Postoperative atrial fibrillation after coronary bypass surgery:
Where should a cardiac surgeon stand?

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Postoperative atrial fibrillation after coronary bypass surgery: Where should a cardiac surgeon stand?

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Dear Editor,
I have read the article by Yuksel et al. [1], entitled “Multi-inflammatory index as a novel predictor of new-onset atrial fibrillation after off-pump coronary artery bypass grafting” with great interest. First of all, I congratulate the authors for their valuable contribution to the literature. However, I would like to discuss some issues with postoperative atrial fibrillation (PoAF) after coronary artery bypass graft (CABG) surgery.

PoAF after isolated CABG operations is an important problem that can lead to mortal and morbid outcomes. Many studies in the literature have tried to reveal the risk factors [2]. The aim here is to reveal preventable risk factors and to take necessary precautions. Parameters obtained from routine blood values are used in the diagnosis and prognosis of cardiovascular diseases as in many fields of medicine. However, these values can be affected by many clinical conditions. These parameters may be elevated in acute coronary syndrome [3]. The authors did not provide information about the timing of CABG operation in their current study [1]. It should be kept in mind that inflammatory markers may be affected in patients undergoing early surgery after acute coronary syndrome. In addition, there is no information about patients with thyroid dysfunction in the exclusion criteria [1]. Thyroid dysfunction may also be a risk factor for PoAF [4].
Another important issue in PoAF studies is the diagnosis of PoAF. When PoAF develops, it usually lasts for more than five minutes. PoAF without hemodynamic disturbance can usually be treated with amiodarone infusion. In some cases, electrocardioversion may be required [5]. I think it is very important to specify the duration of atrial fibrillation in PoAF studies. What duration of atrial fibrillation episode did the authors define as PoAF in their current study? 30 seconds or 5 minutes?

PoAF usually occurs between days 2 and 4 after CABG operations. Therefore, early postoperative medical treatment of these patients may also be effective for PoAF. A meta-analysis showed that perioperative treatment with statins significantly reduced the incidence of PoAF [6]. In addition, postoperative beta-blocker therapy may also reduce the incidence of PoAF [7]. Therefore, it may be useful to demonstrate perioperative treatments in studies investigating inflammatory parameters that may be the first in the literature to predict the risk of PoAF.

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