**COMPLICATIONS AFTER RADIOFREQUENCY ABLATION OF ATRIAL FIBRILLATION: ATRIAL-ESOPHAGEAL AND PERICARDIOESOPHAGEAL FISTULAS**

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*Background*: The initial experience with left atrial-esophageal fistula secondary to atrial fibrillation (AF) ablation procedures revealed a near universal mortality. A comprehensive description of the pathophysiology of atrial-esophageal fistula in the modern era and its resulting impact on morbidity and mortality is lacking in the literature.

*Objective*: To describe two patients who developed an atrial-esophageal and a pericardioesophageal fistula after radiofrequency ablation (RF) of AF. Both patients eventually expired. In more than 1.500 AF ablations procedures performed prior to these cases and, using the same ablation protocol, no fistulas had occurred. These cases highlight a rare but potentially life-threatening complication of an increasingly common procedure. Thus, awareness of this infrequent entity not only by cardiologists, neurologists, gastroenterologists and surgeons but also practitioners may offer the only significant potential for treatment and survival, demanding an open multidisciplinary approach. *Conclusion*: Although rare, atrial-esophageal fistulas continue to remain an ominous and usually fatal complication of all AF ablation strategies. Symptoms of esophageal reflux, fever, difficulties in swallowing, shivering fits, general fatigue or neurological symptoms (seizures, stroke), and/or signs of sepsis in the first few weeks following any type of AF ablation should immediately raise suspicion about this catastrophic complication.