

LEFT ATRIAL APPENDAGE MORPHOLOGY, DOES IT MATTER?

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Background:

Left atrial appendage is the commonest site of clot formation in patients with mitral stenosis. Left atrial appendage has different shapes in different patients. Does this morphological variation predispose to clot formation? needs to be studied. Material and methods: Transesophageal echo were performed. Left atrial appendage's width and depth was noted in midesophageal position, short axis view. Presence or absence of clot in LAA and patient's rhythm was noted. Results: Sixty-four patients having mitral stenosis underwent transesophageal echo 8 (12.5%) patients had LAA wider than deep, 4 (6.25%) patients had width and depth of LAA equal, 52 (81.25%) patients had depth of LAA greater than width. 20 (31.25%) patients were having clot in LAA. Eight (40%) of them were in atrial fibrillation while 12 patients (60%) were in sinus rhythm. Four patients who had clot in LAA, had LAA wider than deep, one of them was in atrial fibrillation, while remaining three were in sinus rhythm. In 15 patients LAA was more deep than wide, 7 were in atrial fibrillation and 8 were in sinus rhythm. One patient had clot in LAA who had width and depth equal and that was in sinus rhythm. Out of 11 patients in atrial fibrillation 8 (72.7%) had clot in LA appendage and out of 53 patients in sinus rhythm 12 (22.64%) were having clot. Conclusion: LAA is deep or shallow, it does not predispose to clot formation when in sinus rhythm but if the patient is in atrial fibrillation the deeper LAA with narrow opening into LA has more chances of clot formation.