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Volume 65, Issue 10S Arrhythmias and Clinical EP**ELECTRICAL REMODELING AND CLINICAL OUTCOMES AFTER LEFT ATRIAL APPENDAGE LIGATION AND CATHETER ABLATION IN PATIENTS WITH PERSISTENT ATRIAL FIBRILLATION**

Moderated Poster Contributions

Arrhythmias and Clinical EP Moderated Poster Theater, Poster Hall B1

Saturday, March 14, 2015, 10:15 a.m.-10:25 a.m.

Session Title: Controversies in Clinical Arrhythmias

Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT

Presentation Number: 1129M-05

Authors: *Nitish Badhwar, Dhanunjaya Lakkireddy, Mitsuharu Kawamura, Sivaraman Iyer, Randall Lee, University of California, San Francisco, San Francisco, CA, USA***Background:** Left atrial appendage (LAA) ligation results in LAA electrical isolation and a decrease in atrial fibrillation (AF) burden. This study assessed the safety, clinical outcomes and electrical remodeling after percutaneous LAA ligation and pulmonary vein isolation (PVI) in patients with persistent AF.**Methods:** 22 patients with persistent AF underwent attempted LAA ligation with the LARIAT suture delivery device followed by PVI. TEE was used to confirm LAA closure acutely and 4-6 weeks after ligation during the PVI. PVI was confirmed with the demonstration of both entrance and exit block from the pulmonary veins. All patients (n=10) in sinus rhythm pre- and post-LAA ligation underwent P-wave analysis.**Results:** LAA ligation with the LARIAT device was successful in 21 of 22 (95%) patients. PVI was subsequently performed in 20 of 21 patients. At 3 months, 13 of 19 (68.4%) patients were in sinus rhythm. 4 patients underwent a second PVI. At 6 months, 15 of 20 (75%) patients were in sinus rhythm. There was a significant decrease in P-wave duration and P-wave dispersion after LAA ligation. There were no procedural complications during either LAA ligation or PVI.**Conclusion:** Staged LAA ligation and PVI is feasible, safe and decreases P-wave dispersion. Further studies are needed to assess the efficacy of LAA ligation as adjunctive therapy to PVI for maintaining sinus rhythm in patients with persistent AF.