

THE FEASIBILITY OF LEFT ATRIAL APPENDAGE OCCLUSION IN PATIENTS WITH LEFT ATRIAL APPENDAGE THROMBUS

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BACKGROUND

LAA thrombus is regarded as a contraindication for LAA occlusion due to the risk of thrombus embolization during the procedure.

OBJECTIVE

This study sought to investigate the safety of percutaneous left atrial appendage (LAA) occlusion for stroke prevention in patients with LAA thrombus and non-valvular atrial fibrillation (NVAF).

METHODS

From October 2010 to October 2016, 108 LAA occlusion were performed in Korean multi-center registry. Patients were divided into two groups: group A (n=9): patients with LAA thrombus and group B (n=99): those without LAA thrombus. The incidence of periprocedural complications of periprocedural stroke, pericardial tamponade, major bleeding and device embolization was assessed and compared according to the presence of thrombus.

RESULTS

The LAA thrombus was detected in 8.3% (9/108) during pre-procedural assessment. The incidences of periprocedural complications were not significantly different between two groups (Group A vs. B: 0% vs. 5.1%, P=0.41). During mean 21.2±16.6-month follow-up duration, 7 events occurred (1 cardiovascular deaths, 6 ischemic strokes) but, overall event rates were not significantly different between 2 groups (Group A vs. B, MACE: 11.1% vs. 6.1%, P=0.47).

CONCLUSION

Percutaneous LAA occlusion in NVAF patients with LAA thrombus might be relatively safe and feasible as an alternative to anticoagulation in selected patients with a high risk for bleeding, contraindication to anticoagulation, or in whom anticoagulation failed to prevent stroke.