



Exclusion of left atrial appendage with thrombus in a patient with contraindication of oral anticoagulation

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TCT

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Disclosure Statement of Financial Interest

I, Claudio Cigalini, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Faculty disclosure information can be found on the app

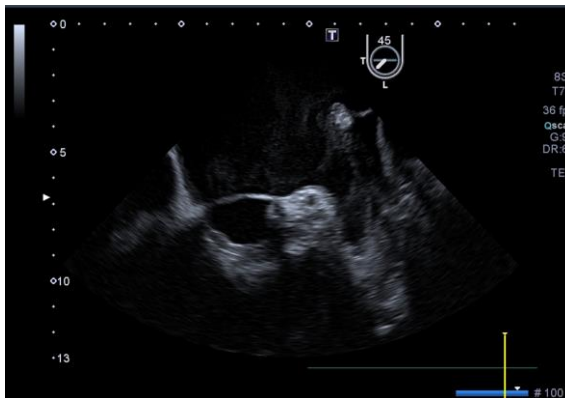
83y old male

- CV risk factors: arterial hypertension
- CV History: permanent AF (CHADS VASC 3, HAS BLED 3)
- Other relevant
 - CI to anticoagulation because of *recurrent major bleedings* due to *prostatic arteriovenous fistula* despite multiple attempts of endovascular resolution.
 - Chronic kidney disease (CrCl 50)
 - *Waldenstrom macroglobulinemia*
 - Alteration of in vivo and in vitro platelet aggregation.

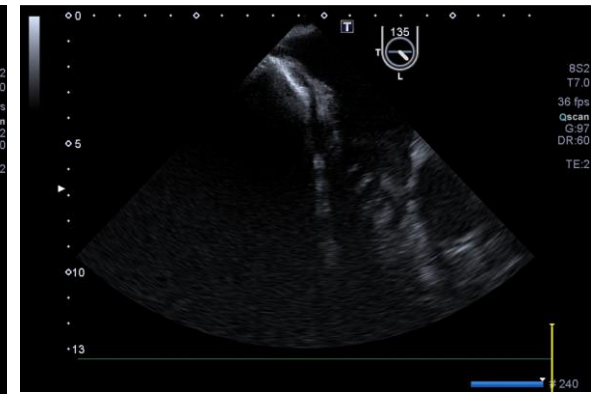
TEE

LVDD	49mm
LVSD	34mm
IVS	13mm
PW	12.5mm
EF	57%
LA	57ml/m ²

- Severe spontaneous echogenicity in LA
- LAA with windsock morphology, marked reduction of flow and thrombus (10x6mm) in its apex.



Ostium 28.5mm



Ostium 32mm

Double Oblique (MPR)

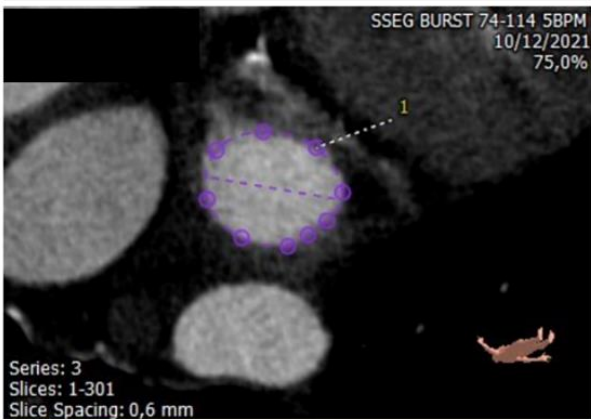


ID Type	Label	Value
1	Distance Distance	13,4 mm
2	Distance Distance	22,6 mm

Double Oblique (MPR)

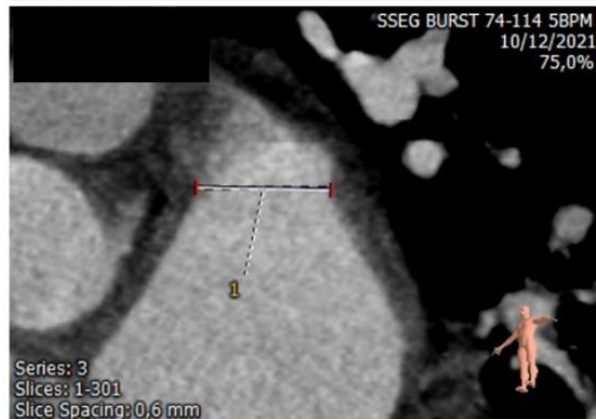


Ostium



ID Type	Label	Value
1	Orifice Measurement Max. Ø	26,5 mm

Double Oblique (MPR)

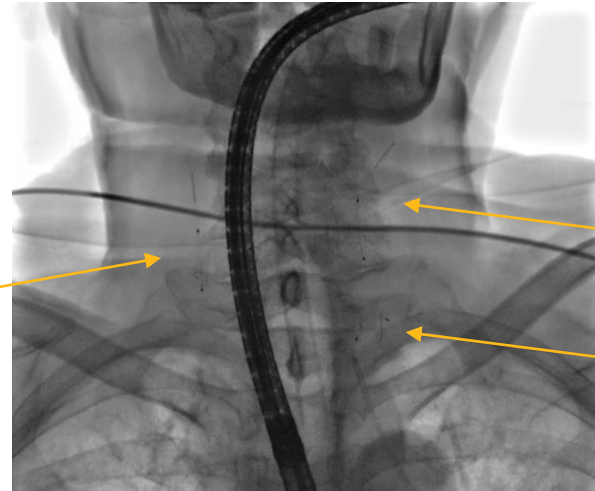


ID Type	Label	Value
1	Distance Distance	25,8 mm

- General anesthesia.
- TEE guidance
- US-guided right femoral vein puncture → 6Fr sheath.
- US-guided left common femoral artery puncture → 7Fr sheath.



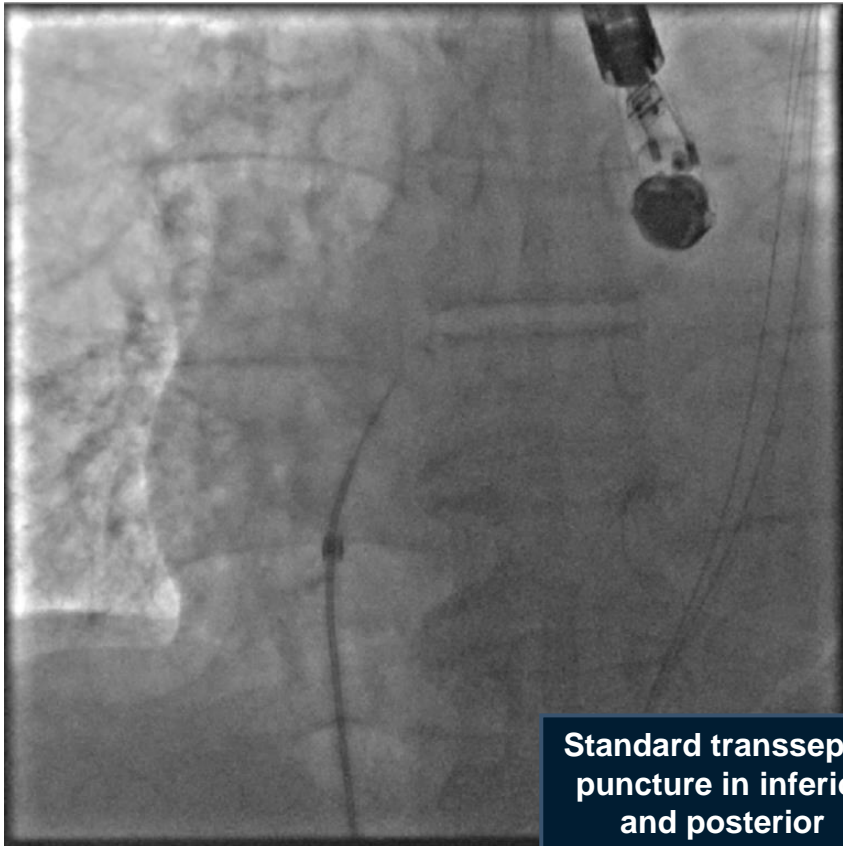
SpiderFx 6.0mm



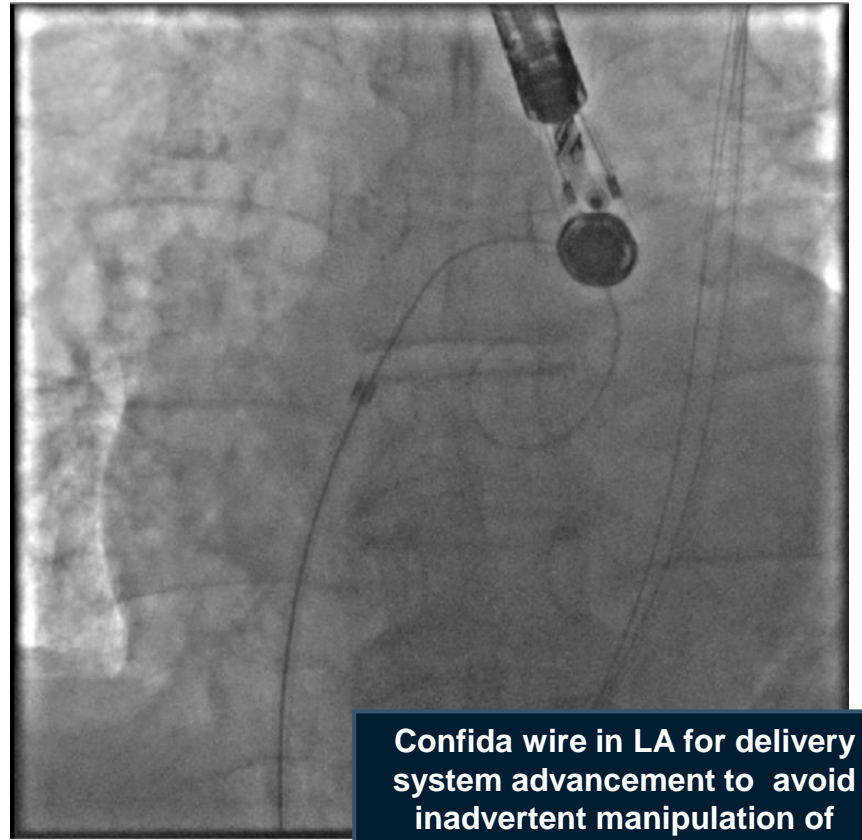
SpiderFx 6.0mm

SpiderFx 5.0mm

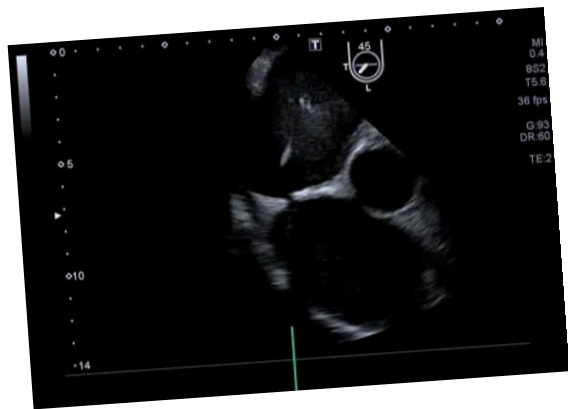
Embolic protection devices in both common carotid arteries and in left vertebral artery (dominant)



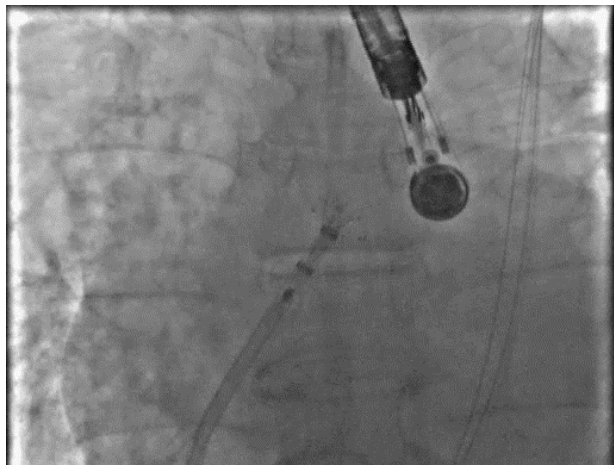
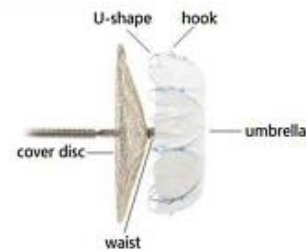
**Standard transseptal
puncture in inferior
and posterior
position**

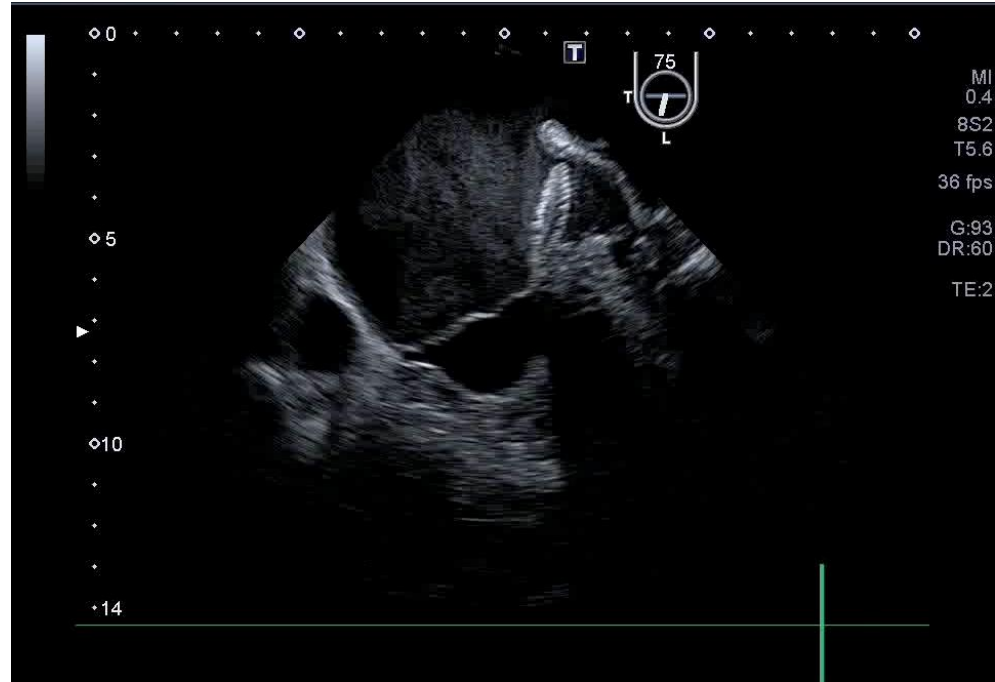


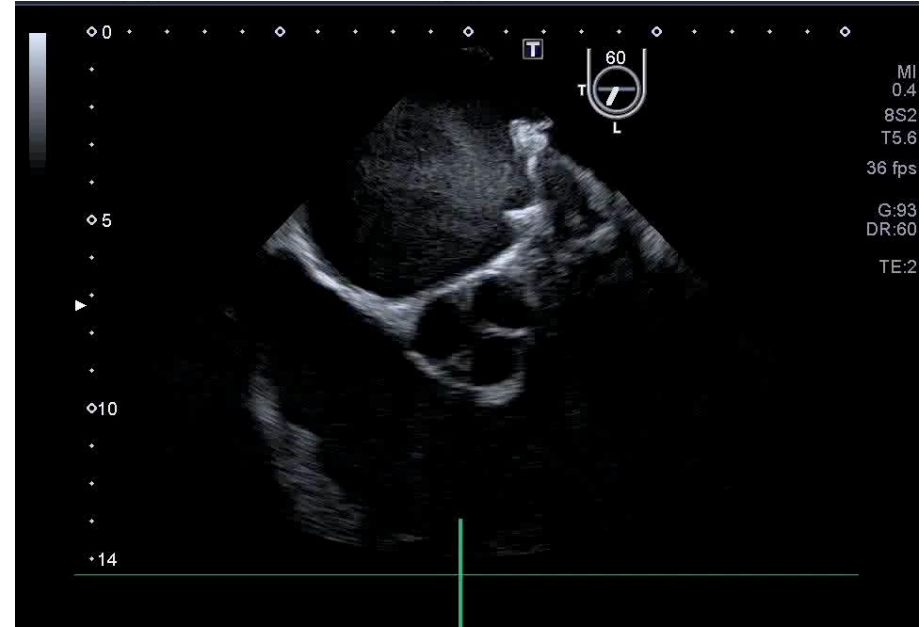
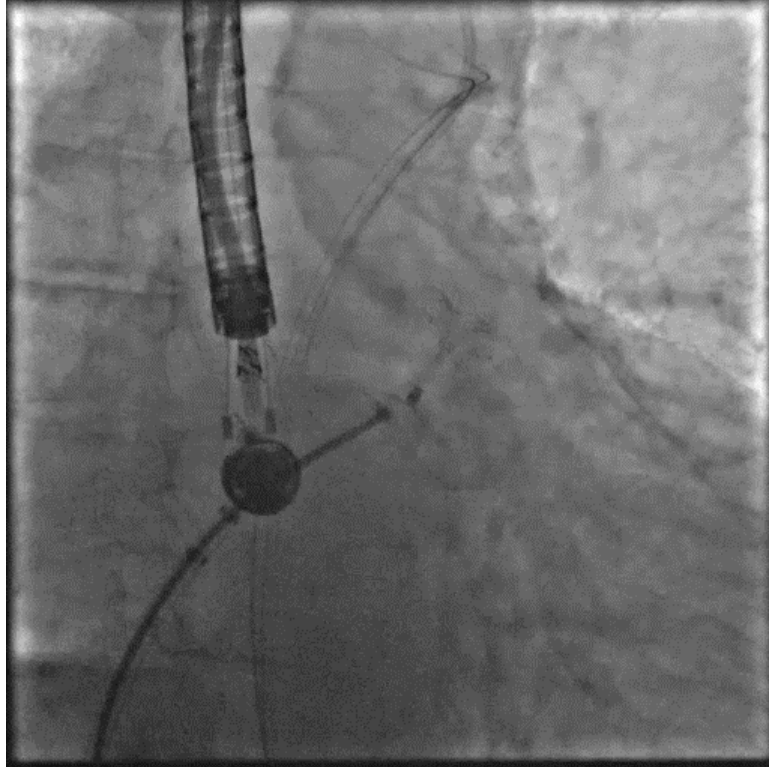
**Confida wire in LA for delivery
system advancement to avoid
inadvertent manipulation of
wires / catheters in LAA**



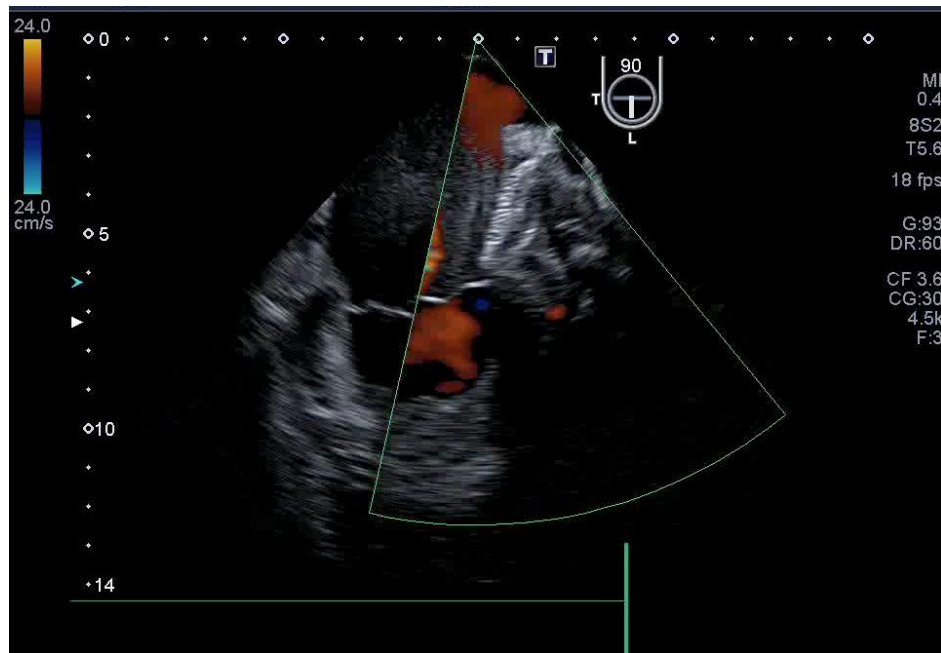
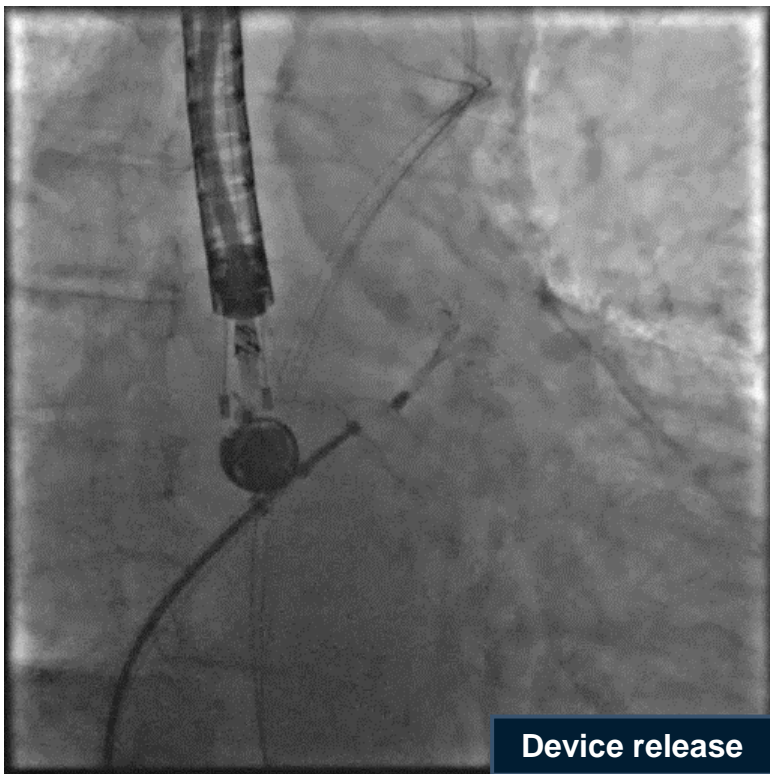
Partial opening of outer umbrella and advancement of the device with 100% TEE guidance.

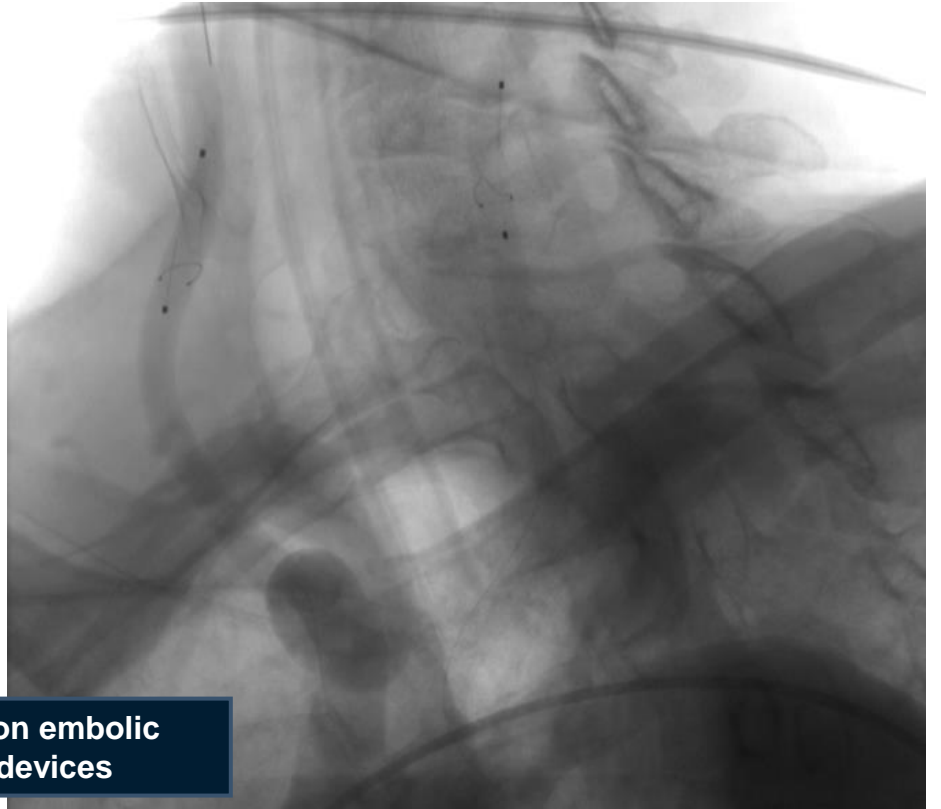






Tug test





No thrombus on embolic protection devices

Case conclusions

- The no-touch technique is an alternative to LAA closure in patients with LAA thrombus.
- The present case was possible to resolve, preventing the mechanical mobilization of the thrombus and using brain protection systems.
- The new devices features also could reduce the risk of LAA perforation and periprocedural embolization