A SUCCESSFUL PERCUTANEOUS RETRIEVAL OF AN AMPLATZER AMULET DEVICE EMBOLIZED IN THE MITRAL VALVE APPARATUS DURING A LEFT APPENDAGECLOSUREPROCEDURE

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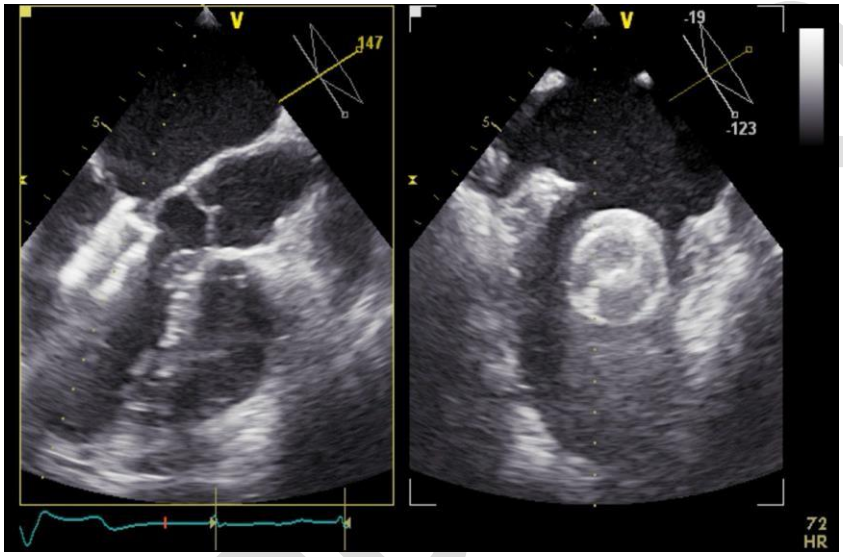
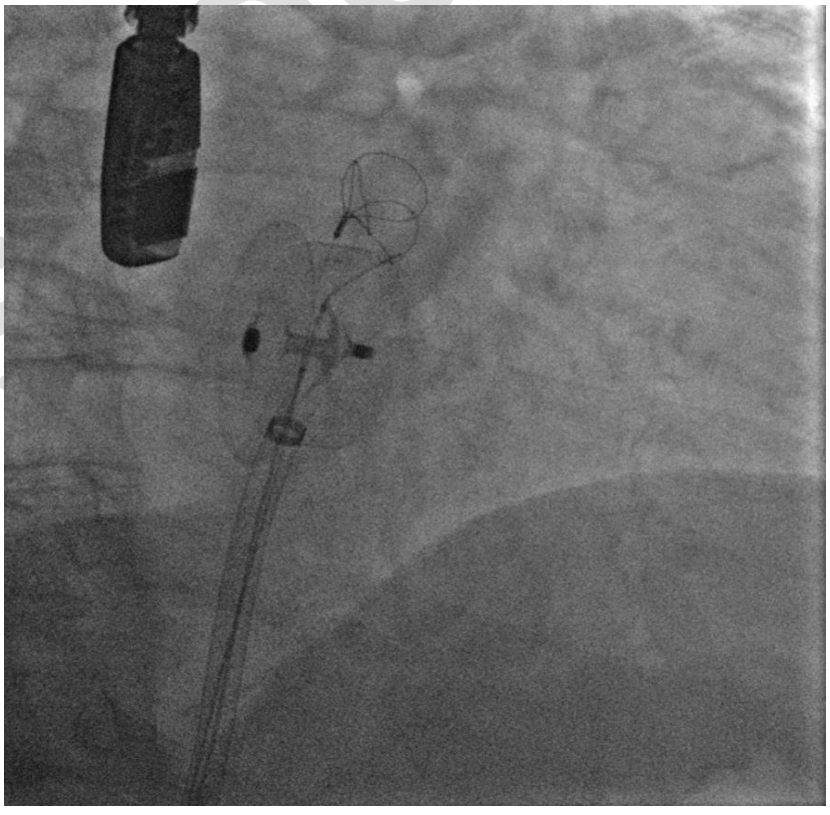
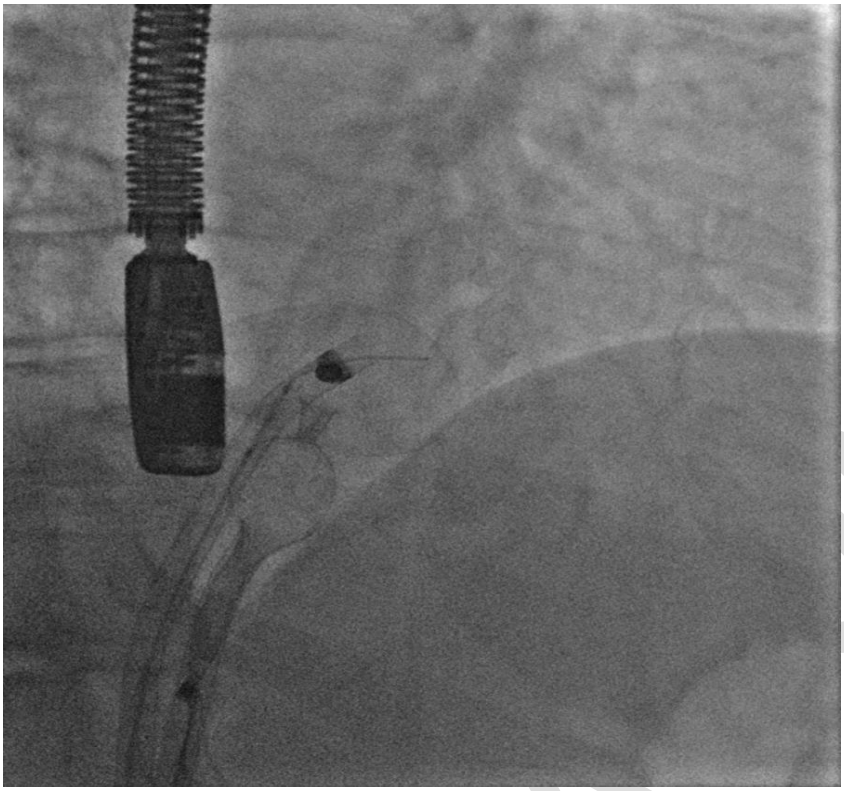
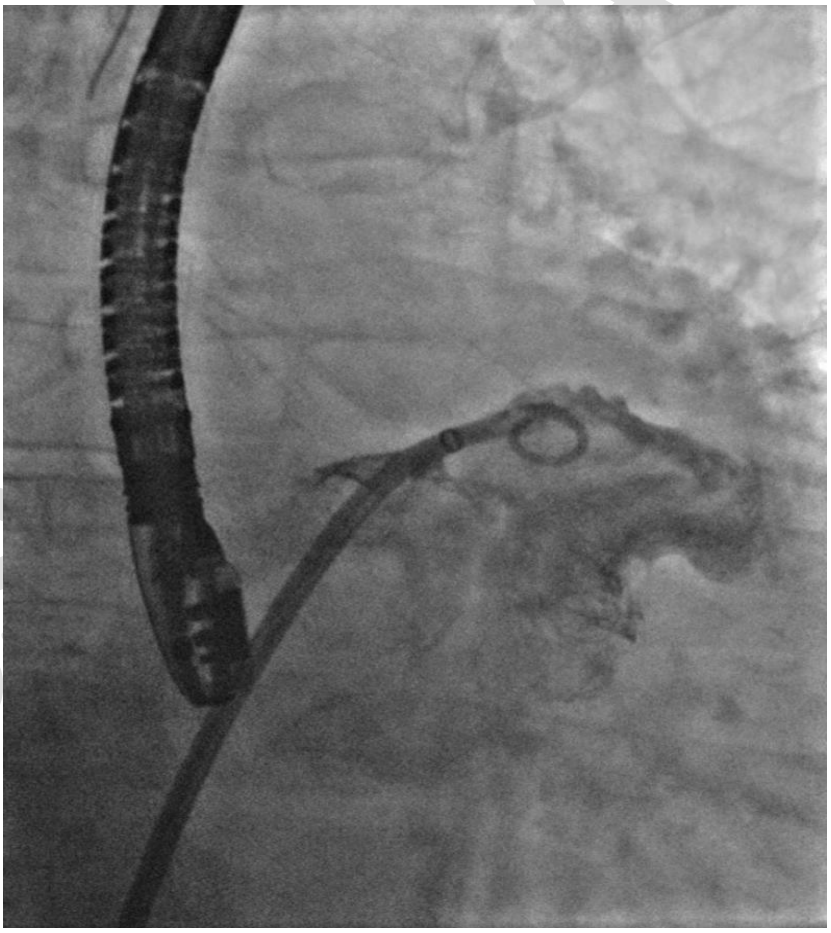
Introduction:









Purpose:

In this paper, we want to expose a clinical case of device embolization (DE) in the mitral apparatus during a percutaneous left auricular appendage closure treated by a successful percutaneous retrieval.

A 68years old man with a history of persistent atrial fibrillation and recurrent episodes of cardioembolic stroke under anticoagulation was sent to our clinic for left atrial appendage closure. A cardiac computed tomography revealed a windsock shape appendage with a total volume of 226cc. The maximum landing zone width was 28mm and the dimensions of the ostium 26 x32 mm. Pre-procedural TEE confirms these measurements.

An Amplatzer Amulet occluder of 31mm was then chosen for this procedure. The implantation was realized following the manufacturer's standard guidelines and recommendations, after verification of the 5 criteria and after having performed a tug test. After two minutes, the device spontaneously dislodged from the appendage and embolized into the left ventricular cavity in the mitral apparatus, causing hemodynamic instability. The device was dislodged from the mitral apparatus with a retrieval forceps (Cook) passed through the transseptal sheath, and carefully dragged in the left atrium with the lobe in the first position to avoid any damage on the valve. A second sheath (Amplatzer Amulet 14F) was introduced through transseptal access, allowing the operator to use a guiding EBU 6F to get around the device, to capture it at the level of the end screw pin with an EN Snare, and to drag it into the sheath for extraction. The left appendage was then successfully occluded with a 34mm diameter occluder. The TTE at 24 hours, 1, and 6 months confirmed a good device position, and no complications on the mitralapparatus.

Conclusion:

With adequate retrieval tools, accurate knowledge, and sufficient experience, percutaneousretrieval of embolized LAA occluders devices can be performed successfully.