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INSIDE THIS ISSUE

STATE-OF-THE-ART REVIEW

A Systematic Review on the Progression of Paroxysmal to Persistent Atrial Fibrillation: Shedding New Light on the Effects of Catheter Ablation

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Riccardo Proietti, Alexios Hadjis, Ahmed AlTurki, George Thanassoulis,
Jean-François Roux, Atul Verma, Jeff S. Healey, Martin L. Bernier, David Birnie,
Stanley Nattel, Vidal Essebag

The progression from paroxysmal atrial fibrillation (AF) into persistent or long-term persistent forms has recently gained increasing attention. A growing amount of data have shown a significant morbidity and mortality associated with the transition. AF ablation is associated with significantly reduced progression to persistent forms (2.4% to 2.7% at 5-year follow-up) compared with studies of general populations of medically treated paroxysmal AF (10% to 20% at the 1-year follow-up). Prevention of long-term AF progression may be a clinically relevant outcome after AF ablation. Further research is required to determine whether delaying progression of AF by catheter ablation reduces morbidity and mortality.

NEW RESEARCH PAPERS

Multicenter Outcomes for Catheter Ablation of Idiopathic Premature Ventricular Complexes

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Rakesh Latchamsetty, Miki Yokokawa, Fred Morady, Hyungjin Myra Kim, Shibu Mathew,
Roland Tilz, Karl-Heinz Kuck, Koichi Nagashima, Usha Tedrow, William Gregory Stevenson,
Ricky Yu, Roderick Tung, Kalyanam Shivkumar, Jean-Francois Sarrazin, Arash Arya,
Gerhard Hindricks, Rama Vunnam, Timm Dickfeld, Emile G. Daoud, Nishaki M. Oza,
Frank Bogun

This multicenter, retrospective cohort study analyzed 1,185 patients undergoing catheter ablation for idiopathic premature ventricular contractions (PVCs). Acute procedural success was achieved in 84% of patients, and continued success at follow-up without use of antiarrhythmic agents was achieved in 71% of patients. PVC location and number of PVC configurations predicted acute success. In 245 patients with PVC-induced cardiomyopathy, the mean ejection fraction improved from 38% to 50% after ablation. Predictors of developing cardiomyopathy were male, PVC burden, lack of symptoms, and epicardial location. Catheter ablation offers an effective option to treat frequent PVCs and frequently restores cardiac function in patients with PVC-induced cardiomyopathy.

■ EDITORIAL COMMENT

Idiopathic Premature Ventricular Contraction Ablation: Prime Time or Second Line?

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Mathew D. Hutchinson



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to participate.

**Adenosine-Provoked Atrial Fibrillation Originating From Non-Pulmonary Vein Foci: 127****The Clinical Significance and Outcome After Catheter Ablation CME**

Akio Kuroi, Shinsuke Miyazaki, Eisuke Usui, Noboru Ichihara, Yoshihisa Kanaji, Takamitsu Takagi, Jin Iwasawa, Hiroaki Nakamura, Hiroshi Taniguchi, Hitoshi Hachiya, Yoshito Iesaka

Adenosine triphosphate provokes atrial fibrillation originating from non-pulmonary vein foci; this condition is common in patients undergoing paroxysmal atrial fibrillation ablation. Adenosine triphosphate testing is useful for identifying and eliminating atrial fibrillation originating from the superior vena cava. The existence of atrial fibrillation originating from atria was associated with a poor outcome after the last procedure despite efforts to eliminate non-pulmonary vein foci.

■ EDITORIAL COMMENT**Catheter Ablation for Paroxysmal Atrial Fibrillation: 136****Triggers and Thoughts Provoked by Adenosine**

Gregory F. Michaud, Saurabh Kumar

Obesity and the Risk of Incident, Post-Operative, and Post-Ablation Atrial Fibrillation: 139**A Meta-Analysis of 626,603 Individuals in 51 Studies**

Christopher X. Wong, Thomas Sullivan, Michelle T. Sun, Rajiv Mahajan, Rajeev K. Pathak, Melissa Middeldorp, Darragh Twomey, Anand N. Ganesan, Geetanjali Rangnekar, Kurt C. Roberts-Thomson, Dennis H. Lau, Prashanthan Sanders

Obesity is an important contributor to the atrial fibrillation (AF) epidemic, potentially explaining one-fifth of all cases. In this comprehensive systematic review and meta-analysis, Wong et al. demonstrate that obesity is associated not only with incident AF, but also with post-operative and -ablation AF. It is estimated that for every 5-U increase in body mass index, there is a 10% to 29% greater risk of AF in these clinical settings. These results highlight the potential for even moderate reductions in obesity to have a significant effect on patients at risk for or with established AF, particularly given that weight reduction is also beneficial for other AF risk factors.

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Left Atrial Appendage Ligation and Ablation for Persistent Atrial Fibrillation: 153**The LAALA-AF Registry**

Dhanunjaya Lakkireddy, Arun Sridhar Mahankali, Arun Kanmanthareddy, Randall Lee, Nitish Badhwar, Krzysztof Bartus, Donita Atkins, Sudharani Bommana, Jie Cheng, Abdi Rasekh, Luigi Di Biase, Andrea Natale, Jayant Nath, Ryan Ferrell, Matthew Earnest, Yeruva Madhu Reddy

Left atrial appendage (LAA) seems to play an important role in atrial arrhythmias initiation and maintenance. LAA exclusion in persistent atrial fibrillation (AF) patients seems to improve the overall efficacy of the AF ablation.

■ EDITORIAL COMMENT**Ablation for Persistent Atrial Fibrillation: Pulmonary Vein Isolation Plus What? 161**

Bradley P. Knight, Albert C. Lin

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