

**Different Responses of Left Atrium and Left Atrial Appendage to Radiofrequency
Catheter Ablation of Atrial Fibrillation: a Follow Up MRI study**

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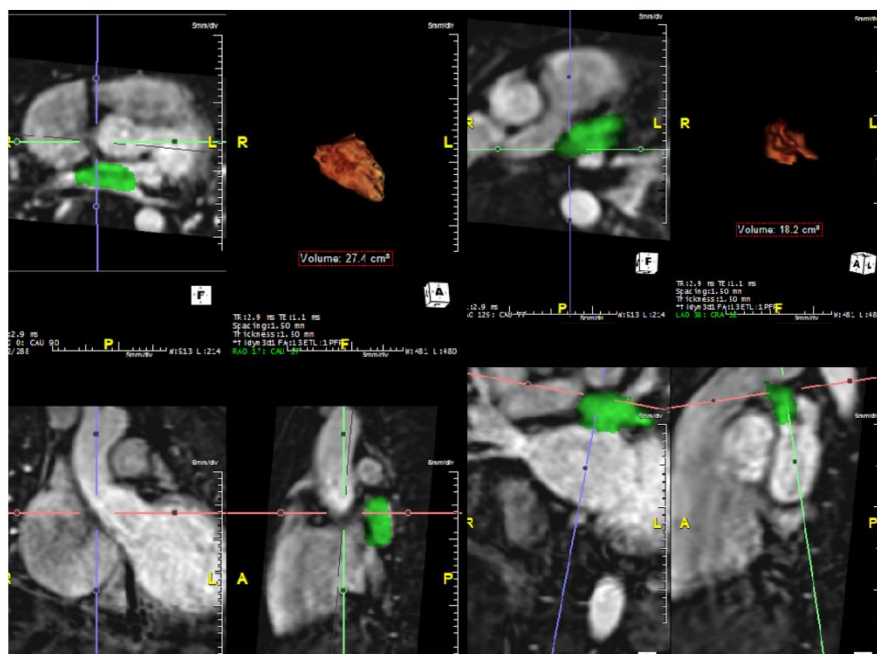
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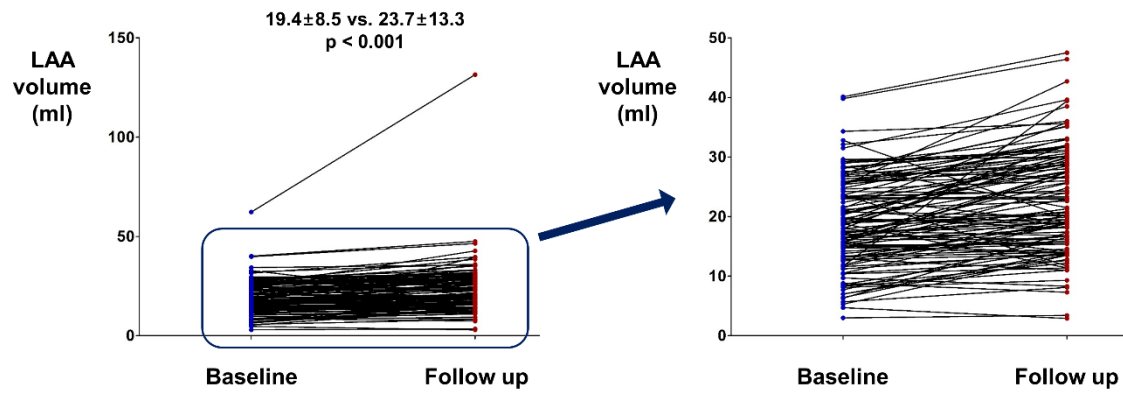
Running title: LAA enlargement after RFCA

Supplementary Figure legends



5 **Supplementary Figure S1. Representative images for demonstration of LA and LAA volume measurement based on cardiac MRI.**

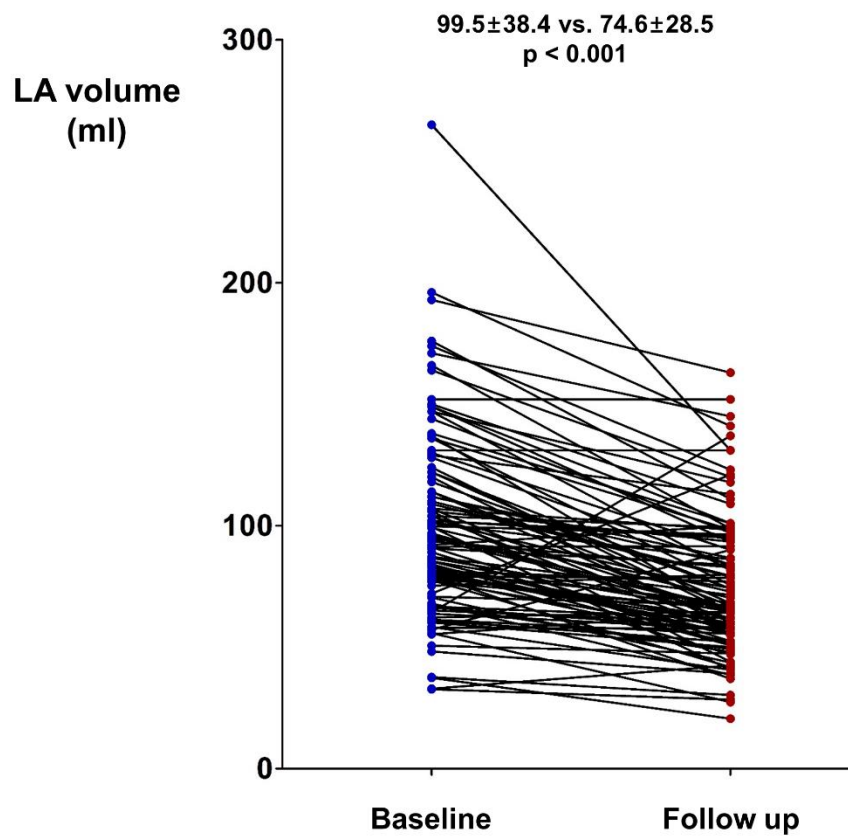
LA: left atrium; LAA: left atrial appendage, MRI: magnetic resonance imaging.



Supplementary Figure S2. Δ LAA volume of individual patients.

LAA volume was significantly increased after RFCA.

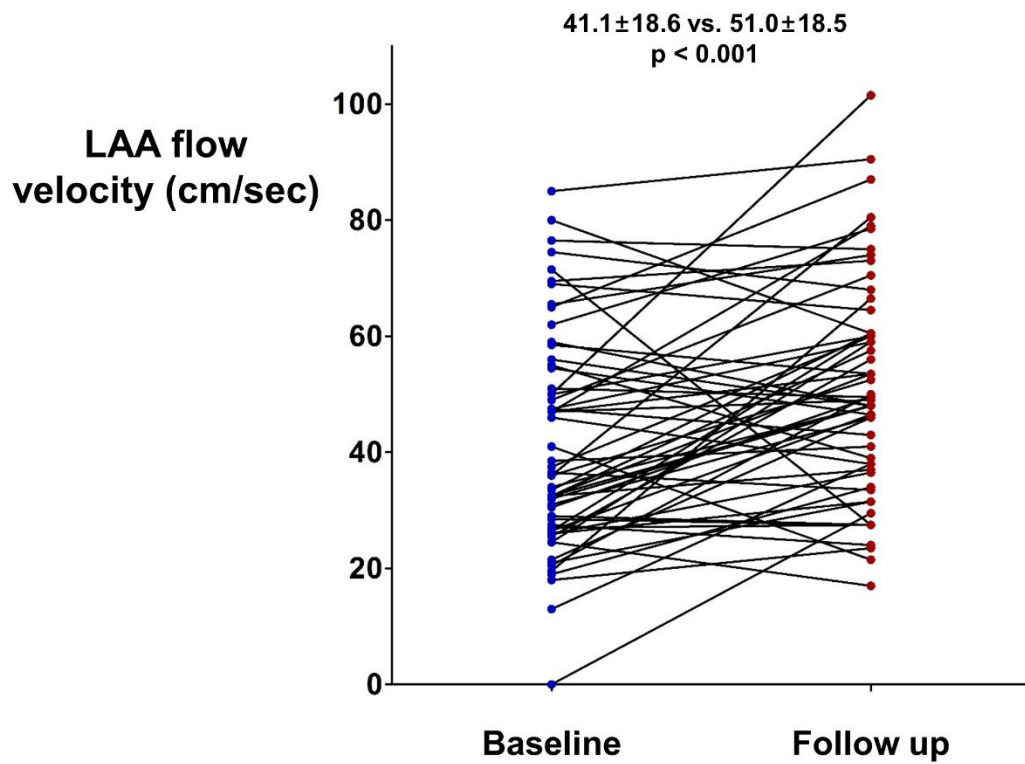
- 5 LAA: left atrial appendage; RFCA: radiofrequency catheter ablation.



Supplementary Figure S3. Δ LA volume of individual patients.

After RFCA, substantial proportion of patients showed decreased LA volume.

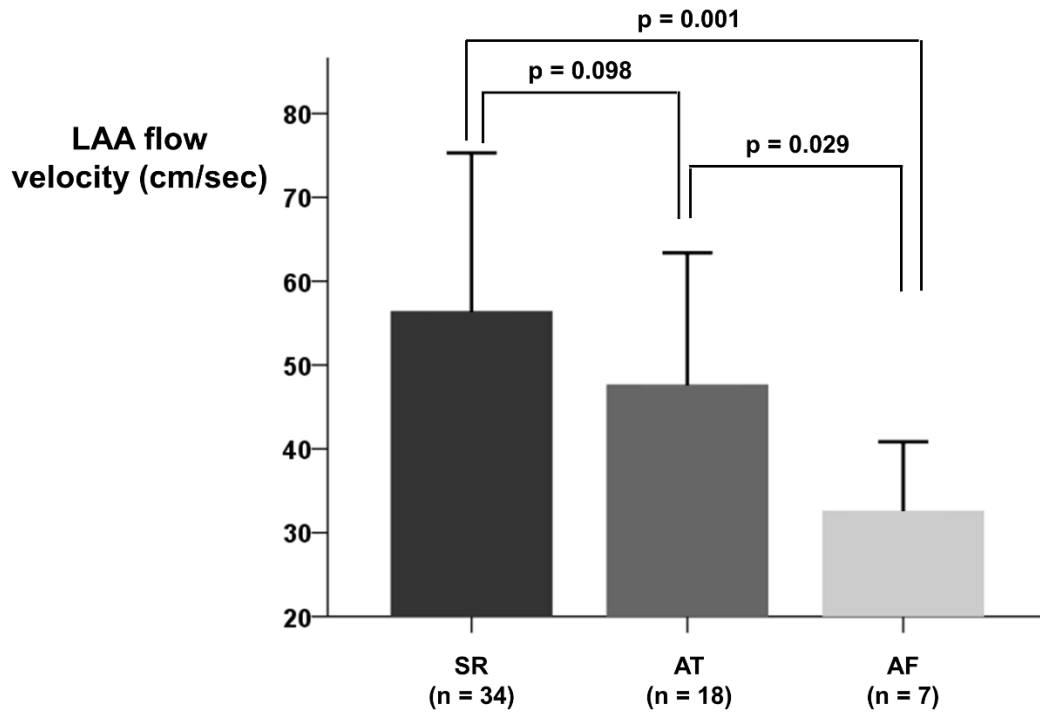
- 5 LA: left atrium; RFCA: radiofrequency catheter ablation.



Supplementary Figure S4. ΔLAA average flow velocity of individual patients.

Average LAA flow velocity was significantly increased in follow up (post-RFCA) TEE evaluation.

LAA: left atrial appendage; RFCA: radiofrequency catheter ablation; TEE: transesophageal echocardiography.



Supplementary Figure S5. Average LAA flow velocity during follow up TEE according to rhythm status.

- 5 During follow up TEE evaluation, average LAA flow velocity significantly differed among patients with SR, AT, and AF.

AF: atrial fibrillation; AT: atrial tachycardia; LAA: left atrial appendage; SR: sinus rhythm; TEE: transesophageal echocardiography.



Supplementary Figure S6. Representative electrogram of delayed activation of LAA.

Anterior line block resulted in delayed activation of LAA. In this case, activation of LAA was even slower than ventricles. Circular mapping catheter was placed in LAA. Left atrium was paced with right atrial catheter.

LAA: left atrial appendage.