Left atrial appendage closure in complex anatomy

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☐ I do not have any potential conflict of interest
• 85 year-old-woman

• Permanent atrial fibrillation
• $\text{CHA}_2\text{DS}_2\text{VAsc}=6$  HAS-BLED=4
• Previous stroke. Several gastrointestinal bleeding episodes

• It was decided to perform a percutaneous closure of left atrial appendage
LAA with complex anatomy:
- chicken-wing
- large ostium (32 mm)
- several distal lobes
Due to the LAA complex anatomy, a new closure device (LAmbre) was chosen for this case.

- It was selected a device with an umbrella of 24mm and a cover of 36 mm.
- the sheath was positioned at the LAA ostium
- then the umbrella pushed into the distal part and finally, sheath was withdrawn to release the cover
• Cover released and Tug test
- Final result with complete sealing of the LAA
• 3D transesophageal echocardiography view before and after device deployment

• CT-scan image during follow-up
Conclusions

• Percutaneous closure of LAA can be challenging in some selected cases with complex anatomy.

• The LAmbre device is highly adaptable to different LAA morphologies, achieving the complete sealing of LAA and therefore, it can be very useful in these difficult cases.