

## Spring Momentum!!

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### Dear colleagues

Welcome to the April edition of JAFIB. 2015 brings in new challenges and new hopes in advancing the frontiers in Atrial Fibrillation. In the current issue we have many interesting and intriguing manuscripts on predictors and different management and care strategies for AFIB.

ACC 2015 successfully wrapped up in San Diego, CA earlier this month. The FDA's approval of the much awaited Watchman device was a great curtain raiser to the conference. This will really provide great therapeutic solutions for thousands of patients who live with AF. This is great news for the entire field of LAA. This will open up several important clinical studies that have been on hold can now be systematically done comparing to an approved LAA device.

Selcen Tuluce has reviewed the predictors of AF development in Hypertrophic Cardiomyopathy patients, which can cause AF and related embolic complications. The integrated chronic Atrial Fibrillation Management approach described by Hubertus Vrijhoef highlights the importance of integrated care and chronic care model in a patient centered approach. In another nice article by Hui-Nam Pak various ablation strategies for persistent AF cases and the step wise approach, which could achieve better long-term clinical outcome in these patients. He has reviewed the various substrate modification techniques which could help prevent clinical recurrences.

Philipp Sommer and group have an interesting case report on successful ablation on a patient with single reentrant tachycardia arising from a peri-aortic scar and apparently normal heart. Gaita and his group have re-emphasized the biological effects of radiation and discussed the role of newer technologies like using the 3D mapping system for catheter ablation procedures.

Other important articles include a brief review of the management strategies in asymptomatic AF patients, a subgroup study from ASSERT and AFFIRM trials, which showed increased incidence of cerebrovascular events in this subgroup. Seasonal variations in paroxysmal AF, which showed increased rate of AF in winter than summer months. Temperature, duration of daylight and barometric pressure has shown to influence these seasonal variations in the onset of AF. A single center experience of traditional PVI ablation and Cryoballoon ablation for AF has been described in a short original article by Jain et al.

Hope you had a great spring break. At least here in North America we have been eagerly awaiting for this long drawn out winter to end at some point. We wish you happy time with your family and loved ones. Looking forward to see you all at Heart Rhythm Society Annual Sessions in May in Boston.

Sincerely  
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