism of stroke, but it might not be necessary for an episode of AF to persist for >6 minutes to cause an atrial clot and a subsequent stroke or other embolic event. Rare prolonged episodes of AF or of AF bouts ≥6 minutes that occur even remotely to a stroke may be a marker that short episodes of AF or supraventricular tachycardia are very common in these patients. If the ASSERT investigators still have the raw interrogation records of their patients who have had a stroke, it would be of interest if they were to determine whether the incidence of such short AF events is high in these patients shortly before their stroke.

Disclosures

None.

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References


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