In this issue of the Journal, Naruse et al report the very interesting finding that catheter ablation for persistent atrial fibrillation (AF) accompanying sleep-disordered breathing improved obstructive sleep apnea (OSA). They speculated that the mechanism of improvement of OSA is reduction of congestion around the neck by improvement of latent heart failure as demonstrated by reduced body weight, estimated pulmonary capillary wedge pressure and plasma NT-pro-BNL level. The presence of latent heart failure has been reported in patients with persistent AF and normal left ventricular ejection fraction. Therefore, improving latent heart failure by restoring sinus rhythm through catheter ablation may decrease the severity of OSA. Indeed, Naruse et al reported no improvement in central apnea.

### Table 1. AF in Patients With and Without OSA

<table>
<thead>
<tr>
<th>Patients’ characteristics</th>
<th>AF prevalence in OSA% (vs. no OSA%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based sample. Age 46–98 years</td>
<td>4.8% (vs. 0.9%)</td>
</tr>
<tr>
<td>Community-dwelling men aged ≥65 years</td>
<td>5.3% (vs. 3.2%)</td>
</tr>
<tr>
<td>Incident AF in a community cohort after diagnostic PSM (mean age 49 years)</td>
<td>4.3% (2.1%)</td>
</tr>
<tr>
<td>HF, LVEF &lt;45%</td>
<td>22% (vs. 5%)</td>
</tr>
<tr>
<td>Post CABG, incident AF pre-discharge</td>
<td>32% (vs. 18%)</td>
</tr>
</tbody>
</table>

AF, atrial fibrillation; CABG, coronary artery bypass graft; HF, heart failure; LVEF, left ventricular ejection fraction; OSA, obstructive sleep apnea; PSM, polysomnography monitor.

### References


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Division of Cardiology, Department of Medicine, Nihon University School of Medicine, Tokyo, Japan
Mailing address: Ichiro Watanabe, MD, Division of Cardiology, Department of Medicine, Nihon University School of Medicine, 30-1 Oyaguchi-kamimachi, Itabashi-ku, Tokyo 173-8610, Japan. E-mail: iwatanab1953@gmail.com
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