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Commentary: A phase in the haze surrounding the maze

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In the continuing struggle to devise less-invasive strategies for all surgical procedures, Zheng and colleagues¹ propose a hybrid left and right atrial combined thoracoscopic, catheter ablation, and antiarrhythmic drug strategy for treating long-standing persistent atrial fibrillation in patients with dilated atria. The authors meticulously detail multiple bilateral thoracoscopic lesions accomplished in 27 consecutive patients with a linear stapler, ultrasound scalpel, bipolar radiofrequency clamp, and bipolar radiofrequency pen. These procedures were immediately followed by endocardial electrophysiological mapping and catheter ablation to confirm and complete the isolation of the left and right pulmonary veins. Additional linear lesions were carried down to the coronary sinus, tricuspid isthmus, and mitral isthmus. Oral class III antiarrhythmic drugs were then routinely administered to all patients. The authors report commendable freedom from atrial tachyarrhythmias after the hybrid procedure and redo catheter ablation, 77.8% and 74.1%, respectively, at the latest follow-up (at a mean of 18.7 months).

The standard surgical Cox maze IV procedure (with oblique sternotomy and cardiopulmonary bypass) typically achieves 85% to 90% success at 1 year and 75% to 80% success at 4 years.

The invasive price is higher for the formal Cox maze procedure, but the success is greater. Like many (but not all)

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CENTRAL MESSAGE

A hybrid protocol was used in 27 consecutive patients with persistent atrial fibrillation and a large left atrium with commendable results.

endeavors, the higher the price, the more successful the outcome. Many of us still shop at Walmart—the prices are lower, and the quality is still, we guess, okay. However, some still opt for Tiffany over Target.

Reference

1. Zheng Z, Yao Y, Li H, Zheng L, Liu S, Lin H, et al. Simultaneous hybrid maze procedure for long-standing persistent atrial fibrillation with dilated atrium. *J Thorac Cardiovasc Surg Tech*. 2021;5:34-42.

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