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#### Persistent Atrial Fibrillation From the Onset: A Specific Subgroup of Patients With Biatrial Substrate Involvement and Poorer Clinical Outcome

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Han S. Lim, Arnaud Denis, Melissa E. Middeldorp, Dennis H. Lau, Rajiv Mahajan, Nicolas Derval, Jean-Paul Albenque, Serge Boveda, Stephan Zellerhoff, Seigo Yamashita, Benjamin Berte, Saagar Mahida, Yuki Komatsu, Matthew Daly, Laurence Jesel, Carole Pomier, Valentin Meillet, Remi Dubois, Sana Amraoui, Ashok Shah, Frédéric Sacher, Hubert Cochet, Méléze Hocini, Pierre Jaïs, Prashanthan Sanders, Michel Haïssaguerre

The authors sought to characterize the clinical characteristics, atrial substrate, and prognosis in patients with persistent atrial fibrillation (AF) from the onset (PsAFonset). Consecutive patients with PsAFonset (n = 129) were compared with patients with PsAF that progressed from paroxysmal AF (n = 231). In addition, 90 patients were studied with noninvasive mapping to characterize the AF drivers. Patients with PsAFonset represent a distinct subgroup defined by specific demographics (younger, more obese, more men, and more hypertension), underlying diffuse biatrial substrate disease, and worse clinical outcome. The findings highlight the importance of defining criteria for early detection of atrial substrate disease.

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A global survey regarding esophageal perforation and fistula was completed by 405 physicians who have performed 191,215 atrial fibrillation ablations. Esophageal perforation with or without fistula occurred in 31 patients (0.016%). Among patients with esophageal perforation, increased body mass index and decreased left ventricular ejection fraction may be associated with unfavorable outcomes. Mortality was 79% with atrial-esophageal fistula and 13% without atrial-esophageal fistula. All surviving patients with atrial-esophageal fistula underwent thoracic surgery. Diagnosis and treatment of esophageal perforation before development of atrial-esophageal fistula may improve prognosis. An early surgical approach to esophageal perforation should be strongly considered regardless of evidence of fistula.

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**Pre-Procedural Serum Atrial Natriuretic Peptide Levels Predict Left Atrial Reverse Remodeling After Catheter Ablation in Patients With Atrial Fibrillation**  **151**

Koki Nakanishi, Shota Fukuda, Hajime Yamashita, Michihiko Kosaka, Naoya Shirai, Atsushi Tanaka, Junichi Yoshikawa, Kenei Shimada

The predictors of left atrial (LA) reverse remodeling in atrial fibrillation (AF) patients after radiofrequency catheter ablation (RFCA) were investigated in 104 patients who underwent RFCA for AF. During the 6-month follow-up, 49 patients showed significant LA reverse remodeling ( $\geq 15\%$  decrease in the LA volume index). Serum atrial natriuretic peptide (ANP) levels before RFCA and maintenance of sinus rhythm during follow-up were independent predictors of LA reverse remodeling. Measurement of ANP levels may have the potential to elucidate pathophysiological mechanisms of LA reverse remodeling after RFCA in patients with AF.

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Many patients with drug-refractory atrial fibrillation have a history of a prior cerebrovascular event. These patients are considered to be at high procedural risk for catheter ablation but data are scant. Of 9,413 consecutive patients who underwent atrial fibrillation ablation, 247 patients with a prior cerebrovascular event were identified and none of them had a periprocedural thromboembolic event. Patients with a prior history of cerebrovascular events do not seem to be predisposed to a significant risk of clinical cerebrovascular event recurrence when undergoing catheter ablation for atrial fibrillation without interruption of therapeutic anticoagulation.

**Radiofrequency Ablation Versus Antiarrhythmic Drug Therapy for Atrial Fibrillation: Meta-Analysis of Quality of Life, Morbidity, and Mortality**  **170**

Konstantinos C. Siontis, John P.A. Ioannidis, George D. Katritsis, Peter A. Noseworthy, Douglas L. Packer, John D. Hummel, Pierre Jais, Rungroj Krittayaphong, Llius Mont, Carlos A. Morillo, Jens Cosedis Nielsen, Hakan Oral, Carlo Pappone, Vincenzo Santinelli, Rukshen Weerasooriya, David J. Wilber, Bernard J. Gersh, Mark E. Josephson, Demosthenes G. Katritsis

In this meta-analysis of published and unpublished data from 12 trials of radiofrequency ablation (RFA) and antiarrhythmic drug therapy (AAD) in symptomatic atrial fibrillation, RFA improved quality-of-life metrics to a greater extent than AAD, but this difference tended to decrease with increasing follow-up. Bleeding and mortality rates were similar between the 2 arms. There was a higher risk for stroke in the RFA arm, but this effect was driven largely by a trial using the phased RFA system. Effects on hospitalizations were heterogeneous and depended on whether RFA was used as first- or second-line therapy.

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