LAA Occlusion - K-H. Kuck

- The presentation addresses the topic of catheter-based closure of the left atrial appendix (LAA), giving first the therapeutic rationale, i.e.,
  - LAA source of 90% of all thromboembolic strokes, regardless of presence or absence of atrial fibrillation (AF);
  - Warfarin therapy associated with significant bleeding risk;
  - LAA occlusion may be definitive therapy (“fixes the problem”), possibly even without any further antiplatelet (ASA) therapy.
- The major LAA closure devices are:
  - Watchman
  - Amplatzer Cardiac Plug
  - Coherex WaveCrest
  - Lariat

and discussed in some detail (Watchman and Lariat in particular). Of the major clinical trials, PROTECT AF (Watchman in patients with AF) is covered.

- The presentation concludes by stating that
  - Both endocardial and epicardial LAA occluder devices provide excellent results in selected patients with AF;
  - In experienced hands, periprocedural complication rate is acceptable;
  - According to present data, lifelong ASA therapy is mandatory following endocardial, but not epicardial (Lariat), device implantation;
  - Clinical data following LAA occluder implantation is sparse;
  - OAC therapy with warfarin/NOACs remains the gold standard in the majority of pts.
- LAA closure should currently be considered in
  - AF and stroke/TIA/TE/LAA thrombus despite OAC/NOAC
  - Patients on haemodialysis and bleeding on warfarin
  - Patients unwilling to take, or intolerant of, NOACs
- The endocardial/epicardial Lariat suture ligation device is currently the only device to be used in patients with a contraindication to any kind of anticoagulation or antithrombotic therapy; moreover, since no foreign body remains inside the heart in patients undergoing LAA ligation, adherence to post-interventional drug therapy can be less rigid.