

Patients with spontaneous AFL 1:1 had a significantly higher flutter rate and were less likely to have concomitant AF. Drug-induced AFL 1:1 was mainly secondary to Class 1 AAD's despite the use of AV blocking agents in a third of these patients. Sixty-three patients underwent a successful cavotricuspid isthmus ablation with no recurrence.

**Conclusions** We have reported the largest series of patients with atrial flutter and 1:1 conduction. Patients suffering spontaneous AFL 1:1 had a significantly faster flutter rate compared to the drug-induced population.

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**CASE SERIES OF ATRIAL FLUTTER WITH 1:1 CONDUCTION: A COMPARATIVE ANALYSIS AMONG GROUPS OF PATIENTS SUFFERING SPONTANEOUS VERSUS DRUG INDUCED 1:1 CONDUCTING ATRIAL FLUTTER**

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**Background** Atrial flutter with 1:1 (AFL 1:1) conduction may be spontaneous or secondary to anti-arrhythmic drug (AAD) use. This group of patients are not well characterised. We aimed to compare various characteristics between patients suffering 'spontaneous' AFL 1:1 (the development of 1:1 Atrioventricular conducting Atrial Flutter in the absence of concomitant AAD use) and 'Drug-induced' AFL 1:1.

**Methods** This is a retrospective study of patients referred to our institution over an 8 year period. Sixty-eight patients had confirmed and documented atrial flutter with 1:1 conduction.

**Results** Baseline clinical characteristics and differences between the study populations are summarised in Table.

Table 1

	Overall	Spontaneous	Drug-induced	p Value
Age	62±14	62±14	61±13	0.86
Male (%)	79	79	80	1.0
Structural heart disease (%)	36	40	33	0.63
LV impairment (%)	11	16	3	0.13
LA diameter (mm)	4.2±0.7	4.3±0.8	4.0±0.4	0.14
CHADS VASc (Median)	1	1	1	1.0
Flutter rate (bpm)	218±38	251±32	212±33	<0.0001
Broad complex tachycardia (%)	64	62	70	0.58
Concomitant AF (%)	49	28	80	<0.0001