

IMAGE IN CARDIOVASCULAR MEDICINE

Cardiology Journal 2022, Vol. 29, No. 5, 884–885 DOI: 10.5603/CJ.2022.0086 Copyright © 2022 Via Medica ISSN 1897–5593 eISSN 1898–018X

Percutaneous left atrial appendage closure containing thrombus

Mohsen Mohandes¹, Cristina Moreno¹, Marta Guillén², Leydimar Anmad Shihadeh², Diego Zambrano¹

¹Interventional Cardiology Unit, Cardiology Division, Joan XXIII University Hospital, Pere Virgili Health Research Institute (IISPV), Tarragona, Spain ²Cardiology Division, Joan XXIII University Hospital, Pere Virgili Health Research Institute (IISPV), Tarragona, Spain

An 85-year-old man with permanent atrial fibrillation was referred to our institution for percutaneous left atrial appendage (LAA) closure (LAAC). The patient had chronic renal disease (CRD) with glomerular filtration rate (GFR) 25 mL/min and under acenocumarol therapy had developed melaena due to colonic angiodysplasia with severe anemia (hemoglobin: 5.9 g/dL). Transesophageal echocardiography (TEE) revealed thrombus within LAA (Fig. 1A). LAAC using simultaneous cerebral protection with SentinelTM (Claret Medical, Santa Rosa, CA, USA) was scheduled. The procedure was performed under general anesthesia and guided by TEE. After transseptal puncture, heparin was administered and afterward SentinelTM was inserted through right radial artery (Fig. 1B). A LAmbre[™] (Lifetech Scientific Corp., Shenzhen, China) 24/30 mm for LAAC was chosen and contrast medium injection was avoided during the procedure. A partial umbrella delivery of LAmbre was carried out in front of the LAA and the whole system was advanced slowly within LAA trying not to touch the thrombus (Fig. 1C). Initially, the umbrella position seemed to be a little deep so the umbrella was partially recaptured and delivered again in a better position. Afterward, the cover part of the device was delivered and pulled back slightly so to achieve a proper positioning. TEE confirmed an adequate position and absence of any leakage while tug test manoeuver revealed the device's stability. Hence, the LAmbre was ultimately released without incidence (Fig. 1D, Suppl. Video 1). Sentinel[™] was retrieved and no debris was identified in the system. The patient post-intervention course was uneventful.

Conflict of interest: None declared

Address for correspondence: Mohsen Mohandes, MD, PhD, Interventional Cardiology Unit, Cardiology Division, Joan XXIII University Hospital, Pere Virgili Health Research Institute (IISPV), Tarragona, Spain, tel: 0034-977295817, e-mail: mohandesmohsen@hotmail.com

Received: 23.05.2021 Accepted: 8.06.2022

This article is available in open access under Creative Common Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license, allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.



Figure 1. A. Left atrial appendage shows thrombus at its bottom; **B.** Sentinel with its two baskets is inserted into the right brachiocephalic trunk and left carotid artery; **C.** Partial delivery of umbrella in the left atrial appendage; **D.** Complete release of the device, showing umbrella and cover part in a good position.