DOI: 10.19102/icrm.2016.070506

LETTER FROM THE EDITOR IN CHIEF

Dear Readers,

Catheter ablation for atrial fibrillation (AF) has become one of the primary treatments for this disease. The procedure is currently performed in large numbers in most parts of the world, and most estimates project a continuous steep increase in the global market of AF ablation. The success rate with catheter ablation has been gradually improving and many studies demonstrated that this procedure can provide cure for the majority of the patients with AF.

One drawback of catheter ablation is the occurrence of complications. Albeit rare, vascular, cardiac gastroenterological, and neurological consequences can occur as a result of ablation, and can result in significant suffering to the patient. Perhaps one of the most feared complications of catheter ablation is stroke. This issue of the Journal contains an elegant review article by Ponamgi et al. describing the different technologies that are currently being used to detect neurologic injury and the risk factors associated with it. The authors also identified potential areas of intervention that could lower the risk of neurological complications.

At our center we are very fortunate to have an extremely low rate of neurological complications after AF ablation. We have been performing catheter ablation with uninterrupted warfarin or direct oral anticoagulants for many years. In addition, we infuse IV heparin before the transseptal punctures, and maintain an ACT over 350 sec during the duration of the procedure. We also use intracardiac echo to visualize the left atrial appendage and rule out thrombi. We do not obtain routine brain imaging post ablation. However, I believe that routine brain imaging may be important when a new energy source is being tested in early clinical trials.

I hope that you enjoy reading this issue of the Journal.

Regards,

Moussa Mansour, MD, FHRS, FACC

Editor-in-Chief

The Journal of Innovations in Cardiac Rhythm Management

MMansour@InnovationsInCRM.com

Director, Cardiac Electrophysiology Laboratory

Director, Atrial Fibrillation Program

Massachusetts General Hospital Boston, MA