Letter from the Editorial Board

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Dr. Erik Wissner, MD, PhD, Associate Professor of Medicine at the University of Illinois at Chicago, serves as the Director of Electrophysiology in the Division of Cardiology. He has a particular interest in complex arrhythmia management and special expertise in catheter ablation of complex atrial and ventricular arrhythmias. His research interests relate to the clinical assessment of novel mapping and ablation technologies.

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Dear Colleagues,

Welcome to the winter edition of the *European Journal of Arrhythmia and Electrophysiology*. Throughout 2016, we have featured a number of topical reviews, research articles, case reports and editorials across the field of arrhythmia and electrophysiology.

Insertion of implantable cardiac devices such as pacemakers and defibrillators is one of the most common invasive procedures in cardiology, with implantable cardioverter-defibrillators (ICDs) being increasingly used. Bontempi et al. discussed the clinical outcomes and cost-effectiveness of the use of ICDs in elderly patients. The subcutaneous ICD is also emerging as a useful tool for the prevention of sudden cardiac death. Lambiase reviewed recent advances in this new technology. This device minimises some of the complications of conventional ICDs, which include infection and pneumothorax. Ayati et al. presented a case of bilateral pneumothorax following insertion of a transvenous single-chamber ICD. Another potential complication is asymptomatic right ventricular perforation following conventional ICD implantation. Ayati et al. presented such a case and discussed the utility of computed tomography (CT) imaging of the chest to diagnose this complication. Leadless pacemakers are gaining in popularity as they avoid the risk of lead infection. Curnis et al. reported a case of leadless cardiac pacemaker (LCP) implantation in a severely obese patient, where excellent communication between the LCP and the programmer was achieved despite the size of the patient, whilst Karaca discussed the impact of 'paced' QRS and 'native' QRS duration following cardiac resynchronisation therapy on the efficacy of therapy and on prediction of future outcomes.

Cardiac arrhythmias are common in adult patients with treated congenital heart disease. O'Neill et al. reported on the current status of arrhythmia management in this challenging treatment group. Also on the subject of arrhythmia, Kabunga et al presented a case of malignant ventricular arrhythmic storm triggered by short-coupled premature ventricular contractions arising from the anterolateral papillary muscle. In another case report, Guglielmi et al described a case of atypical left dominant arrhythmogenic cardiomyopathy causing sustained ventricular tachycardia.

We have also featured a number of articles on pulmonary vein isolation (PVI), the cornerstone of atrial fibrillation (AF) ablation. A review by Das and Gupta discussed the utility of a 3-month 'blanking period' following catheter ablation of AF, and the impact of arrhythmia recurrence during the "blanking period" on future outcome. The growing use of catheter ablation has meant that transseptal puncture is a routine procedure in cardiac electrophysiology. Fluoroscopy is traditionally used as the imaging modality during transseptal puncture, but exposes the patient and physician to excess radiation. McCauley et al. presented a feasibility study of a "zero-fluoroscopy" transseptal puncture technique utilising electroanatomical mapping and intracardiac echocardiography (ICE). While radiofrequency catheter ablation is the most common modality used for PVI, cryoballoon ablation is easier to perform. In an editorial, Kuck and Schlüter discussed the findings of the FIRE AND ICE trial, which found that PVI by means of cryoballoon ablation was noninferior to radiofrequency ablation in terms of efficacy and safety.