

Foreword

Tubthumping



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Consulting Editors

Years ago, we infrequently put an ablation catheter anywhere but the right ventricular outflow tract to ablate premature ventricular contractions (PVCs) or ventricular tachycardia in those with a normal heart. For patients with a cardiomyopathy, we'd do endocardial left ventricular or right ventricular ablation. In time, we started to feel comfortable ablating from most ventricular locations, even near the His bundle, finding ways to be successful and safe.

But there were times it felt like we were tubthumping the PVCs. They got knocked down, but they got up again. We needed better tools and techniques. The left ventricular summit has been an especially difficult place to be successful, but we learned how to ablate in the aortic root (watch out coronary ostia!), in the great cardiac vein (watch out coronary arteries!), in the interleaf-let triangle below the left-right coronary cusps (get that catheter curve tight!), on the epicardial surface (let's try CO₂ insufflation for pericardial access!), or down the anterior interventricular vein (wire mapping!). Investigators have used alcohol ablation via septal perforators (he drinks a whiskey drink; he drinks a vodka drink!) and half normal saline (don't cry for me!). In addition to therapeutic improvements, our understanding of three-dimensional cardiac anatomy and our ability to localize ventricular arrhythmias using criteria based on the surface ECG improved. We can now more confidently discuss success and risks of the procedure with the patient and allow for better preprocedure planning. We could ablate from anywhere we could reach, and sometimes it was

okay to be close enough. Truth is, we thought it mattered that you be right on top of it, but does it? Bollocks. You might get lucky from where you could reach. And, hey, if one catheter couldn't get it done, maybe using two catheters for bipolar ablation would be successful.

That brings us to today and this latest issue of *Cardiac Electrophysiology Clinics*. Edited by Drs Pasquale Santangeli, Fermin Garcia, and Luis Sáenz, this issue on the left ventricular summit presents a wide overview of the anatomy of the summit, ventricular arrhythmias originating from the area, and how to ablate them. We thank the editors and authors for this excellent series of reviews. In time, our hope is that we will no longer be tubthumping PVCs, but we'll be singing, when we're winning!

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