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Abstracttitel: Efficacy of amiodarone from persistent ventricular fibrillation while weaning from cardiopulmonary bypass

Intravenous injection of amiodarone was approved for clinical use in 2007 in Japan, although it had already been in use elsewhere such as in European countries and the USA. We report a case who demonstrated the efficacy of amiodarone on refractory ventricular fibrillation (Vf) while weaning from cardiopulmonary bypass (CPB). A 66-year-old woman, who was taking angiotensin receptor blocker and calcium channel blocker for hypertension, had a medical examination after an episode of palpitation and syncope. She had undergone a myomectomy for myoma uteri under general anesthesia. Echocardiography and invasive hemodynamic study revealed severe aortic stenosis (AS) with left ventricular (LV) hypertrophy. The cause of AS was calcified degeneration of a congenital bicuspid aortic valve. Therefore, aortic valve replacement was scheduled. Aortic valve replacement with a biological valve was performed under general anesthesia using fentanyl, vecuronium, and midazolam. While weaning from CPB at a body temperature of 35.3 degrees centigrade, the patient suffered from Vf. Vf was not responsive to lidocaine 100 mg, five consecutive 20-J direct current (DC) shock, five consecutive 30-J DC shock, and a 50-J DC shock at a body temperature of 35.2 degrees centigrade. After single intravenous injection of amiodarone 150 mg, the patient returned to normal sinus rhythm. LV hypertrophy might influence resistant Vf to lidocaine and DC shock. Intravenous injection of amiodarone is effective for refractory Vf to eliminate malignant ventricular activity. Amiodarone is worth trying in persistent Vf during weaning from CPB in cardiothoracic surgery.