

Happy Holidays

Dear colleagues

We welcome you to the November issue of the Journal of Atrial Fibrillation. Hope you enjoyed the flavors of fall and getting ready to embrace the winter looming around. The Venice Arrhythmia Symposium 2013 just got wrapped up in October. Our special congratulations to Drs. Raviele & Themistoclakis and group for putting together another fabulous international meeting that brought experts from far and wide to participate in this 3 day event. Venice was beautiful as always and quite a few electrophysiologists from around the world had the opportunity to enjoy the hospitality, culture, Gondolas and great education in this vivacious city. Set on the historic San Giorgio Island, Venice Arrhythmia 2013 focused on the state-of-the-art in electrophysiology while comprehensively covering the basics. A special coverage of the meeting will be released in the January 2014 issue of the Journal.

In this issue of the Journal we have exceptional original manuscripts, featured reviews and case reports. DeGroot et al have written a very nice review article on electrophysiological evaluation of thoracoscopic pulmonary vein isolation is feasible and may add to better outcomes of this procedure. Specifically, understanding how to measure conduction block with electrophysiological tools and techniques may provide an addition to the surgical procedure. Forelo et al brought to light the value of ablation and the limited data in patients with asymptomatic atrial fibrillation. Asymptomatic AF is common and are at no lesser risk for devastating consequences, including thromboembolic stroke and left ventricular dysfunction. The selection of asymptomatic patients for AF ablation may depend on the balance of risks to benefits in individual patients and more attention should be paid to the AF burden. In their original article Hornero and group studied a large patient cohort undergoing coronary artery bypass graft surgery to see preoperative AF predicts post op stroke. In appropriately risk stratified and modified group that doesn't seem to be the case.

AF is relatively uncommon in younger patient groups. Oftentimes early intervention is delayed due to the reverse bias against intervention in this group. Dewire from the Johns Hopkins group has reported their experience with AF ablation in patients 40 and younger. Phillips et al wrote a very succinct and timely article on the correlation between inflammation and AF drawing parallels with coronary artery disease. Kosmidou and group showed the feasibility of a hybrid approach utilizing cryo balloon ablation along with radiofrequency compared to RF alone in persistent cases. As anticipated the right atrial flutter needed RF ablation since cryoballoon couldn't be used. The comparative efficacy between

the two strategies seems to be similar, cost apart. Odashima and colleagues from Japan describe the relationship between non valvular AF and erythrocyte deformability and possible connection to CAD. Pappone et al did a nice summary article on the current state of the much feared atrio esophageal fistula.

Rosen and colleagues examined the upstream benefits of renin angiotensin activation system (RAAS) using angiotensin converting enzyme inhibitors (ACE-I) and angiotensin receptor blockers (ARBs) in improving the outcomes of AF ablation. Sauer et al examined the issues that surround the durability of pulmonary vein isolation in their featured article. Barra and group from the UK examined the predictive power of various existing measures of renal function in patients with atrial fibrillation. Renal dysfunction is a strong predictor of adverse events in patients with atrial fibrillation (AF). The Cockcroft-Gault, Modification of Diet in Renal Disease (MDRD) and Chronic Kidney Disease-Epidemiology Collaboration (CKD-EPI) equations are available for estimating the glomerular filtration rate (GFR).

Peter Sick wrote a nice review article on the current status of various left atrial appendage (LAA) exclusion devices. Mossahebi and colleagues address the issue of chamber stiffness in patients with rate controlled and rhythm control AF. This nicely written paper highlights why rhythm restoration may be important in a few people for symptom resolution and positively impact cardiac physiology. The Leipzig group showed various electrophysiologic measures of pulmonary vein isolation during AF ablation. Lau et al highlight the challenges of identifying and ablating complex fractionated atrial electrograms (CFAE) in AF.

We wish you a great thanksgiving and a happy holiday season
Best Wishes



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