

Expanding the Horizons of Atrial Fibrillation Management

Dear Colleagues

Welcome to the July issue of the Journal of Atrial Fibrillation. We have a few exciting articles covering a wide array of topics in AF. Angelo Biviano and colleagues have excellent observations that in patients undergoing transaortic valve replacement, the need for permanent pacemaker is significantly higher in those with atrial fibrillation (AF) than those who don't have AF. Resink et al report that acoustic cardiography may be a simple inexpensive and quantitative bedside method to assist in prediction of AF recurrence after an external cardioversion. Another interesting study from the University of Kansas highlights the importance of taking into account the reverse remodeling and associated left atrial shrinking and subsequent impact on the pulmonary vein orifice areas. Often the percentage reduction in the orifice area is taken into account for assessing the PV stenosis.

As medical care moves to more computer based algorithms and artificial intelligence becoming an integral part of patient care, computerized decision support systems are becoming prevalent. Computerized decision support system may decrease decision conflict and increase knowledge of patients with AF about its risk and potential therapies. Sheibani and group studied the effects of computerized decision support system on outcomes such as changing doctor-nurse behavior, anxiety about stroke and bleeding and stroke events. In the California Study of Ablation (CAABL), Srivatsa and colleagues analyzed a large patient database looking at the utilization of ablation therapy in AF patients and potential factors that influenced therapy. Despite two decades of progress in AF ablation, there seems to be a significant lag in time to therapy from diagnosis. The adult congenital heart disease (CHD) population is increasing rapidly, and patients with CHD are more likely to be referred for cardiac electrophysiology procedures. Moe et al have a great review article on the management of in adult CHD patients. AF occurs at a younger age in patients with CHD who are less tolerant of the arrhythmia and whose comorbid conditions make medical arrhythmia therapy more difficult to manage. They highlighted that any time an open-thoracotomy operation is planned, a discussion of concomitant surgical ablation of the arrhythmogenic substrate and

excision or exclusion of residual thrombogenic structures should be considered. Patients with complicated CHD and atrial arrhythmias should have the benefit of referral to or collaboration with an adult congenital center of excellence prior to invasive rhythm management therapies.

As we immerse ourselves in the joys of the practice of electrophysiology, the health care bill remains contentious and unresolved. Millions of people in the United States are at risk of losing their health insurance as the ideological battle continues in Washington DC. May common sense prevail and hope the world remains sane until we come back to you in a couple of months.

Have a great summer.
Best wishes



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