PostScript

LETTERS

Present treatment options for atrial fibrillation

I read with interest the recent article by Lairikyengbam *et al.*¹ The AFFIRM,² RACE,³ and most recently the STAF pilot⁴ study have now all been published. These three studies in addition to the previously published PIAF⁵ study have all compared a rate with a rhythm control strategy for patients in atrial fibrillation. Data from these four studies would suggest that, for patients in persistent atrial fibrillation, rate control is associated with fewer drug side effects, reduced hospitalisation, with no reduction in quality of life compared with a rhythm control strategy. Early discontinuation of warfarin therapy is to be discouraged, even if sinus rhythm is initially achieved, as not only do most patients with atrial fibrillation have ≥ 1 risk factor for stroke, the long term rate of sinus rhythm maintenance after is poor.

The AFFIRM study (4060 patients, and the largest of the studies) is the only study to have used mortality as its sole primary end point and noted a non-significant trend to improved mortality with rate control therapy. In this study there was also noted to be a significantly higher crossover rate from rhythm to rate control therapy than vice versa, suggesting the difficulty and poor tolerance of rhythm control therapy.

In conclusion, previously unavailable evidence has now emerged and would suggest

that a rate control strategy is acceptable for a large proportion of patients in persistent atrial fibrillation.

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Perichondritis after elective surgery

I read with interest the description of perichondritis after ear piercing by Yahalom and Eliashar.¹ As well as the increasing

incidence of perichondritis after piercing of auricular cartilage, it can also be a problem after elective surgery. Correction of prominent ears (otoplasty/pinnaplasty) is a procedure that can be carried out in the UK within the NHS on patients under the age of 16. It involves exposure and scoring of the auricular cartilage to reconstruct the antehelical fold or concha.² Although the complication rate is low, 2%–4% of cases become infected and a few of these progress to perichondritis.³

Its treatment is primarily antibiotics and surgical debridement but this is complicated due to restrictions on prescribing ciprofloxacin to children. The long term outcome of these cosmetic procedures can be seriously affected by infection. Scrupulous aseptic technique and a single perioperative dose of prophylactic antibiotics are used to prevent this problem in elective surgery, and while aseptic conditions are recommended in ear piercing antibiotic cover is not.

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