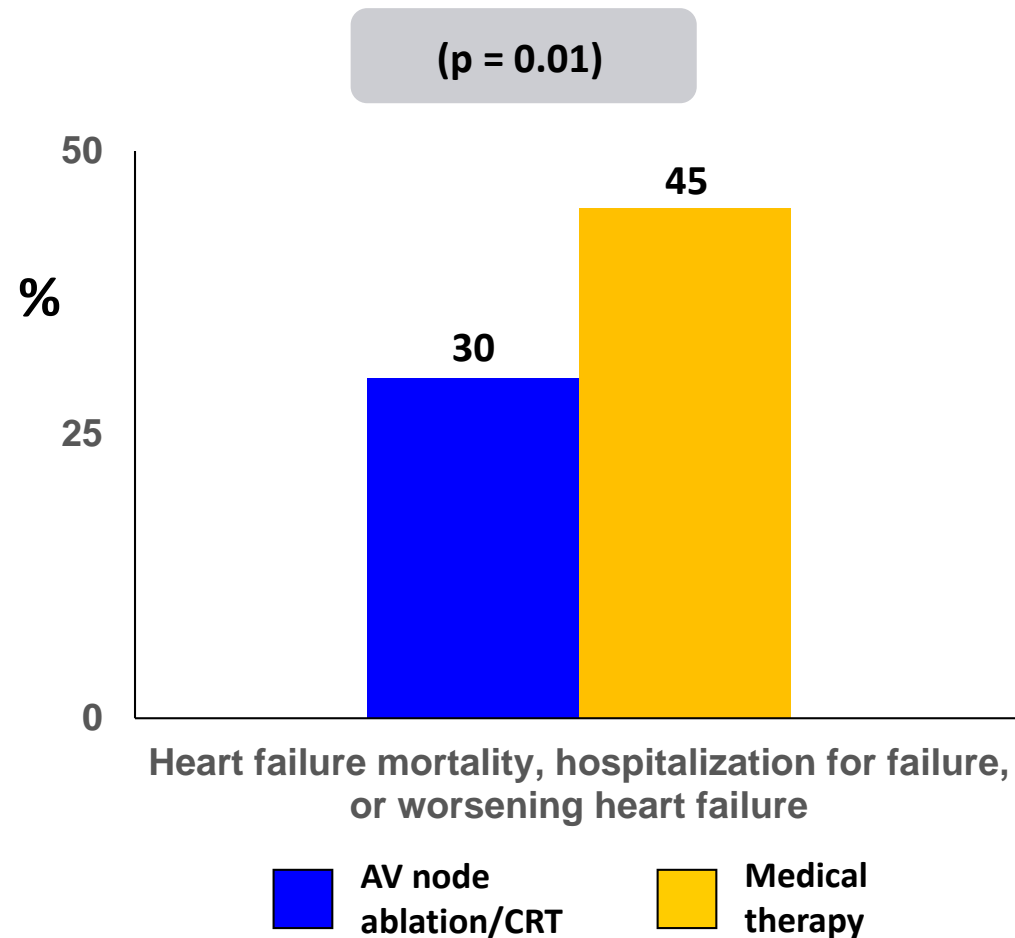


Trial design: Patients with permanent atrial fibrillation and narrow QRS were randomized to AV node ablation and cardiac resynchronization therapy (CRT) (n = 50) vs. medical therapy (n = 52).



RESULTS

- Heart failure mortality, hospitalization for failure, or worsening heart failure: 30% of the cardiac AV node ablation/CRT group vs. 45% of the medical therapy group (p = 0.01)

CONCLUSIONS

- Among patients with atrial fibrillation and narrow QRS, AV node ablation plus CRT was beneficial compared with medical therapy
- This strategy was associated with reduction in heart failure–related morbidity and mortality

Presented by Dr. Michele Brignole at ESC Congress 2018



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