中文題目: 吞嚥誘發陣發性心房顫動合併神經心源性昏厥：一病例報告

英文題目: Swallowing-induced Paroxysmal Atrial Fibrillation Associated with Neurocardiogenic Syncope – A Case Report

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Background: Atrial fibrillation(AF) is the most common sustained tachyarrhythmia encountered clinically. Etiology of AF is complicated and it might be associated with autonomic nervous system activation, renin-angiotensin-aldosterone system activation, genetic variants or other extracardiac factors, like hypertension, hyperthyroidism, or alcohol. Swallowing-induced AF is an uncommon situation which was postulated to be vagally-mediated phenomenon. We report a case of swallowing-induced paroxysmal AF associated with neurocardiogenic syncope which has not been reported before.

Case Report: A 71-year-old woman who had been suffering from intermittent palpitation for over 10 years, was referred to us because of recent syncope. Paroxysmal AF had been documented during her previous palpitation episodes. Detailed history revealed that her palpitation happened mostly either at night time period or during meal, and could be relieved by exercise. She was a nonsmoker and did not consume alcohol or caffeinated beverages. Her family history was negative for heart disease.

On physical examination, there was no remarkable finding except anxious personality. Her resting 12-lead ECG and thyroid function were normal. An echocardiogram revealed normal left and right ventricular function with no wall motion abnormality. 24-hour Holter ECG showed several episodes of paroxysmal AF, with asystole up to 6 seconds following one of the AF episodes. Brief episodes of AF could be induced easily by drinking water of room temperature. A tilt table test was arranged in order to understand the possible mechanism of her syncope. A very short duration of AF followed by cardiac asystole up to 4.86seconds was induced during the test after provocation with sublingual nitroglycerin. Frequent paroxysmal AF episodes were recorded immediately after tilt table test. Under the diagnosis of swallowing-induced AF and Type IIB neurocardiogenic syncope, she was successfully treated with a DDDR pacemaker and oral propafenone 150mg three times a day. The clinical symptoms were under well control and there was no more syncope after treatment.

Conclusions: Our case demonstrated the combination of swallowing-induced AF and cardioinhibitory neurocardiogenic syncope. There are no previous known cases of this exact condition. Possible mechanisms will be discussed.