PANNUS FORMATION AFTER LAA OCCLUDER DISLOGEMENT AS A RARE COMPLICATION

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HISTORY AND PHYSICAL
75 years old female patient was admitted to the hospital in October 2016. Clinical diagnosis: Permanent normosystolic atrial fibrillation. CTI ablation (2011), VVIR pacemaker implantation (2011), DDR pacemaker re-implantation (2013), arterial hypertension 2-nd degree, risk 4. Diabetes Mellitus, type 2. Pulmonary hypertension. Obesity 2 degree. CHA2DS2-VASc score 5. Patient was taking warfarin and having labile INR.

IMAGING AND INTERVENTION
Due to high risk of stroke and labile INR on warfarin the patient underwent Left Atrial Appendage Occluder (LAAO) implantation. During the procedure LAA angiography was performed. Entrance of LAA was measured in different positions: RAO 30, CRAN 15 – 23.4 mm; RAO 30, CAUD 15 – 24.2 mm. Amplatzer Cardiac Plug 26 mm was selected for implantation. LAAO implantation was successfully performed. Traction test was negative. LAAO position stable. The second day after LAAO implantation trans-esophageal Echo was performed and revealed no abnormalities. The patient was discharged on the 3-d day after the procedure. Rivaroxaban was prescribed for 3 months. At 3-month follow-up TEE was performed. The Patient had dislodgement of a disk-part of the occluder into distal direction of the appendage. The upper part of the disk slept under the ridge. Pannus formation is currently registered above the disk at previous disk position, so that it was covering the main part of the ridge. We could describe triangle formation which is formed by the disk surface, pannus and the ridge (Pic. 1). The patient was switched to warfarin aiming INR about 2,5-3,0. At 6-month follow-up TEE was performed. This diagnostic revealed thrombus formation on LAAO disk surface in size of 1,46*0,41cm (Pic. 2). The pannus was not visualized anymore. Warfarin dose was increased, aiming INR about 3,0. At 9-month follow-up no more thrombotic masses were verified. The patient was recommended to continue intake of Rivaroxaban.

LEARNING POINTS OF THE PROCEDURE
Pannus formation is a rare additional complication phenomenon after LAA occluder disk dislodgement. Pannus is a substrate for further thrombus development. In order to prevent LAAO dislocation it is important to choose the right size of the device, to be sure not to put the device too deep into LAA. Achieve stable position of the occluder is always important. Adequate anticoagulation after LAAO implantation should not be underestimated.