

**Smart Touch Radiofrequency
Catheter Ablation versus
Cryoballoon Ablation of
Pulmonary Veins in Patients
with Paroxysmal AF**

Thesis

**Submitted For Partial Fulfillment Of MD
Degree In Critical Care Medicine**

Investigator

Walid Shehatta Hassan

MSc.

Supervisors

Dr. Sherif Hamed
Professor & Cheif
of Critical Care Medicine

Dr. Kahled Hussein
Professor of
Critical care Medicine

Dr. Motaz El Halag
Lecturer of Critical Care Medicine

Cairo University 2018

Abstract

Aims

Evaluation of the safety and efficacy of PVI in PAF patients using two new different technologies, cryoballoon ablation and RFA with contact force-sensing catheters.

Methods and results

We performed a prospective single centre non-randomized controlled clinical trial that was conducted during the period between January 2016 and June 2018 in Critical Care Medicine Department – Cairo University. Twenty patients were enrolled in this study and were subjected to standardized PVI using RFA with CF sensing catheter (Thermocool[®] SmartTouch[™], Biosense Webster (CF group, n=10 patients) and CB ablation (Arctic Front Advance[™], Medtronic) (CB group n=10 patients). Twelve months follow up was used to assess procedure long term outcome and complications rate. Procedure duration was significantly shorter for CB group than for CF group (171.7±15.24 vs. 199.3±18.94 min, $P = 0.002$), however fluoroscopy duration and X-ray exposure were longer in CB group than CF group, however was not statistically significant ($P = 0.1$ and $P = 0.22$, respectively). Overall complication rate was similar in both groups: 2 (20%) in each group. Transient right phrenic nerve palsy occurred only in CB group (1 patient, 10% vs none in the CF group); and transient ischemic acute stroke occurred only in one patient of the CB group (10% vs none in the CF group), severe non-lethal complications (Tamponade, and the uncommon complication, entrapment of circular mapping catheter into mitral valve) occurred only in CF group (2 patients, 20%). No periprocedural death occurred in either group. Single-procedure freedom from any atrial arrhythmias at 12 months post-ablation was comparable in CF group and CB group (70 vs. 60%, respectively, $p > 0.05$).

Conclusion

Pulmonary vein isolation using CF-guided RF and second-generation CB leads to comparable single-procedure arrhythmia-free survival at up to 12 months with similar overall complication rate.

Keywords: Paroxysmal atrial fibrillation, radiofrequency, pulmonary veins, cryoballoon.