

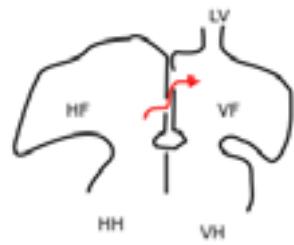
Due metodiche con indicazione ancora discussa: la chiusura percutanea del forame ovale e l'obliterazione percutanea dell'auricola sinistra. La tecnica di esecuzione e le possibili complicanze immediate e nel lungo periodo



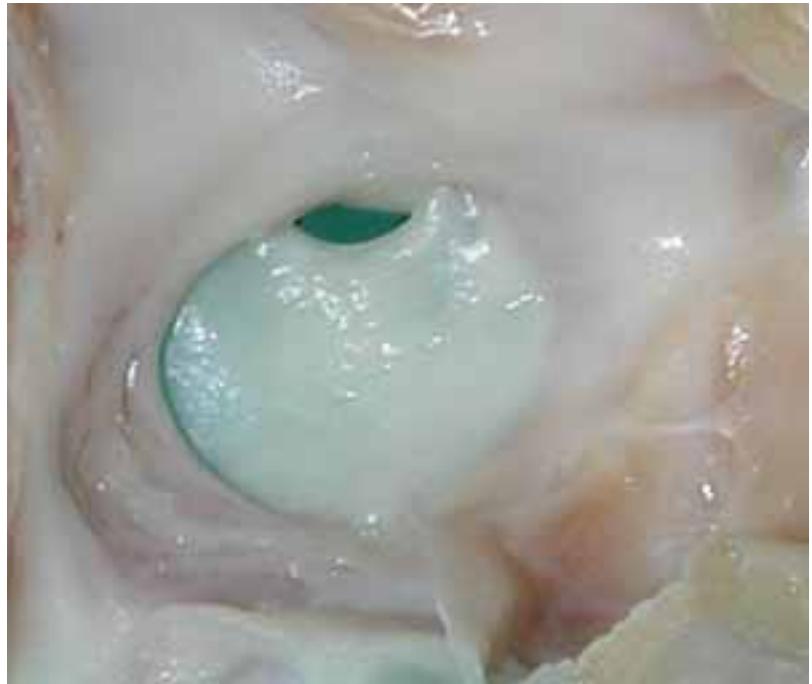
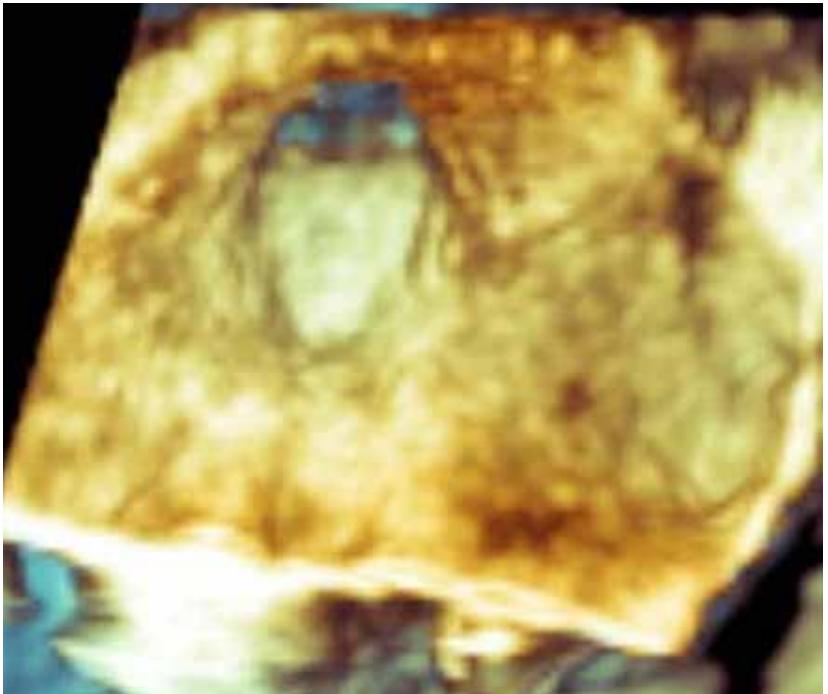
Milano 11 marzo, IV congresso nazionale di ecocardiochirurgia

G.B. Pedrazzini, MD, FESC  
Direttore laboratorio di emodinamica,  
Cardiocentro Ticino, Lugano

# Anatomical aspects



## Foramen ovale

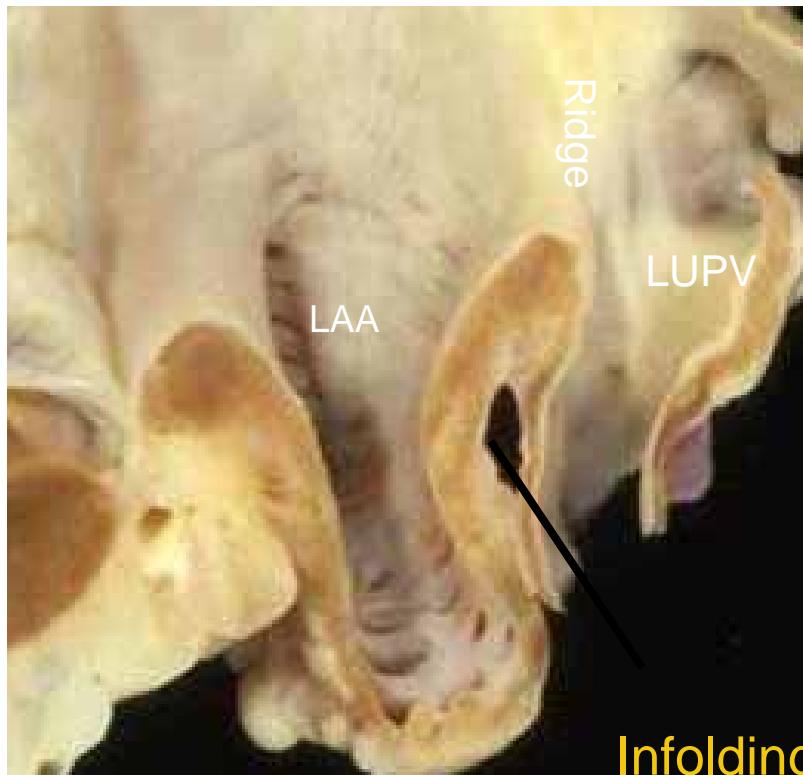




# Anatomical aspects

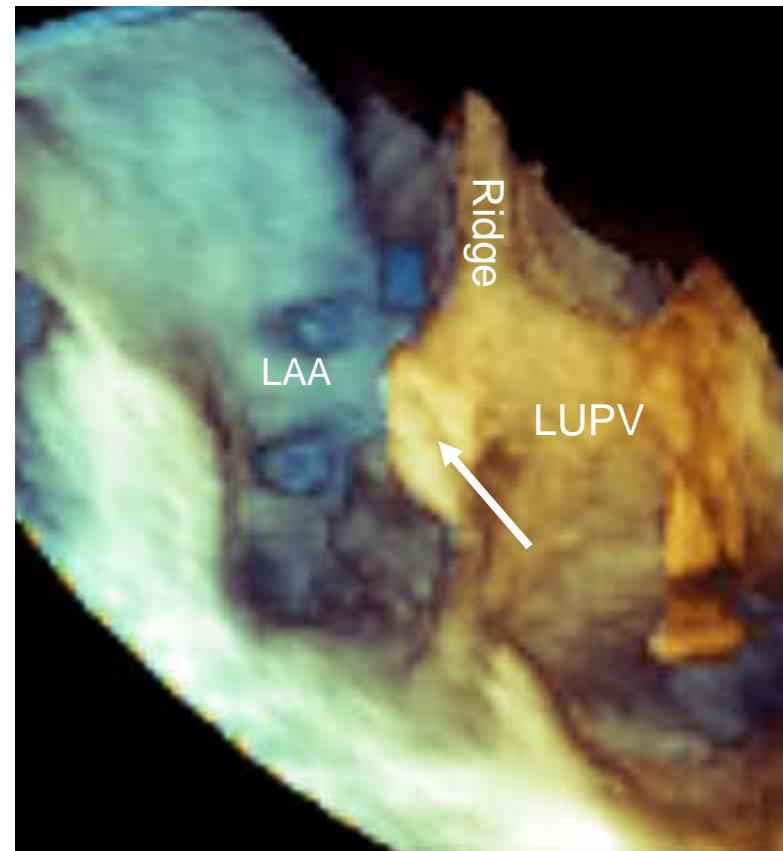
## Left atrial appendage

Anatomic specimen



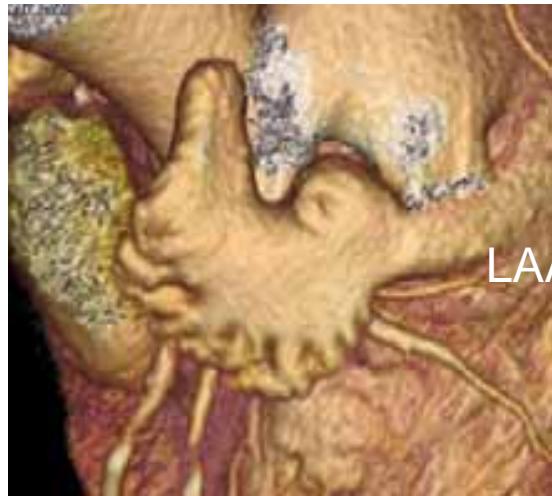
Infolding  
of  
atrial wall

Echocardiographic specimen



# Anatomical aspects

## Left atrial appendage



External view



# Razionale



## Foramen ovale



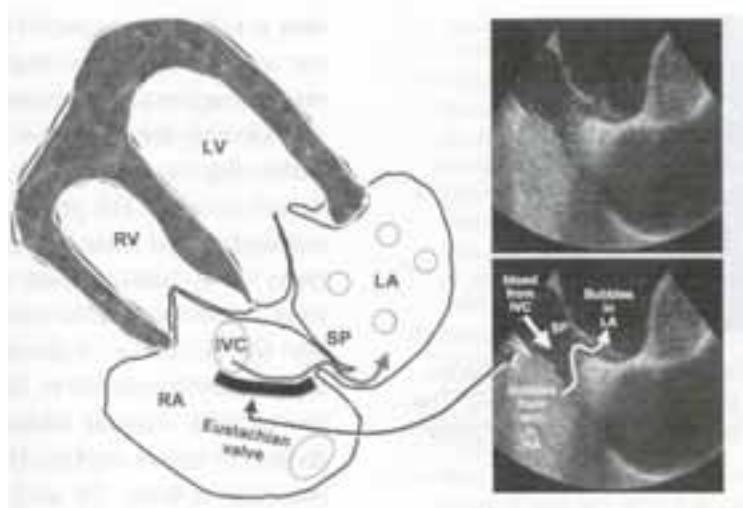
## Left atrial appendage



# Mechanism



## Foramen ovale

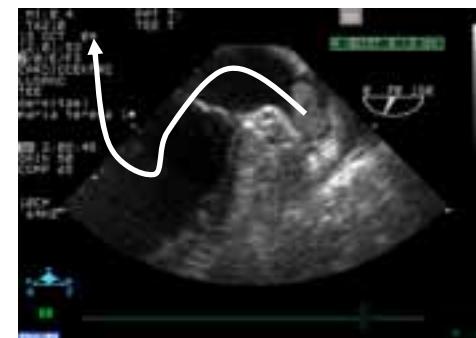


Circulation 2005



## Left atrial appendage

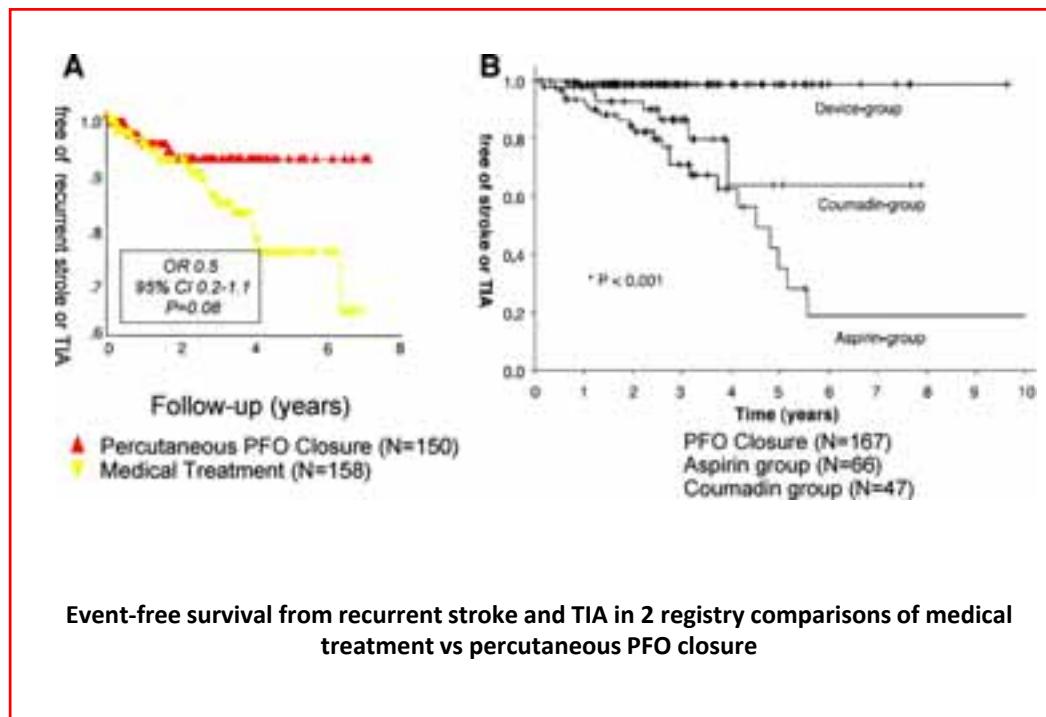
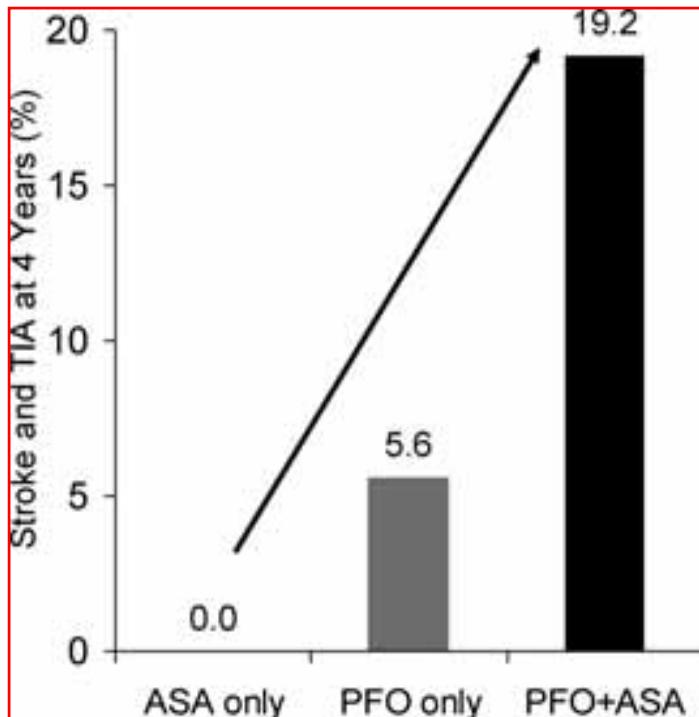
- Thrombotic material associated with AF arises most frequently in the LAA,
- Decreased flow within the LA/LAA during AF has been associated with spontaneous echo contrast (SEC), thrombus formation, and embolic events



# Medical evidence



## Foramen ovale



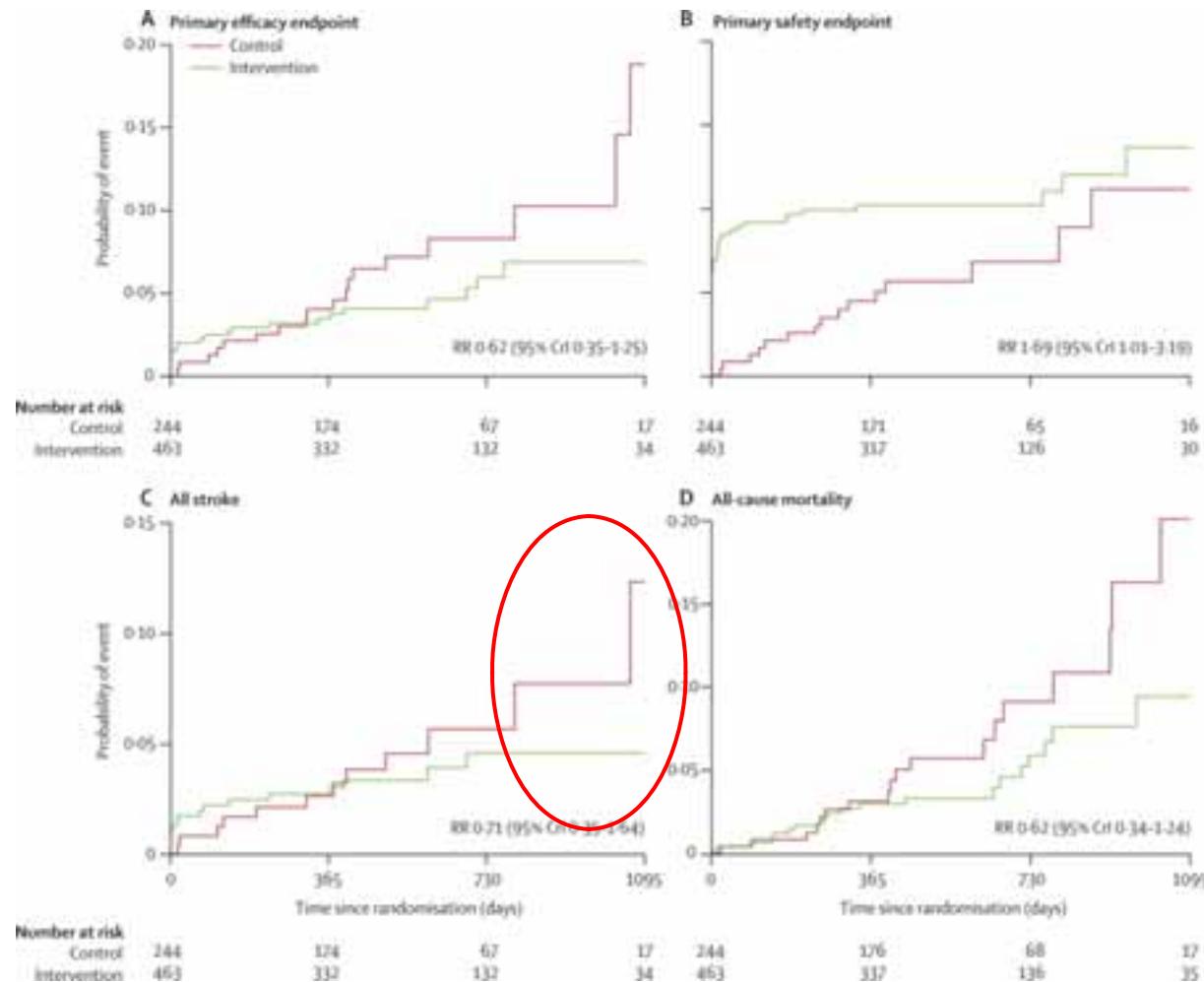
Windecker, S. et al. Circulation 2008;118:1989-1997

# Medical evidence

## Left atrial appendage



PROTECT AF trial, Lancet 2009, 707 Patient



# Clinical settings

## Foramen ovale

- Patient (not only young) with “cryptogenic” stroke (and at least 1 CT/MRI lesion)
- *Migraine with aura*
- *Divers*



## Left atrial appendage

- Patients with permanent or paroxysmal atrial fibrillation and:
  - CHADS score >2
  - contraindication for oral anticoagulation
  - Major (minor) bleeding on anticoagulation
  - Difficult management of anticoagulation



# Therapeutic goal

Foramen Ovale

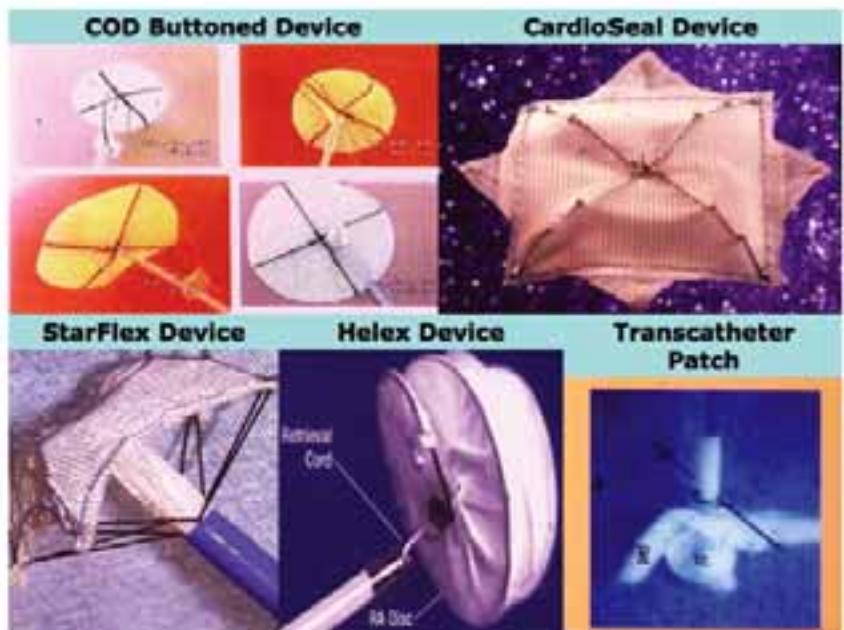
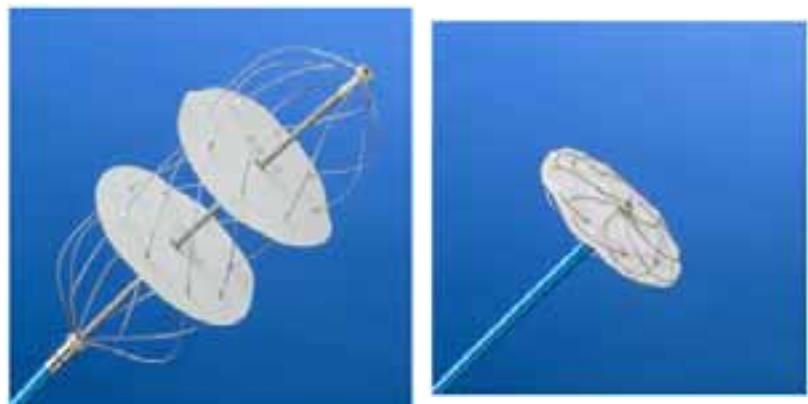
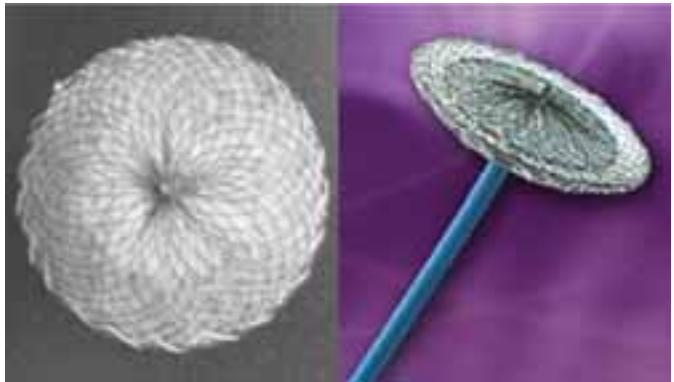
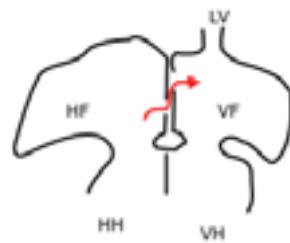


Left atrial appendage



# Devices

## Foramen Ovale

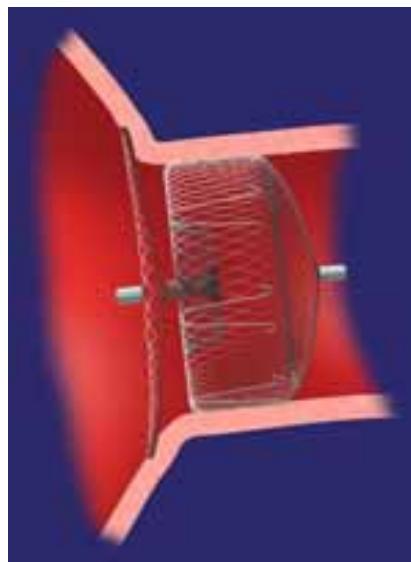


# Devices

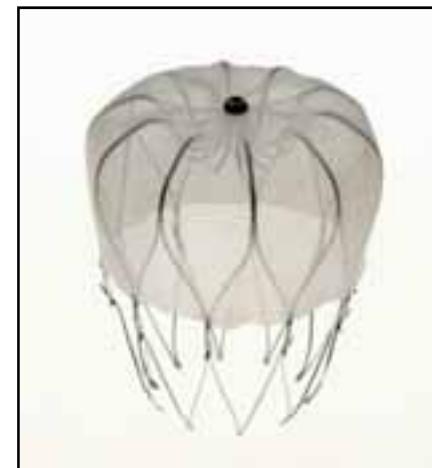
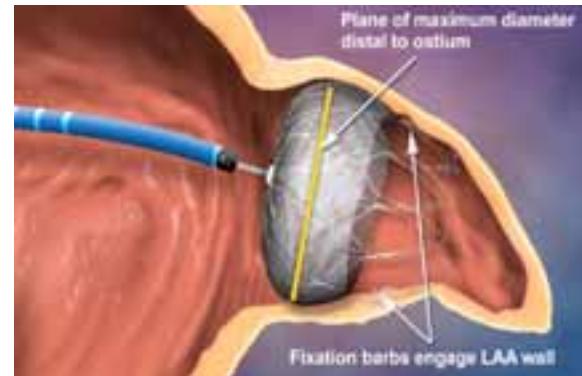


## Left atrial appendage

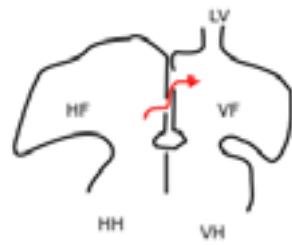
Cardiac Plug



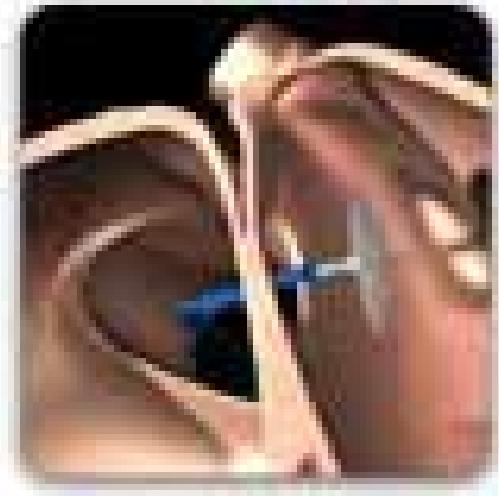
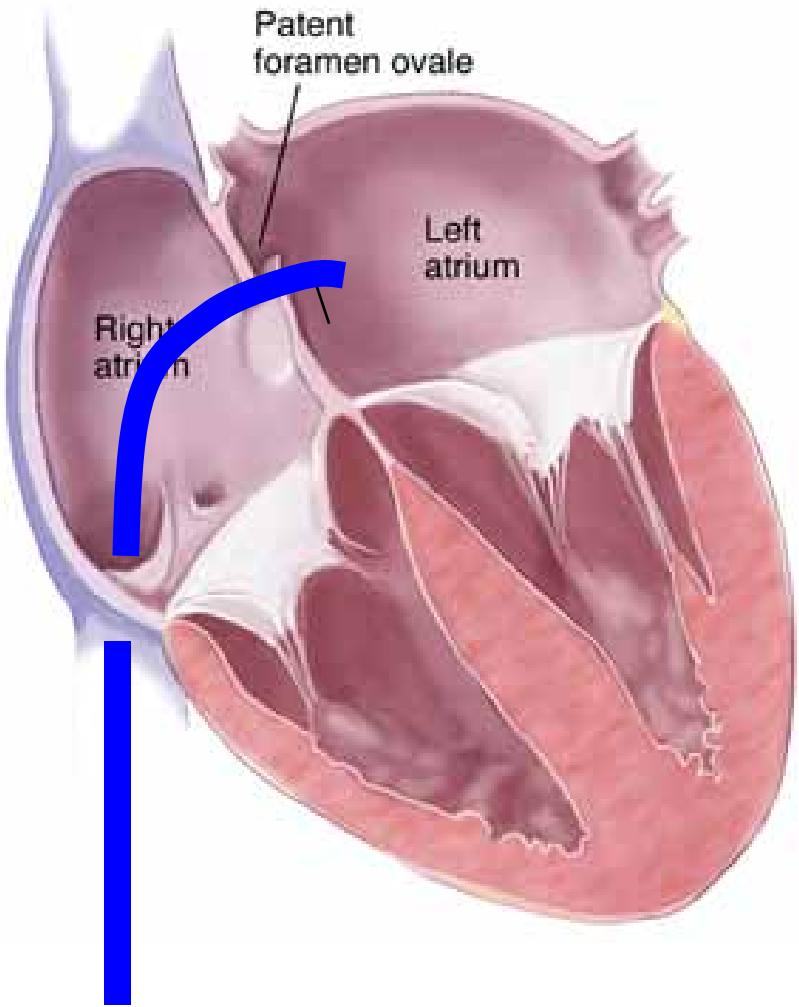
Watchmann, Artritech



# Technical aspects



## Foramen ovale

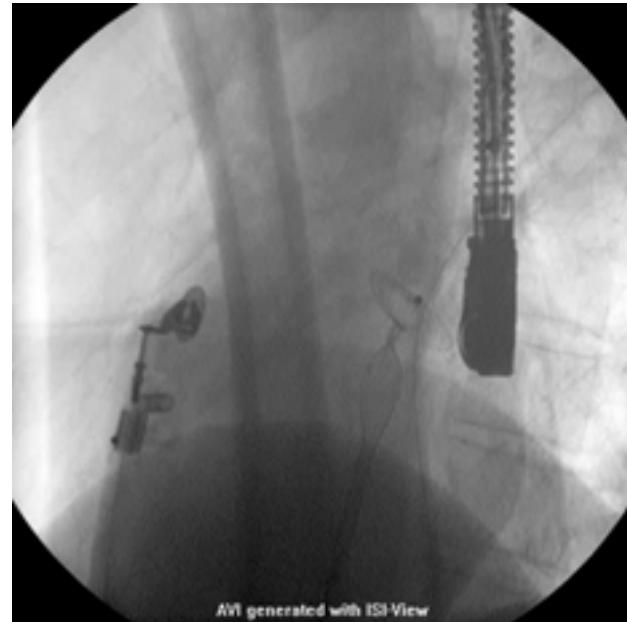




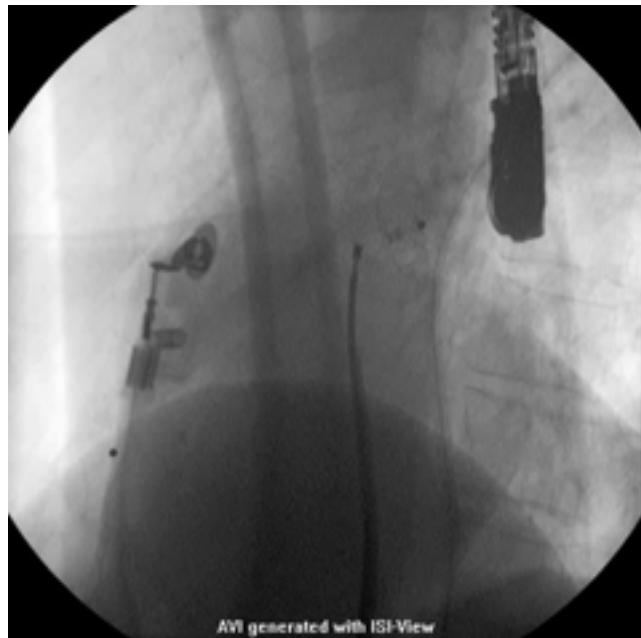
CARDIOCENTROTI



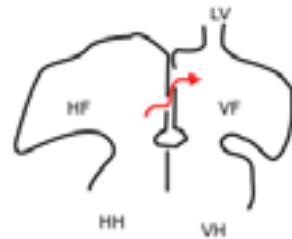
AVI generated with ISI-View



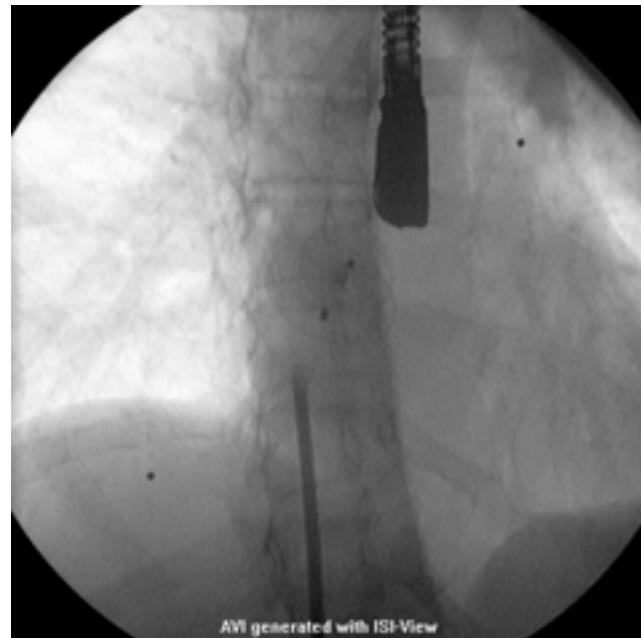
AVI generated with ISI-View



AVI generated with ISI-View



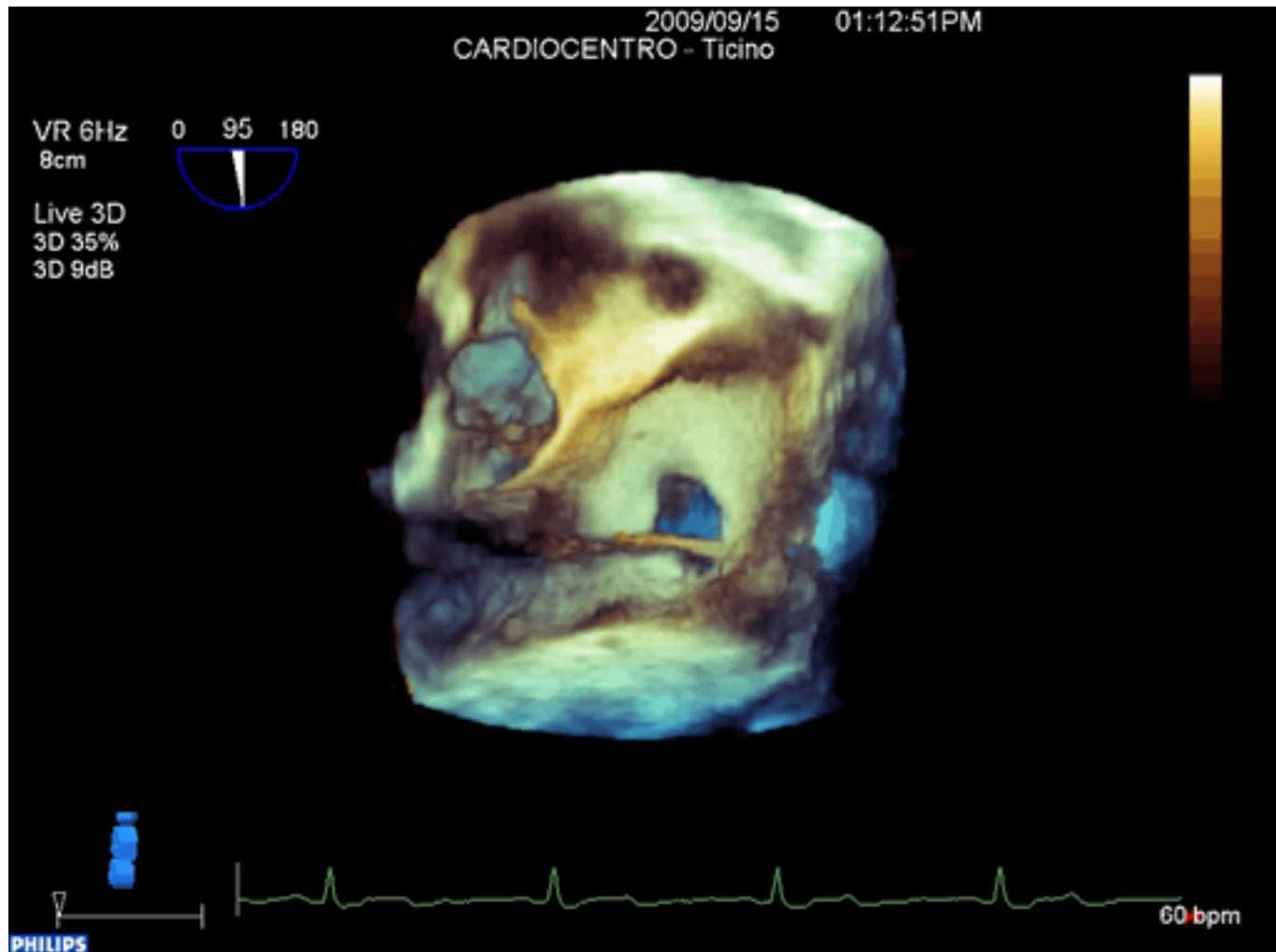
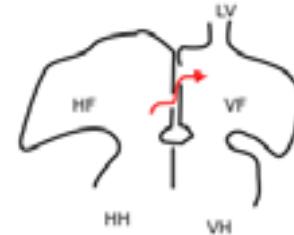
## Foramen ovale



AVI generated with ISI-View

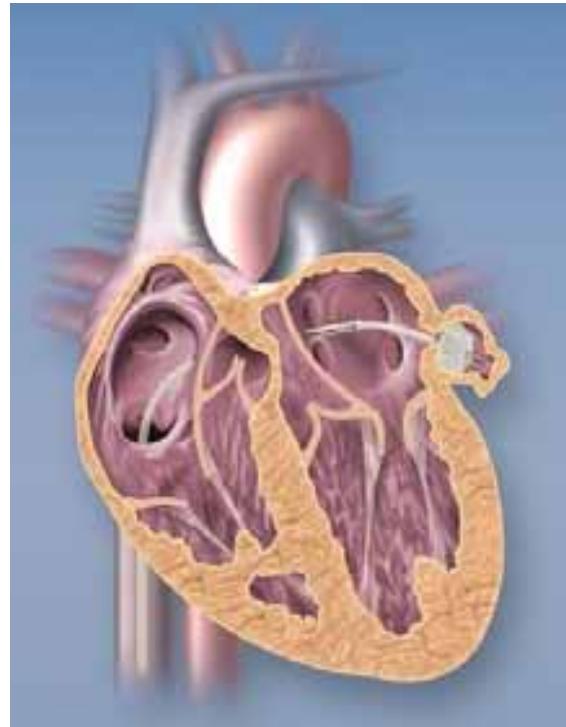
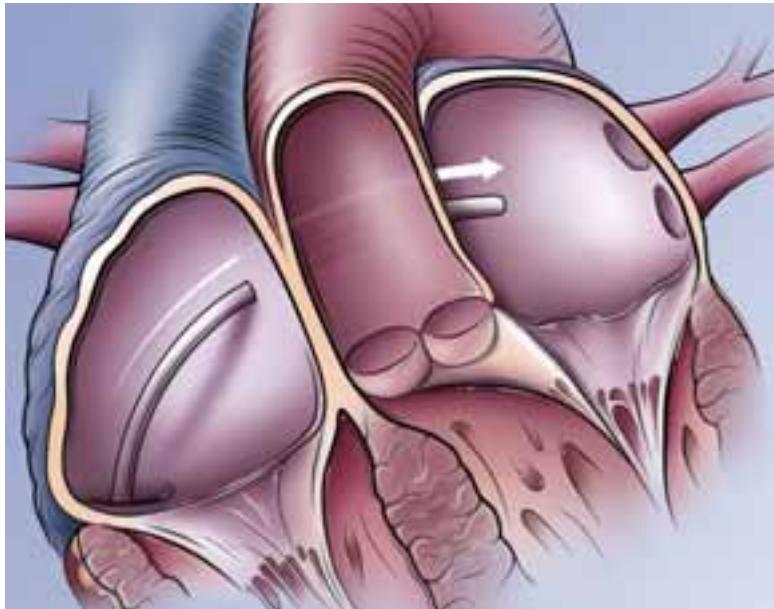
# Technical aspects

## Foramen ovale



# Technical aspects

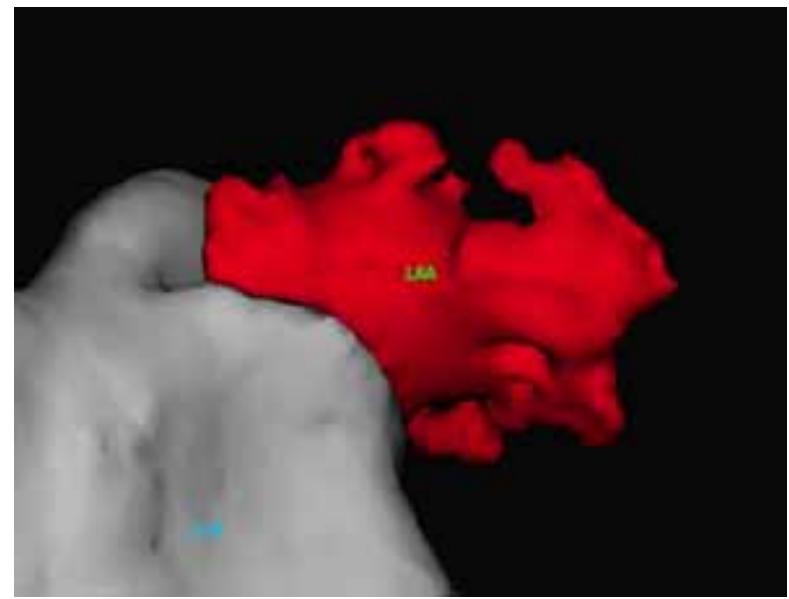
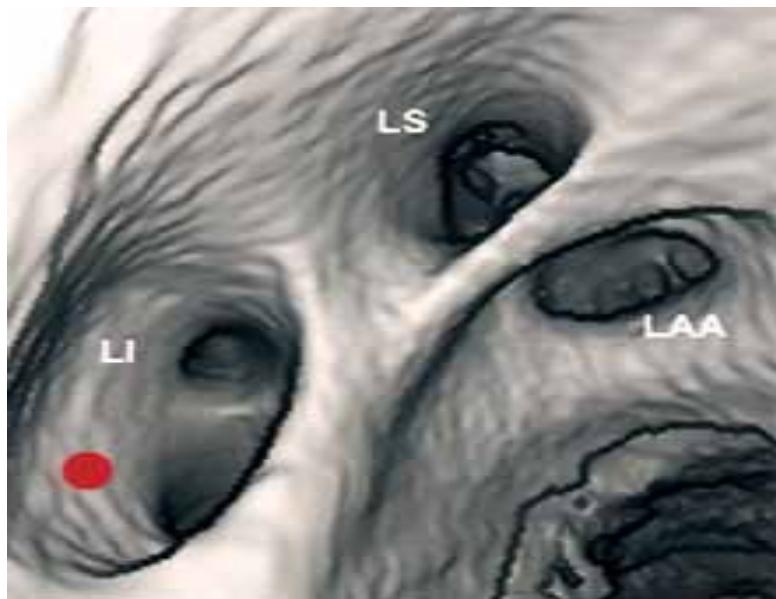
## Left atrial appendage





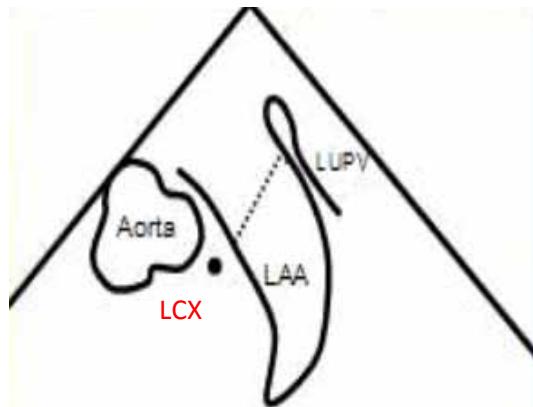
# Technical aspects

## Left atrial appendage



# Technical aspects

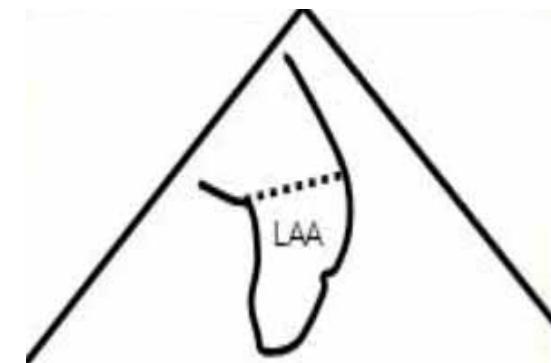
## Left atrial appendage



Measured at 0°



Measured at 45°



Measured at 90 °

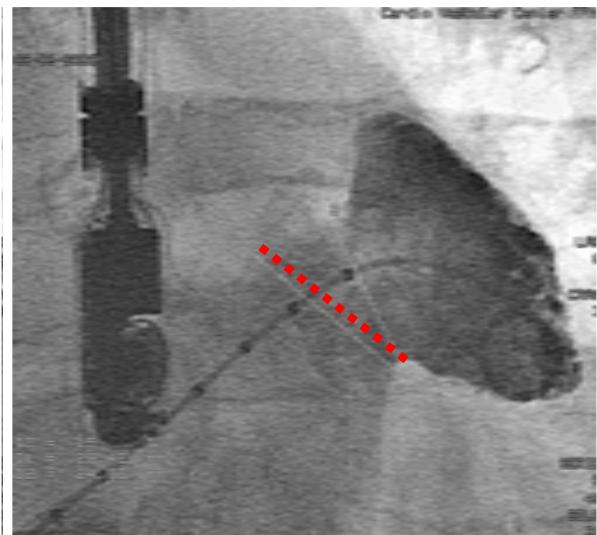
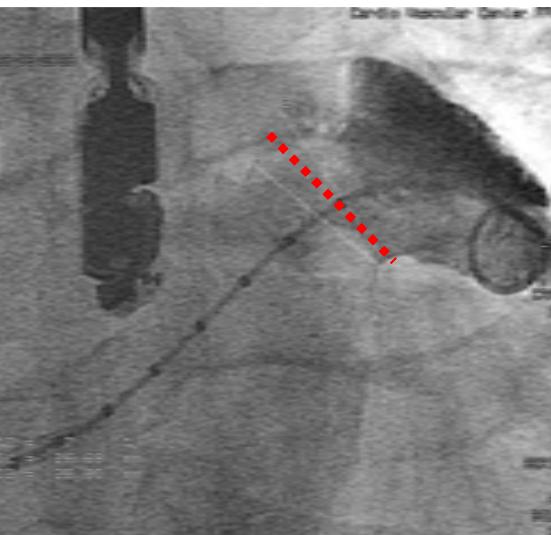
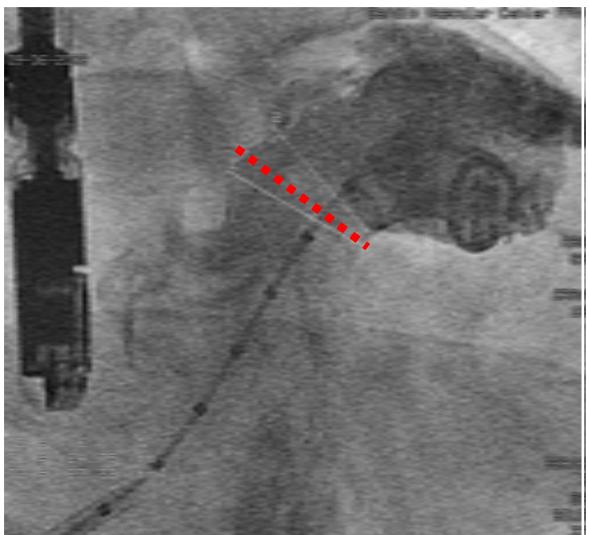


# Technical aspects



## Left atrial appendage

Choose the largest measurement of the LAA neck (landing zone) from different views



RAO/CRA 30/18°

23 mm

LAO/CRA 2/18 °

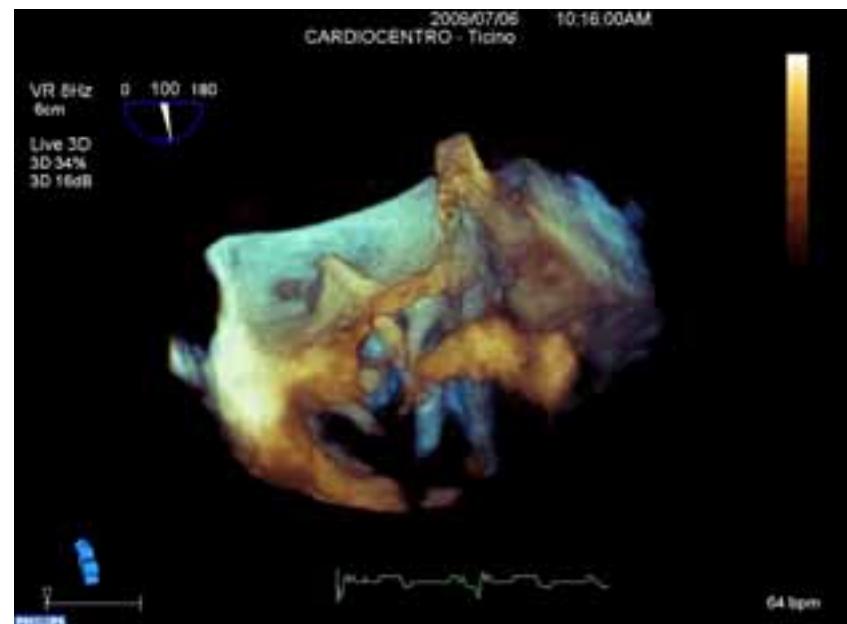
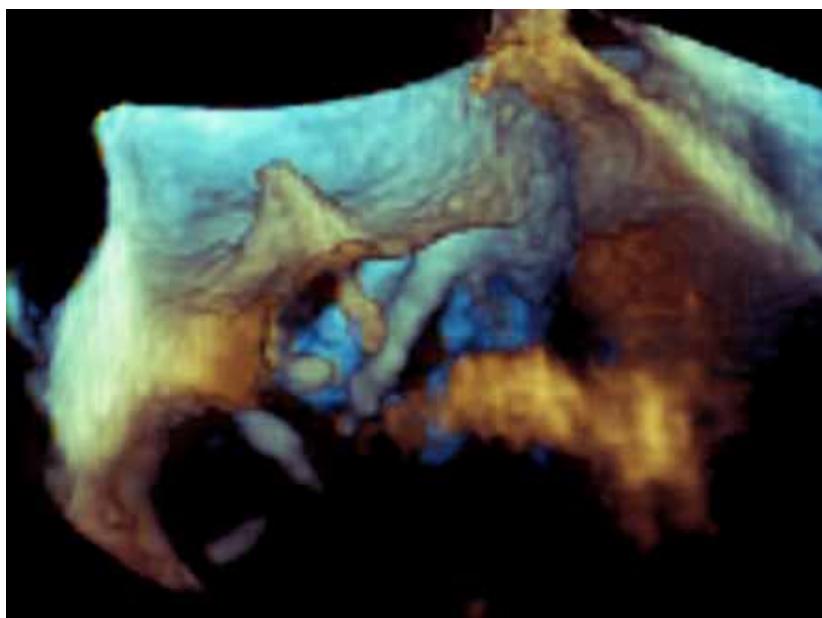
29 mm

LAO/CRA 6/3 °

24 mm

# Technical aspects

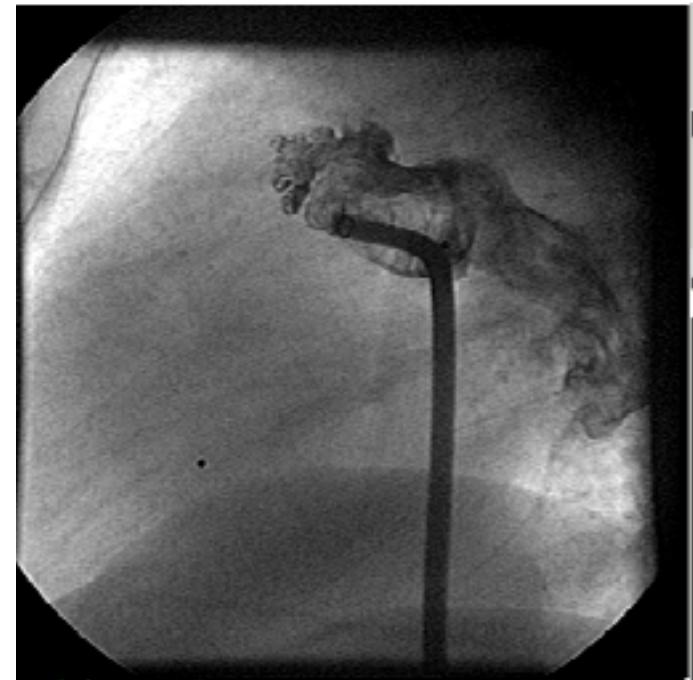
## Left atrial appendage





# Technical aspects

## Left atrial appendage



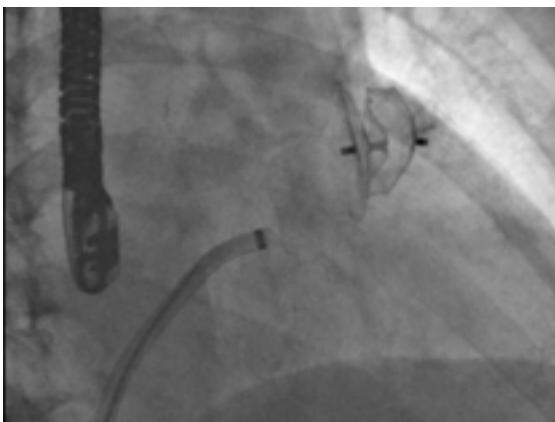
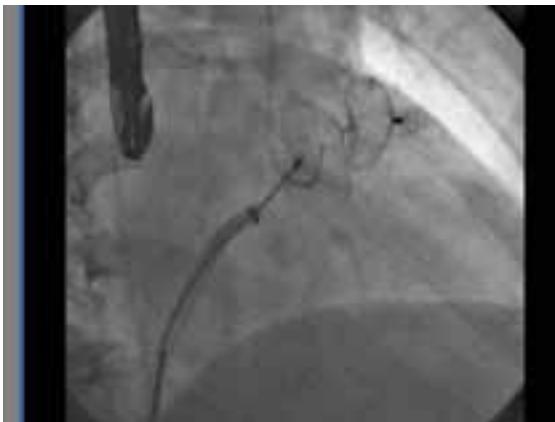
- Multiple projections demonstrate available length differences

# Technical aspects

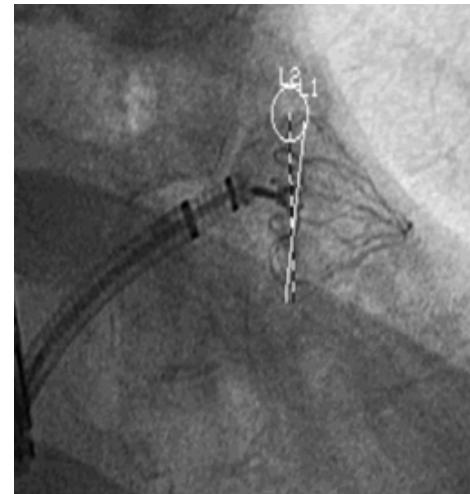


## Left atrial appendage

Cardiac Plug



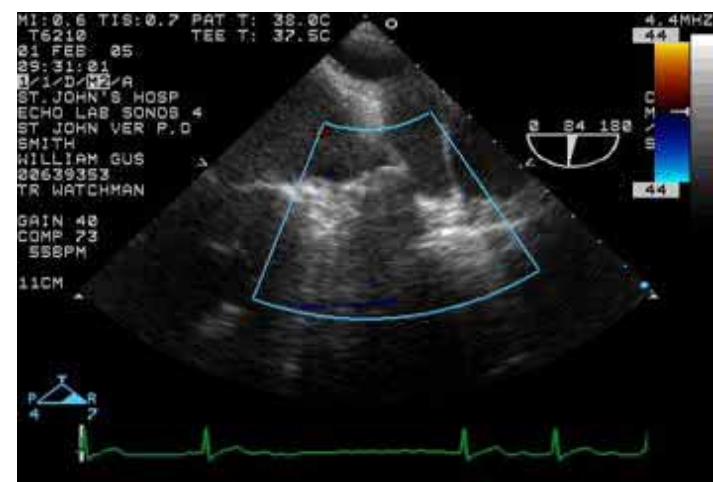
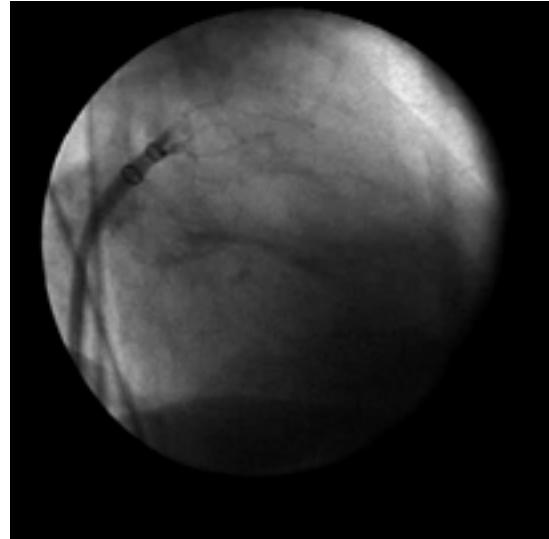
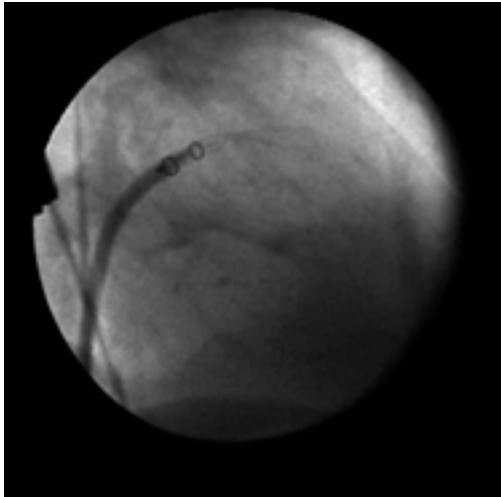
Watchmann, Artritech



# Technical aspects

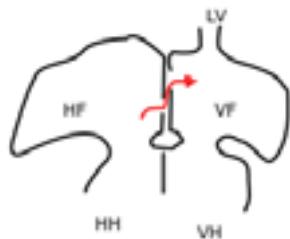


## Left atrial appendage



# Conclusions

## Foramen ovale



## Left atrial appendage



- Clinical evidence, no randomized trial
- Easy intervention, low procedural risk
- Numerous devices available

- Non inferiority trial
- 2 devices available
- Complexe intervention, some procedural risk (needs skilled operators)

# Conclusions



## Left atrial appendage

### Protect AF trial

Timeframe	Event Description	WATCHMAN N (% of 463)	Control N (% of 244)
Events Within 7 Days of Procedure	Pericardial Effusion	21 4.5%	N/A
	Ischemic Stroke	5 1.1%	N/A
	Device Embolization	1 0.2%	N/A
	Major Bleeding	5 1.1%	N/A
	Other	2 0.4%	N/A
Total		34 7.3%	N/A

Primary Safety Endpoint – Up Front Risk





Namib Desert, Namibia

# Watchmann Pilot study



## Major Adverse Events

- Stroke 2/66 (3%)
- Device Embolizations 3/66 (5%)
- Major Bleeding 6/66 (9%)
  - Pericardial Tamponade (n=1)
  - Internal bleeding after Device Embolisation (n=1)
  - Anemia or hematoma requiring transfusion (n=3)
  - GI Bleed (n=1)
- Death 8/66 (12%)
  - Ventricular Tachyarrhythmia (n=1)
  - Congestive heart failure (n=1)
  - Lung cancer (n=1)
  - Pneumonia/Infection (n=2)
  - Unrelated surgical complications (aortic dissection repair/aortic valve replacement) (n=1)
  - Unknown (n=2)