

## Clinical case blog

### Title: A Rare Complication of Cryoballoon: Gastroparesis

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Figure 1: Fluoroscopy analysis of the stomach.

#### Case

Despite higher frequency of complications secondary to collateral nerve damage after radiofrequency catheter ablation of atrial fibrillation (AF), in the cryoballoon technique gastroparesis has not been clearly revealed yet. We presented a patient who developed severe gastroparesis during cryoballoon ablation.

A -64 -year-old female patient underwent pulmonary vein isolation (PVI) of drug resistant symptomatic paroxysmal AF with cryoballoon. PVI was achieved in 3 pulmonary veins with cryoballoon using standard technique. During isolation of the right inferior pulmonary vein, the patient complained of stomach ache, bloating, and nausea. At the beginning, these complaints were thought to be related to gastric irritation due to heparin bolus, and the procedure was continued. Proton pump inhibitor was administered through intravenous route. However her complaints continued with increasing severity. Fluoroscopy revealed that stomach was completely full of air which indicates an episode of acute pyloric spasm or gastroparesis (Figure 1). Then nasogastric tube was placed, and IV metochlopramide was administered. At the end of 24 hours, her complaints regressed completely. Then her nasogastric tube was removed, and oral intake was initiated. She has been still asymptomatic after 6 months follow-up. The diagnosis of gastroparesis confirmed with gastric emptying scintigraphy.

Although this procedural complication which can cause serious symptoms is not seen so frequently, it should be kept in mind in patients with similar complaints, and it should be considered in the management of the patients with similar complaints. We presented this case to emphasize the above mentioned important points.