Percutaneous Closure of the Left Atrial Appendage

LEÓN VALDIVIESO, MIGUEL CERDÁ [MTSAC], OSCAR MÉNDIZ [MTSAC]

A patient of 74 years old with a history of ischemic stroke 30 years ago. He had chronic atrial fibrillation, anticoagulation with warfarin. He had two more episodes of gastrointestinal bleeding due to a bleeding duodenal ulcer, so that oral anticoagulation was discontinued. He underwent percutaneous closure of left atrial appendage with the APC device (Amplatzer Cardiac Plug).

The past decade, several studies (AFASAK, SPAF, CAFA, BAATAE) demonstrated the benefit of oral anticoagulation to reduce about one-third the likelihood of embolic events in patients with chronic atrial fibrillation. It is estimated that most of these events stem from emboli that are generated in the left atrial appendage. In the PROTECT-AF study, the closure of the appendage with Watchman device showed an incidence of combined events (ischemic or hemorrhagic stroke, death and systemic embolism) 32% less than treatment with warfarin, fulfilling the objective of noninferiority versus it. The ACP is a new device for the same purpose, now available in our environment.

The figures show, angiographically and echocardiographically, the successful closure of the LAA in this patient.

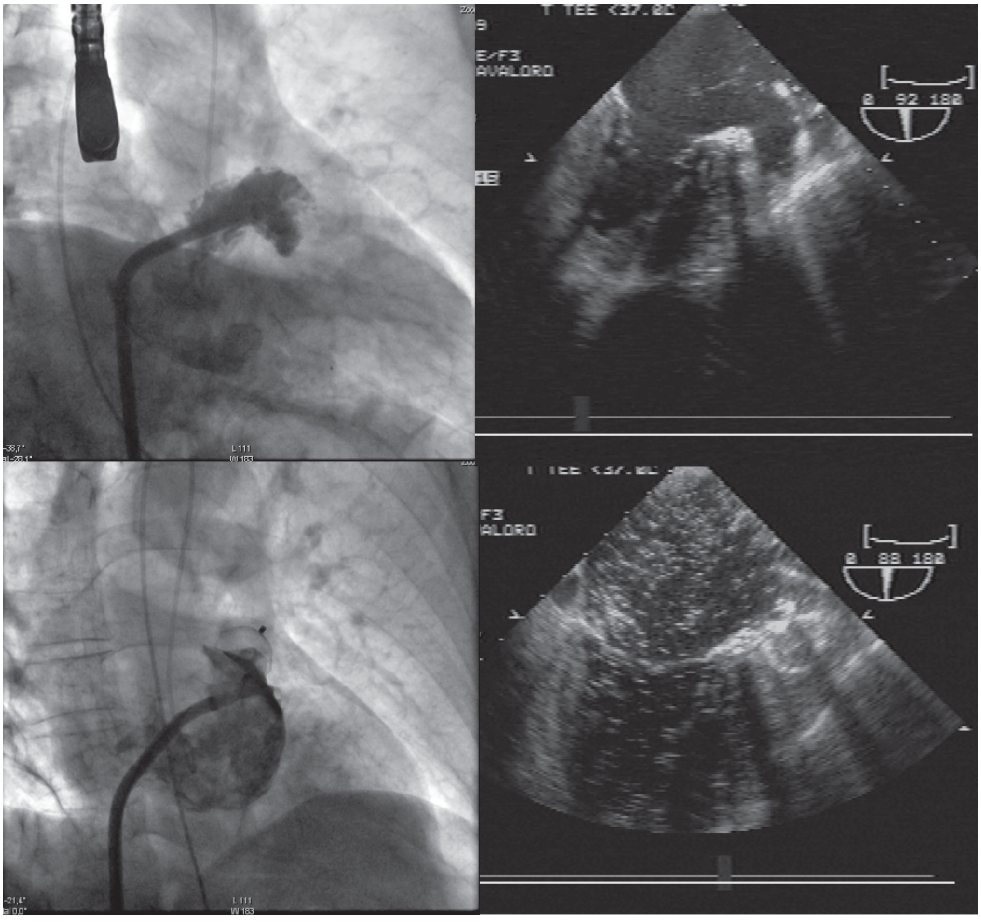

Fig. 2. A. Angiography prior to closure; **B.** Transesophageal echocardiography prior to closure: **C.** Postimplantion angiography of device; **D.** Contrast transesophageal echocardiography after implantation. Note in photos **c** and **d** the absence of passage of angiographic and echocardiographic contrast to left atrial appendage, confirming the closure of the same with the implated device.

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