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LETTER FROM THE EDITOR IN CHIEF

Dear Readers,

This issue of the Journal contains many interesting articles. I would like to highlight the publication by Iyer et al. entitled “Diagnostic Electrophysiology Study Has Limited Value in Risk Stratification of Children and Young Adults with and without Congenital Heart Disease”. The authors describe a retrospective study aiming to determine the utility of electrophysiology (EP) study in children and young adults to risk stratify for sudden cardiac death. Half of the patients in the study had congenital heart disease and half did not. The authors found that EP testing had limited utility for risk stratification.

The main conclusion of the study is different than prior studies, some of which are multicenter and included a larger number of patients, and showed that programmed ventricular stimulation is of diagnostic and prognostic value in risk stratifying patients with congenital heart disease. Also this study has some limitations, the most important of which is the design being a retrospective single center study. Despite the limitations, this study is important because it demonstrated that a negative EP study in congenital heart disease patients suggests a low risk for sudden cardiac death, which in my opinion has important clinical implications.

Another reason the study is important is because it highlights the risk of sudden cardiac death in patients with congenital heart disease. Because of medical and technological advances, the vast majority of children with congenital heart disease are surviving into adulthood. This is a large population and comprises over 1 million people in the US. Cardiac rhythm disorders are one of the most challenging complications among these patients. The congenital structural abnormalities and the scars from subsequent surgeries result in reentry tachycardias in the atria and ventricles, some of which are life-threatening. Clinical studies aiming at finding techniques and technologies to predict and prevent sudden cardiac death in this population are of critical importance.

Another important article in this issue is the elegant review by John Day summarizing the most impactful clinical studies in 2015. These included the role of weight loss in reducing the AF burden, leadless pacing, and the low yield of performing DFTs. These landmark publications will likely affect the clinical practice.

I hope you enjoy reading this issue of the Journal.

Regards,

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