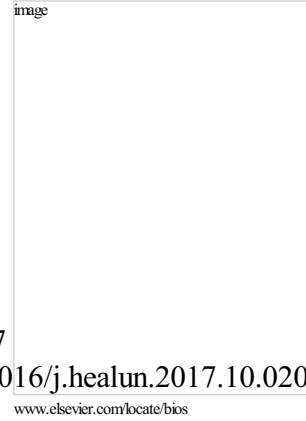


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AUTHORS' REPLY TO HADID AND COLLEAGUES' COMMENT ON "CATHETER  
ABLATION OF ATRIAL FLUTTER FOLLOWING ORTHOTOPIC HEART  
TRANSPLANTATION"

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**Text**

We appreciate the interest of Hadid and colleagues in our work and we would like to address the issues they have raised<sup>1</sup>.

First, our main study result is that most (91%) of the organized atrial arrhythmias (OAAs) following orthotopic heart transplantation (OHT) and regardless of type of anastomosis are cavotricuspid isthmus (CTI)-dependent atrial flutters<sup>2</sup>. Naturally, and based on their own experience with 5 biatrial OHT recipients who presented CTI-dependent flutter, Hadid and colleagues suggest that fluoroscopy-guided ablation procedures without systematic use of electroanatomical mapping (EAM) might be enough to ensure complete procedural success — which would mean considering OHT recipients as non-transplanted patients. Arguments in favor

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