



Letter to the Editor

Uninterrupted dabigatran is safer than warfarin in patients undergoing ablation for atrial fibrillation

Michael Spartalis, MD, MSc, PhD^{a,*}, Eleni Tzatzaki, MD, PhD^a, Nikolaos I. Nikiteas, MD, MSc, PhD^b, Eleftherios Spartalis, MD, MSc, PhD^b

^a Division of Cardiology, Onassis Cardiac Surgery Center, Athens, Greece

^b Laboratory of Experimental Surgery and Surgical Research, University of Athens Medical School, Athens, Greece

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Dear Editor

We read with great interest the article by Murakawa et al. [1] titled, “Report of periprocedural oral anticoagulants in catheter ablation for atrial fibrillation: The Japanese Catheter Ablation Registry of Atrial Fibrillation (J-CARAF).” The authors concluded that the choice of a novel oral anticoagulant (NOAC) as a periprocedural anticoagulant did not significantly alter the incidence of serious complications, compared with uninterrupted warfarin. However, is this true?

To answer this question, we performed a thorough search of the literature, which resulted in a significant number of recent studies regarding the periprocedural safety and efficacy of NOACs, especially dabigatran [2–5]. Calkins et al., in a randomized, multicenter controlled trial of 704 patients, reported that in those undergoing ablation for atrial fibrillation (AF), anticoagulation with uninterrupted dabigatran was associated with fewer bleeding complications than uninterrupted warfarin [2]. The incidence of major bleeding episodes during and up to 8 weeks after ablation was lower with dabigatran than with warfarin [2].

A retrospective study from a prospective AF ablation registry presented similar results regarding dabigatran versus warfarin [3]. Dabigatran resulted in fewer minor bleeding episodes and total adverse events after AF ablation [3].

In addition, a comparative study of periprocedural anticoagulants concluded that more bleeding complications occurred with warfarin than with NOACs [4].

Finally, a recent meta-analysis that included 25 studies and a total of 11,686 patients with AF concurred that there is a lower risk of minor bleeding with NOACs than with warfarin [5].

Uninterrupted anticoagulation with a NOAC is associated with minimal bleeding and thromboembolic events [4]. Patients are increasingly being treated with NOACs. Therefore, the choice of NOAC as a periprocedural anticoagulant for AF ablation with minimum interruption of the patient’s dosing schedule is a feasible alternative therapeutic strategy, which has been proven to be safe and effective.

Conflict of interest

All authors declare no conflict of interest related to this study.

* Correspondence to: Division of Cardiology, Laboratory of Cardiac Electrophysiology, Onassis Cardiac Surgery Center, 17674 Athens, Greece.
Fax: +30 2109493000.

E-mail address: msparta@med.uoa.gr (M. Spartalis).

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