

# Incidence of Low Voltage Area and Fractionated Potentials after Cryo-Balloon Ablation as Index Procedure



A. Berkowitsch, E. Akkaya, S. Zaltsberg, N. Deubner, H. Greiß, A. Hain, M. Rechner, C. W. Hamm, T. Neumann, M. Kuniss

Dept. of Cardiology, Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany

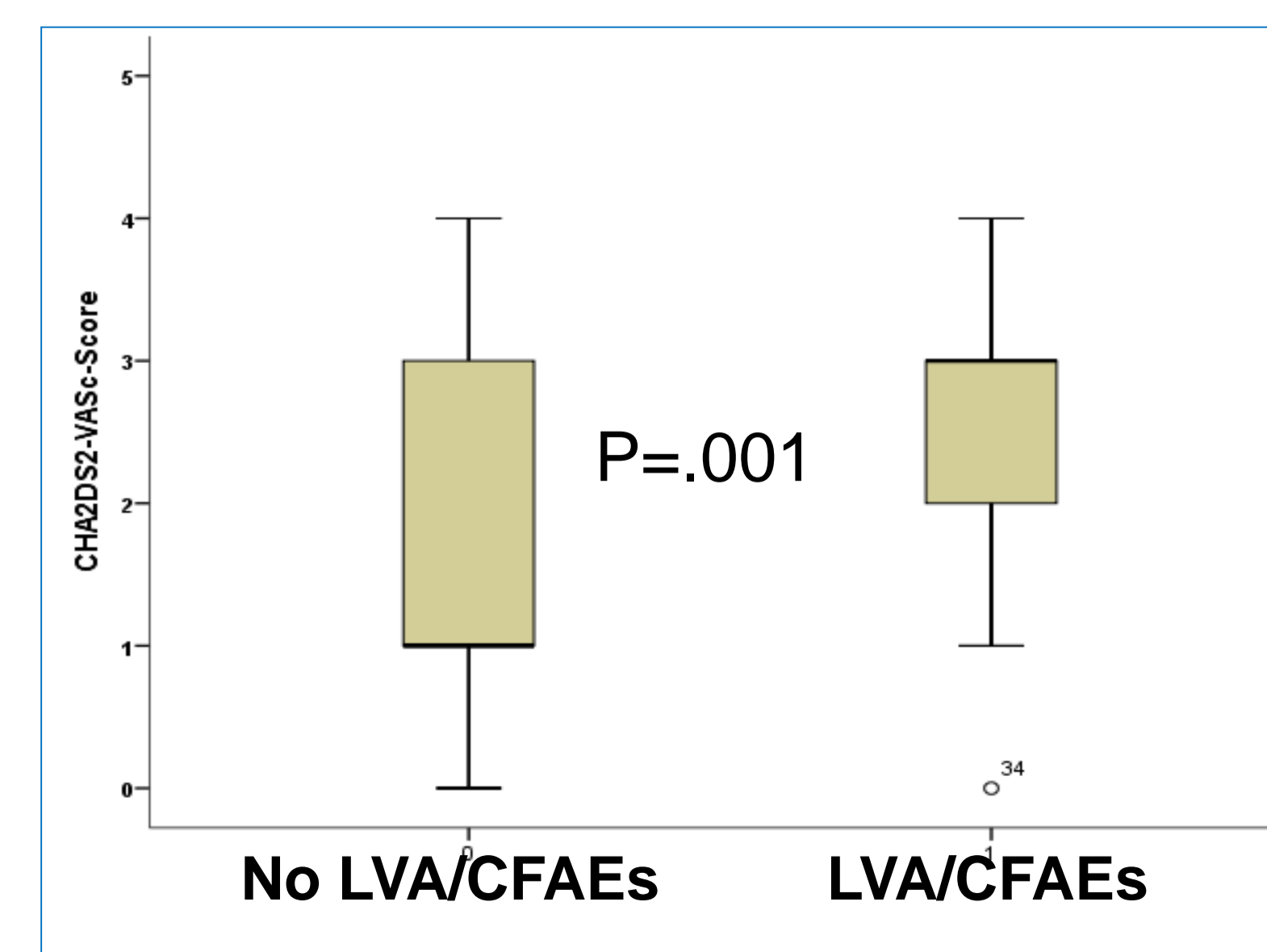
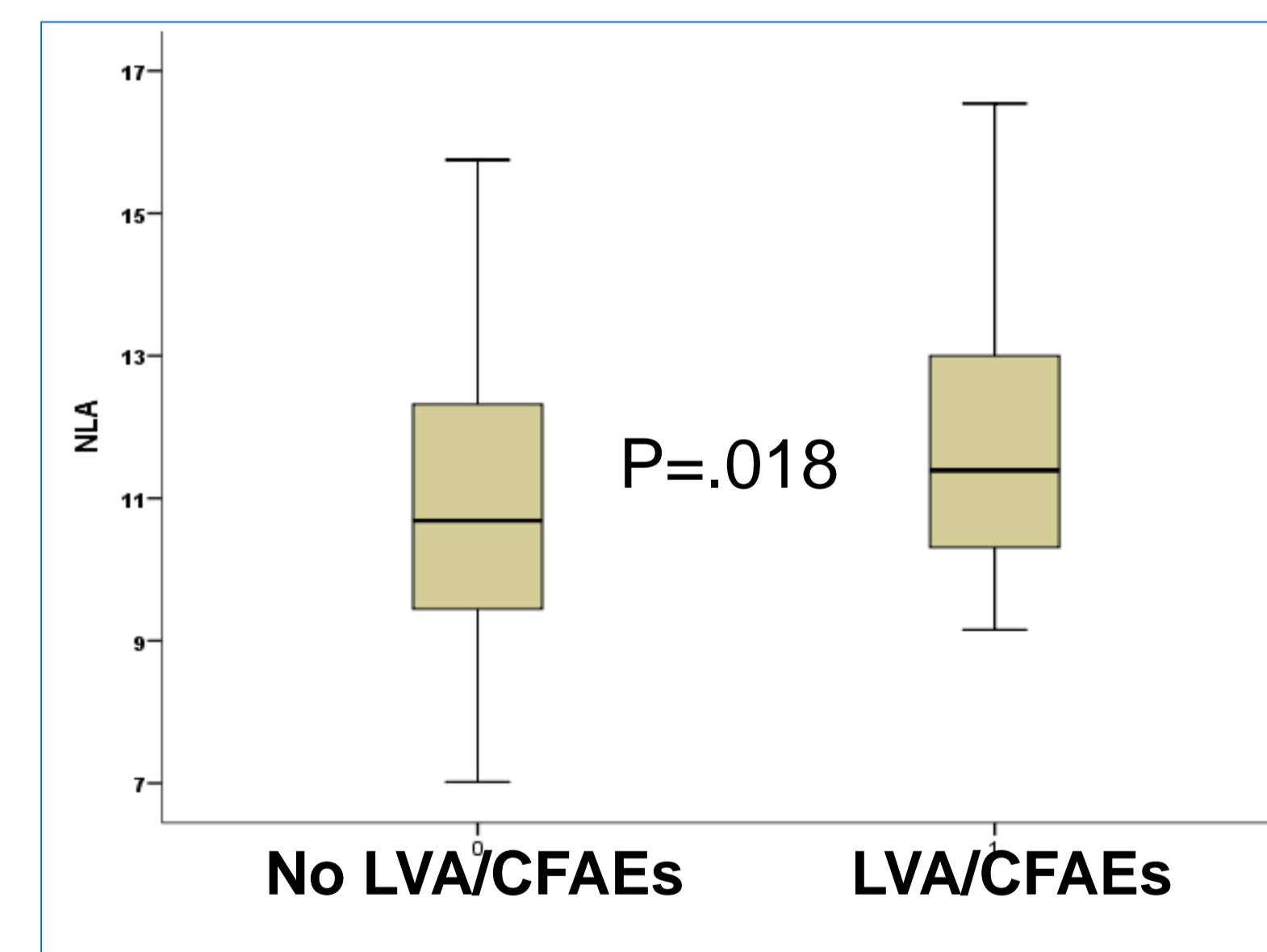
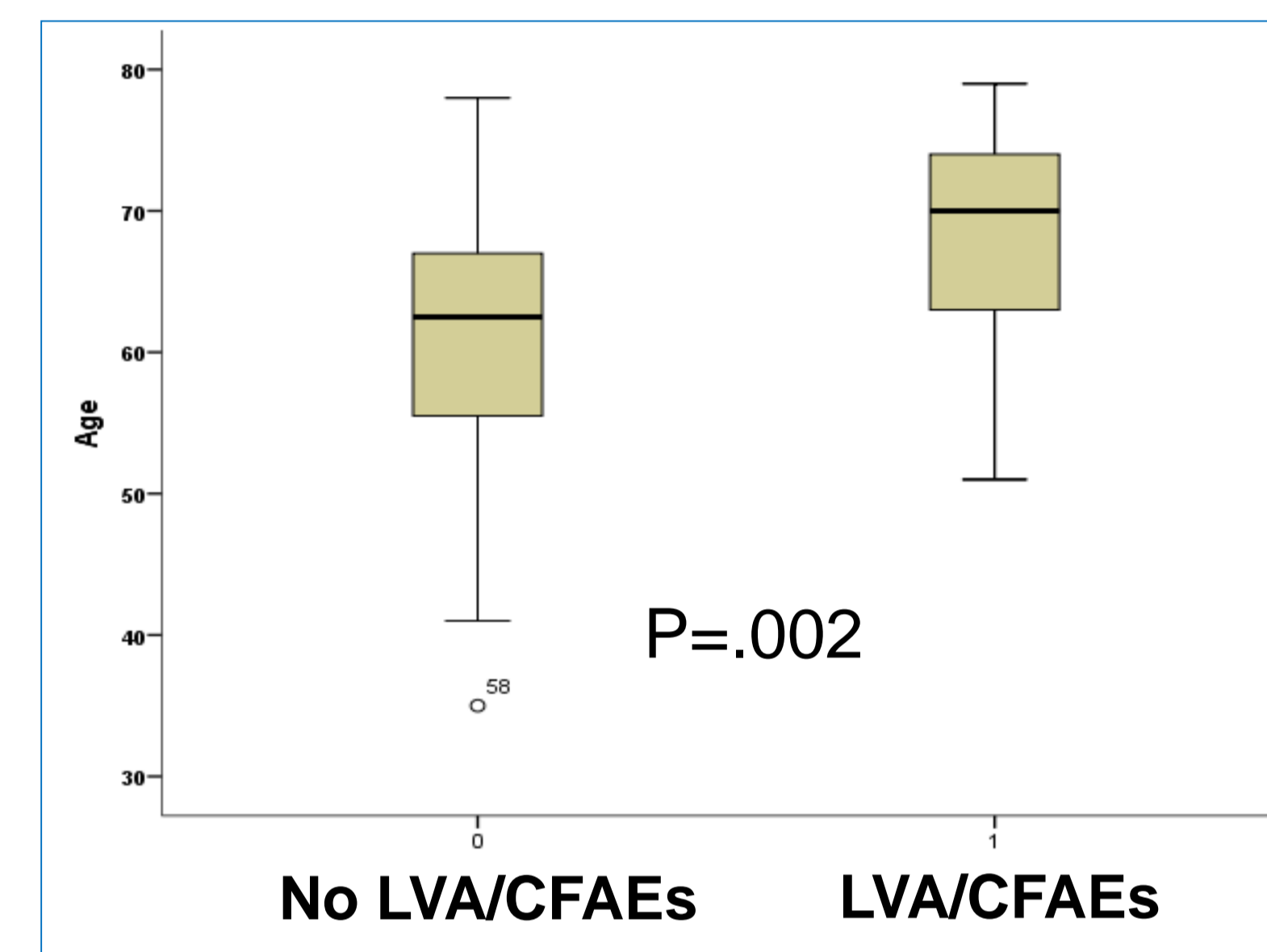
**Background:** Although pulmonary vein isolation (PVI) with cryo-balloon (CBA) the 2<sup>nd</sup> and 3<sup>rd</sup> generation has been shown to be highly effective, approximately 20% of the patients have recurrence of AF. Low voltage area (LVA), or complex fractionated atrial electrograms (CFAEs) by AF, were supposed to be responsible for recurrence of AF. Aim of this study was to investigate the possible reasons of recurrence and incidence of possible non-PV AF triggers.

**Methods:** Since May 2012 a total of 832 pts were ablated in our institution using CBA, a total of 152 (18 %) of them experienced recurrence of AF. In 73 pts with recurrence repeat ablation was performed using a double trans-septal approach with a SL1 and Agilis sheath™. The Carto 3™ or NavX™ System was used for electro-anatomical mapping. Mapping of the PV signals was performed with a Lasso catheter. Once localized, RF applications were applied on the conduction gaps until PV re-isolation was achieved. LVA, CFAEs or other non-PV potential triggers were mapped and ablated.

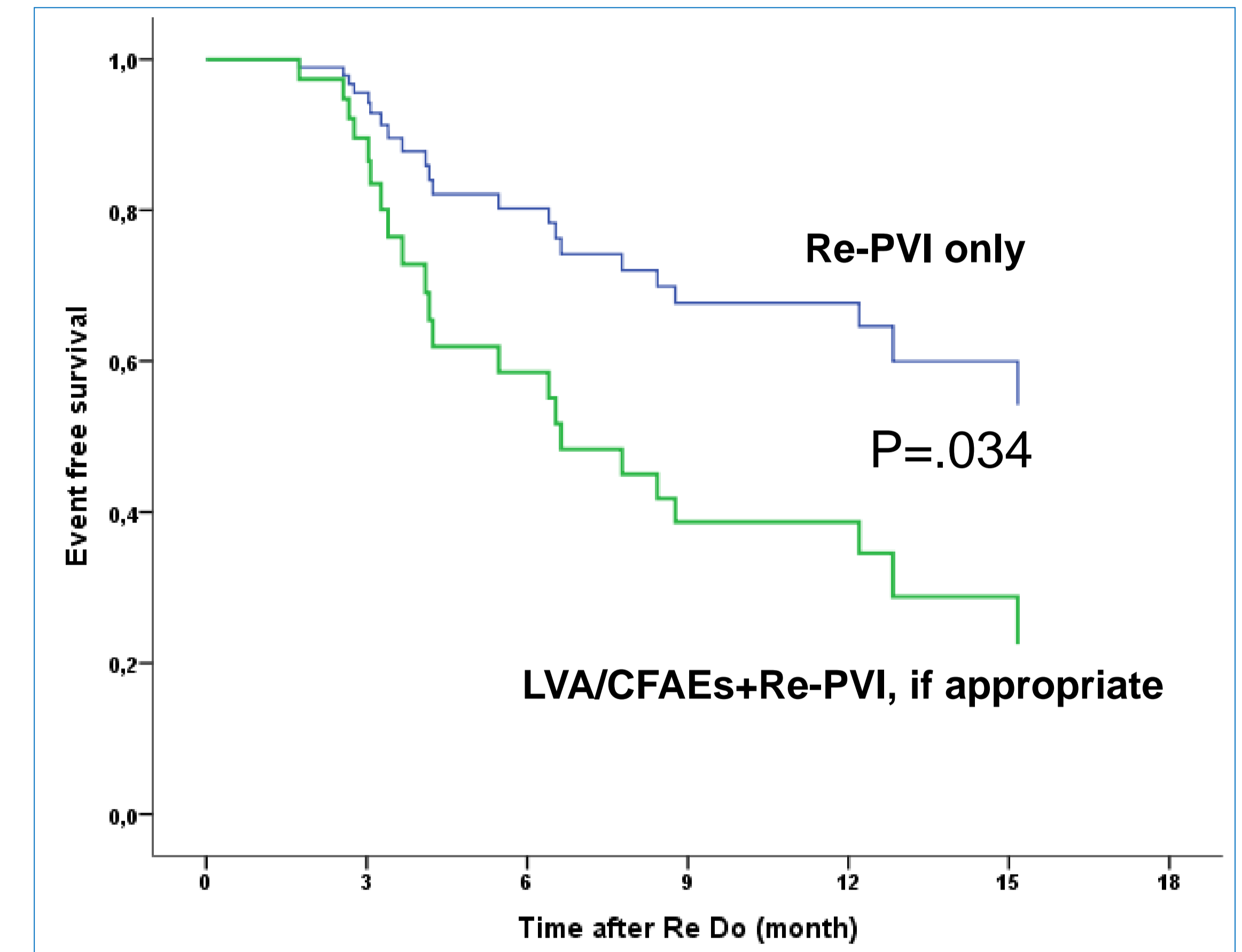
Table 1 Baseline data

Total	73
Male	38 (52.05%)
Age (y)	64 (59-70)
Persistent AF	25 (34.25%)
History of AF (mo)	53 (16-98)
LA area cm <sup>2</sup>	22.41(19.98-24.36)
NLA cm <sup>2</sup> /m <sup>2</sup>	10.98 (9.65-12.54)
CAD	10 (13.70%)
Hypertension	61 (83.56%)
DM	6 (8.22%)
CHA <sub>2</sub> DS <sub>2</sub> -VASc-Score	2.03(1.73-2.33)
Abnormal anatomy	11 (15.07%)
Time to Re-Do	282(159-505)

Correlations with LVA/CFAEs



Outcome after Re-Do

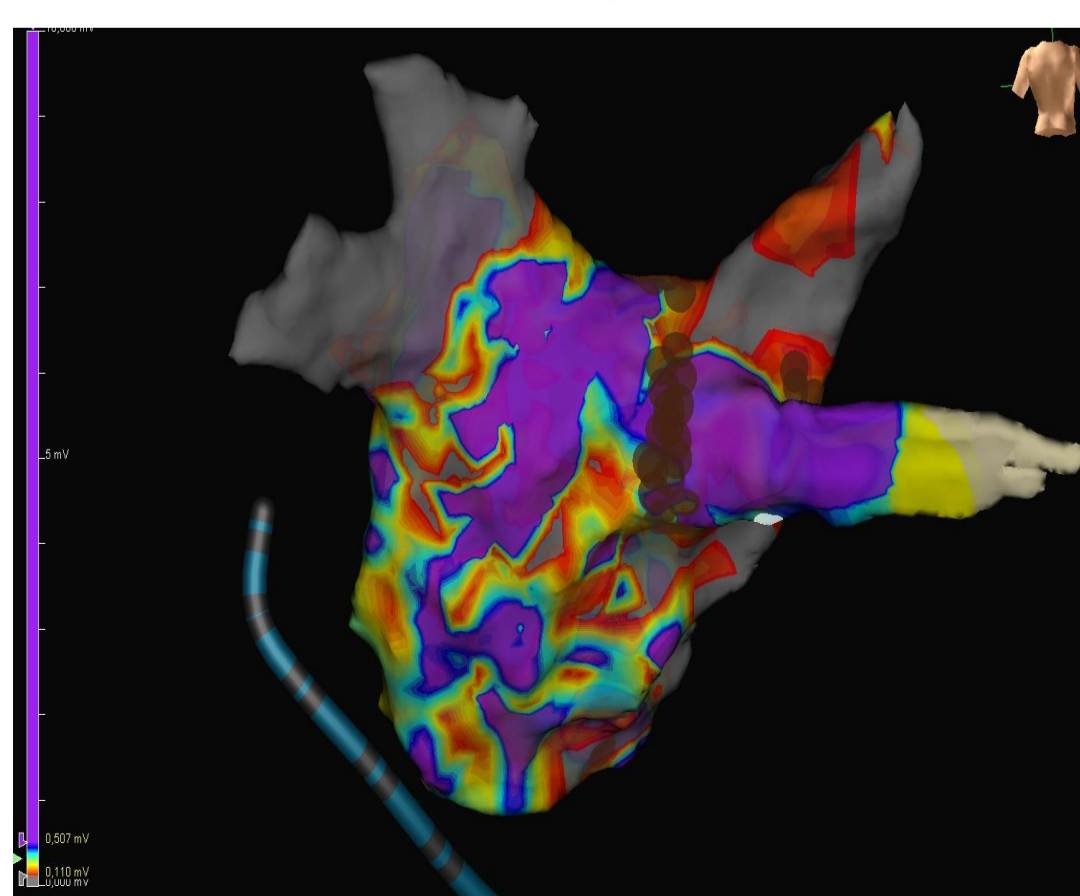


LVA_CFAES	Total N	N of Events	Censored	
			N	Percent
No	41	12	29	70.7%
Yes	21	10	11	52.4%
Overall	62	22	40	64.5%

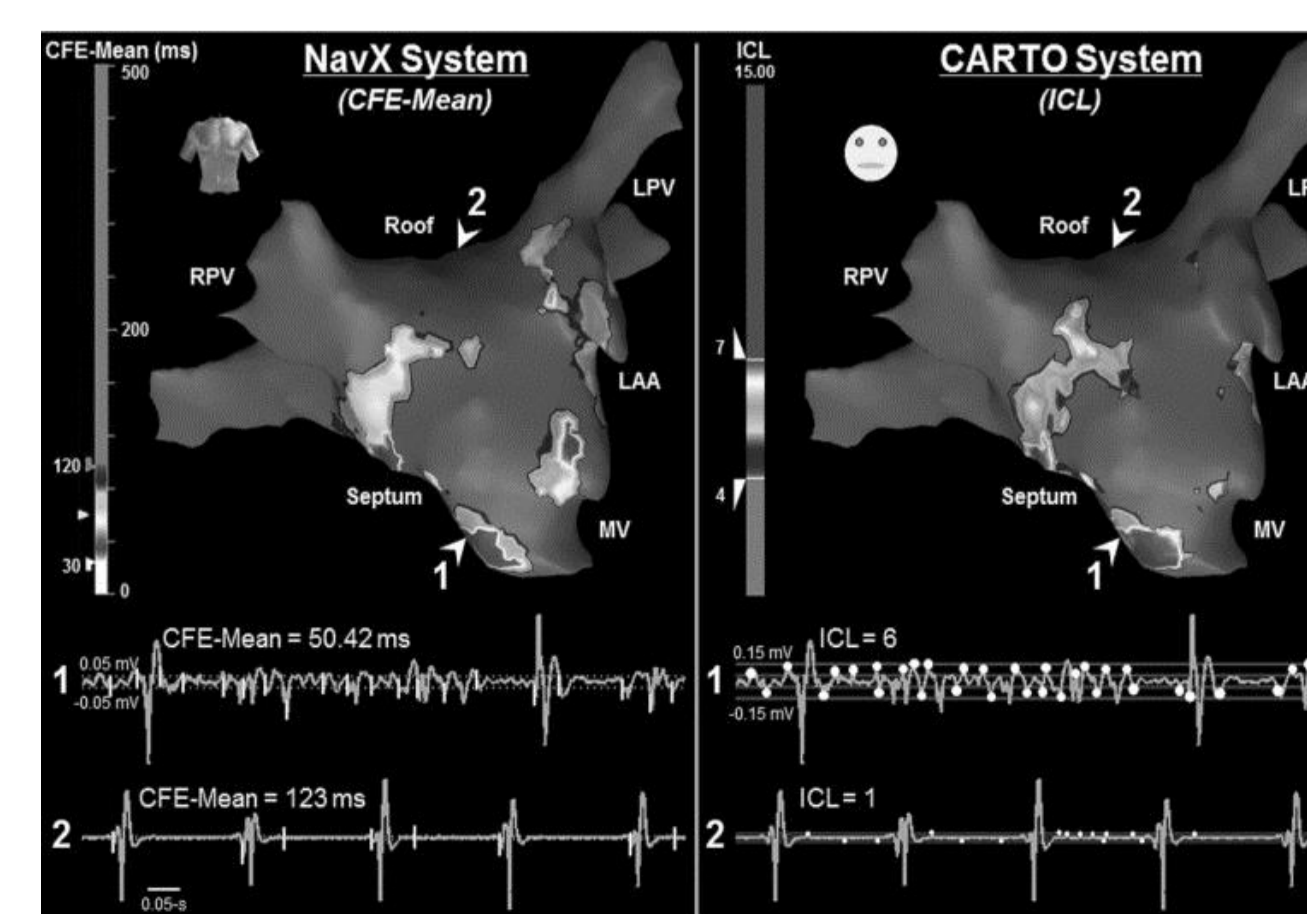
Table 2 Finding by Re Do procedure

Reconnected PV	No	Yes
Total	21	52
NonPV sites		
RA	3	1
Perimitral Flutter	2	0
CFAEs	8	6
Low Voltage Area	11	10
Low Voltage area only	8	6
CFAEs only	5	2
Low Voltage area and CFAEs	3	4

Re-connection of RSPV and low voltage areas



Identification of CFAES in LA



TP. Almeida et al. *Med Biol Eng Comput.* 2016; 54(11): 1695–1706

## Conclusion

- Approximately in 30.% of patients considered for re-do recurrence were observed by isolated PVs.
- In our study presence of low voltage area or/and CFAEs was found in 38% of the pts.
- The probability to detect LVA/CFAEs gets increased with the age, indexed left atrial size and CHA<sub>2</sub>DS<sub>2</sub>-VASc-Score.
- Re-do procedure after AF-recurrence following PVI with CBA should be performed with electro-anatomical mapping systems