

# Response to the letter concerning the article: “Cardioneuroablation using an anatomical approach: a new and promising method for the treatment of cardioinhibitory neurocardiogenic syncope”

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We would like to thank Dr. Aksu and his colleagues for their interest in our short communication [1] and for their valuable comments. Indeed, the optimal procedural strategy and endpoints of cardioneuroablation (CNA) in patients with neural reflex syncope have not yet been established. The new methods described by Aksu et al. [2] in their letter are very interesting and hopefully will improve the outcome after CNA. In our recent cases we used high-frequency stimulation of the carotid sinus via a catheter introduced into the internal jugular vein and also observed a spectacular disappearance of vagal reflexes causing asystole following CNA. We believe that it is time to start prospective studies that should establish the optimal technique of CNA and then to conduct a large prospective sham-controlled trial to prove CNA efficacy. Patients

with a cardiodepressive or mixed form of reflex syncope certainly should receive better treatment than pacemaker implantation.

**Conflict of interest:** none declared

## References

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2. Aksu T, Guler TE, Mutluer FO, et al. Electroanatomic-mapping-guided cardioneuroablation versus combined approach for vasovagal syncope: a cross-sectional observational study. *J Interv Card Electrophysiol*. 2018 [Epub ahead of print], doi: [10.1007/s10840-018-0421-4](https://doi.org/10.1007/s10840-018-0421-4), indexed in Pubmed: [30054828](https://pubmed.ncbi.nlm.nih.gov/30054828/).

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