LAA closure in prior mitral valve bio-prosthesis

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History and physical:

86-year-old patient affected by hypertensive and valvular cardiomyopathy with prior mitral valve replacement with a bio-prosthesis (CE 21) for a prolapse, was admitted to our Centre for permanent atrial fibrillation and contraindication to anticoagulant therapy for previous cerebral haemorrhage.

Imaging:

At the pre-procedural transoesophageal echocardiogram (TOE) there were no thrombi in left atrial appendage (LAA), cauliflower type, with spontaneous eco-contrast in left chambers.

Indication for intervention: LAA closure for contraindication to anticoagulant therapy for previous cerebral haemorrhage.

Intervention:

First, right femoral vein 8F and right radial artery 5F accesses were obtained. Unfractionated heparin was given in order to achieve an activated clotting time >250 sec. The standard procedure of percutaneous LAA closure was followed, and a Boston Watchman 31mm auricle occlusion device was successfully implanted under echocardiographic guidance. Good result at the final ultrasound control (Video 1) with no residual leaks or interference on the mitral prosthesis.

The patient was discharged on day 2, with a single antiplatelet therapy with clopidogrel 75 mg alone. At the 1-month follow-up TOE, the device was normally positioned, with no residual leaks or thrombi. At the 6 months follow-up visit the patient was asymptomatic, free from ischemic or thromboembolic event and no haemorrhagic complications occurred.

Learning points of the procedure:

-Role of LAA occlusion in patients with non-valvular atrial fibrillation and contraindication to oral anticoagulation

- To avoid interferences with the prosthetic ring, in patients with previous mitral valve replacement, is important to select the appropriate device (in this case one without disc)