

# Characterizing Surface Fibrillatory Waves Through the Lagged Poincaré Plot for Preoperative Prediction of Ablation Success in Persistent Atrial Fibrillation

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**Background and Aim.** Atrial fibrillation (AF) management poses a significant challenge for healthcare systems due to the high mid-term recurrence rate following catheter ablation (CA) for persistent AF. Analyzing the morphological variability of fibrillatory waves ( $f$ -waves) from the electrocardiogram (ECG) has provided insights about the atrial electrical activity organization, which is a crucial indicator for CA outcome prediction. This work introduces an innovative analysis of  $f$ -waves morphology evolution over time based on the lagged Poincaré plot (PP) technique.

**Methods.** The surface ECG was preoperatively recorded before CA procedure for 52 persistent AF patients. Subsequently, 94  $f$ -waves excerpts were extracted from the lead V1, obtaining 34 from patient that relapsed to AF and 60 for those who maintained SR after a follow-up period of 9 months. Traditional ellipse-fitting quantifiers and centroid-derived PP features were computed from the lagged PP representation of the  $f$ -waves for different lags ranging from 0 to 400 ms.

**Results.** The PP-derived features outperformed common CA outcome predictors, such as the dominant frequency ( $f_0$ ) or the normalized amplitude of the  $f$ -waves ( $nA_{avg}$ ), and were comparable to the recently proposed power rate index ( $\varphi$ ). Specifically, the minor ( $SD1$ ) and major ( $SD2$ ) axes of the optimally fitted imaginary ellipse, their ratio ( $SD12$ ) and the standard deviation of the distance between PP points and the distribution centroid ( $S_d$ ) showed a predictive accuracy (Acc) over 70%. Moreover, the combination of  $SD12$ ,  $S_d$ ,  $\varphi$  and  $nA_{avg}$  improved Acc and AUC up to 85% and 91.5%, respectively.

**Conclusions.** The Lagged PP has proven to be a valuable tool in characterizing  $f$ -waves, paving the way for a more personalized approach in AF treatment by preoperatively anticipating mid-term success of CA.

Index	SR group	AF group	$p$ -value	$m_{opt}$ (ms)	Acc(%)	AUC(%)
$SD1$	$0.172 \pm 0.031$	$0.207 \pm 0.023$	$< 0.001$	229	72.30	81.35
$SD2$	$0.183 \pm 0.026$	$0.222 \pm 0.022$	$< 0.001$	152	79.10	86.19
$SD12$	$1.59 \pm 0.21$	$2.07 \pm 0.31$	$< 0.001$	80	77.06	89.18
$S_d$	$0.117 \pm 0.009$	$0.126 \pm 0.009$	$< 0.001$	82	69.33	75.18
$f_0$ (Hz)	$5.87 \pm 1.21$	$6.29 \pm 0.765$	0.0140	–	60.45	62.75
$\varphi$	$0.398 \pm 0.243$	$0.164 \pm 0.062$	$< 0.001$	–	77.23	85.04
$nA_{avg}$	$0.237 \pm 0.138$	$0.167 \pm 0.080$	0.0025	–	64.66	67.79