



Letters to the Editor

Efficacy of cryoablation for paroxysmal and persistent atrial fibrillation in patients with structural heart disease



Dear Editor,

We read with great interest the article by Perego et al. [1] titled “Cryoablation for paroxysmal and persistent AF in patients with structural heart disease and preserved ejection fraction: Clinical outcomes from 1STOP, a multicenter observational project.” The authors investigated the efficacy and safety of cryoablation in patients with structural heart disease and paroxysmal or persistent atrial fibrillation (AF) [1]. The authors concluded that the rate of AF recurrence was lower than previously reported in patients with structural heart disease in other cohort series [1–4].

However, the study has several methodological flaws [2]. The first crucial problem is the use of the “structural heart disease” term [1]. The study by Perego et al. is focused mainly on patients with preserved ejection fraction (EF) and not patients with reduced EF or advanced cardiomyopathies [1]. The essence from reading the article is that the study is based on patients with advanced structural heart disease.

The second problem is the overestimation of the results due to a lack of follow-up standardization protocols [1,5]. The authors should explain why their results are much better than those reported from randomized controlled trials or other observational studies [2–4]. Which is the pathophysiological process, that these results are based upon? Furthermore, there is no information regarding the antiarrhythmic drug therapy, that was used after the procedure [2]. All of these factors lead to substantial overestimation and qualify the results as likely “upward biased” [2–4].

Cryoablation remains the gold standard of ablative strategies to treat medically refractory paroxysmal and persistent AF [2]. Patients with the highest success rate are those with normal structural hearts and paroxysmal AF [2–4]. Patients who benefit the most are those without precipitating factors and limited AF substrate [2–4]. Patients with persistent AF develop frequent recurrence episodes after cryoablation [2–4]. We agree that cryoablation is a safe and efficient guideline-based treatment for AF, producing a durable event-free result in most patients, however further large-scale prospective randomized clinical studies are required in order to elucidate the efficacy of cryoablation in patients with advanced structural heart disease.

Conflict of interest

None declared.

References

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Michael Spartalis (MD, FESC, FACC, CCDS)^{a,b,*}

^aDivision of Cardiology, Onassis Cardiac Surgery Center, Athens, Greece

^bESC Working Group on Cardiac Cellular Electrophysiology, Sophia Antipolis, Cannes, France

Dimitrios C. Iliopoulos (MD, PhD)
Eleftherios Spartalis (MD, MSc, PhD)
Antonios Athanasiou (MD, PhD)

Laboratory of Experimental Surgery and Surgical Research, University of Athens, Medical School, Athens, Greece

Stavroula A. Paschou (MD, PhD)
^{1st} Department of Cardiology, Hippokraton Hospital, National and Kapodistrian University of Athens, Medical School, Athens, Greece

Efthimios Livanis (MD, FESC)
Vassilis Voudris (MD, PhD, FESC)
Division of Cardiology, Onassis Cardiac Surgery Center, Athens, Greece

Gerasimos Siasos (MD, PhD, FACC)
^{1st} Department of Cardiology, Hippokraton Hospital, National and Kapodistrian University of Athens, Medical School, Athens, Greece

*Corresponding author at: 356 Syggrou Ave, Athens 176 74, Greece
E-mail address: msparta@med.uoa.gr (M. Spartalis).

Received 24 April 2019
Available online 27 June 2019

<https://doi.org/10.1016/j.jjcc.2019.05.016>
0914-5087/

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