suture is simply tied down and checked for bleeding. The rest of the operation is then performed in the normal fashion.

In our experience, the Berglin apical stitch is a very simple and ingenious trick of the trade to create a smooth surface in the posterior LA that facilitates performing safe transmural ablation lesions in this area. This may in turn increase the antiarrhythmic efficiency of the procedure. We have found no adverse effects with this technique and recommend its use in concomitant atrial fibrillation ablation.

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REFERENCES


It’s no secret that there are a lot of challenging aspects in concomitant surgical atrial fibrillation ablation. Among them, giant left atrium, insufficient sources of energy, anatomical disorders and others. The authors of this article [1] describe the real efforts made to solve one of these problems, suggesting an easy, convenient and cheap way to increase the efficacy of Maze procedures. We believe that it can be used in contemporary surgery due to all of those advantages.

Many controversies remain regarding the optimal management of AF, and the solution lies deeper in the electro-anatomical mechanisms. First of all, there are the anatomical features and abnormalities. The efficacy of the Maze procedure is not solely dependent on the posterior wall thickness. As discussed in the review by Shotton et al., the left atrium has a heterogeneous structure with massive fibre orientation, such as the crista terminalis, the bundle of Bachmann, and the area in between the pulmonary veins [2]. Sometimes it is challenging to interrupt these structural connections even with cryo devices, not to mention catheter ablation.

Secondly, there is the insight into electrical patterns. We are not discussing directly the mechanisms of induction and maintenance. The aim of the Maze procedure according to the authors is to eliminate triggers or rotors and decrease the substrate. But it is still not proven that the way of excitation lies intramurally or endocardially, or that the epicardial breakthrough totally coincides with endocardial focus [3]. The last but very important aspect is the source of energy which is used during concomitant AF surgery. Many devices are available, such as cryoballoons, clamps, unipolar and bipolar RF pens, ultrasound, lasers, etcetera, each of which has its own advantages and disadvantages [4]. But the most valuable thing is the possibility of creating a totally transmural lesion. Even with a proper ablation device, it is sometimes impossible to reach the required depth of damage to the myocardium, particularly with the wrong type of ablation system. And we are closing a loop exactly in this place - this problem depends on the anatomical features.

In conclusion, we believe that the Berglin apical stitch is a very interesting and novel method of assistance during concomitant Maze procedure. And our opinion is that it can be used to provide a better view and efficacy, but only if surgeon is completely certain of the accuracy of the chosen device, the absence of structural abnormalities and the selection of the area to ablate.

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References