



Deployment of left atrial appendage occlusion device in large aneurysmal left atrial appendage: a case report

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ESC curriculum 5.4 Atrial flutter • 5.3 Atrial fibrillation

A 78-year-old male with past medical history of persistent atrial fibrillation and prior intracranial haemorrhage was referred for implantation of left atrial appendage occlusion (LAAO) device. He underwent CT imaging as part of the pre-operative evaluation for WATCHMAN™ FLX sizing, and was found to have an aneurysmal LAA (Figure 1A). Intra-cardiac echocardiography (ICE) demonstrated

the aneurysmal segment, with a LAA width to accommodate a 27 mm device (Figure 1B and C). He underwent successful implantation of the device, with no peri-device leak. He tolerated 6 weeks of anticoagulation, and the follow-up CT showed no leak or device thrombus (Figure 1D). He was transitioned to antiplatelet therapy thereafter.

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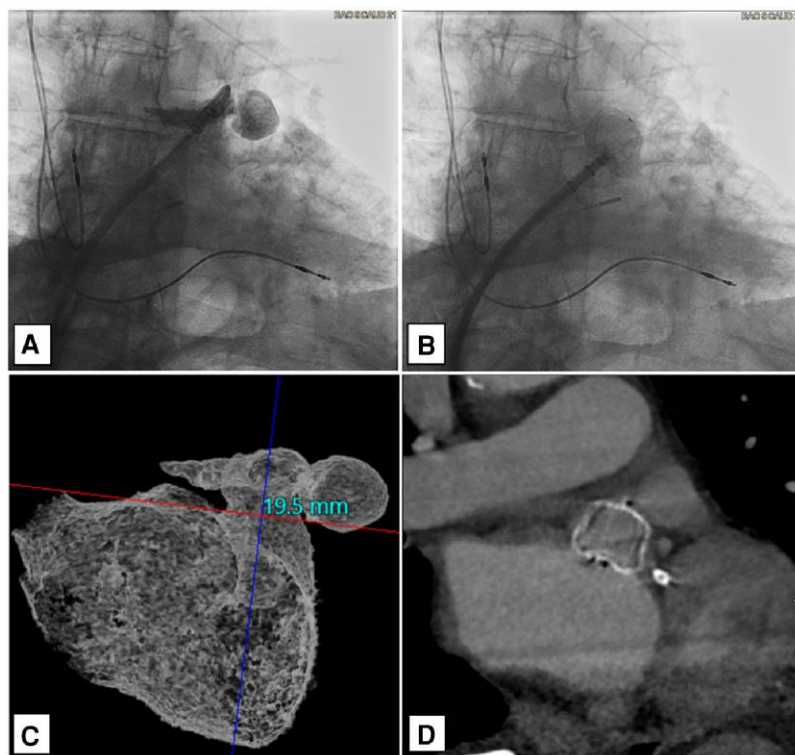


Figure 1 Intra-procedural view of aneurysmal segment of LAA (A); ICE-guided deployment of WATCHMAN™ FLX device (B); CT reconstruction of LAA with measurement of LAA landing zone plug length (C); cardiac CT at 6 weeks follow-up demonstrating no aneurysm (D).

In cases of aneurysmal LAA,^{1,2} accurate diagnosis and visualization of the aneurysmal segment are paramount when selecting a therapeutic option for the patient.³ Multi-modality imaging, including transoesophageal echocardiography, CT imaging, and ICE, as used in this case, are all feasible and critical options in the pre-operative and peri-operative setting.

Consent: The patient provided consent for use of de-identified information for publication and educational purposes, in compliance with COPE guidelines.

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Data availability

No new data were generated or analysed in support of this research.

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