

Reply to “Additional Data on Protection of the Esophagus during Catheter Ablation of Atrial Fibrillation”

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We Thank Dr.Clark and Dr. Kulstad for their interest in our recent review manuscript “protection of the esophagus during catheter ablation of atrial fibrillation”

We agree with Dr. Clark and Dr. Kulstad that utilization of luminal esophageal temperature (LET) monitoring during atrial fibrillation ablation is inadequate method to avoid esophageal injury. These have been reported in multiple studies that were referenced in our manuscript. The newer published studies regrading monitoring LET during atrial fibrillation ablation, which were reported by Dr. Clark and Dr. Kulstad, have been published during our manuscript publication process. Nevertheless, these studies that reported by Dr. Clark and Dr. Kulstad showed same conclusion of inadequate LET monitoring in preventing esophageal injury ¹⁻³.

Regarding active cooling, Dr. Clark and Dr. Kulstad reported recent published studies. First study small pilot study that showed active cooling is much more protective than manual liquid instillation⁴. The second pilot RCT that compared LET and active cooling showed same outcome like the IMPACT study that we reported in our manuscript ^{5,6}.

We agree with Dr. Clark and Kulstad, growing interest in the area of esophageal protection during atrial fibrillation ablation.

We do believe, as we stated in the conclusion of our manuscript, that “a reliable method to protect the esophagus is of clinical value, but the ancillary value of reducing physician concern during AF ablation, reducing interruption to ablation work flow, perhaps enhancing AF ablation results and simplifying post procedure management of patient symptoms are also of high importance. Considering the ease of use, minimal side effects, and low costs associated with esophageal protection devices, these features offer compelling evidence for use of esophageal protection as routine care for AF ablation”.

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