

New-onset Atrial Fibrillation After Acute Coronary Syndrome: Is it Really a Complication?

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Acute coronary syndromes (ACS) are real problem of public health in developing and developed countries. It causes high mortality and morbidities by its complications such as the atrial fibrillation (AF) which often worsen the prognosis of patients. The relation between the two pathologies is until now enigmatic and its physiopathology - despite a large proposed explanations in many scientific papers - is unknown. Is -new-onset AF really ischemic due to a myocardial infraction of atrial myocardium? Some of authors said yes and explained it by an early occlusion circumflex coronary artery that causes an acute atrial infraction that triggers supraventricular arrhythmia. Others advance that it is secondary to hemodynamic phenomena post-acute myocardial infraction (AMI) like acute severe ischemic mitral regurgitations and left ventricle elevation of end diastolic pressures. The hypothesis of a silent atrial fibrillation which is simply diagnosed in the context of ACS was defended especially regarding the high incidence of ACS and AF in old patients. So, is it a real complication or an independent pathology which is usually diagnosed in closely monitored patients in the Intensive Cardiology Care Unit? Anyone can answer. The most plausible response is that in this type of patients there is a myocardial atrial substratum of AF which in ACS leads to arrhythmia. How to treat?

Although new-onset AF is often transitory, a prolonged anticoagulation is mandatory as well as cardioversion in the first 48 hours according to European society of cardiology (ESC) new recommendations. As perspectives, nowadays, there is no recommendation that encourage screening of the new-onset

AF after patient discharge. Some studies proved that up to 40% of patients will have AF in the 36 months of follow-up by ILR (Internal Loop Recorder). A large registry should consolidate this constatations in order to establish rhythmic score scale to calculate predictive probability of AF occurring in the follow-up of patients admitted with ACS.