Author's response to reviews

Title: Concomitant ablation of atrial fibrillation in octogenarians: an observational study

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Author's response to reviews: see over
Dear Mr. Zamvar,

we would like to submit the revision of the paper “Concomitant ablation of atrial fibrillation in octogenarians: an observational study” by HERKO GRUBITZSCH, SVEN BEHOLZ, PASCAL M. DOHMEN, SIMON DUSHE AND WOLFGANG KONERTZ for publication in the Journal of Cardiothoracic Surgery.

Regarding the relatively small number of patients in the octogenarian group we completely agree with the reviewer. During preparation of the study this was a main issue which was discussed within our group. Eventually, there were several reasons why we decided to perform the analysis. Nowadays, cardiac surgeons are increasingly faced to patients older than 80 years. Very frequently these patients present with atrial fibrillation and consequently the question arises “Should we concomitantly ablate atrial fibrillation in this higher risk group or not?” At the last year annual meeting of the German Society of Thoracic and Cardiovascular Surgery, we have had a very interesting debate about atrial fibrillation ablation in octogenarians. There were good arguments pro as well as contra “aggressive” surgical atrial fibrillation treatment. However, all these arguments were mainly based on personal experiences by individual surgeons. There were no study data at all. On the other hand we all know, how difficult it is to get clear answers from multi-centre randomised trials in the field of surgery for atrial fibrillation (the “Resolve AF” trial was stopped due to less patient enrolment). So, we decided to perform the study in our patient cohort, just to get started answering the question above mentioned. Nevertheless, we are thankful to the reviewer and revised the manuscript according to its comments. The relatively small number of patients in the octogenarian group, the resulting limitations, and the need for further studies are stressed in the discussion/conclusion section of the text.
Furthermore, we agree with the reviewer, that the underlying cardiac diseases and respective procedures are somewhat different in the two groups. However, the higher incidence of aortic valve disease in older age (which is probably biologically determined) is discussed in the paper. We added information that – according to our experience (reference [7]) - the underlying heart disease does not predict results of atrial fibrillation ablation.

We confirm that all authors approved the revision.

Thank you very much for reviewing our manuscript. With the reviewer’s recommendations, we are convinced that the we could significantly improve this first report on concomitant AF ablation in octogenarians.

Best regards,

Dr. Herko Grubitzsch