



Úvodník | Editorial

Editorial special issue Atrial fibrillation

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Dear colleagues,

For the end of the year 2012, we have prepared a special issue of *Cor et Vasa* devoted to atrial fibrillation (AF). Management of atrial fibrillation is one of the most rapidly developing areas of arrhythmia services, in particular because of better outcomes of catheter ablation and innovative approaches to the prevention of thromboembolic complications of AF. Following my graduation from a medical school, I started a long-term internship at the 1st Department of Internal Medicine, General University Hospital in Prague. During ward rounds led by professor Kordač, atrial fibrillation was considered arrhythmia of the elderly and not much was done about it, apart from attempted cardioversion with the available antiarrhythmic drugs or rhythm control with digoxin and antiplatelet therapy, which at that time was not indicated in all at-risk patients.

Ten years later, in 1996, I had an opportunity to participate in a Rome symposium on arrhythmias. There, before their well-known article was published, our colleagues from Bordeaux presented, for the first time, results of their innovative study that detected triggers of paroxysmal atrial fibrillation mostly in openings of the pulmonary veins and in numerous anatomical structures of the left and right atria. This was the actual beginning of catheter ablation for atrial fibrillation. The techniques developed from ostial ablations of AF triggers and large antral lesions using a traditional electrophysiological approach, 3D mapping with possible integration of the reconstructed left atrium from computed tomography or magnetic resonance ima-

ging, to complex robotic systems currently used in three Czech centers with the aim of improving the effectiveness, safety and complexity of procedures. The good news is that catheter ablation has been increasing in number and that in 2011, the Czech Republic ranked seventh (156 procedures per 1 million population), as stated by the EHRA White Book [1]. In the same year, atrial fibrillation ablation accounted for nearly 37% of all interventions (Fig. 1).

Given the number of individuals with atrial fibrillation in the Czech Republic (an estimated 200,000 potential patients), the treatment of choice in most cases continues to be antiarrhythmic and anticoagulation therapy. For many years, no substantial changes have occurred in these two key segments. Recently, the therapy has been modified to use new molecules already incorporated into the new Czech Society of Cardiology treatment guidelines for atrial fibrillation [2] and 2012 update of the European Society of Cardiology guidelines [3]. Therefore, this special issue of *Cor et Vasa* is a platform where an abridged version of the European recommendations are published by the Arrhythmias and Permanent Cardiac Pacing Working Group. It was a pleasure to see this year's consensus of most influential European, American and other societies on recommendations for selection, management, and follow up of patients with catheter ablation of AF [4]. At the same time, the EHRA Scientific Initiative Committee published an article on monitoring in the management of patients with AF [5].

At least in the European context, the Czech Republic is among countries with an advanced approach to managing atrial fibrillation, excellent outcomes even in patients with

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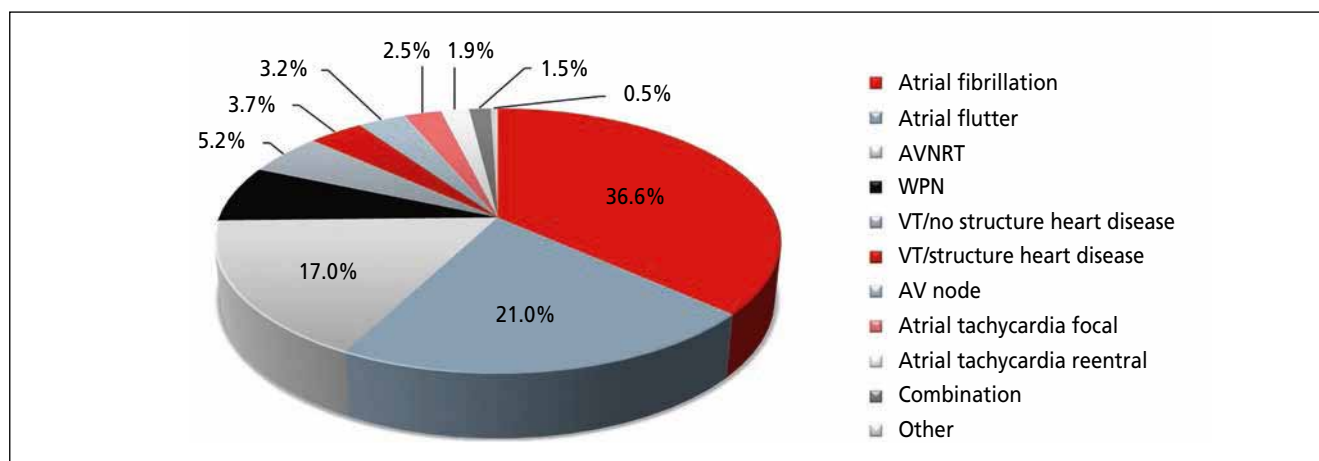


Fig. 1 – Profile of arrhythmia ablation therapy in the Czech Republic (2011).

chronic arrhythmia, and very good prevention of thrombo-embolic complications, especially at the level of specialized comprehensive cardiology centers offering individualized care, the most adequate therapy and the best results.

The only unresolved problem is the long-term effectiveness of catheter ablation for permanent atrial fibrillation, particularly in patients with alteration of myocardial structure. The first studies using a hybrid approach (a combination of minimally invasive primarily surgical and catheter intravascular ablation) have shown possible trends in the development of these issues.

Sincerely yours

Miloš Táborský

In Olomouc on 1st November 2012

References

- [1] F. Arribas, A. Auricchio, C. Wolpert, et al., EHRA White Book 2012. *Europace* 14 (2012) DOI:10.1093/europace/eus256.
- [2] R. Čihák, P. Heinc, L. Haman, et al., Doporučený postup ČKS pro léčbu fibrilace síní, *Cor et Vasa* 53 (Suppl 1) (2011) 27–52.
- [3] A.J. Camm, G.Y.H. Lip, R. De Caterina, et al., 2012 focused update of the ESC Guidelines for the management of atrial fibrillation, *European Heart Journal* 33 (2012) 2719–2747.
- [4] H. Calkins, K.H. Kuck, R. Cappato, et al., 2012 HRS/EHRA/ECAS expert consensus statement on catheter and surgical ablation of atrial fibrillation: recommendations for patient selection, procedural techniques, patient management and follow-up, definitions, endpoints, and research trial design, *Europace* 14 (2012) 528–606.
- [5] T. Lewalter, J. Morgan, F. Halimi, et al., Monitoring in the management of atrial fibrillation, *Europace* 14 (2012) 591–592.