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Abstract: 664

Multi-electrode pulmonary vein isolation and left atrial CFAE ablation for chronic AF with bipolar and unipolar RF unipolar RF energy: Longterm results and follow-up

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Purpose: Ablation for chronic AF remains a long and difficult procedure. We evaluated the long term results of a novel standardized multi-electrode catheter approach with alternating bipolar and unipolar RF energy.

Methods: Pts with recurrent chronic AF despite anti-arrhythmic drugs and cardioversion were treated with 3 catheters (PVAC, MASC and MAAC) with no additional imaging besides biplane fluoroscopy. The 10-polar PVAC was used for PV isolation, the 3-arm 12-polar MASC for septal CFAE ablation, and the 4-arm 8 polar MAAC for the LA roof, mitral isthmus, LA floor, and posterior wall CFAE ablation. Applications lasted 60 sec at 60°C target temperature at 10W maximum power with duty-cycled bipolar:unipolar RF energy (PVAC 4:1, MASC/MAAC 1:1). Follow-up visits were performed at 3, 6, and 12 mo with repetitive ECG and 7-day Holter recordings. Drugs were stopped at 3 mo if pts became asymptomatic. A second procedure was scheduled when AF recurred >2mo. PV MRI was performed before and >6 mo after the ablation.

Results: Since July 2006, 40 pts (age 59±8 yr, 7 female) underwent the 3 catheter ablation procedure. Procedure and fluoroscopy time decreased from 174±51 and 54±46 min for the first to 100±13 and 19±17 min for the last twenty procedures. The number of applications for PVAC decreased from 29±8 to 23±5 min, but remained the same for MASC (7±3 min) and MAAC (8±5 min). Median FU was 10 mo (range 0-30 mo) with 27 pts>6 mo and 16 pts>12 mo. In 8 of 40 pts a second procedure was performed for early AF recurrence. A 7-day Holter in asymptomatic and/or ECG in symptomatic pts showed freedom of AF in 22/27 pts (81%) at 6 mo, and 11/16 pts (69%) at 12 mo. In all cases where a redo procedure was performed 1 or more PV reconnections were observed. Angiography during the second procedure as well as MRI follow-up showed no evidence for PV stenosis. No other complication like stroke, bleeding, tamponade, or phrenic nerve damage were observed throughout follow-up.

Conclusions: A standardized multi-electrode catheter approach for chronic AF is feasible, time-efficient, and safe. Longterm results beyond 12 mo show 69% freedom of AF.

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