



Percutaneous Left Atrial Appendage Closure Unicenter experience

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Background:

Atrial fibrillation is the most frequent arrhythmia in our population, the incidence is related to age, with a prevalence about 25% in patients older than 80 years. Among the multiple processes and complications associated with atrial fibrillation, cerebral vascular event of cardioembolic origin is the most serious complication, since it has a high rate of morbidity and mortality.

However, the risk of complications associated with anticoagulant treatment and the risk of bleeding also increases in this type of patient.

Currently, percutaneous closure of the left atrial appendage is an alternative for patients with atrial fibrillation of nonvalvular origin with contraindication to treatment with oral anticoagulants.

Objective:

To evaluate the characteristics of the patients, combined treatments and evaluate the acute complications in the procedure of percutaneous closure of the left appendage in patients with nonvalvular atrial fibrillation, in the regional hospital of Puebla of the ISSSTE, Mexico from January 2018 to June 2021.

Methods:

The analysis of 53 patients treated with a left appendage occluder in patients with nonvalvular atrial fibrillation, with a mean CHA₂DS₂VASC score of 3.98 and a mean HAS-BLED score of 3.28 were enrolled, and the characteristics of the treated patients as well as the acute complications and combined treatments during the procedure of patients who were treated with percutaneous closure of the left atrial appendage.

Results:

Of the 53 patients who have been treated with a left appendage occluder, 64.15% men and 35.85 women were found, with a mean age of 73.24, 100% with heart failure, 100% with systemic arterial hypertension, 9.43% with chronic kidney disease, 22.64% with diabetes



mellitus, 20.75% with a history of cerebrovascular event, 5.6% with ischemic heart disease, 16.98% with a history of gastrointestinal bleeding, 7.55% (4 patients) were treated in combination with radio ablation of the AV node and 15.09% (8 patients) were treated in the same procedure with cryoballoon pulmonary vein ablation for paroxysmal atrial fibrillation. Of the 53 patients, 3.7% were considered as unsuccessful in the treatment, and 9.43% patients were found with acute complications in the procedure, 1.89% with cardiac tamponade due to cardiac perforation, 1.89% with femoral artery dissection, 5.66% with pericardial effusion due to cardiac perforation, which 1 died during the procedure.

Conclusions:

During the study it was documented that all the patients suffered from some degree of heart failure and systemic arterial hypertension, it was also documented that they suffered from more comorbidities or factors that increase the risk of cerebral vascular events, a complication with greater morbidity and mortality from atrial fibrillation, It is documented that percutaneous closure of the left appendage is a safe procedure and a good alternative for patients with contraindication to oral anticoagulants.

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