**THE BLED THAT BLED, A HITHERTO UNREPORTED CASE OF HEMOTHORAX OCCURRING AS A COMPLICATION OF ELECTRODE CATHETER ABLATION TO TREAT ATRIAL FIBRILLATION**

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Electrode catheter ablation has become a well-accepted approach to treat patients with paroxysmal atrial fibrillation (PAF). Isolation of the pulmonary vein along with complementary atrial substrate ablation if needed, is the principal endpoint. Life threatening complications occur in up to 3% of individuals undergoing such procedures.

**Case Presentation:**56 year old woman with PAF unresponsive to antiarrhythmic drugs underwent catheter ablation, with intracardiac echocardiography and electroanatomic mapping of the left atrium and pulmonary veins, while intubated and under general anesthesia. Heparin was required during procedure. AF persisted despite extensive ablation and 9 attempts at DC cardioversion. Approximately 12 hours post extubation, left sided chest pain, dyspnea, tachypnea and hemoptysis developed. Echocardiography excluded pericardial effusion. Chest computed tomography demonstrated a left fluid filled bleb and left hemothorax. A chest tube placed for management. PAF persisted and converted to sinus rhythm after initiation of amiodarone. Common causes of hemothorax excluded. Increased transbronchial pressure along with increased tidal volumes and high dose anticoagulation most likely led to barotrauma, potentiating bleeding into a preexisting bullae resulting in the hemothorax. Follow up only showed residual scar on chest CT.

**Discussion:** Feared complications from PAF ablation includes cardiac tamponade, pulmonary vein stenosis, esophageal injury, vascular injury, stroke, thromboembolic events and death. Hemothorax as a result of bleeding from a bleb, complicating catheter ablation to treat AF has not been reported. Patients with chronic neovascularized blebs who experience barotrauma during mechanical ventilation are at increased risk of rupture. In our patient, high plateau pressures may have potentiated barotrauma leading to rupture of the preexisting pulmonary bleb. Patient history of or reontgenographic evidence of a pulmonary bleb should be assessed prior to performing catheter ablation. High plateau pressures should be avoided in those patients with known blebs undergoing this type of procedure.