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INSIDE THIS ISSUE

MINI-FOCUS ISSUE: PERCUTANEOUS LAA CLOSURE

Left Atrial Appendage Ligation in Nonvalvular Atrial Fibrillation Patients at High Risk for Embolic Events With Ineligibility for Oral Anticoagulation: Initial Report of Clinical Outcomes

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Horst Sievert, Abdi Rasekh, Kryzstof Bartus, Remo L. Morelli, Qizhi Fang, Jonas Kuroпка, Duong Le, Sameer Gafoor, Luisa Heuer, Payam Safavi-Naeini, Trisha F. Hue, Gregory M. Marcus, Nitish Badhwar, Ali Massumi, Randall J. Lee

Long-term clinical outcomes in adults with nonvalvular atrial fibrillation who had contraindications to oral anticoagulation (OAC) therapy, underwent left atrial appendage ligation with the Lariat device, and did not receive any OAC therapy post-left atrial appendage ligation were studied. Acute closure was accomplished in 138 of 139 treated patients (99%). Over a mean follow-up of 2.9 ± 1.1 years, the event rate for the composite endpoint of stroke and systemic embolism was 1.0% per year ($n = 4$). The Lariat device may be a beneficial approach to reduce embolic events in atrial fibrillation patients contraindicated to OAC therapy. Randomized clinical trials are needed to verify these results.

■ EDITORIAL COMMENT

Percutaneous Left Atrial Appendage Closure Using the Lariat: To Close, or Not to Close, That Is the Question

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Srinivas R. Dukkupati, Marc A. Miller

Left Atrial Appendage Eccentricity and Irregularity Are Associated With Residual Leaks After Percutaneous Closure

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Adil Rajwani, Masoumeh G. Shirazi, Patrick J.S. Disney, Dennis T.L. Wong, Karen S.L. Teo, Sinny Delacroix, Ramesh G. Chokka, Glenn D. Young, Stephen G. Worthley

Left atrial appendage closure aims to exclude this structure from the circulation and thus to prevent embolic events. Efficacy may be compromised by residual leaks however, which occur frequently despite meticulous orifice sizing. The authors demonstrate that eccentricity and irregularity of the orifice, as quantified by pre-procedural multislice computerized tomography, are implicated in the occurrence of residual leaks. Left atrial appendage orifice morphology may thus warrant particular consideration during workup for percutaneous closure.

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Ablation for Atrial Fibrillation Combined With Left Atrial Appendage Closure **486**

Arash Alipour, Martin J. Swaans, Vincent F. van Dijk, Jippe C. Balt, Martijn C. Post, Mike A.R. Bosschaert, Benno J. Rensing, Vivek Y. Reddy, Lucas V.A. Boersma

The combination of catheter ablation (CA) and left atrial appendage occlusion may decrease the burden of atrial fibrillation (AF) as well as the AF and oral anticoagulant (OAC)-related complications. During a follow-up period of 38 months (range: 25 to 45 months), the authors show that the combined procedure in 62 patients is feasible and safe, and is accompanied by lower amount of strokes (calculated CHADS₂ stroke-risk of 1.7%) than would be expected on the CHADS₂ score (annual risk of 6.5%). Moreover, we show that 58% of patients had neither documented AF recurrence nor symptoms, while 78% of patients could discontinue OAC therapy.

STATE-OF-THE-ART REVIEW

Treatment of Atrial and Ventricular Arrhythmias Through Autonomic Modulation **496**

Sébastien P.J. Krul, Wouter R. Berger, Marieke W. Veldkamp, Antoine H.G. Driessen, Arthur A.M. Wilde, Thomas Deneke, Jacques M.T. de Bakker, Ruben Coronel, Joris R. de Groot

Modulation of the autonomic nervous system (ANS) can be used as a treatment for atrial and ventricular arrhythmias. Atria and ventricles are innervated by a network of parasympathetic and sympathetic nerves. Both the parasympathetic nervous system and sympathetic nervous system exert arrhythmogenic electrophysiological effects in the atrium, while in the ventricles the sympathetic nervous system plays a dominant role in arrhythmogenesis. Studies on modification of the ANS may not only improve the outcome of therapy but also advance our understanding of the manner in which the ANS interacts with myocardium to modify arrhythmogenic triggers and substrate.

NEW RESEARCH PAPERS

Cryoablation for Ventricular Arrhythmias Arising From the Papillary Muscles of the Left Ventricle Guided by Intracardiac Echocardiography and Image Integration **509**

Santiago Rivera, Maria de la Paz Ricapito, Juan Espinoza, Diego Belardi, Gaston Albina, Alberto Giniger, Jean-François Roux, Felix Ayala-Paredes, Fernando Scuzzuso

Catheter ablation is an effective treatment for ventricular arrhythmias at the papillary muscles. Cryoablation has not been described previously as an alternative energy source. Ten patients (70% men; median age, 38 years [range: 34 to 45 years]) with drug-refractory premature ventricular contractions or ventricular tachycardia underwent electrophysiological study and catheter cryoablation. Termination of ventricular arrhythmia was observed in all 10 patients. The PM base was the most frequent site of origin of the arrhythmias, there were no post-procedure complications, and only 1 arrhythmia recurrence.

■ EDITORIAL COMMENT

Can Cryoablation Improve the Outcome of Catheter Ablation of Ventricular Arrhythmias Originating From the Papillary Muscles? **517**

Takumi Yamada

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