

P474**Late discovery of a left atrial appendage occluder embolization**

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Left atrial appendage (LAA) occlusion has now been well evaluated in the prevention of stroke in patients with atrial fibrillation (AF) and is considered as an alternative to anticoagulation in patients with high risk of bleeding or previous major bleeding high risk of stroke. One of the main complications of implantation procedure is the per-procedural device embolization leading to its explantation in emergency. We describe a case report with a late discovery of a device embolization.

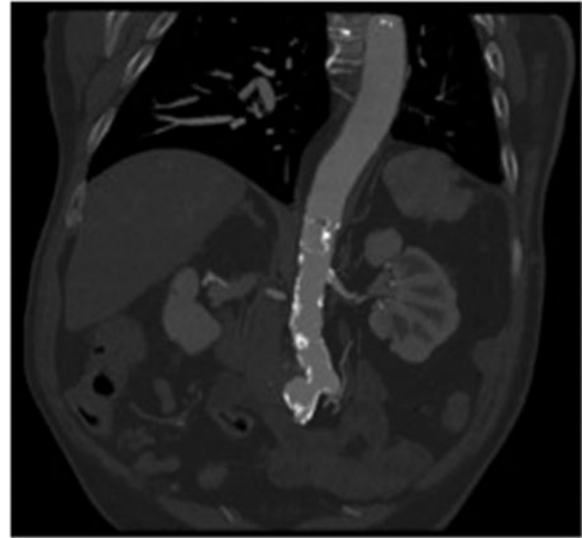
The patient is a 77 year-old man with permanent non-valvular AF and a CHADSVASC score of 6 (Age, hypertension, right internal carotid endarterectomy and ischemic stroke). His medical history is marked by an ischemic stroke with sequelae, seizure and two hemorrhagic strokes and microbleeds that contra-indicated anticoagulation. He was referred to our department for an occluder implantation.

He underwent the LAA occlusion using the Watchman device on January 2016 by a trained clinical specialist and under transoesophageal echocardiogram (TOE) guidance. Left atrial measurements were obtained from left atrial CT-scan and TOE. The maximum width of LAA ostium was 20 mm. LAA was bilobed. Based on these measurements, a 24 mm device was chosen and implanted without complication. The patient did not show up twice for a programmed TOE six weeks after the procedure.

Six months later, in July 2017, after two new ischemic strokes, and an unexplained left foot pain, the patient was referred for a TOE that discovered the absence of the occluder device and the presence of a thrombus in the LAA. An injected thoracoabdominal CT-scan is then performed showing the device impacted in the abdominal aorta between the ostium of celiac trunk and superior mesenteric artery (see figure). A slight thrombosis was present in the device. As the patient was in poor general condition, the aortic flow preserved and in the presence of a calcified aorta, we decided not to explant the device and to introduce low doses of aspirin. He died 3 months later from seizure.

In conclusion, this is an exceptional clinical case of a late discovery of a LAA occluder device embolization. It shows that there was no occlusion but a slight thrombosis in

the device. This case emphasizes the importance of controlling patients who undergo this procedure and present early or late recurrence of stroke after implantation by TOE in order to detect and manage this complication.



Abstract P474 Figure. Abdominal CT-scan