



Letter to the Editor

## Catheter ablation for atrial fibrillation: Earlier is better

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## ARTICLE INFO

## Article history:

Received 14 April 2019

Accepted 23 April 2019

## Keywords:

Atrial fibrillation  
Catheter ablation  
Atrial remodeling  
Recurrence

Dear editor,

We read with interest the recently published paper by Kawaji et al. [1] showing short diagnosis-to-ablation time (DAT) in atrial fibrillation (AF) was associated with better clinical success and reduced cardiovascular hospitalization.

AF is a progressive disease characterized by progressive atrial remodeling, which eventually leads to persistence of the arrhythmia. Therefore, early restoration of sinus rhythm could halt or slow down the remodeling and prevent AF recurrence. Catheter ablation is an effective strategy with favorable long-term outcomes and current guideline recommends it as class I indication for drug-refractory paroxysmal AF and IIa indication for paroxysmal AF or persistent AF without prior anti-arrhythmic drug use [2]. However, the optimal timing for catheter ablation of AF remains unclear. Several studies have shown short DAT was associated with higher procedural success rates and improved AF outcomes such as heart failure and death [3,4]. In fact, studies have shown high-burden AF is associated with progressive atrial remodeling and ablation results in significant reverse remodeling [5]. Moreover, the

median DAT in these studies was 2–3 years, given a high progression rate and complications related AF, early ablation may be preferable.

Taken together, more studies are needed to evaluate the benefits from early ablation of AF due to the progress in technologies, tools, and approaches. It is anticipated ablation will be recommended as the first choice for treatment of AF regardless of the AF type. However, before the guideline update, current studies advocate for early ablation following diagnosis of AF and, maybe “earlier is better”.

## Funding

None.

## Conflicts of interest

None.

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