

Okludiranje aurikule lijevog atrija pomoću **Amplatzer Amulet** uređaja – prikaz serije pacijenata

Occluding left atrial appendage with **Amplatzer Amulet device** – case series presentation

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Uvod: Perkutana okluzija aurikule lijevog atrija (LAA) je vrijedna alternativa za sprječavanje moždanog udara ili sistemске embolije (SSE) u pacijenata s fibrilacijom atrija (FA) koji ne toleriraju uzimanje antikoagulantne terapije (OAT).¹ Amplatzer Amulet je jedan od dostupnih uređaja i dominira kao prvi izbor za ovu proceduru u europskim centrima.

Metode: Ovo je pregled indikacija, nekih intraproceduralnih koraka i postproceduralne skrbi u 6 pacijenata kojima je u Općoj bolnici Zadar implantiran LAA okluder, Amplatzer Amulet, u razdoblju od srpanja 2016. do listopada 2016. godine.

Rezultati: Svi pacijenti su imali CHA2DS2 VASC zbroj ≥ 3 te anamnestički podatak klinički značajnog krvarenja pod OAT (gastrointestinalno krvarenje u 5, urinarno u jednog). Preproceduralno je učinjena MSCT angiografija lijevog atrija radi procjene anatomije LAA te mjerjenja veličine uređaja. Intervencija je napravljena u općoj anesteziji. Veličina uređaja je varirala između 22 i 31 mm. Nije bilo intraproceduralnih komplikacija. Svi su pacijenti otpušteni iz bolnice pod dvojnom antitrombocitnom terapijom. U ranom razdoblju nije zamjećeno embolizacije, a kontrolnim pregledom transezofagusnim ultrazvukom, tri mjeseca nakon implantacije, se dokumentirala zadržana konformacija svih implanriranih okludera.

Zaključak: Implantacija LAA okludera je usavršena procedura s dobrim sigurnosnim profilom i služi kao realna alternativa sprječavanju SSE u pacijenata s FA koji ne toleriraju uzimanje OAT. Amplatzer Amulet ima širok raspon dimenzija uređaja te omogućuje okluziju virtualno svih LAA bez obzira na anatomske varijacije.

Introduction: Percutaneous left atrial appendage (LAA) occlusion is a valuable option for stroke and systemic embolism (SSE) prevention in patients with atrial fibrillation (AF) that do not tolerate anticoagulant therapy.¹ Amplatzer Amulet is one of devices available that predominates as a device of choice across European centers

Methods: This is an overview of indications, some intraprocedural aspects and postprocedural management of 6 patients in whom we implanted LAA occluder (Amplatzer Amulet) from July 2016 till October 2016 in Zadar General Hospital.

Results: All patients had CHA2DS2 VASC score of ≥ 3 and had a history of major bleeding under anticoagulant therapy (gastrointestinal in 5 patients, urinary tract bleeding in 1). Preprocedural MSCT left atrial angiography was performed to give insight in LAA anatomy and device landing zone dimensions. Procedures were performed in general anesthesia. Devices size implanted varied from 22-31 mm. No intra or postprocedural complication occurred. All patients were discharged with dual antiplatelet therapy. No device embolization in early follow up had been documented and at 3 months follow up all devices retained their original position and conformation.

Conclusion: LAA occluder implantation is a rather safe procedure that serves as a good alternative for SSE prevention in patients with AF and at high risk for SSE and who do not tolerate anticoagulant therapy. Amplatzer Amulet device offers biggest size range thus virtually being able to occlude any type of appendage.

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LITERATURE

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