

//// Electrophysiology

COMPARATIVE EFFICACY AND SAFETY OF PULSE FIELD ABLATION VS. CRYOABLATION AND RADIOFREQUENCY ABLATION IN THE TREATMENT OF ATRIAL FIBRILLATION: A SYSTEMATIC REVIEW AND META-ANALYSIS

Poster Contributions Hall B4-5 Sunday, April 7, 2024, 1:15 p.m.-2:00 p.m.

Session Title: 1432: Electrophysiology: Clinical Science 12 Abstract Category: 03. Electrophysiology: Clinical Science

Presentation Number: 1432-198

Authors: Usman Akbar, <u>Ahmed Muaaz Umer</u>, Maheswara Satya Golla, Sabeeh Farooqui, Fnu Muhibullah, Mounica Vorla, Rana Usman Anwar, Nouman Shafique, Umer Rizwan, Muhammad Aslam Khan, Jawad Basit, WVU Camden Clark Medical Center, Parkersburg, WV, IISA

Background: Pulse field ablation (PFA) is a promising new approach to atrial fibrillation (AF) ablation, with potential advantages over cryoablation and radiofrequency ablation, including greater tissue selectivity, shorter procedure times, and improved efficacy.

Methods: We conducted a comprehensive systematic review and meta-analysis of studies published in PubMed, Embase, Cochrane, and Web of Science databases up to September 2023 that compared PFA versus cryoablation or CA/RFA efficacy for AF. We studied arrhythmia recurrence and procedure-related complications as primary outcomes and fluoroscopy and procedure time as secondary outcomes. We used random-effects models in Review Manager (RevMan) to calculate odds ratios (OR) for dichotomous outcomes and mean differences (MD) for continuous outcomes.

Results: A total of 5 studies and 1199 patients were included in the meta-analysis. There is no statistically significant difference between the PFA vs CA/RFA group in terms of arrhythmia recurrence (OR: 0.86, 95% CI: [0.52, 1.41]) and periprocedural complications (OR: 0.63, 95% CI: [0.34, 1.20]). The PFA group was associated with longer fluoroscopy time (+3.69 minutes) but shorter overall procedure time (-15.99 minutes). Results should be interpreted cautiously in light of moderate to high heterogeneity. (Figure 1)

Conclusion: No clinically significant difference was noted with the PFA group compared to CA/RFA. More studies are needed to confirm the true efficacy of PFA over CA/RFA.

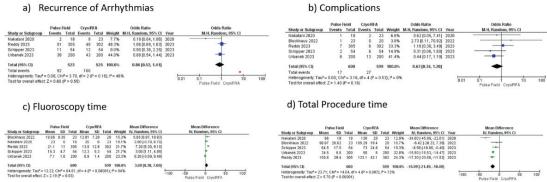


Figure 1: Forest plots comparing outcomes between PFA and CA/RFA for atrial fibrillation