

**Objective** To investigate the factors predicting the recurrence of atrial fibrillation (AF) after catheter ablation.

**Methods** 186 patients (55.12±12.06 years, 123 male) including 161 paroxysmal AF and 25 non-paroxysmal AF who underwent catheter ablation were studied. Clinical datum before and during ablation were recorded, and systematic follow-up was conducted after ablation. Univariate and multivariate analysis were carried out to determine the factors predicting late recurrence of AF (LRAF) which means AF recurrence after 3 months.

**Results** There were 47 (25.27%) patients experienced LRAF. Multivariate Logistic regression analysis was carried out to the parameters that  $p < 0.10$  in the univariate analysis, which including overweight/obesity, metabolic syndrome (MetS), AF categories, duration of AF, left atrial diameter (LAD), diabetes mellitus, ablation strategies, procedural failure and early recurrence of AF after ablation (ERAF). Ultimately, the results demonstrated that overweight/obesity (OR 4.71, 95% CI 1.71 to 12.98,  $p = 0.003$ ), MetS (OR 4.41, 95% CI 1.56 to 12.46,  $p = 0.005$ ), procedural failure (OR 58.34, 95% CI 6.83 to 498.34,  $p < 0.001$ ) and ERAF (OR 3.18, 95% CI 1.07 to 9.44,  $p = 0.037$ ) were independent predictors of AF recurrence after ablation.

**Conclusion** The diagnosis of overweight/obesity, and metabolic syndrome preablation, procedural failure and ERAF are independent predictors of LRAF in this group of patients.

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#### PREDICTORS OF LATE RECURRENCE OF ATRIAL FIBRILLATION AFTER CATHETER ABLATION

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**Background** Understanding the recurrence of atrial fibrillation is important for selecting patients who are undergoing catheter ablation. Several studies respectively evaluated the risk factor of the recurrence of atrial fibrillation postablation. The aim of this study is to explore comprehensive risk factors of AF recurrence in the setting of clinical practice.