

# Letter from Turco Regarding Article, “Ablation Versus Amiodarone for Treatment of Persistent Atrial Fibrillation in Patients With Congestive Heart Failure and an Implanted Device: Results From the AATAC Multicenter Randomized Trial”

To the Editor:

We read with great interest the article by Di Biase et al,<sup>1</sup> recently published in *Circulation*, about a multicenter randomized study that showed that catheter ablation of persistent atrial fibrillation (AF) patients was superior to amiodarone in achieving freedom from AF at long-term follow-up and reducing unplanned hospitalization and mortality in patients with persistent AF and heart failure implanted with a cardiac resynchronization therapy defibrillator or implantable cardioverter defibrillator.

We are very surprised not to find how many patients with a cardiac resynchronization therapy defibrillator were enrolled and assigned into 2 arms. This would have had statistical relevance because, in patients with cardiac resynchronization therapy defibrillators, we reported a spontaneous sinus rhythm (SR) recovery until 8%; in addition, in long-lasting AF, a cardioversion could be effective for resuming stable SR.<sup>2</sup> Moreover, the atrioventricular node ablation that should be performed to optimize resynchronization therapy is not mentioned and analyzed.

Nevertheless, we really appreciate the work of Di Biase et al<sup>1</sup> because it highlights 2 very important matters:

1. In patients with heart failure, the restored SR identifies patients with a better follow-up and prognosis.
2. It is necessary to review AF classification to better understand the way and timing to cure the arrhythmia.

First, according to Di Biase, our previous study provided evidence in favor of a rhythm control strategy in patients who have heart failure with long-lasting AF.<sup>2</sup> Cardioversion seemed to be associated with a higher SR resumption on long-term follow-up and a better echocardiographic response to cardiac resynchronization therapy. Moreover, the improved cardiac function in SR patients seemed to be accompanied by a better prognosis (all deaths occurred among AF patients).<sup>2</sup>

Second, a better AF classification, attempting to stratify the probability to SR resuming, should take care of the anatomy of the left atrium too: volume and fibrosis score. Echocardiographic measures with possible tissue Doppler (strain rate) or, even better, if an enhanced MRI analysis of the left atrium should be done.

Small left atrial volume has been shown to be the predictor of spontaneous SR resumption.<sup>2</sup> It is conceivable that a left atrial volume  $\leq 50$  mL/m<sup>2</sup> (44 mL in women), with moderate fibrosis, should be considered a reasonable cutoff that advises the adoption of a rhythm control strategy that may frequently be effective.

## DISCLOSURES

None.

Pietro Turco, MD

*Circulation* is available at  
<http://circ.ahajournals.org>.

© 2016 American Heart  
Association, Inc.

---

## AFFILIATION

From Electrophysiology, Clinica San Carlo, Paderno-Milano, Italy.

---

## REFERENCES

1. Di Biase L, Mohanty P, Mohanty S, Santangeli P, Trivedi C, Lakkireddy D, Reddy M, Jais P, Themistoclakis S, Dello Russo A, Casella M, Pelargonio G, Narducci ML, Schweikert R, Neuzil P, Sanchez J, Horton R, Beheiry S, Hongo R, Hao S, Rossillo A, Forleo G, Tondo C, Burkhardt JD, Haissaguerre M, Natale A. Ablation versus amiodarone for treatment of persistent atrial fibrillation in patients with congestive heart failure and an implanted device: results from the AATAC Multicenter Randomized Trial. *Circulation*. 2016;133:1637–1644. doi: 10.1161/CIRCULATIONAHA.115.019406.
2. Turco P, D'Onofrio A, Stabile G, Solimene F, La Rocca V, Vecchi-one F, Iuliano A, Marrazzo N, De Vivo S, Cavallaro C, Bianchi V, Agresta A, Ciardiello C, De Simone A. Feasibility and efficacy of electrical cardioversion after cardiac resynchronization implantation in patients with permanent atrial fibrillation. *J Interv Card Electrophysiol*. 2012;35:331–336; discussion 336. doi: 10.1007/s10840-012-9713-2.

**Letter from Turco Regarding Article, "Ablation Versus Amiodarone for Treatment of Persistent Atrial Fibrillation in Patients With Congestive Heart Failure and an Implanted Device: Results From the AATAC Multicenter Randomized Trial"**

Pietro Turco

*Circulation*. 2016;134:e179-e180

doi: 10.1161/CIRCULATIONAHA.116.023135

*Circulation* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

Copyright © 2016 American Heart Association, Inc. All rights reserved.

Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://circ.ahajournals.org/content/134/10/e179>

**Permissions:** Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Circulation* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the [Permissions and Rights Question and Answer](#) document.

**Reprints:** Information about reprints can be found online at:  
<http://www.lww.com/reprints>

**Subscriptions:** Information about subscribing to *Circulation* is online at:  
<http://circ.ahajournals.org/subscriptions/>