Kasna embolizacija uređaja za zatvaranje aurikule lijeve pretkljetke – prikaz slučaja

Late embolization of left atrial appendage closure device – case report

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KLJUČNE RIJEČI: aurikula lijeve pretkljetke, uređaj, watchman, embolizacija.

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Uvod: Perkutano zatvaranje aurikule lijeve pretkljetke je postupak indiciran u prevenciji tromboembolijskih incidenata u bolesnika s nevalvularnom fibrilacijom atrija u kojih postoji kontraindikacija za peroralnu antikoagulantnu terapiju.^{1,2} U Kliničkom bolničkom centru Rijeka do sada je učinjeno 17 postupaka perkutanog zatvaranja aurikule lijeve pretkljetke upotrebom Watchman® uređaja (Boston Scientific). U prikazu ovog slučaja opisujemo kasnu komplikaciju implantacije uređaja – embolizaciju.

Prikaz slučaja: Prikazujemo 62-godišnjeg muškarca s perzistentnom fibrilacijom atrija i kontraindikacijom za peroralnu antikoagulantnu terapiju zbog netraumatskog intrakranijskog krvarenja. Nakon provedene inicijalne obrade i preproceduralnih transezofagealnih slikovnih prikaza, uključujući standardna mjerenja, učinjena je perkutana implantacija uređaja za zatvaranje aurikule lijeve pretkljetke bez ranih periproceduralnih komplikacija. Rutinskim transezofagealnim ehokardiogramom, 45 dana nakon implantacije, nije vizualiziran uređaj u aurikuli lijeve pretkljetke, lijevoj klijetki i prikazanim dijelovima aorte. Bolesnik je bio asimptomatičan uz nepoznato vrijeme embolizacije uređaja. MSCT aortografijom (slika 1) isti je lokaliziran u abdominalnoj aorti.

Perkutanom femoralnim pristupom uređaj je u cijelosti odstranjen pomoću Amplatz Goose Neck® omče, bez komplikacija.

Zaključak: Kasna embolizacija uređaja za zatvaranje aurikule lijeve pretkljetke je rijetka komplikacija. Ovisno o lokalizaciji, embolizirani uređaj može se uspješno odstraniti perkutanom pristupom.

Introduction: Left atrial appendage (LAA) closure is a percutaneous procedure used for prevention of thromboembolic events in patients with non-valvular atrial fibrillation with contraindication for oral anticoagulant therapy.^{1,2} In University Hospital Centre Rijeka we performed a total of 17 percutaneous LAA closure procedures using the Watchman® device (Boston Scientific). In this case report we describe a late complication of the procedure – device embolization.

Case report: We report a case of a 62-year-old man with a persistent atrial fibrillation and a contraindication for anticoagulant therapy due to non-traumatic intracerebral bleeding. After initial assessment and pre-procedure transesophageal imaging including standard measurements, patient underwent percutaneous implantation of LAA closure device which was done with no early complications. On routine transesophageal echocardiographic follow-up 45 days after implantation no closure device was found in LAA, left atrium or ventricle and the visualized parts of the aorta. Patient was asymptomatic and the time of embolization was unknown. MSCT aortography (Figure 1) detected the device in abdominal aorta. Extraction was done via percutaneous right femoral artery approach using an Amplatz Goose Neck® Snare

Kit. The device was removed completely with no complications.

Conclusion: Late embolization of a LAA closure device is a rare complication of the procedure. Depending on the localization, an embolized device can be successfully removed via percutaneous approach.

FIGURE 1. MSCT scan of the Watchman® (arrow) in abdominal aorta (1) and after extraction (2).

LITERATURE

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