International Journal of Cardiology 283 (2019) 128

Contents lists available at ScienceDirect

International Journal of Cardiology

journal homepage: www.elsevier.com/locate/ijcard

Letter to the Editor

Catheter ablation versus surgery in patients with persistent atrial fibrillation

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ARTICLE INFO

Article history:
Received 19 December 2018
Accepted 28 December 2018

The article by Berger at al [1]. published in the recent issue of International Journal of Cardiology is of great interest. The authors systematically reviewed the efficacy and safety of catheter ablation versus minimally invasive surgical options for treatment of persistent atrial fibrillation (AF). The meta-analysis suggests minimally invasive surgery has more procedural complications but associated with higher freedom from AF. There are few issues of importance when these two modalities of treatment are compared. Poor efficacy and effectiveness of catheter ablation techniques is confounded by presence of studies that have used ablation techniques over a span of 13 years, a period during which our knowledge on safer catheter ablation process has expanded. A good number of patients in these studies may have required additional substrate ablation and may have been in advanced AF. The impact of associated conditions such as obstructive sleep apnea and obesity was not considered probably due to lack of data from the studies included [2]. The cardiac rhythm follow-up was widely varying with continuous monitoring in some and only electrocardiogram at twelve month follow-up in other studies. Monitoring of symptoms in patients with AF is unreliable with nearly half of AF episodes are asymptomatic. [3] Charitos et al. demonstrated that Holter monitoring of atleast 30 days is needed to detect AF with 82% sensitivity [4]. Lastly, true complication rates of catheter ablation may be underestimated. Worldwide survey of complications of catheter ablation for AF reported a rate of 4.5% and this percentage may be biased due to underreporting. [5]. Nevertheless, the authors ought to be congratulated for a large systematic review on this interesting topic.

Conflict of interest

None.

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https://doi.org/10.1016/j.ijcard.2018.12.081

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