

Percutaneous left atrial appendage closure in the presence of thrombus: the safer, the better. Response



Cierre percutáneo de la orejuela izquierda en presencia de trombo: cuanto más seguro, mejor. Respuesta

To the Editor,

We would like to thank Torres-Saura et al.¹ for their comments, which will undoubtedly enhance readers' understanding of our article. The article begins by describing the technique, stating that "no materials (eg, guidewires, sheaths, or pigtail catheters) were inserted into the LAA [left atrial appendage]." This requires initiating device deployment outside the LAA and advancing it partially deployed from the ostium, as seen in panels D and E of the figure.¹

We agree that computed tomography may improve outcomes, but this will depend on technique availability, radiologist experience, and the use of standard image acquisition and interpretation protocols. However, the gold standard for LAA closure imaging is transesophageal ultrasound, according to the Expert Consensus mentioned by the authors. Our group is fortunate to include excellent, highly experienced echocardiographers, whose unquestionable support often goes insufficiently acknowledged but who are essential to the success of these procedures.

The safer, the better: no one disagrees with this statement. Nevertheless, the scientific community is unsure about whether cerebral protection devices actually improve safety, given that the 5 published randomized trials have not shown a reduction in stroke or mortality rates.² Apart from the questions about potential benefit or the need for additional arterial access in frail patients such as ours, the applicability of these devices is further limited by the presence of unfavorable anatomy for filters in up to 40% of patients,³ as occurred in patient 5 in our series. Although these devices or future designs thereof might eventually prove to be useful in this context, at present we apply Leonardo da Vinci's axiom: "Simplicity is the ultimate sophistication."

FUNDING

None.

AUTHORS' CONTRIBUTIONS

Manuscript preparation: A. Fontenla. Critical analysis: I. Gómez-Blázquez, C. Corros-Vicente. Final approval: F. Arribas-Ynsaurriaga.

CONFLICTS OF INTEREST

None

Adolfo Fontenla,^{a,*} Iván Gómez-Blázquez,^b Cecilia Corros-Vicente,^c and Fernando Arribas-Ynsaurriaga^a

^aUnidad de Arritmias, Servicio de Cardiología, Hospital Universitario 12 de Octubre, Madrid, Spain

^bUnidad de Hemodinámica, Servicio de Cardiología, Hospital Universitario 12 de Octubre, Madrid, Spain

^cUnidad de Imagen Cardíaca, Servicio de Cardiología, Hospital Universitario 12 de Octubre, Madrid, Spain

* Corresponding author:

E-mail address: drfontenla@gmail.com (A. Fontenla).

REFERENCES

1. Fontenla A, Gómez-Blázquez I, Corros-Vicente C, et al. Cierre percutáneo de la orejuela izquierda en presencia de trombo: experiencia de un centro. *Rev Esp Cardiol*. 2021. <http://doi.org/10.1016/j.recesp.2021.03.008>.
2. Kapadia SR, Kodali S, Makkar R, et al. Protection against cerebral embolism during transcatheter aortic valve replacement. *J Am Coll Cardiol*. 2017;69:367–377.
3. Voss S, Schechtel J, Nöbauer C, Bleiziffer S, Lange R. Patient eligibility for application of a two-filter cerebral embolic protection device during transcatheter aortic valve implantation: does one size fit all? *Interact Cardiovasc Thorac Surg*. 2020;30:605–612.

<https://doi.org/10.1016/j.rec.2021.06.015>

1885-5857/© 2021 Sociedad Española de Cardiología. Published by Elsevier España, S.L.U. All rights reserved.

SEE RELATED CONTENT:

<https://doi.org/10.1016/j.rec.2021.05.015>