Dear Colleagues

Welcome to the spring issue of JAFIB 2016. Hope everyone had a great spring break. From the editorial desk we have a few updates some of the national meetings and a short review of some exciting work that will be showcase in this issue.

The 4th edition of the International Symposium on Left Atrial Appendage (ISLAA 2016) successfully organized in New York City, NY. This premier and most comprehensive CME event on the Left Atrial Appendage has been gaining significant momentum and interest amongst health care professionals especially interventionalists and electrophysiologists. Increasing awareness of the contribution of the LAA in systemic thrombo-embolization and arrhythmia burden has brought renewed interest for preventive strategies. Suboptimal experience with 6 decades of Warfarin experience has recently been replaced by more effective Novel Oral Anticoagulants, but the bleeding complications still continue to be a major issue with the anticoagulation strategy. The concept of eliminating the left atrial appendage from the systemic circulation has evolved into an attractive strategy in place of long term OAC. With the Watchman device getting FDA clearance and evaluation from CMS, the need for skilled operators who can perform LAA exclusion procedures will continue to increase. ISLAA is a perfect medium of education for both experienced and novice operators alike. Experts from all over the world joined in this two day meeting sharing their experience, research on various technologies.

In the current issues Somberg etal have a good review of intravenous Sotalol compared against Amiodarone for cardiac arrhythmias. Over the last few years as the drug went out of production people almost forgot about this drug which used to be frequently used in the emergency room, critical care and EP lab settings. IV sotalol definitely shows some promise on its return and perhaps some creative ways of using it to minimize the duration oral loading would be an important area to study. A wide array of topics from wearable cardioverter defibrillators to contact force catheters are being covered. Wong etal presented a nice featured review on the current state of the contact force catheter ablation. Dellurgio and team presented a review on AF and risk of dementia/cognitive decline. Additionally Forleo and colleagues presented some fascinating data on asymptomatic cerebral

infarcts in AF. Given the heightened risk of dementia in AF patients not undergoing ablation, the relationship between AF and SCI is an old issue but only larger volumes of cerebral lesions have been associated with cognitive decline. From a pathophysiological point of view, new ischemic lesions on MRI after AF ablation, should suggest worse neuropsychological outcome; however, the available data are discordant. Most silent MRI-detected lesions observed acutely after AF ablation procedures are small or medium-size events and the majority of acute lesions regress at medium- term follow-up suggesting the overall risk of not treating AF probably has worse implications than the SCI after AF ablation that mostly disappear on long term follow up.

García-Bolao and team presented the rationale, feasibility, outcomes and technique of a combined procedure of AFCA and percutaneous LAAO, two percutaneous interventions that share some procedural issues and technical requirements, in patients with symptomatic drug-refractory AF, high risk of stroke, and contraindications to OACs. Anguera et al presented a review of AF ablation in adults with repaired congenital heart disease specifically those patients with atrial septal defects.

We are happy to announce that JAFIB is officially PubMed listed now. All the previous issues will be retrospectively published in the pubmed repository going forwards. This is a well-deserved recognition after 8 years of serving the need for quality education in the science of AF both for physicians and patients. We encourage you to continue to submit your quality work to the journal. We will see you at the Heart Rhythm Annual Sessions in San Francisco in May.

Best Wishes

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