



Interatrial block can be used to predict the recurrence of atrial fibrillation after ablation among obese patients

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We read with great interest the article entitled “Predictive value of interatrial block on electrocardiogram among obese patients undergoing atrial fibrillation ablation” published in the *Journal of Interventional Cardiac Electrophysiology* by Tandon et al. [1]. They retrospectively analyzed 205 patients with body mass indices (BMI) ≥ 30 kg/m² who underwent initial atrial fibrillation (AF) ablation. They concluded that partial interatrial block (IAB), defined as P-wave duration (PWD) ≥ 120 ms, and advanced IAB with evidence of biphasic P-wave in inferior leads were independently associated with increased risk of recurrent arrhythmia after AF ablation in patients with obesity.

Similarly, a recent study by Wang et al. [2] also found that partial and advanced IAB were associated with AF recurrence in elderly patients with hypertension. Moreover, they further demonstrated that being overweight (BMI > 25 kg/m²) is a significant predictor of advanced IAB. The above two studies revealed that IAB was associated with AF recurrence after ablation and related to obesity.

A previous study has shown that IAB is correlated with the left atrial area [3]. Another study by Ciuffo et al. found that advanced IAB is associated with larger LA volumes, lower emptying fraction, and more fibrosis [4]. The above studies showed that the mechanisms underlying the IAB predicting recurrence of AF after ablation may partly be attributed to atrial fibrosis and atrial remodeling, which are considered anatomical substrates of advanced IAB. Obesity increases the risk of recurrence of AF after ablation [1, 2]. This provides us with a strategy to reduce the risk of recurrence of AF after ablation. Weight loss and avoidance of

weight fluctuation constitute important strategies for reducing the rising burden of AF [5].

In conclusion, IAB can be used to predict the recurrence of AF after ablation among obese patients and weight control is an important prevention strategy. More clinical and basic research is needed to clarify the mechanisms between IAB and the recurrence of AF.

Declarations

Ethics approval Not applicable.

Consent to participate Not applicable.

Conflict of interest The author declares no competing interests.

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