

Clinical Image

Low CHA₂DS₂-Vasc Score with High Risk of StrokeKun-Tai Lee^{1,2*} and Chang-Jen Chen²¹Department of Internal Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan²Cardiovascular Center, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan***Corresponding author:** Kun-Tai Lee, Cardiovascular center, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan**Received:** January 11, 2018; **Accepted:** February 09, 2018; **Published:** February 22, 2018

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Atrial fibrillation; Spontaneous echo contrast

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A 55-year-old man with symptomatic drug-refractory paroxysmal Atrial Fibrillation (AF) was arranged to receive catheter ablation of AF. The CHA₂DS₂-VAsc score is zero and no anticoagulant was prescribed before ablation. Computed tomography of the heart revealed normal size of the left atrium and no thrombus in the left atrial appendage. AF attacked one day before ablation and spontaneously terminated at the start of general anesthesia for ablation. The intra-cardiac echocardiography revealed spontaneous echo contrast, “smoke”, in the both right and left atria in sinus rhythm (Figure 1). Although electricity was converted spontaneously to sinus rhythm, the mechanical function of atria did not completely recover. Ablation procedure was terminated due to high risk of stroke. Although with a CHA₂DS₂-VAsc score of zero, the paroxysmal AF patient has high risk of stroke. The anticoagulant was prescribed to this patient for stroke prevention after discharge.

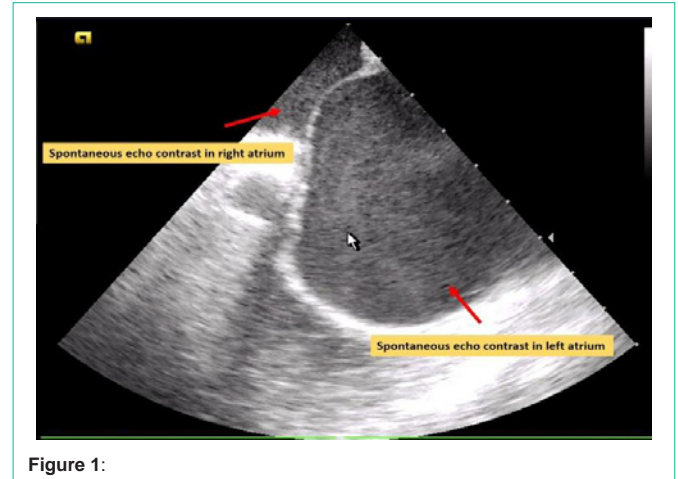


Figure 1: