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Letter to the Editor

# Simethicone—another "pill in the pocket" in paroxysmal atrial fibrillation?

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Atrial fibrillation (AF) is still a serious clinical problem. Different therapeutical concepts have been developed, especially in cases of paroxysmal AF. We report an interesting case of a young patient suffering from abdominal flatulence immediately prior to the attack responding well to the administration of Simethicone.

The treatment of AF remains a challenge in every day practice. The recently published guidelines of the American College of Cardiology (ACC) and the European society of Cardiology (ESC) clearly show all therapeutic approaches for the different types of AF [1]. However, the knowledge for the aetiology of lone AF, in particular paroxysmal AF is relatively short. Multiple independent reentrant wavelets in both atria determining the pathophysiology have been discussed as ultimate cause. Various and repetitive triggers as well as an underlying substrate may favor the initiation and maintenance of AF.

A 26-year-old male patient presented himself recurrently with palpitations, arrhythmia and tachycardia to our institution. He reported epigastric sensations on the basis of flatulence immediately prior to the attack. Blood pressure was 110/70 mmHg, heart beat rate 175 b/m and the physical examination was regular. Apart from massive ructus there were no further symptoms, such as vertigo or angina pectoris. ECG then ensured the diagnosis AF. At his first presentation we applied 5 mg metoprolol i.v. to normalize the heart rate, however no conversion set in. Due to the reported complaints the patient received 168 mg Simethicone p.o. and converted to sinus rhythm (SR) thereafter. Echocardiography and ergometry were performed in an interval, and showed no pathologic findings. Subsequent Holter-monitoring revealed a distinct heart rate variability but continuous SR. Further invasive diagnostics, such as electrophysiologic examination were rejected by the patient. Thus, the diagnosis paroxysmal lone AF was ensured. The man presented until today over a period of 12 years about 40 times more such courses and was treated well with different dosages of Simethicone in every case.

The "pill-in-the-pocket"-concept for paroxysmal AF has become a standard therapy for compliant patients with no concomitant cardiac disease. The strategy is based on the administration of Flecainide or Propafenone during the attack in order to restore SR. Only in cases of persisting AF contact to the physician is necessary. The outcome data throughout the literature show excellent conversion rates up to 90% with a low rate of side effects [2].

We think that gastric distension with abdominal flatulence may represent one more possible trigger to initiate AF in otherwise heart healthy patients. This entity in aetiology has certainly paid few attention in both clinical practice and literature, so far. In such instances, as reported by the current patient, Simethicone as a defoamer can be a comparable successful and easy approach to break mechanically through the attack and prevent from further antiarrhythmic drug therapy ore even other therapeutic options, such as electric cardioversion with all cogitable adverse events.

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The authors of this manuscript have certified that they comply with the Principles of Ethical Publishing in the International Journal of Cardiology [3].

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