Another recent evidence of the clinical utility of the high-power, short-duration radiofrequency ablation strategy

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Winkle et al. reviewed the literature of the high-power, short-duration (HPSD) radiofrequency ablation strategy.[1]

We appreciate that they included our study that compared an HPSD ablation with a low-power, long-duration (LPLD) ablation using unipolar signal modification (USM) as a local endpoint during atrial fibrillation (AF) ablation.[2] This study included 32 patients (paroxysmal 22, persistent 10) who underwent AF ablation using the HPSD strategy and 32 using the LPLD, and the median follow-up period was 10 months. After that, we reported another study that compared the HPSD ablation with the LPLD ablation using the USM as a local endpoint during AF ablation, which included only patients with paroxysmal AF.[3] The number of patients included in the study was larger (HPSD 60, LPLD 60), and the follow-up duration was longer (mean follow-up period of the HPSD group, 12.5 months) than that in our former study. In this study, the freedom from recurrence after a single ablation procedure without any antiarrhythmic drugs was higher in the HPSD group than LPLD group (88.3% vs. 73.3% at 12-months after the procedure, log-rank; P=0.0423). This article was electrically published on May 15, 2020, more than 6 months before Winkle's review article was received by the editorial office of the Journal of Cardiovascular Electrophysiology (December 4, 2020).

We believe that this study is also worth being included the Winkle's review article and might contribute to future investigators.

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