

SINGLE SHOT PROCEDURE: TAVI AND PERCUTANEOUS CLOSURE OF LEFT ATRIAL APPENDAGE

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Background:

Atrial fibrillation (AF) in patients undergoing transcatheter aortic valve implantation (TAVI) means a worse prognosis because of the bleeding risk associated with oral anticoagulation. Left atrial appendage occlusion appears as a treatment option in this clinical situation. We present a case in which, in order to optimize resources, we tempted a procedure with simultaneous TAVI and LAA occlusion.

Clinical data:

Male, 86 yrs, hypertension, dyslipidemia, coronary artery disease, and severe aortic stenosis with worsening of functional class to II-III (recent episode of nocturnal paroxysmic dyspnea). Underwent CABG in 2000. Stent to right coronary artery (RCA) 2003 and rotablator + DES to RCA 2018. AF + flutter 2010 with unsuccessful ablation. In use of anticoagulation, refers during last year falls (lumbar vertebrae fracture and head trauma). With STS morbimortality 24.2, CHA(2)DS(2)-VASc =4 and HAS-BLED=4 the procedure was planned including TAVI and LAA occlusion. Cardiac catheterization showed normal left ventricular function. RCA with good evolution and patent LIMA to left anterior descending and SVG to Diagonal. Multislice CT showed adequate femoral access. TEE was used both for TAVI and LAA analysis. On 03/12/2020, under general anesthesia and with TEE guide, successfully underwent TAVI with a 26 Edwards Sapien S3 and LAA occlusion with a 20 ACP Amplatzer device. In 01/2021 elective pacemaker was implanted. After 1 yr. the patient shows good clinical evolution with normalization of his functional class and without anticoagulation.

