

## Azione dell'atropina sul tempo di conduzione senoatriale misurato direttamente dall'elettrogramma del nodo del seno e calcolato mediante le tecniche di stimolazione atriale.

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The effects of atropine (A) on sinoatrial conduction time (SACT) measured directly (SACTD) from sinus node electrogram (SNE) were investigated in 15 patients with normal sinus node function. A comparison was performed with the results furnished by indirect methods which employ premature (SACTS) and continuous (SACTN) atrial stimulation. In control state SACTD was  $92.5 \pm 16.4$  msec, SACTS  $78.2 \pm 22$  msec, SACTN  $97.9 \pm 32.2$  msec and sinus cycle length (SCL)  $870 \pm 148$  msec. After A SACTD was  $70.6 \pm 15.6$  msec ( $p < 0.0005$ ), SACTS  $46.7 \pm 14.3$  msec ( $p < 0.0005$ ),

SACTN  $43.1 \pm 12.7$  msec ( $p < 0.0005$ ) and SCL  $608 \pm 100$  msec ( $p < 0.0005$ ). Thus: 1) in each employed method A induced a significant shortening of SACT; 2) mean percent decreases of SACTS ( $37 \pm 18\%$ ) and SACTN ( $51 \pm 21\%$ ) were higher than that of SCL ( $29 \pm 8\%$ ); 3) SACTD had opposite behaviour and showed a reduction ( $23 \pm 13\%$ ) significantly inferior to that of SCL ( $p < 0.005$ ). In conclusion, SACTD confirms that A induces a shortening of SACT in patients with normal sinus node function but shows a less pronounced action respect to indirect methods.