

Catheter Ablation In Combined Procedures Are Associated With Residual Leaks

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Abstract

Introduction: The CA of AF may cause ridge edema, which may affect the safety of LAAC. Patients undergoing LAAC (left atrial appendage closure) with and without catheter ablation (CA) of atrial fibrillation (AF) were compared. **METHODS:** AF patients (N = 98) who went through LAAC (combined CA+LAAC procedures group; N=51), alone (LAAC group; N = 47) received transesophageal echocardiography (TEE) pre-procedural, intra-procedural and six-weeks post-procedure. The depth and ostial diameter of LAA, device compression, residual leak, and ridge thickness were evaluated in the patients. A comparison of patients having undergone combined and single procedures was done post-implantation. Finally, images of LAA and primary clinical characteristics were compared. **RESULTS:** TEE at six-weeks after implantation identified 27 patients with a residual leak (19 in the combined procedures group and 8 in the alone group; $p = 0.04$). A significantly higher rate of new residual leak was observed in the combined procedures group (25.5% vs 8.5%; $p = 0.03$). In the combined procedures group, a statistically significant lower amount of device compression ratio was also noted at implant as compared with that of six-weeks follow-up (22.44 ± 3.90 vs 19.59 ± 5.39 ; $p = 0.03$). No difference at significance level was found between both groups in all-cause, or cardiovascular deaths, and TIA/stroke/system embolism. **CONCLUSIONS:** Combined procedures of CA and LAAC for AF are feasible and safe, however, during follow-up, it might cause enhanced residual leak and smaller device compression ratio.

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