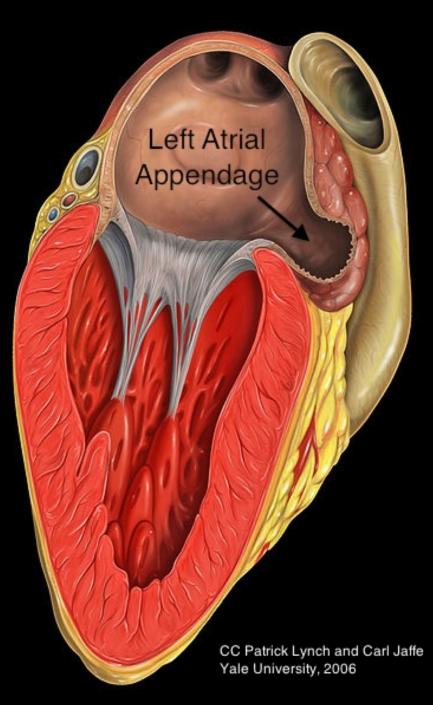
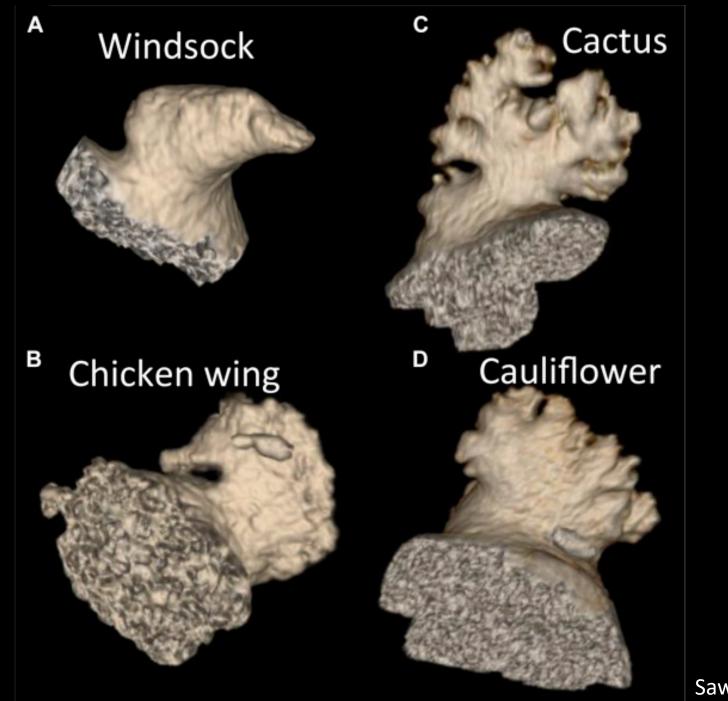
LAA Cases

Wendy Tsang, MD, MS Assistant Professor of Medicine, University of Toronto Toronto General Hospital – University Health Network

- The left atrial appendage is the most common site for cardiac thrombus
- It is anatomically attached to the left inferior portion of the left atrium and consists of pectinate muscles
- There are four main types of LAA morphologies



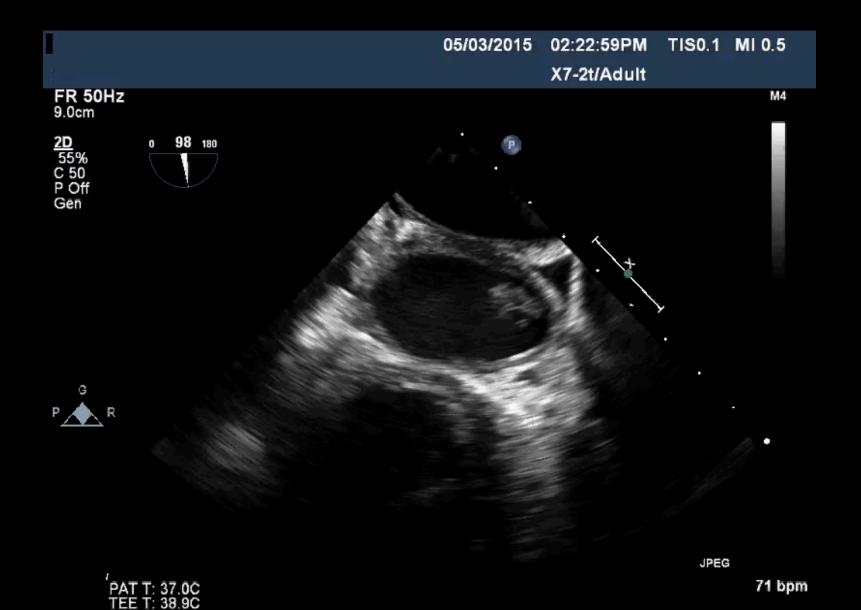


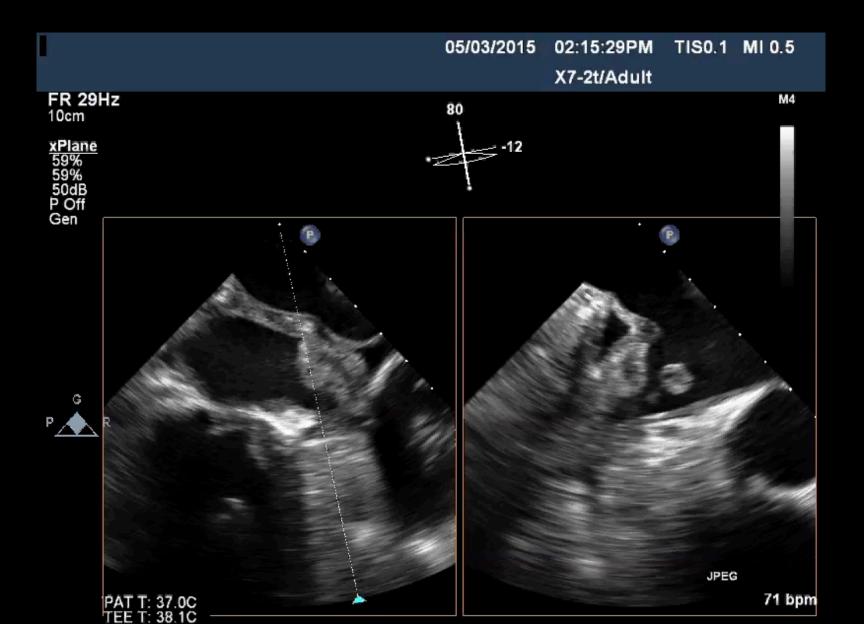
Saw, J., et al. CJC (Aug 2016)

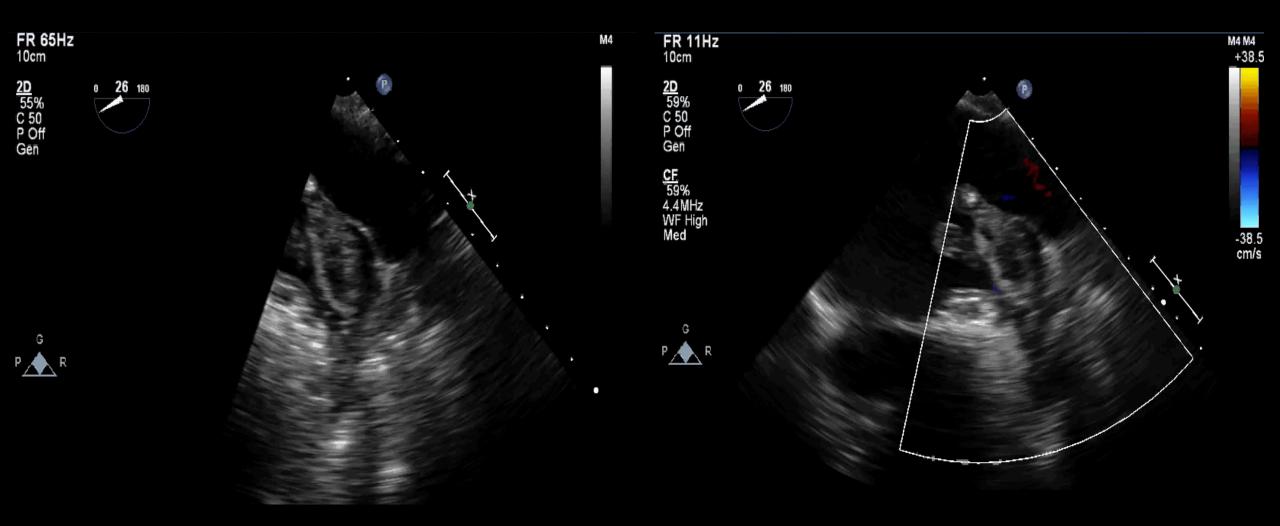
- 72 F
- Paroxysmal atrial fibrillation since 2008
- Rivaroxaban started 3 months ago
- Presented with rapid atrial fibrillation with a ventricular rate of 138bpm, BP: 120/80mmHg which is known to be significantly lower than her uncontrolled high blood pressure.
- A TEE was performed to rule out intracardiac thrombus prior to cardioversion









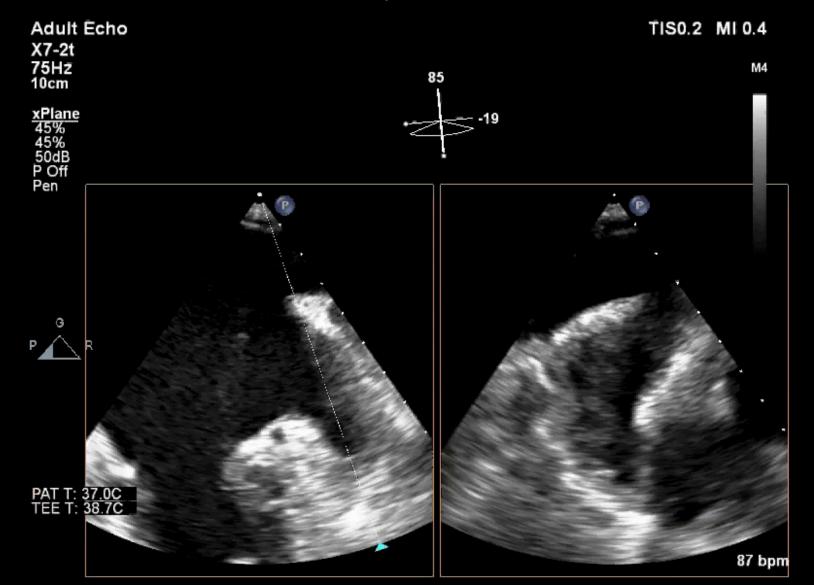




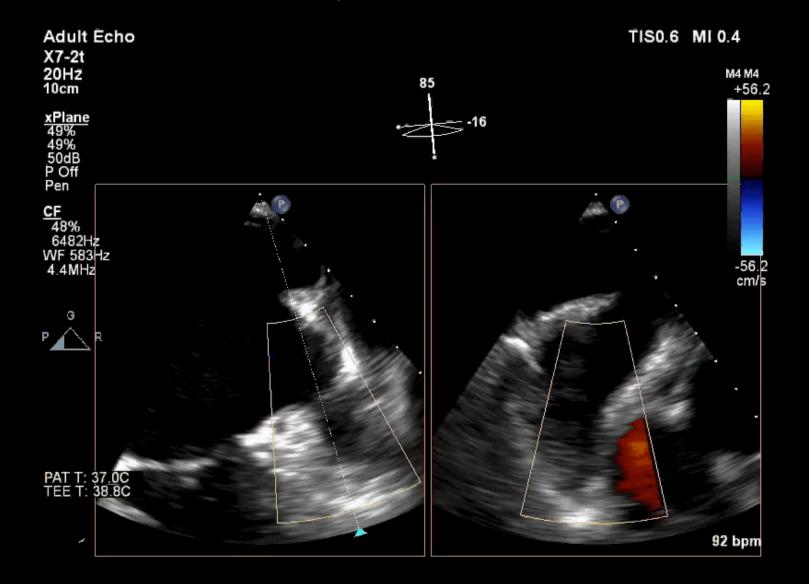


- 67M
- Basal septal hypertrophy with mild provocable LVOTO
- Bicuspid aortic valve with severe aortic valve stenosis
- Permanent atrial fibrillation
- For elective CV surgery for myectomy, AVR and LAA ligation

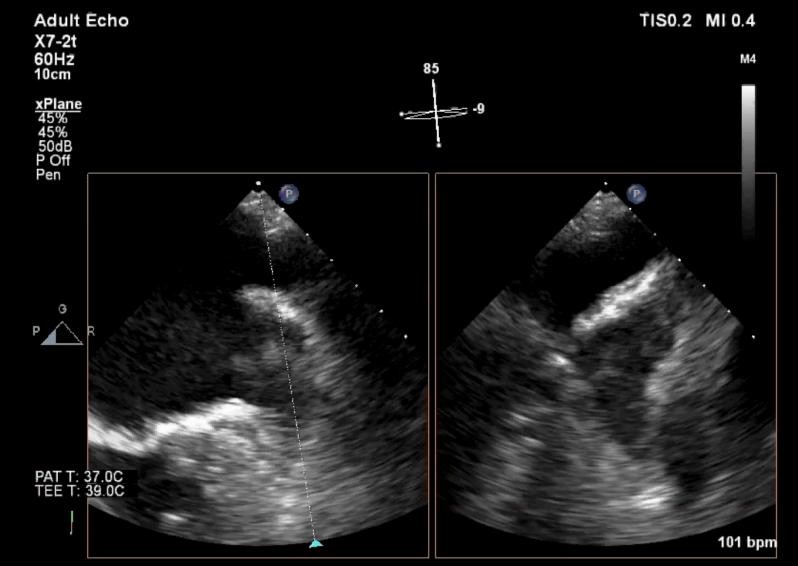
Case 2 Peri-operative TEE



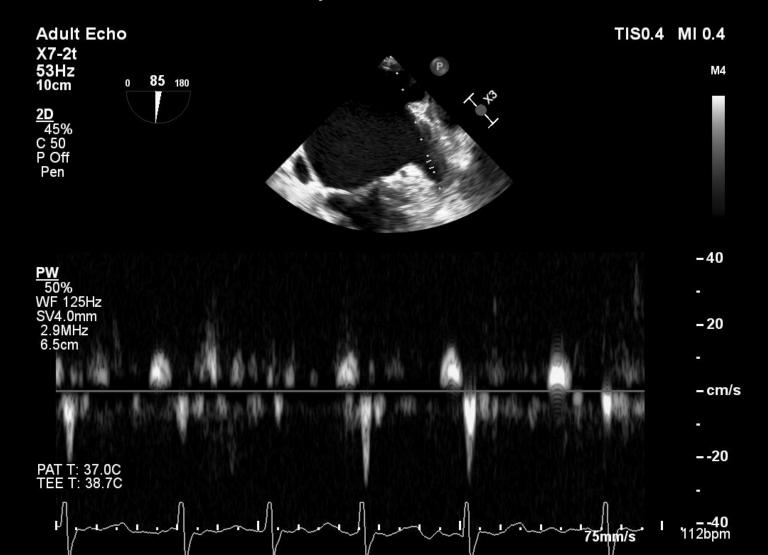
Case 2 Peri-operative TEE



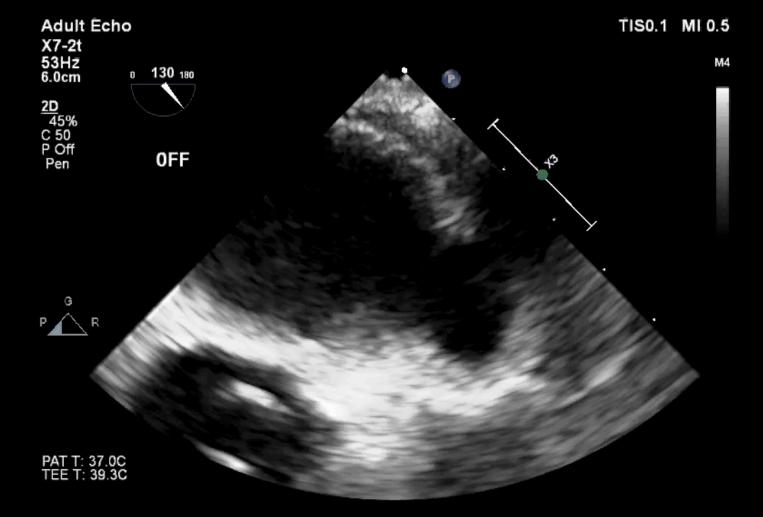




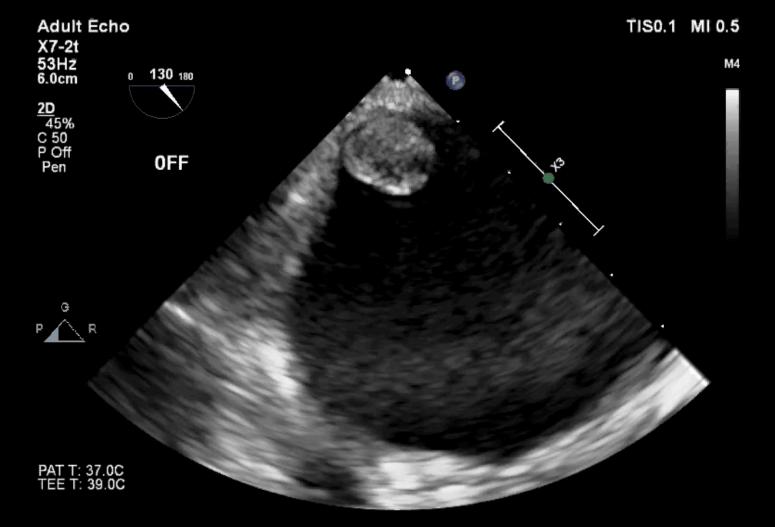
Case 2 Peri-operative TEE



Case 2 Off CPB

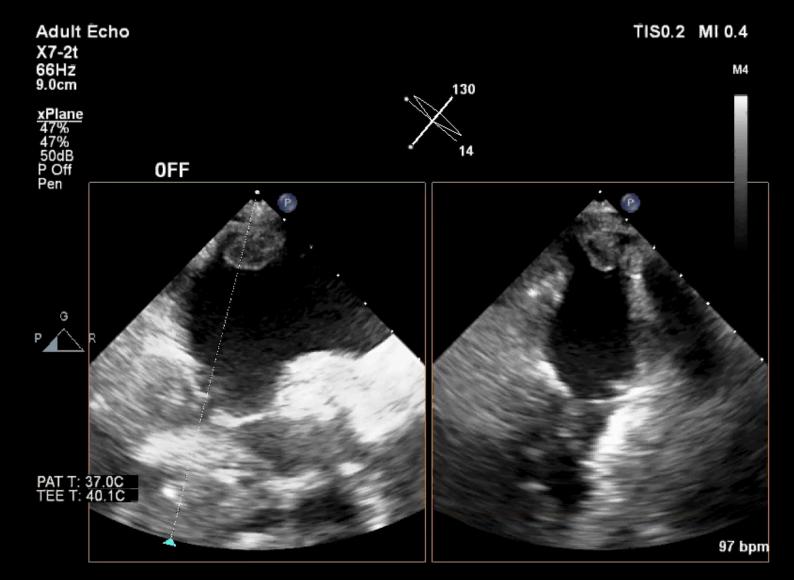


Case 2 Off CPB



87 bpm

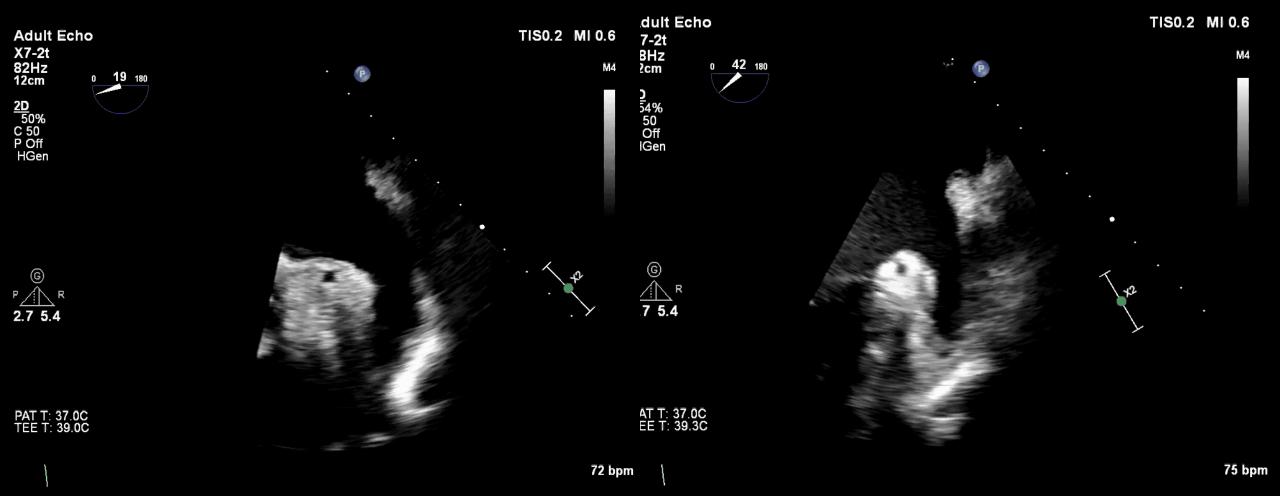
Case 2 Off CPB





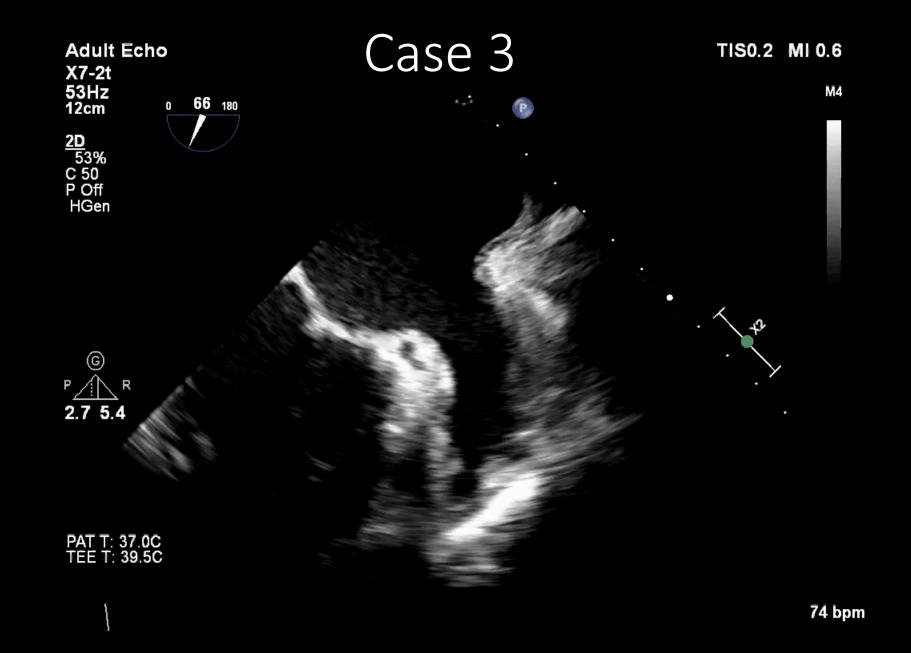
- 41M
- Non-obstructive hypertrophic cardiomyopathy
- Recurrent atrial fibrillation/flutter despite 3 successful cardioversions
- TEE ordered to rule out intracardiac thrombus prior to ablation



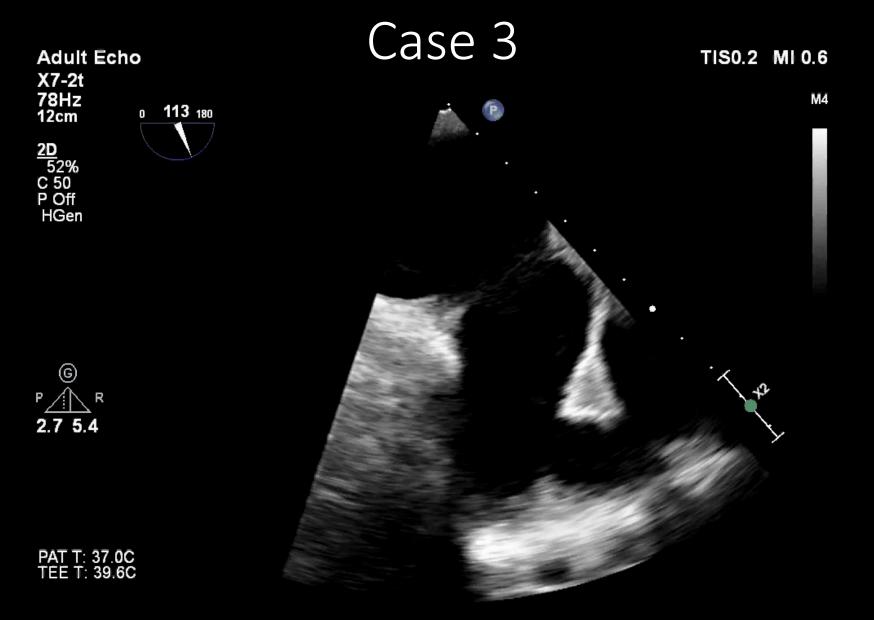


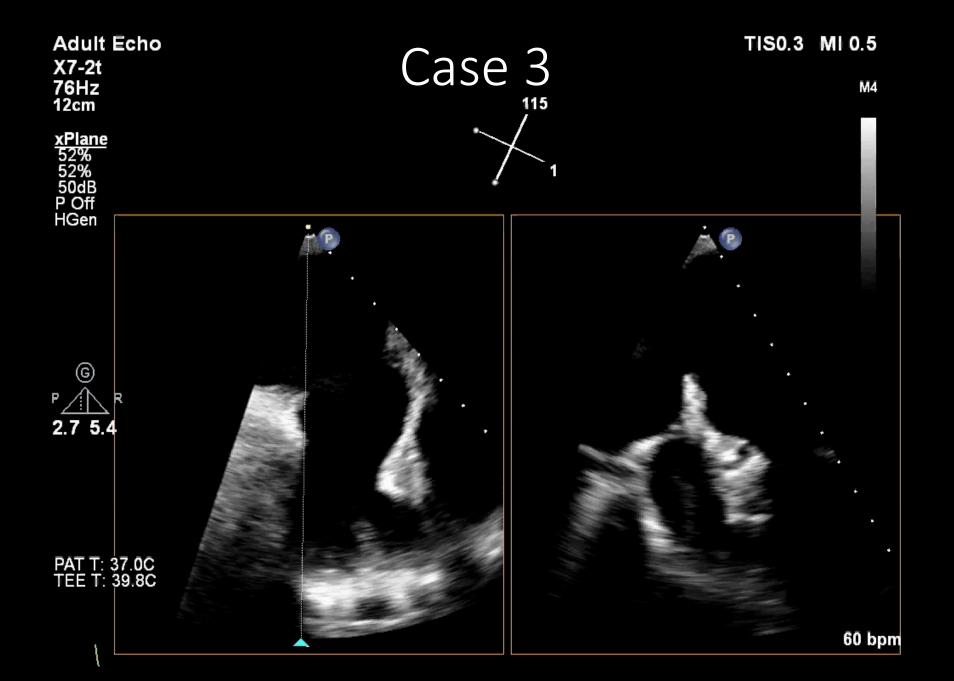
Case 3





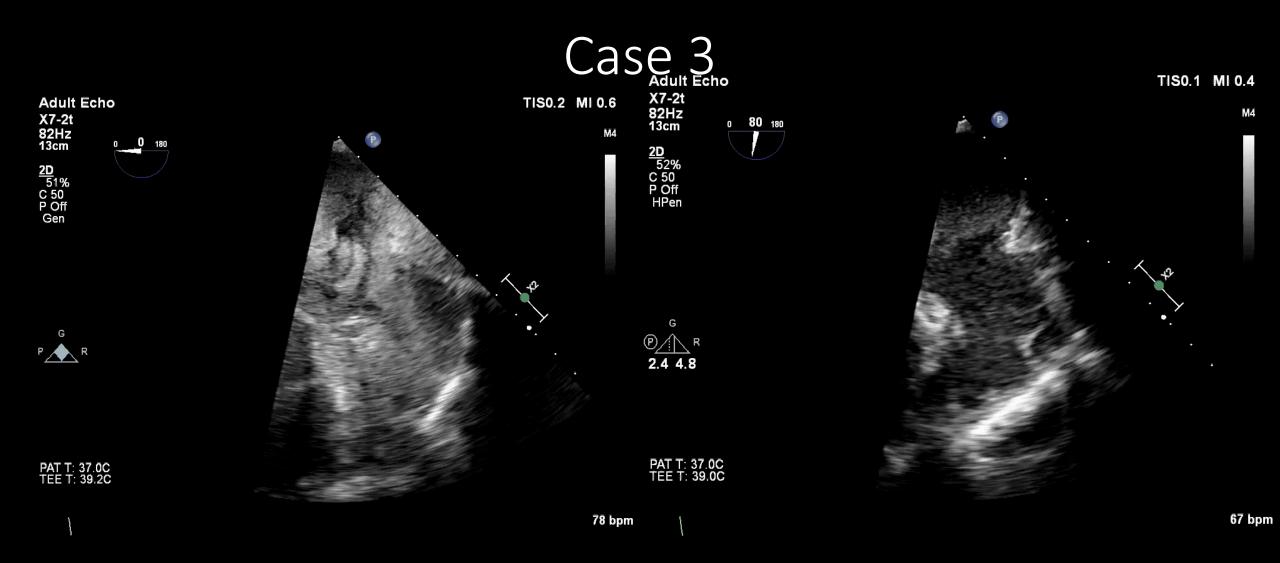


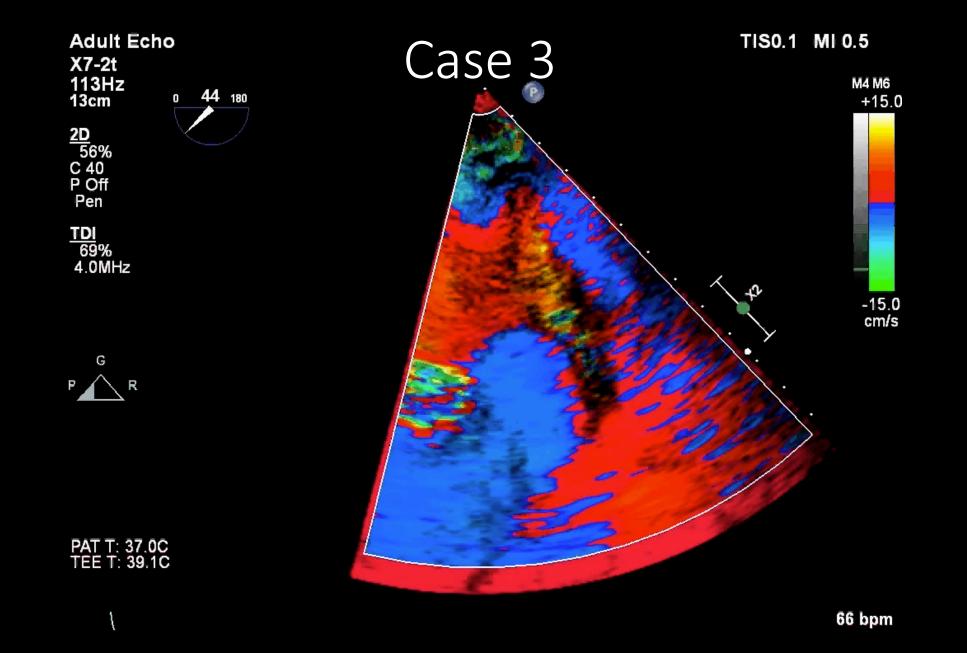




Clot or Not?

What else can we do ?

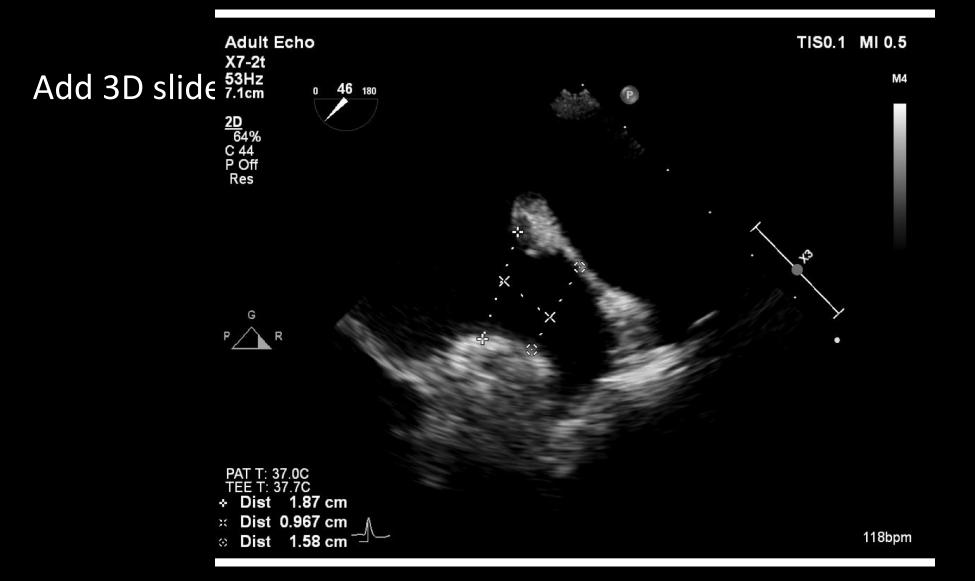


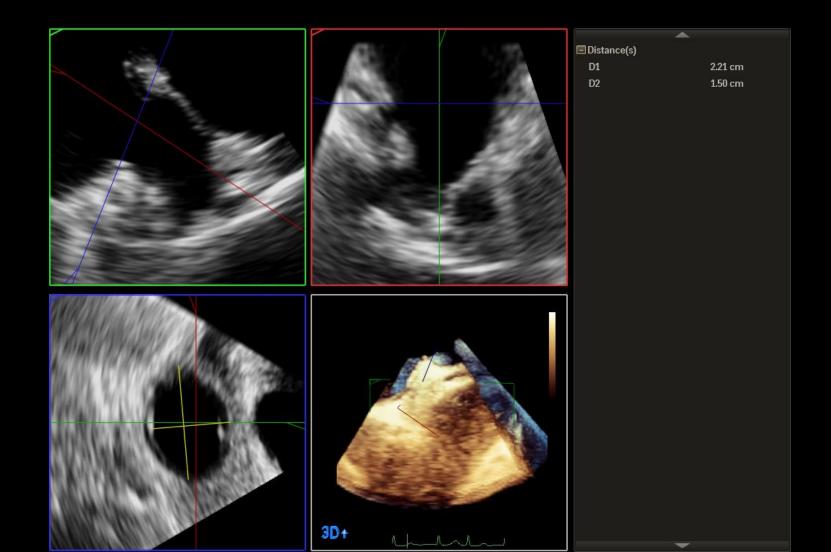


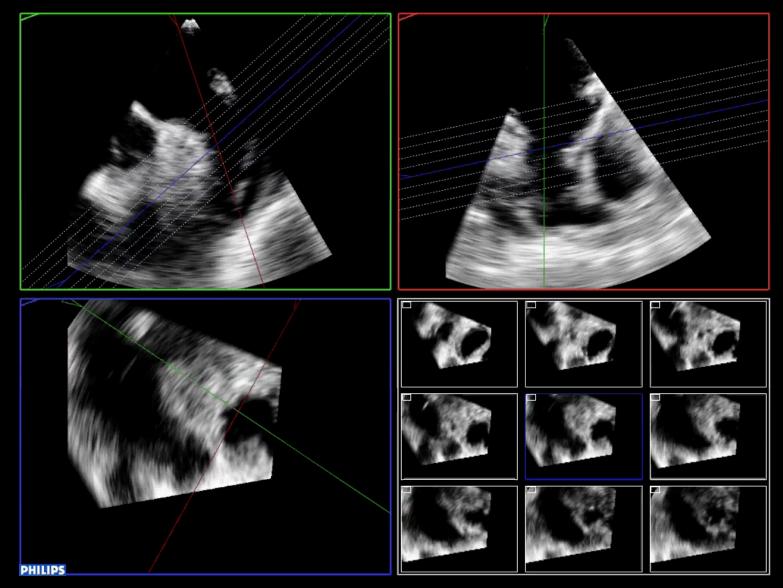
- 70M
- Permanent atrial fibrillation
- Prior variceal bleed precluding oral anticoagulation
- Referred for percutaneous LAA closure by device



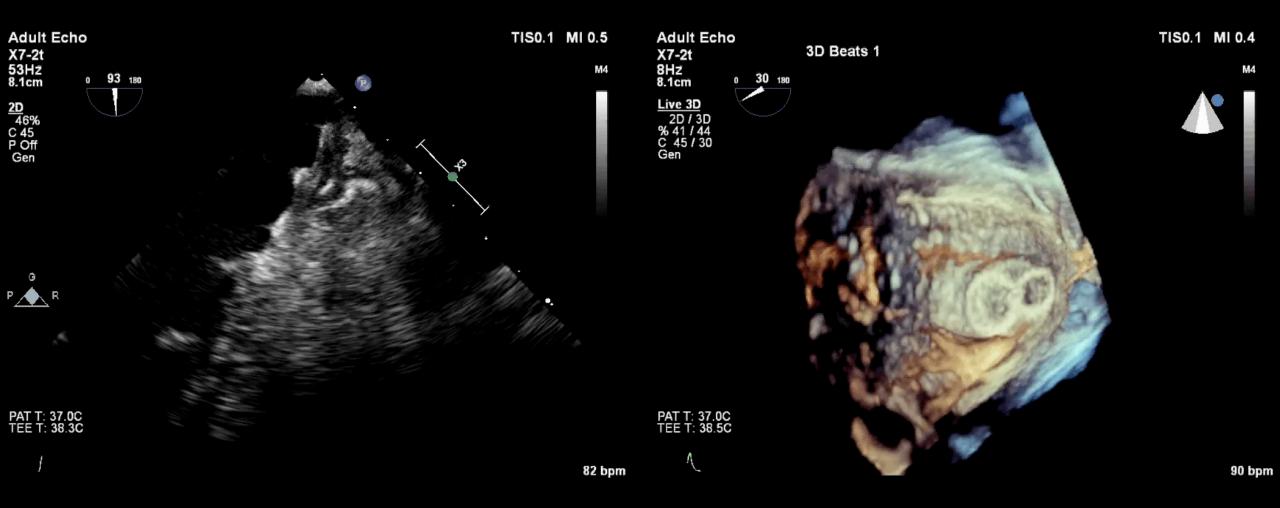
Case 4



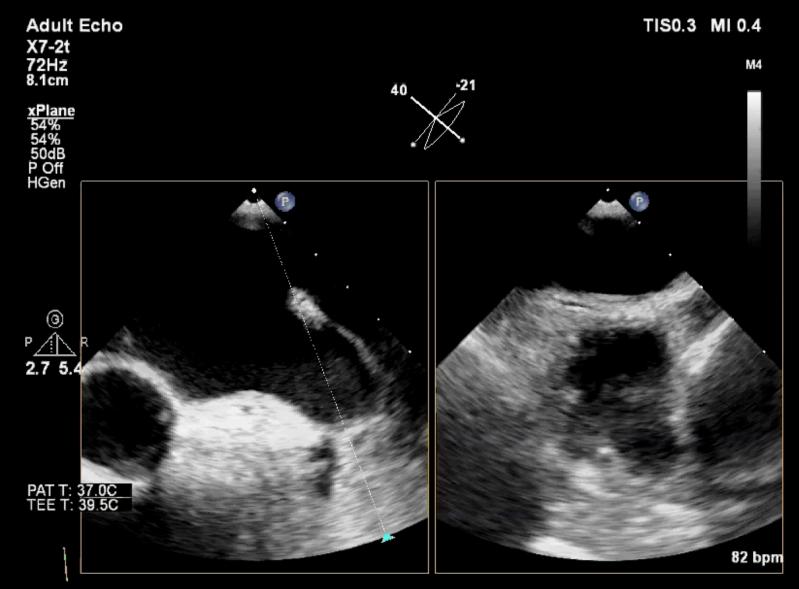


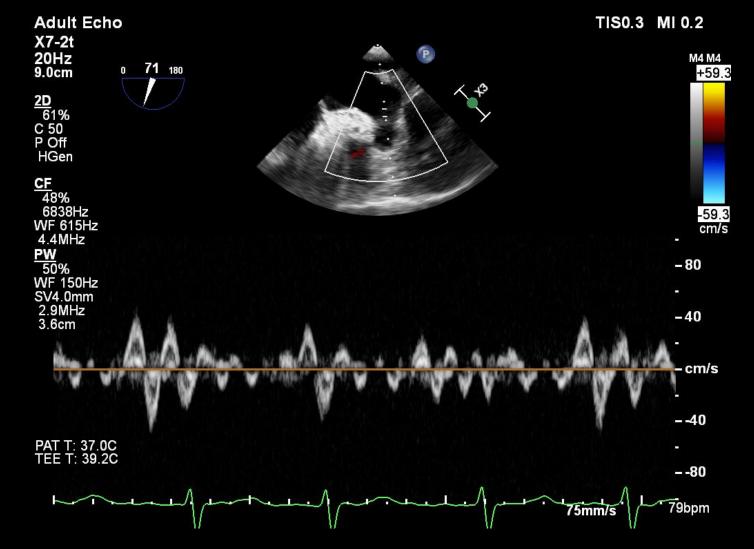


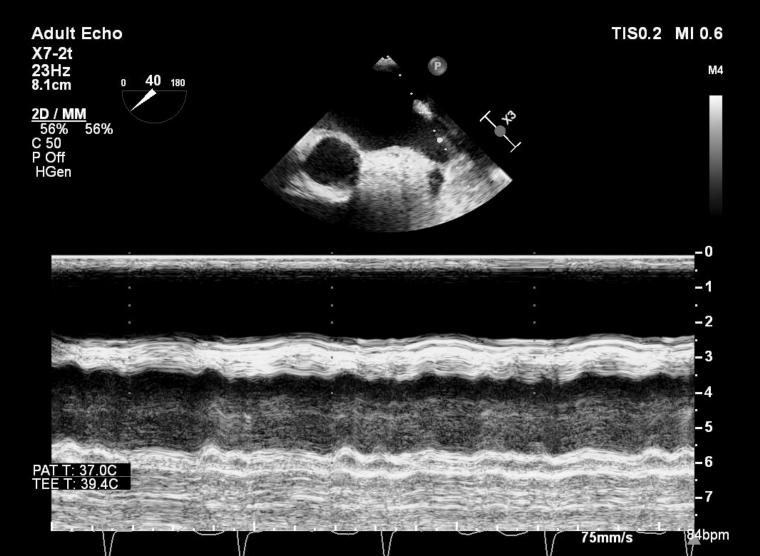
Case 4



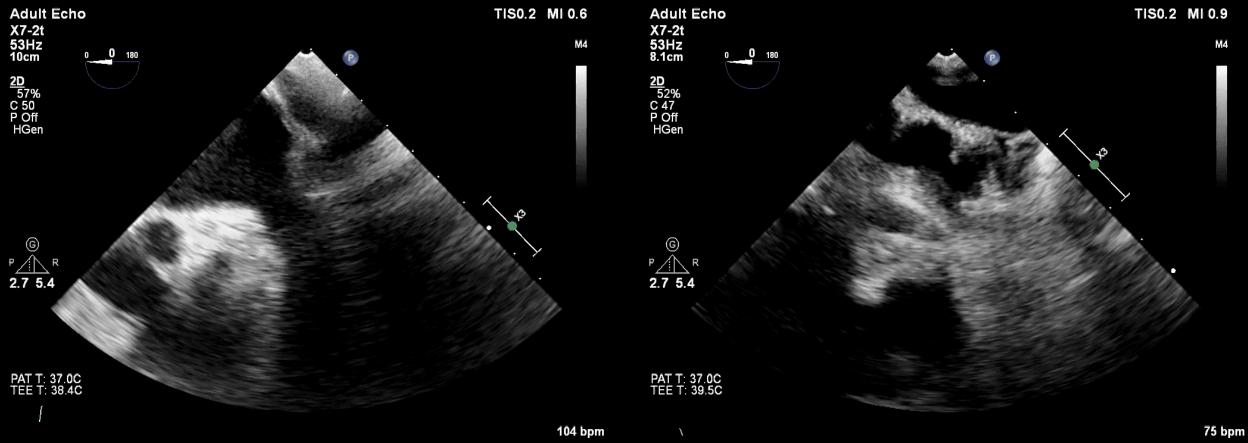


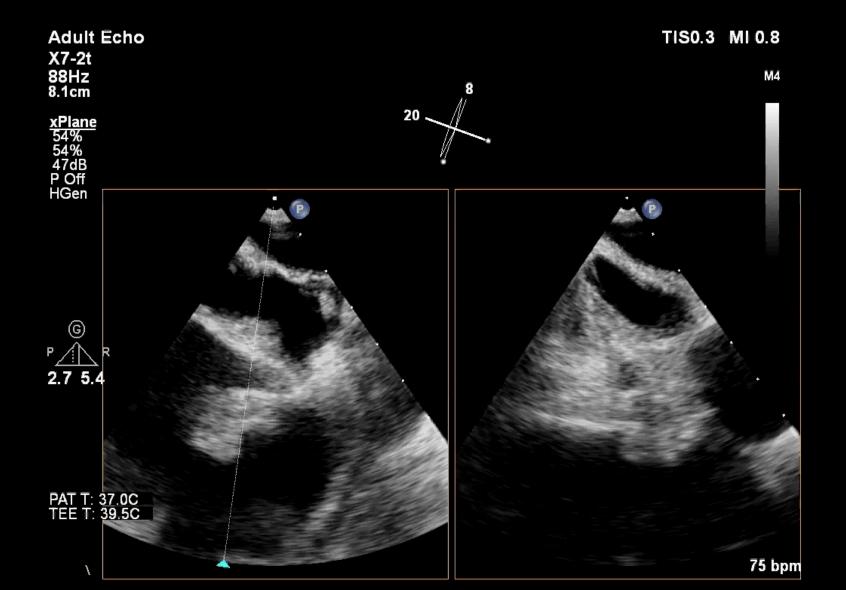




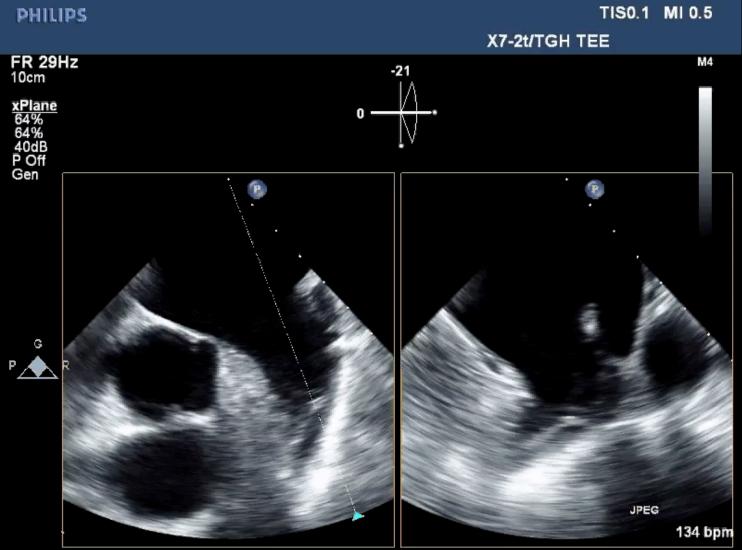


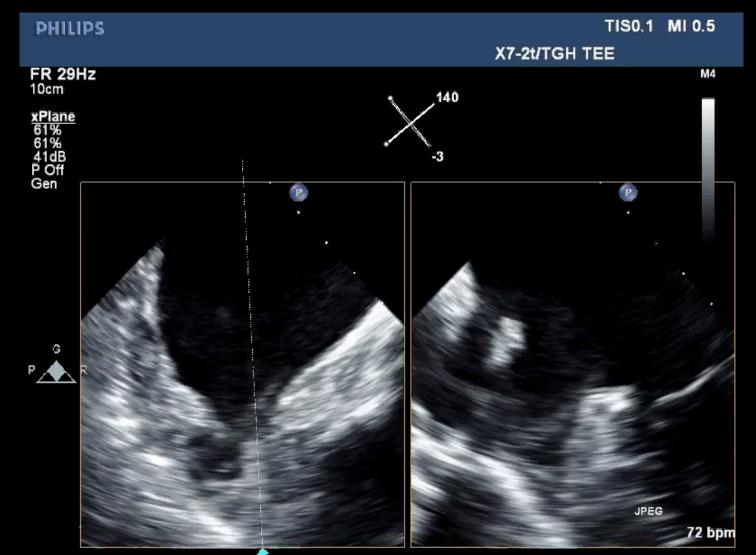


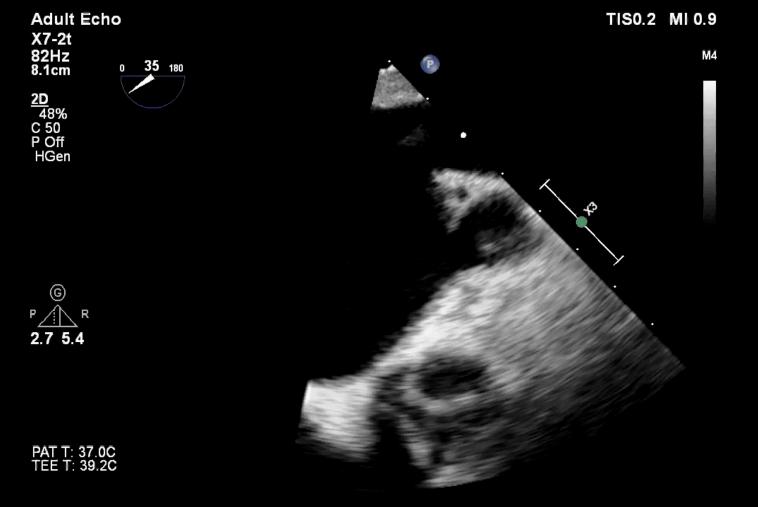






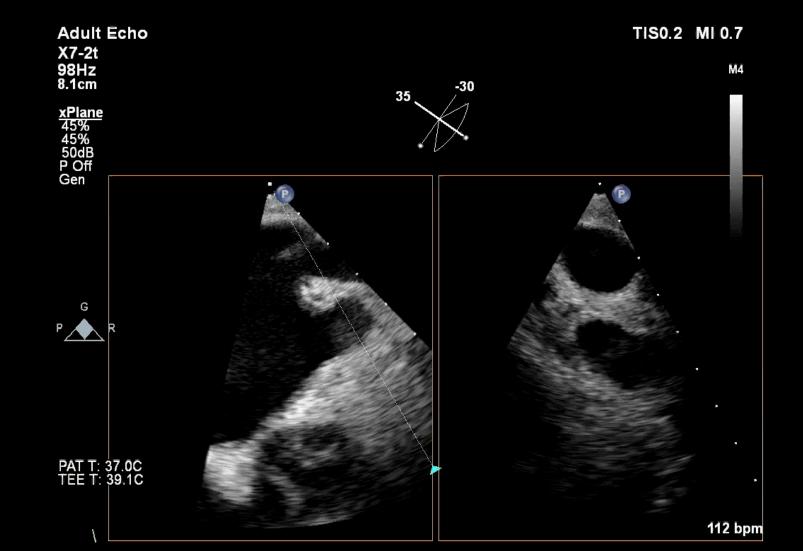


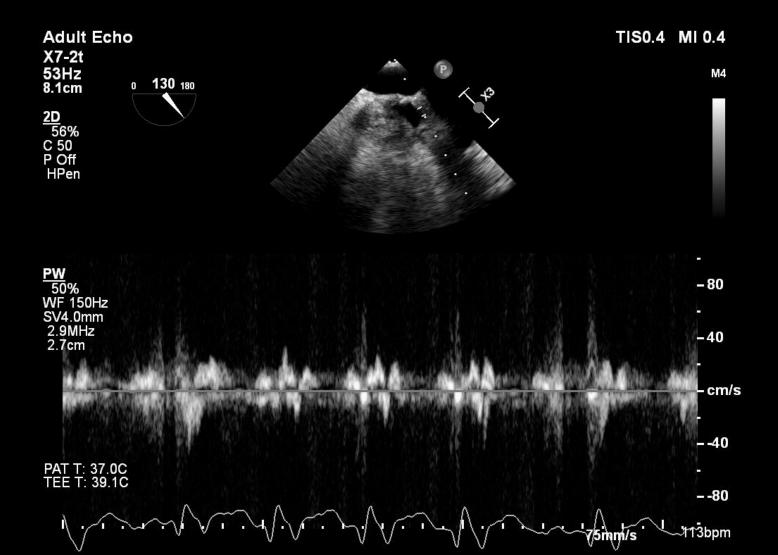




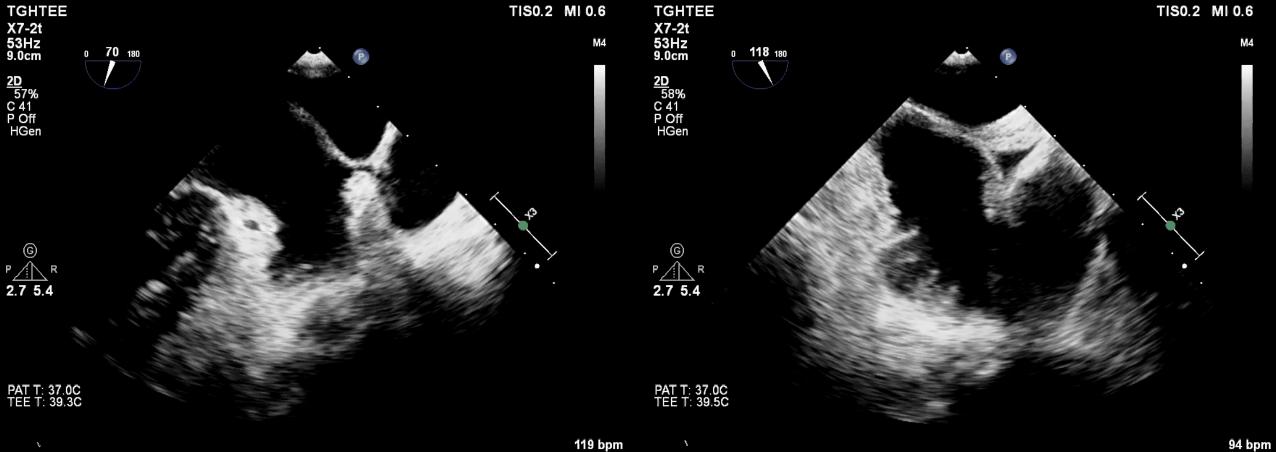
96 bpm

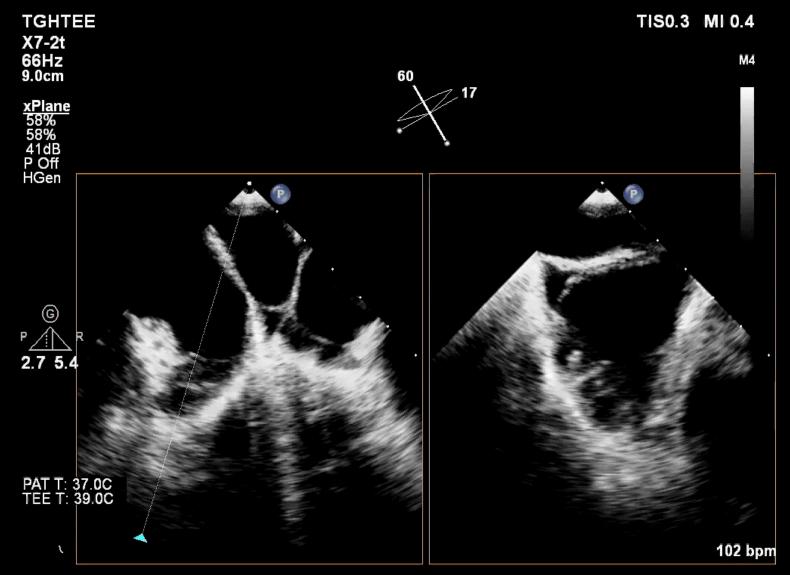
Case 8 Clot of Not?











Summary

- Left atrial appendage thrombus can be diagnosed on TEE as TTE views are not adequate to visualize the left atrial appendage
- TEE findings of a left atrial appendage thrombus includes direct visualization of a mobile echodensity within the appendage
- The echodensity should move independent of the walls of the atrium, which helps to distinguish artifact or trabeculae from thrombus
- Definity contrast should be used when 2D and 3D imaging cannot definitively rule out thrombus
- Pulse wave Doppler can be used in the left atrial appendage to determine the flow velocity. A velocity of < 0.4 m/s indicates a higher risk, in general, of thromboembolism

Acknowledgements

• Jennifer Day, RDMS