

First Argentine Catheter Ablation Registry: Promising Results

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In this issue of the Revista, Gant López et al present the First Catheter Ablation Registry carried out in our country, Argentina. (1) This work, with the anonymous and voluntary participation of 30 electrophysiology centers, includes the prospective registry of 762 ablation procedures.

The high rate of success (93.4%), as well as the low rate of complications (3%), reflect the current level of development of this discipline in the participating centers, getting similar results to those from recent international reports. (2)

The presence of atrioventricular nodal reentrant tachycardia (AVNRT) was the most frequent indication for catheter ablation, a 30% of the total. Beyond the immediate success rate of 98.7%, the major reassurance is given by the low rate of iatrogenic AV block and pacemaker dependency (0.4%), a value that is similar to the recent multicenter prospective randomized trial that compared cryoablation versus radiofrequency energy for the treatment of AVNRT. (3)

In cases of ablation of anomalous pathways (from now on, Wolff-Parkinson-White, WPW), periprocedural success rate was also over 90%. Even more interesting is that most (84.4%) patients with WPW undergoing ablation were symptomatic. This behavior is supported by the current recommendations of not ablating asymptomatic WPW patients unless they have risk markers, such as persistence of conduction through the pathway with stimulation cycles < 240-260 ms. (4) Such recommendation is supported by recent trials with long-term follow-up. (5)

Atrial flutter was the third most frequent indication for ablation, with a success rate > 95%, which shows that this procedure is an excellent alternative for patients in whom drugs failed or were not tolerated, as indicated in guidelines (6), or even as the first choice of treatment, as suggested by other authors. (7) The only limitation to bear in mind is that atrial fibrillation (AF) occurs in more than 30% of patients during the long-term follow-up. (8)

The number of ablations of AF and other complex arrhythmia substrates is too low to draw conclusions about results, although initial data on the rate of successful isolation of pulmonary veins are more than promising. Although the authors state that the time free from AF is the primary goal of ablation, I believe that proper isolation of pulmonary veins is a key factor for a successful procedure; these concepts are

supported in recent guidelines. (9) The sample size is also insufficient to evaluate the safety of ablation of AF, based on the rate of complications > 4.5% reported by a recent multicenter registry on ablation of AF. (10)

LIMITATIONS

First of all, there are no references in the work to the number of cases in which it was decided not to perform ablation. It would be interesting, just as an example, to know what percentage of WPW patients with alleged high risk of iatrogenic (median septal, para-hisian) AVB underwent ablation, and how often a conservative treatment was chosen instead. The Spanish Catheter Ablation Registry reports a very low rate of indication for ablation in this type of beams (9% of the total), and the decision to proceed in such cases could be even lower (3%), according to the registry carried out by Gant López et al. (2) Since no information on this matter is available, it is possible to make an overestimation of the rate of success and an underestimation of the complications for this type of arrhythmias in particular. This is a common limitation not only of this registry but also of most of the registries available.

In addition, no data on the use of transseptal puncture are reported (available only in 30% of the centers), referring either to the use on substrates beyond AF ablation or to its safety.

Finally, it should be pointed out that the registry shows that most of the procedures were performed in centers with a high volume of cases. It cannot be inferred from this study if there were differences regarding the success and/or the complications when comparing operators with higher or fewer number of cases per year.

It is relevant to make clear that, in my opinion, these limitations by no means overshadow the significance of this important work.

FUTURE PERSPECTIVES

This registry is a big step, and will allow for a greater understanding of the results in our specialty, which will be even more representative with the growing number of participating centers. Also, the number of complex ablation procedures will increase over time, and the annual publication of registries of this type will be an essential source of information for patients and health care providers, which will demand not only accurate data on the success but also on the safety

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of long, high-cost procedures with a higher rate of complications.

I congratulate the authors for their work, as this registry kicks off a new era for electrophysiology in our country.

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