

HOT TOPICS IN CARDIOLOGIA 2024

27 e 28 Novembre

Università degli studi di Napoli Parthenope
Villa Doria D'Angri - Via F. Petrarca 80,
Napoli

Presidente del congresso: Dr. Ciro Mauro

Direttore UOC di Cardiologia UTIC con emodinamica
AORN Cardarelli, Napoli

Occlusione dell'auricola per la prevenzione dello «stroke» ischemico: come scegliere il paziente adatto?

Fabrizio Ugo

Ospedale Sant'Andrea
Vercelli



2024

LAAC INDICATIONS: NEWS



CLINICAL PRACTICE GUIDELINE

2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation

A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

Developed in Collaboration With and Endorsed by the American College of Clinical Pharmacy and the Heart Rhythm Society



LAAC: IIa B

Recommendations for Percutaneous Approaches to Occlude the LAA
Referenced studies that support the recommendations are summarized in the [Online](#)

COR	LOE	RECOMMENDATIONS
2a	B-NR	1. In patients with AF, a moderate to high risk of stroke (CHA ₂ DS ₂ -VASc score ≥2), and a contraindication (Table 14) to long-term oral anticoagulation due to a nonreversible cause, percutaneous LAAO (pLAAO) is reasonable. ¹⁻⁴
2b	B-R	2. In patients with AF and a moderate to high risk of stroke and a high risk of major bleeding on oral anticoagulation, pLAAO may be a reasonable alternative to oral anticoagulation based on patient preference, with careful consideration of procedural risk and with the understanding that the evidence for oral anticoagulation is more extensive. ^{1-3,5,6}



ESC

European Society
of Cardiology

European Heart Journal (2024) **45**, 3314–3414

<https://doi.org/10.1093/eurheartj/ehae176>

ESC GUIDELINES

2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS)

Developed by the task force for the management of atrial fibrillation of the European Society of Cardiology (ESC), with the special contribution of the European Heart Rhythm Association (EHRA) of the ESC.

Endorsed by the European Stroke Organisation (ESO)

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	Class ^a	Level ^b
considered in or long-term aemic stroke	IIb	C

Real World: international data

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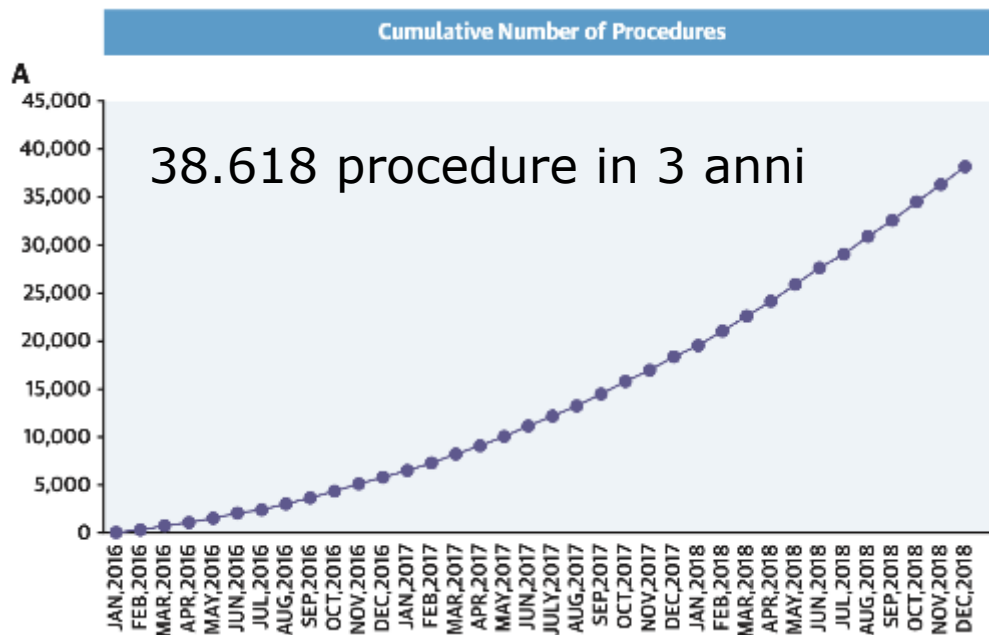
5-Year Experience of In-Hospital Outcomes After Percutaneous Left Atrial Appendage Closure in Germany

ORIGINAL INVESTIGATIONS

US

The NCDR Left Atrial Appendage Occlusion Registry

James V. Freeman, MD, MPH, MS,^{a,b} Paul Varosy, MD,^c Matthew J. Price, MD,^d David Slotwiner, MD,^e Fred M. Kusumoto, MD,^f Chidambaram Rammohan, MD,^g Clifford J. Kavinsky, MD, PhD,^h Zoltan G. Turi, MD,ⁱ Joseph Akar, MD, PhD,^{a,b} Cristina Koutras, RN,^j Jephtha P. Curtis, MD,^{a,b} Frederick A. Masoudi, MD, MSPH^k



CENTRAL ILLUSTRATION Annual Numbers and In-Hospital Mortality Rate of Hospitalized Patients Undergoing Percutaneous Left Atrial Appendage Occlusion Procedures Between 2011 and 2015

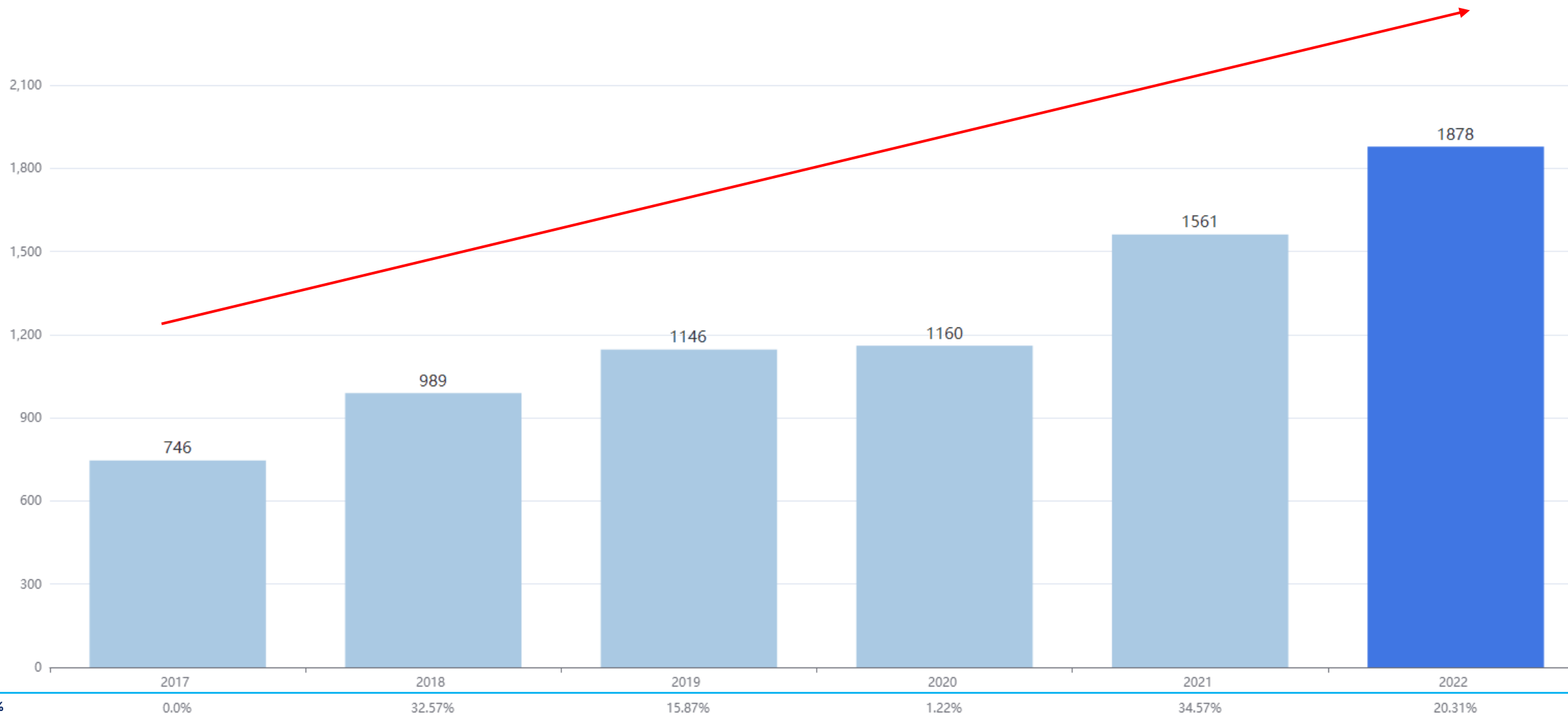


Hochman, L. et al. J Am Coll Cardiol Intv. 2019;12(11):1041-52.

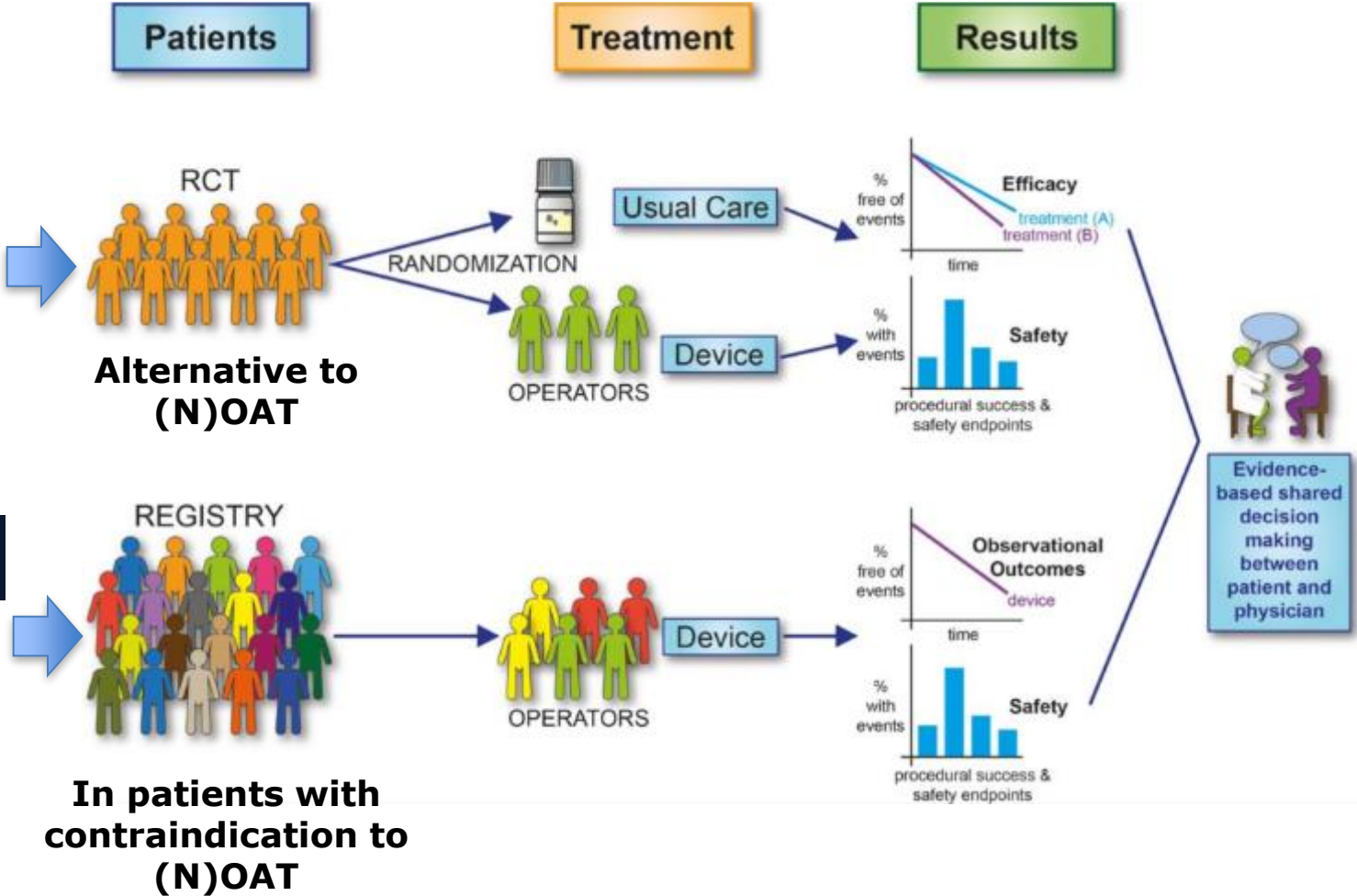
LAA = left atrial appendage.

GISE 2023

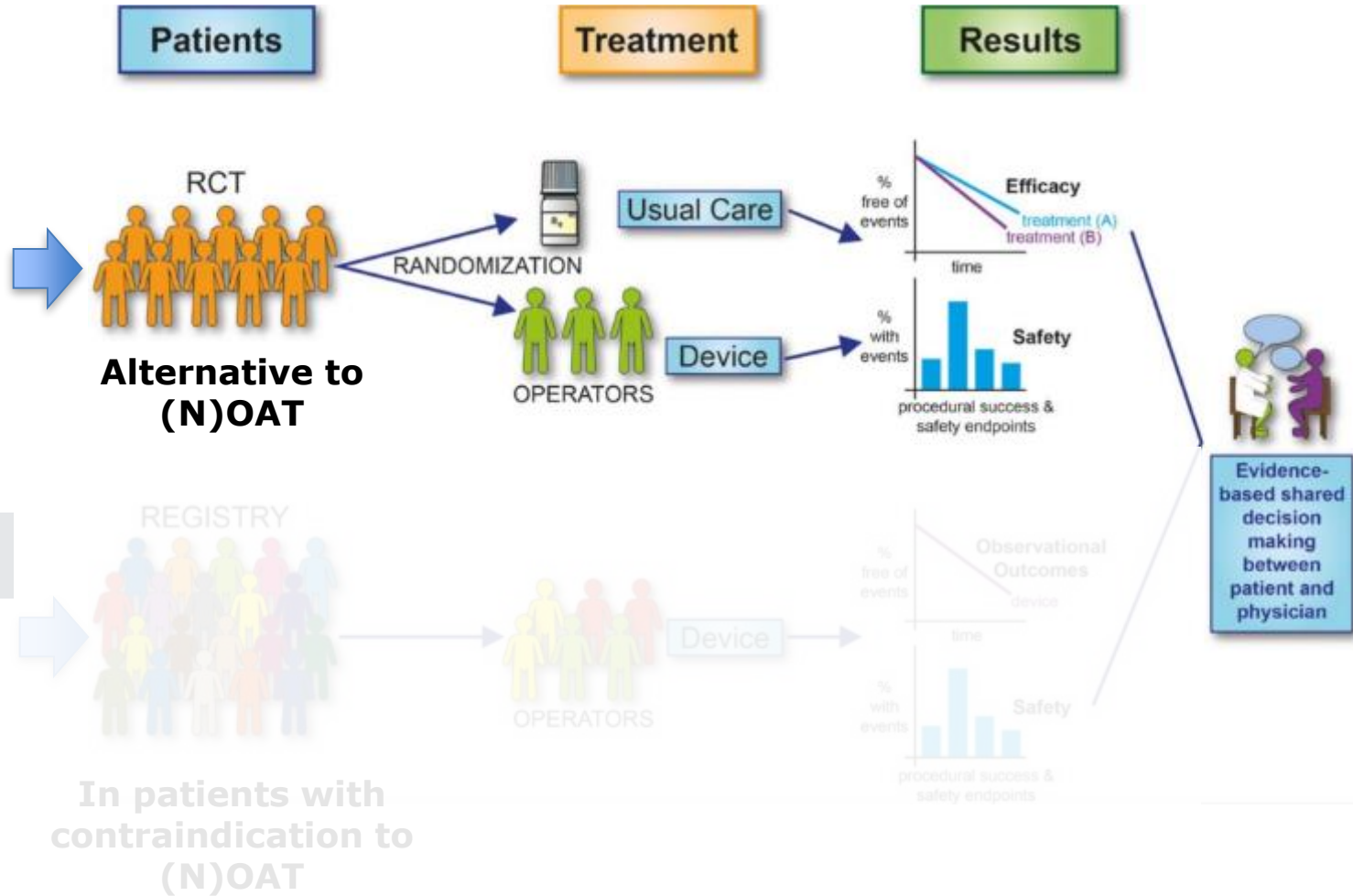
Chiusura Auricola Sinistra (LAAC) Serie storica Italia



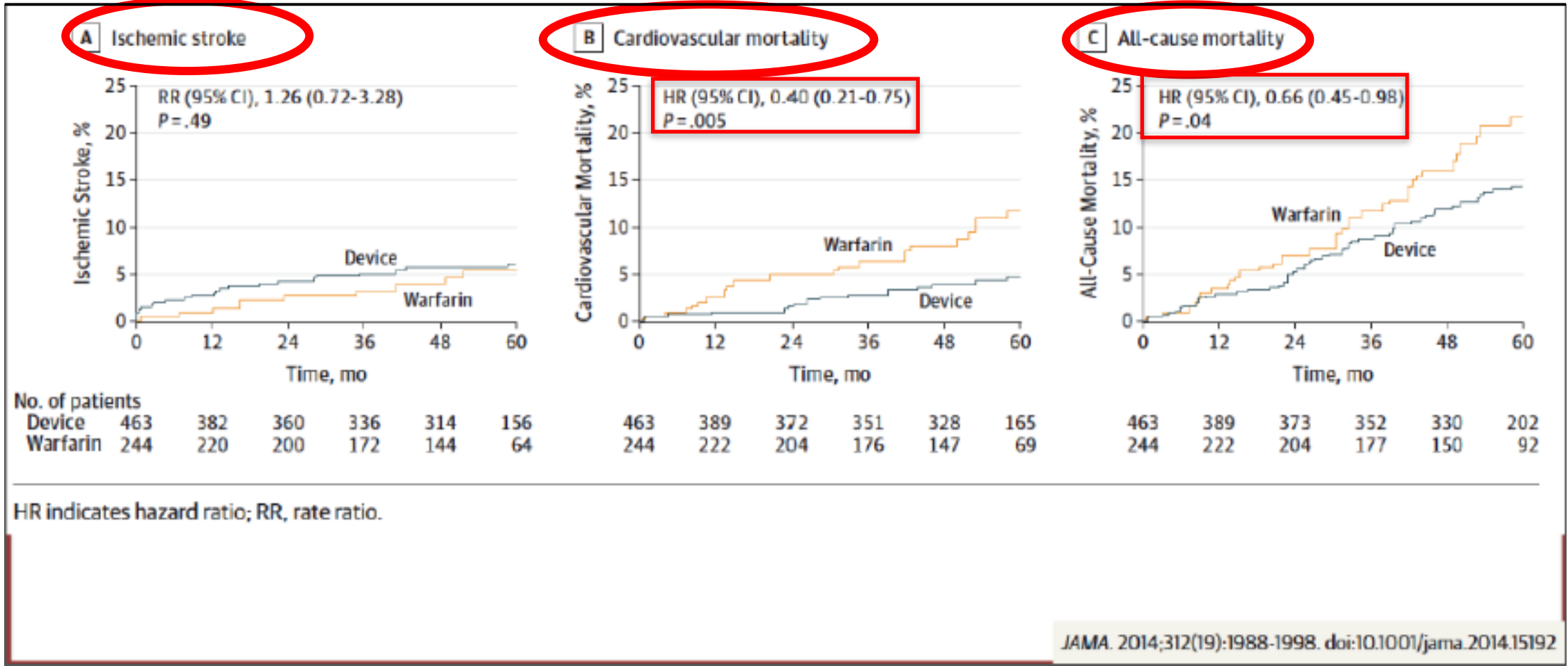
Evidenze scientifiche



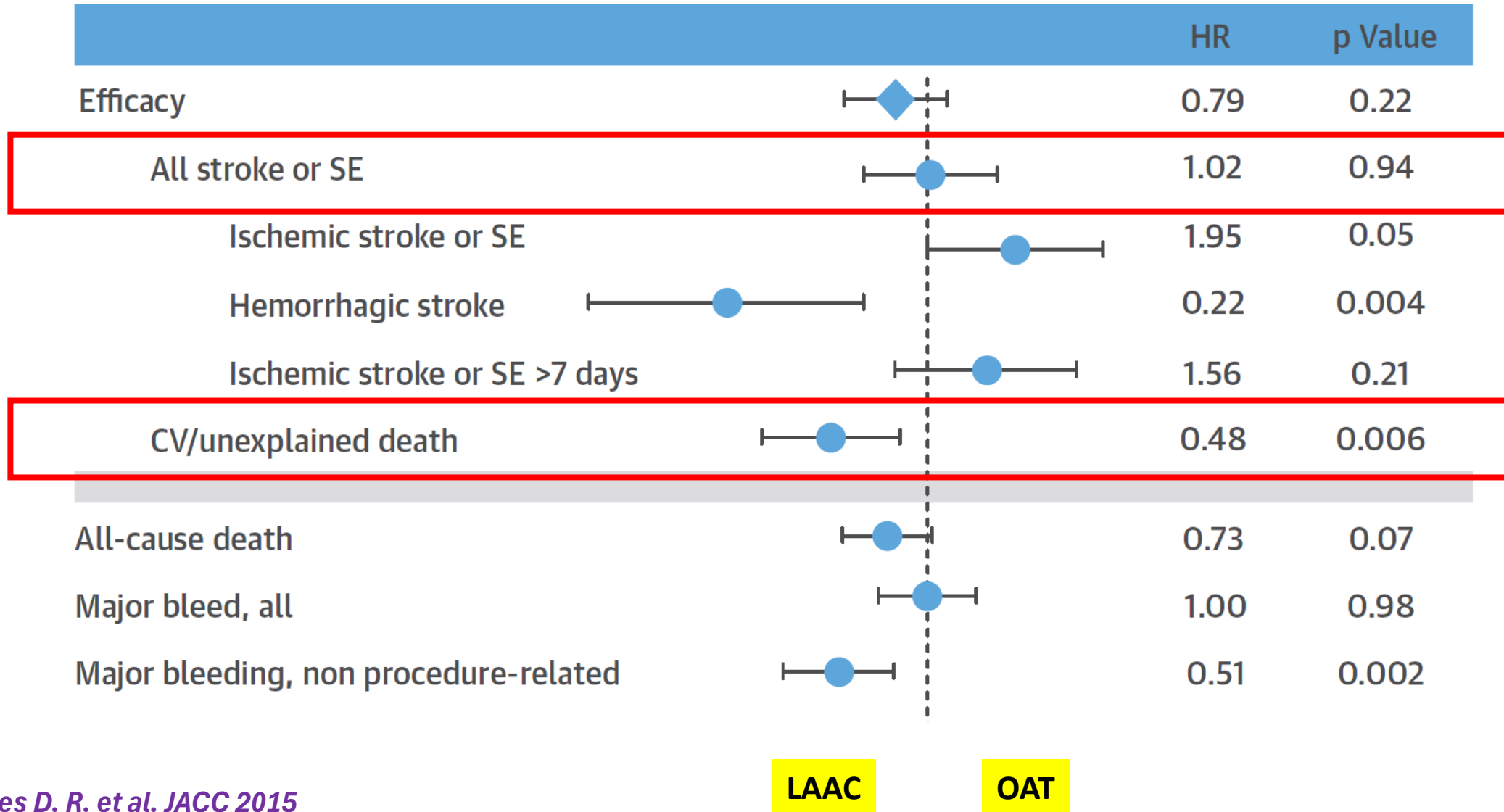
Alternative to (N)OAT



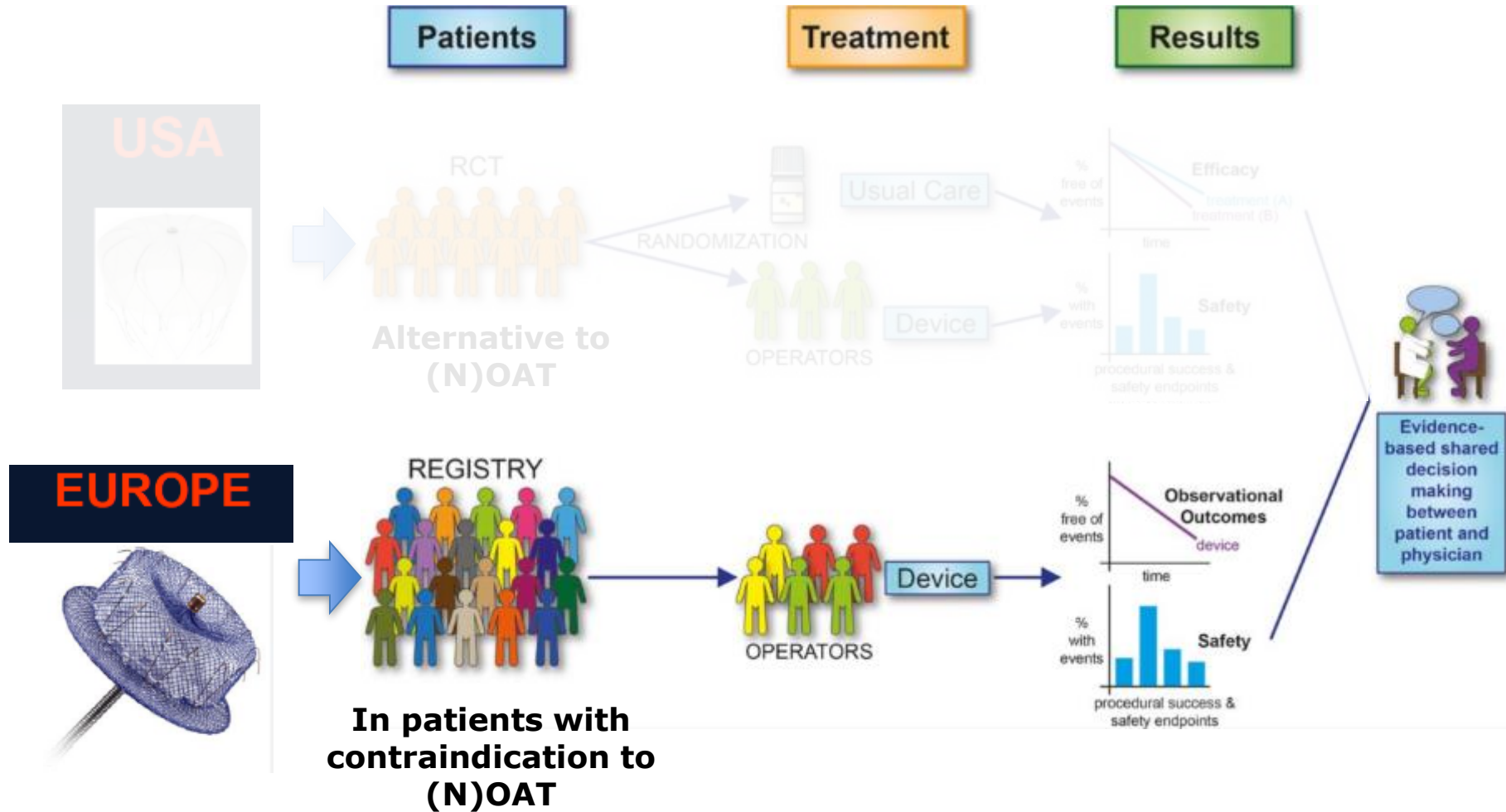
PROTECT AF 4 years follow up: Ischemic Stroke, Mortality



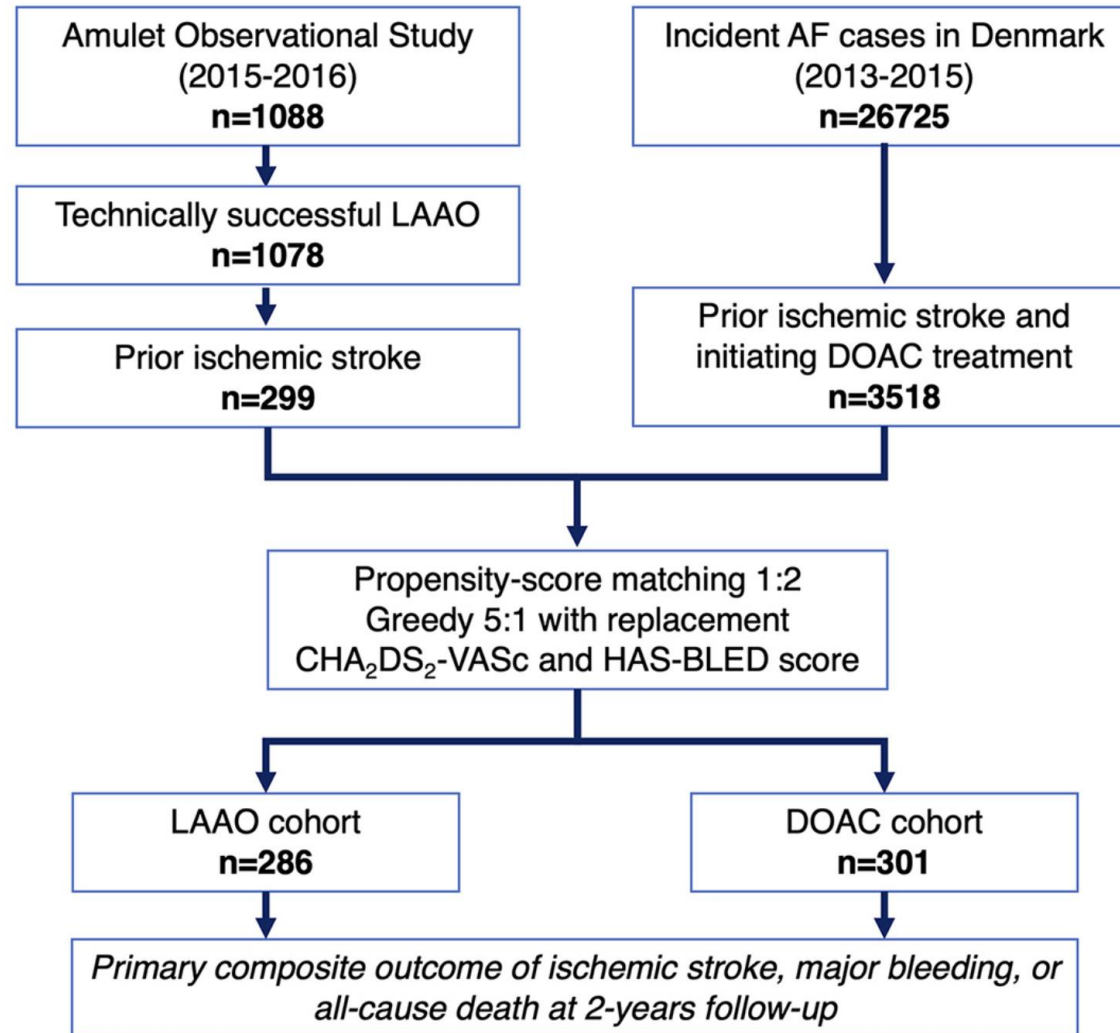
PROTECT-AF / PREVAIL Meta-Analysis



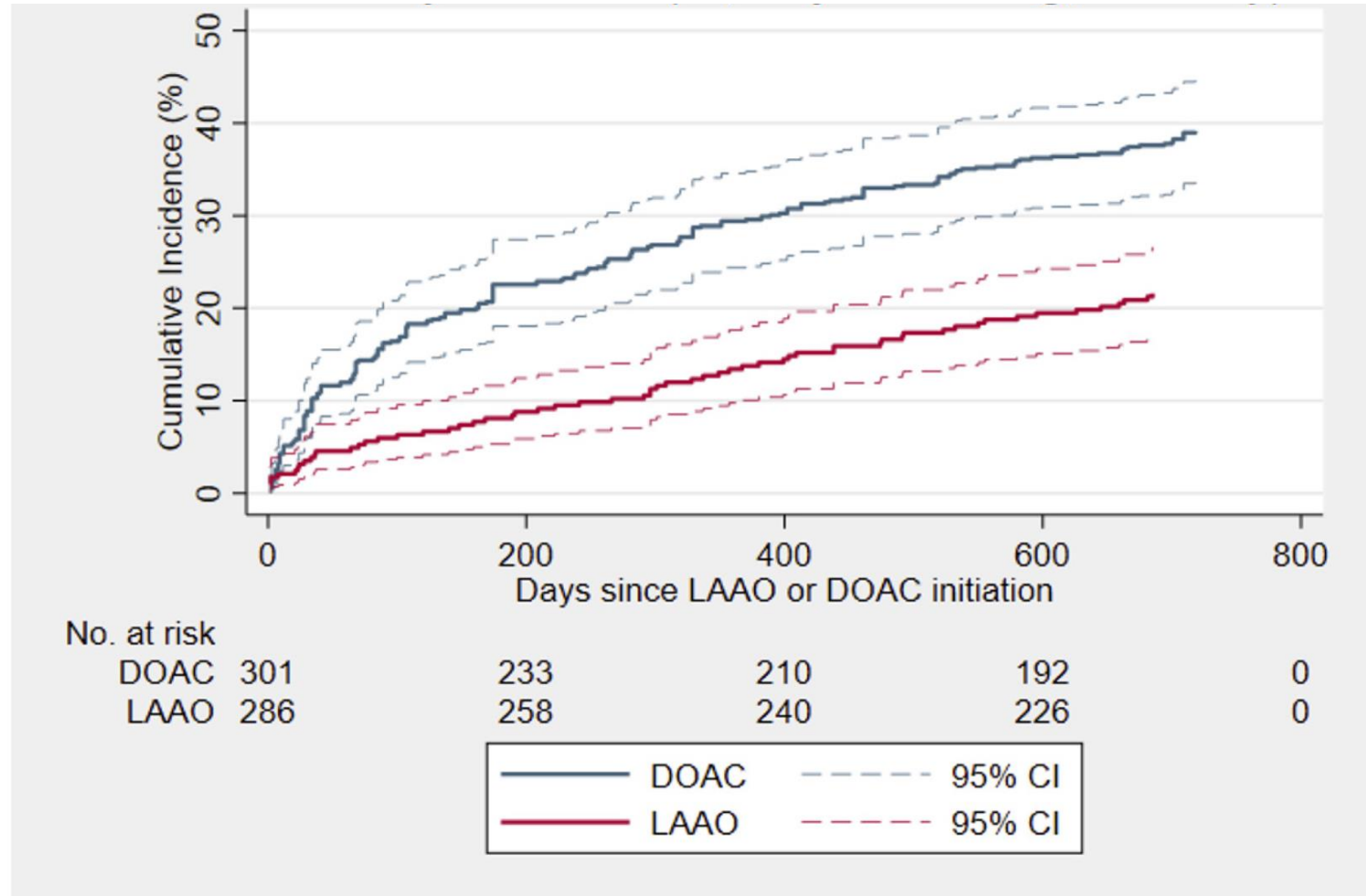
Contraindication to (N)OAT



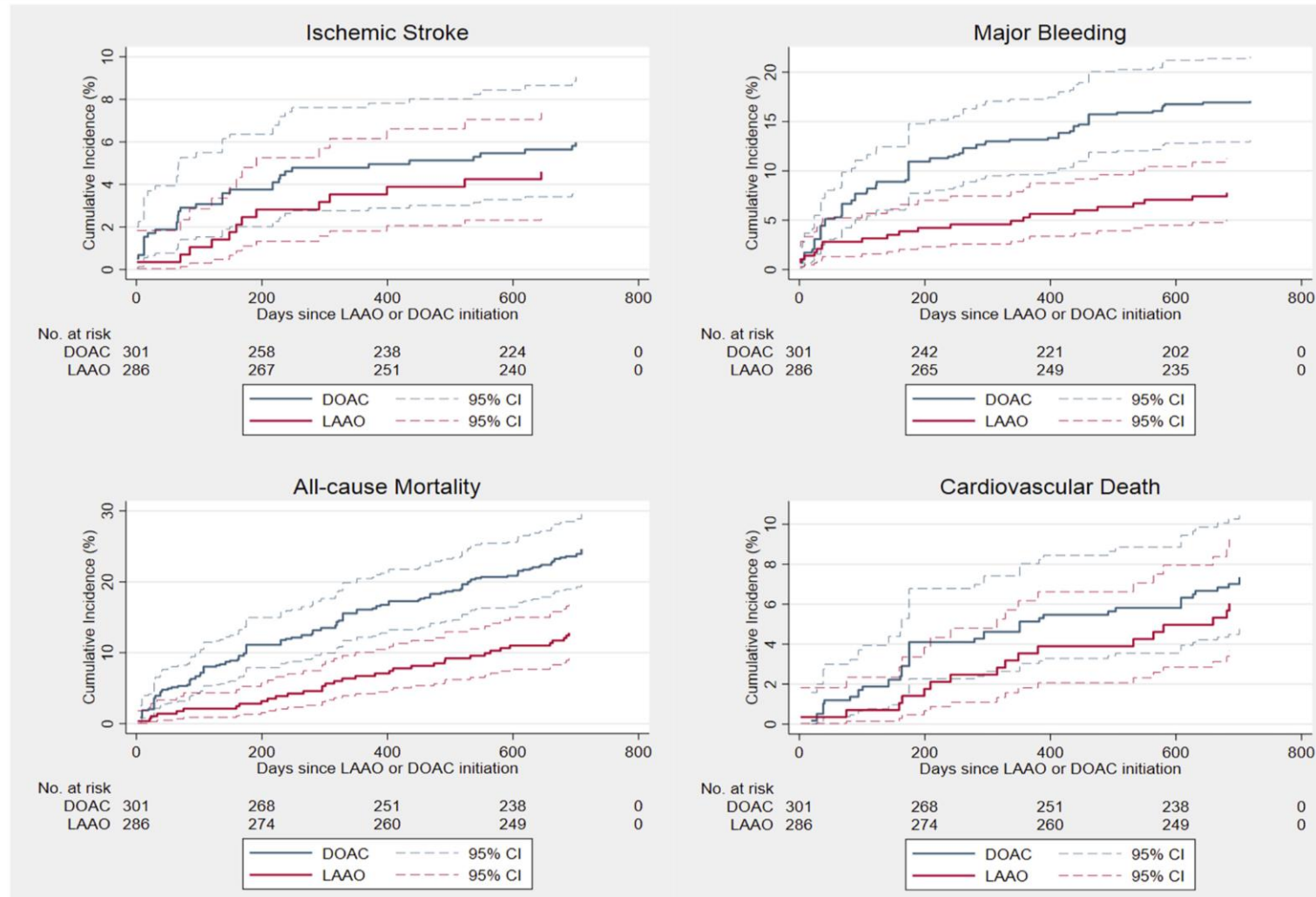
LAAO vs DOACs



Primary Outcome: Stroke, Major Bleeding, Mortality



Secondary Outcome Analysis



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Europace (2024) **26**, euae035

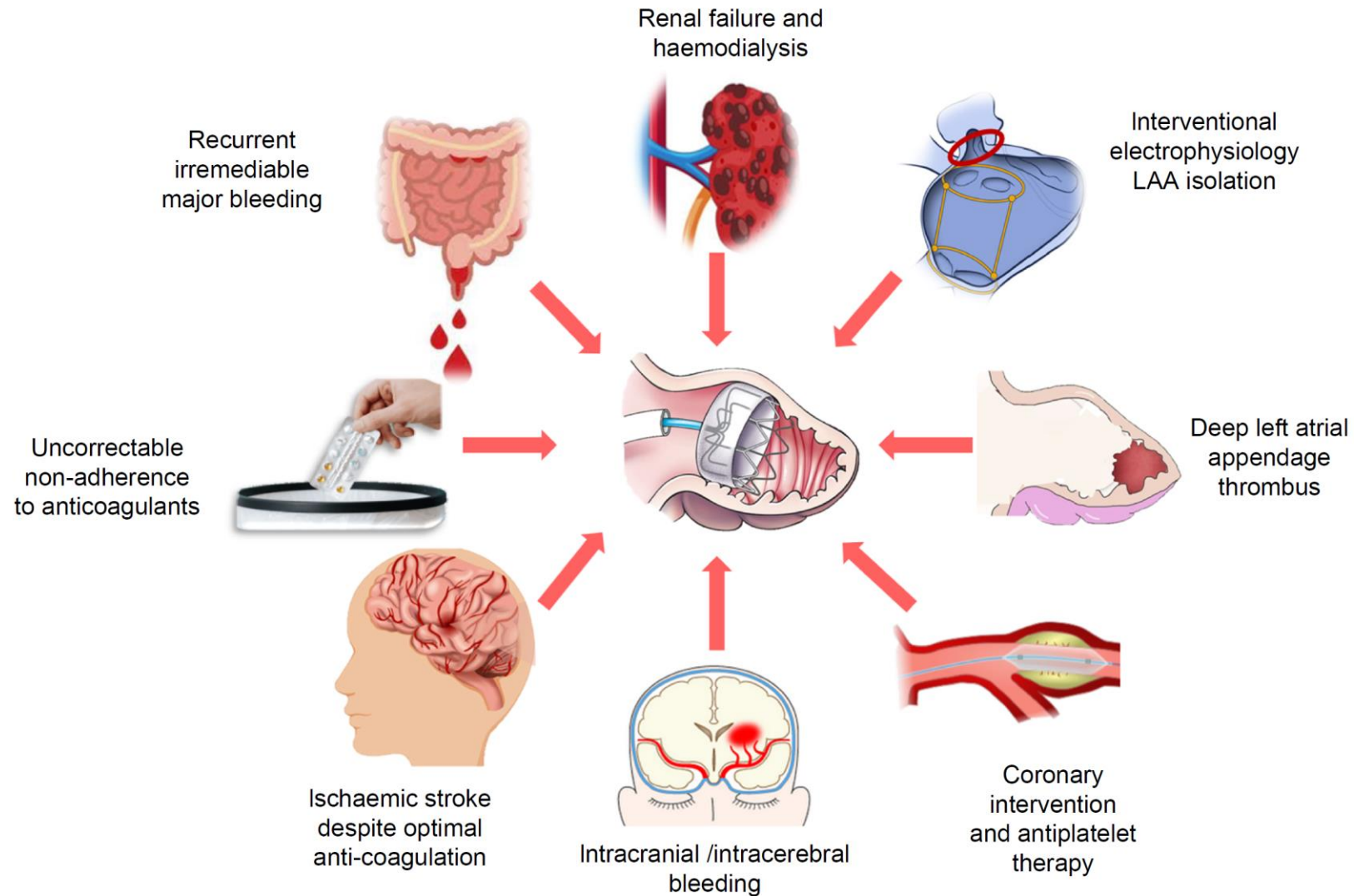
<https://doi.org/10.1093/europace/euae035>

POSITION PAPER

Practical guide on left atrial appendage closure for the non-implanting physician: an international consensus paper

Tatjana Potpara ^{1,2}, Marek Grygier ³, Karl Georg Häusler ⁴,
Jens Erik Nielsen-Kudsk ⁵, Sergio Berti ⁶, Simonetta Genovesi ^{7,8},
Eloi Marijon ⁹, Serge Boveda ^{10,11}, Apostolos Tzikas ^{12,13},
Giuseppe Boriani ¹⁴, Lucas V.A. Boersma ¹⁵, Claudio Tondo ¹⁶,
Tom De Potter ¹⁷, Gregory Y.H. Lip ^{18,19}, Renate B. Schnabel ^{20,21},
Rupert Bauersachs ^{22,23}, Marco Senzolo ²⁴, Carlo Basile ^{25,26},
Stefano Bianchi ²⁷, Pavel Osmančik ²⁸, Boris Schmidt ²⁹, Ulf Landmesser ³⁰,
Wolfram Doehner ^{31,32,33}, Gerhard Hindricks ³⁴, Jan Kovac ³⁵,
and A. John Camm ^{36*}

Clinical population where LAAC may be considered

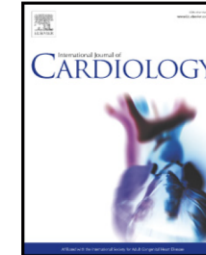




Contents lists available at [ScienceDirect](#)

International Journal of Cardiology

journal homepage: www.elsevier.com/locate/ijcard



Left atrial appendage occlusion in atrial fibrillation patients with previous intracranial bleeding: A national multicenter study



Gavino Casu ^{a,b}, Giuseppe D'Angelo ^c, Fabrizio Ugo ^d, Federico Ronco ^e, Federico Simonetto ^e, Marco Barbierato ^e, Valeria Magni ^f, Giacomo Boccuzzi ^g, Alberto Margonato ^f, Francesco Moroni ^h, Alessandro Delitala ⁱ, Giovanni Lorenzoni ^a, Alessandro Beneduce ^h, Francesco Rametta ^d, Patrizio Mazzone ^c, Paolo Della Bella ^c, Matteo Montorfano ^h, Pierluigi Merella ^{a,*}

^a Department of Cardiology, San Francesco Hospital, ATS Sardegna, Nuoro, Italy

^b Ph.D Course, University of Sassari, Sassari, Italy

^c Department of Cardiac Electrophysiology and Arrhythmology, IRCCS San Raffaele Hospital and Vita-Salute University, Milan, Italy

^d Department of Cardiology and Interventional Cardiology, Sant'Andrea Hospital, Vercelli, Italy

^e Interventional Cardiology, Department of Cardio-Thoracic and Vascular Sciences, Ospedale dell'Angelo, AULSS3 Serenissima, Mestre, Venezia, Italy

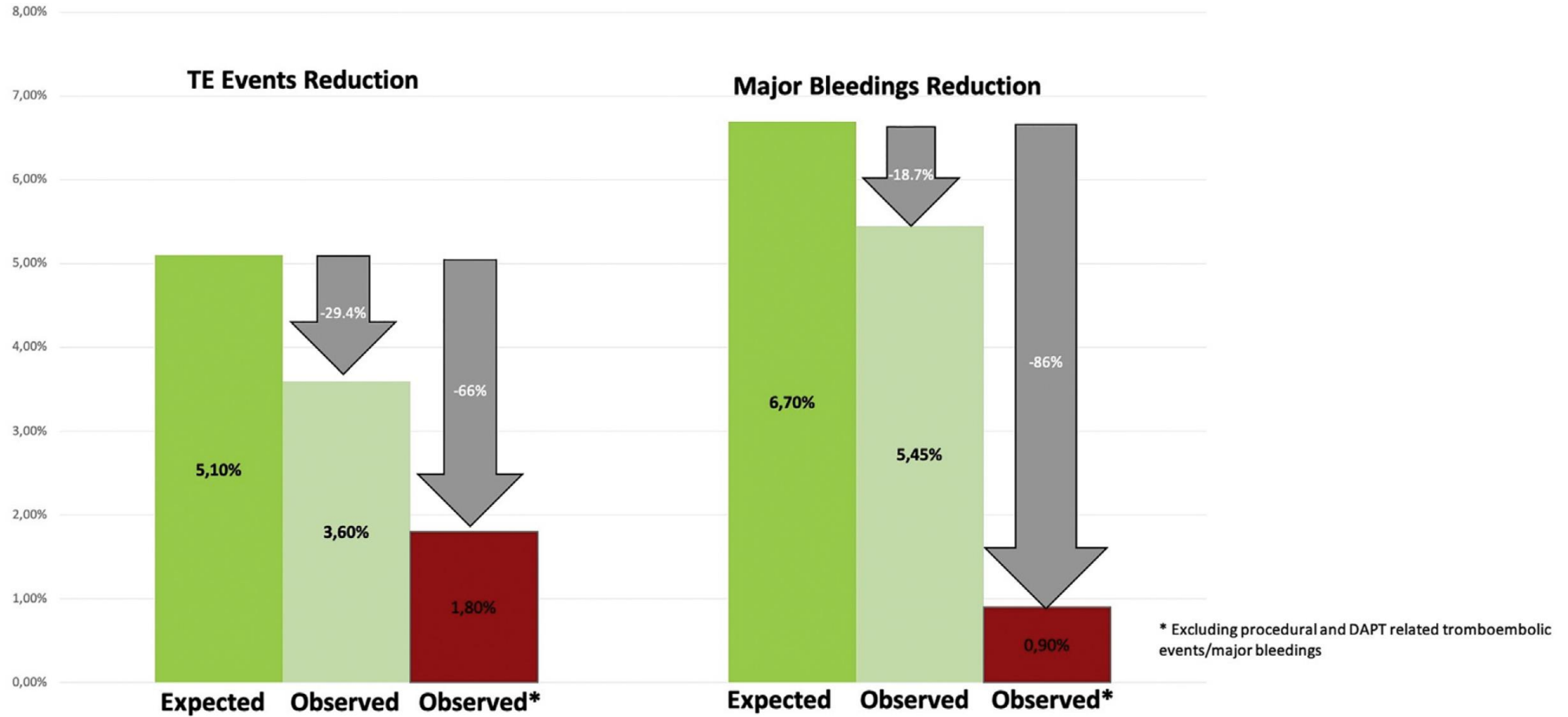
^f Cardiology Unit, IRCCS San Raffaele Hospital and Vita-Salute University, Milan, Italy

^g Department of Cardiology, San Giovanni Bosco Hospital, Torino, Italy

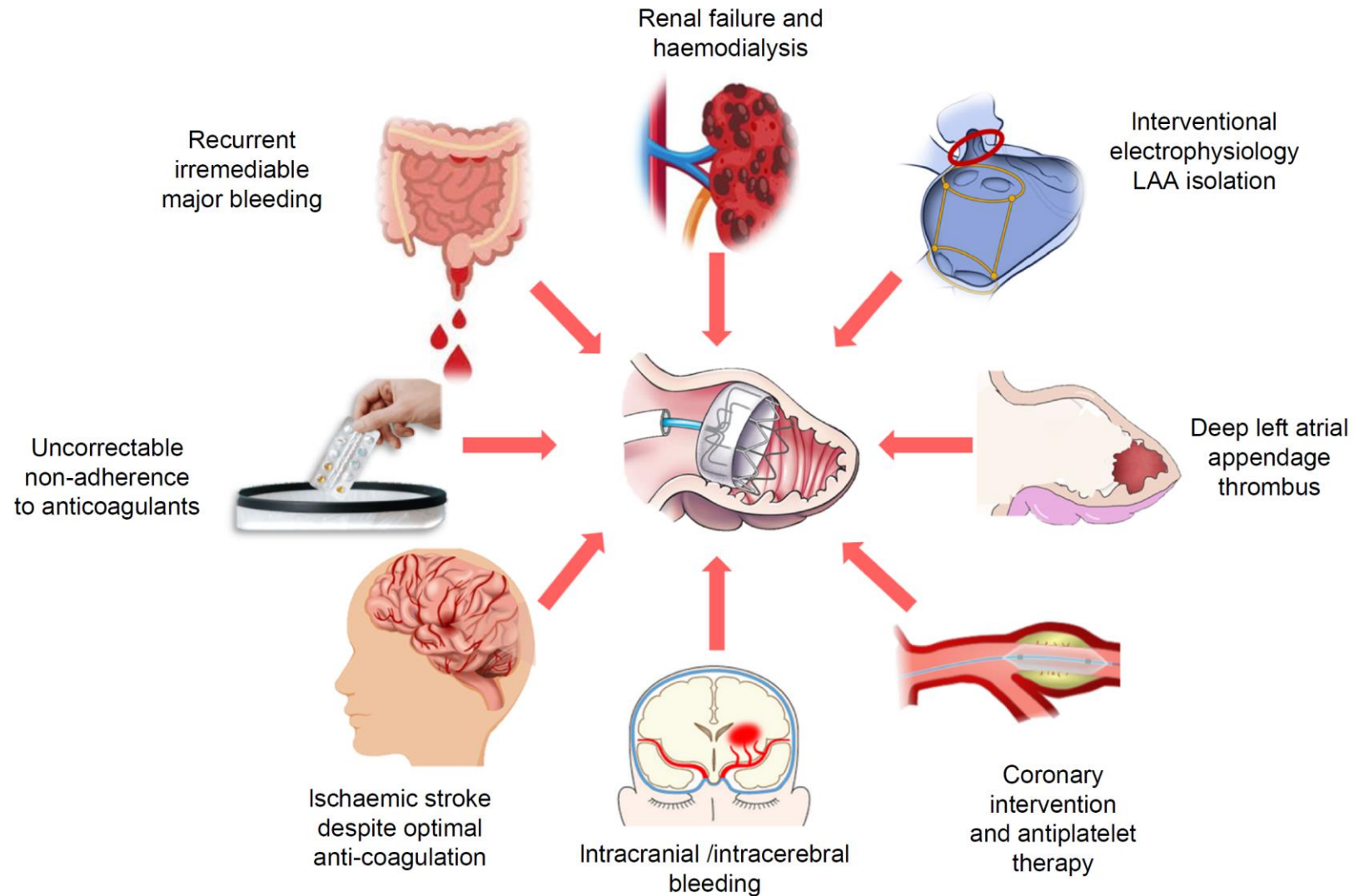
^h Department of Interventional Cardiology, IRCCS San Raffaele Hospital and Vita-Salute University, Milan, Italy

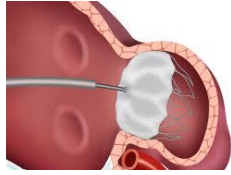
ⁱ U.O.C. Medicina Interna 2, Azienda Ospedaliero-Universitaria di Sassari, University of Sassari, Italy

Expected vs Observed thromboembolic and bleeding rate

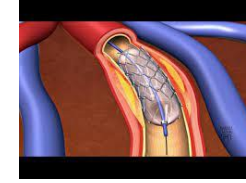


Clinical population where LAAC may be considered





The **LAAC-PCI** Registry.



Left Atrial Appendage Closure in long-DAPT PCI patients study

Obiettivi dello studio

Valutare gli outcomes clinici dei pazienti sottoposto a procedura di chiusura percutanea dell'auricola sinistra e candidati a long-DAPT per intervento di rivascularizzazione miocardica percutanea con angioplastica ed impianto di stent coronarico.

Criteri di inclusione

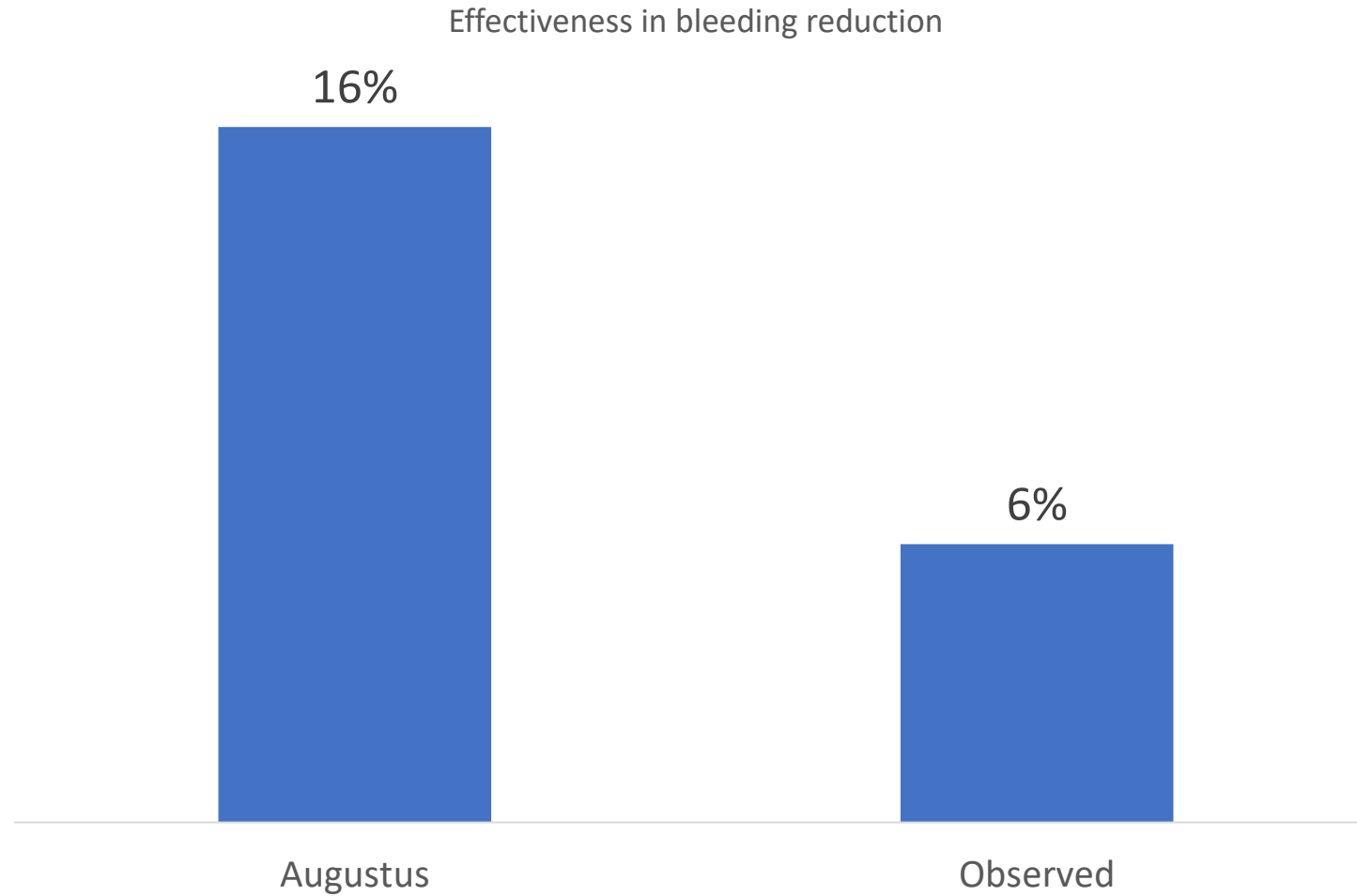
Pazienti con recente angioplastica/stent e che necessitano di doppia terapia antiaggregante a lungo termine.

Pazienti che necessitano di terapia con anticoagulante orale a lungo termine sottoposti a LAAC nello stesso ricovero.

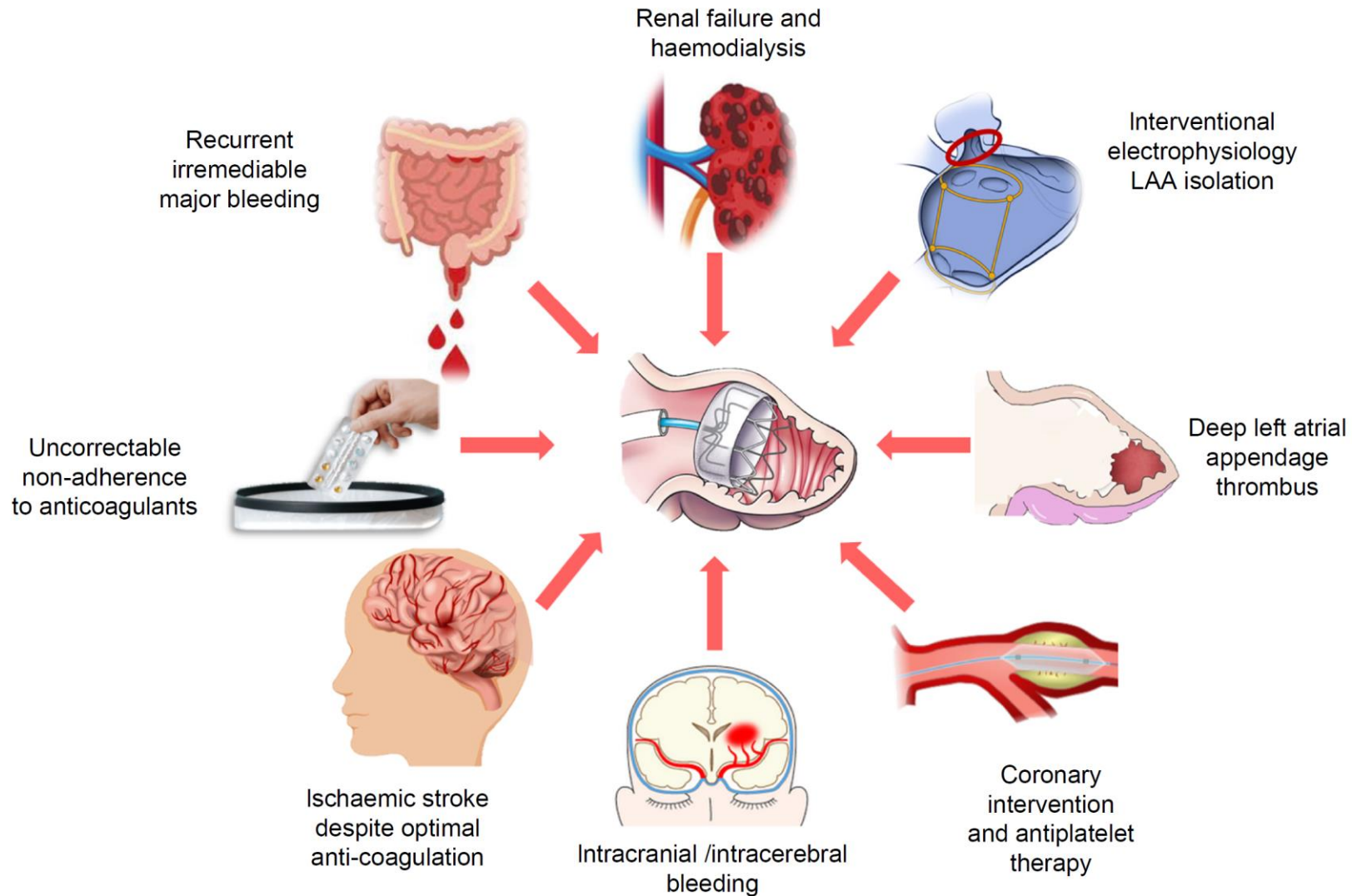


pz n. **130**

Bleeding reduction compared to expected rates according to AUGUSTUS trial

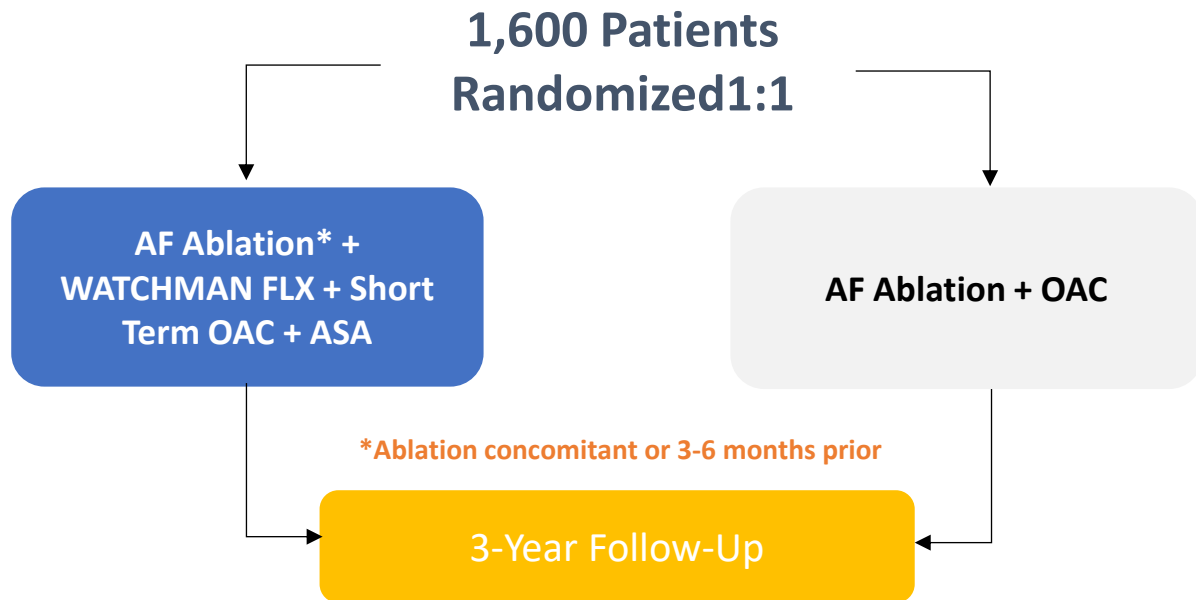


Clinical population where LAAC may be considered



OPTION Trial Overview

Prospective, randomized, multi-center, global investigation to determine if left atrial appendage closure with the WATCHMAN FLX Device is a reasonable alternative to oral anticoagulation in patients after AF ablation.



Patients did not need to have an appropriate rationale to seek a non-pharmacologic alternative to OAC to participate in this study.



Primary Efficacy Endpoint

Stroke, all-cause mortality and systemic embolism (NON-INFERIORITY)



Primary Safety Endpoint

Non-procedural bleeding (ISTH major bleeding and clinically relevant non-major bleeding) (SUPERIORITY)

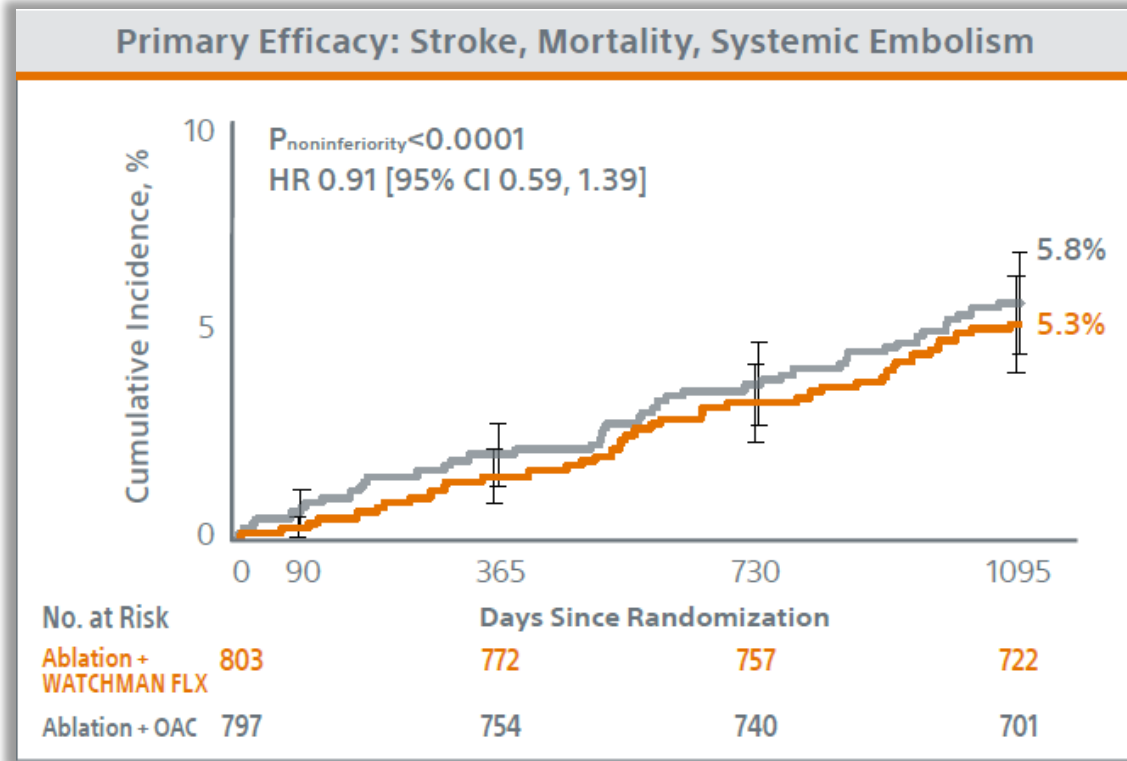


Secondary Safety Endpoint

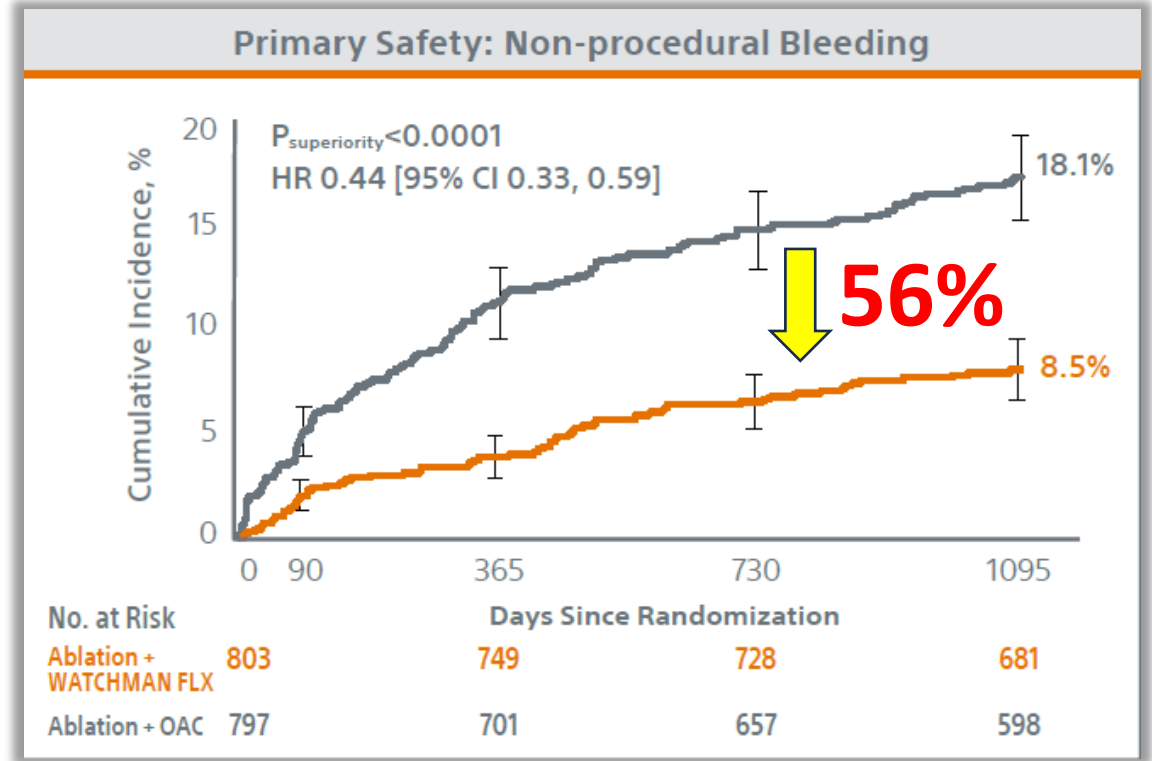
ISTH major bleeding (including procedural bleeding) (NON-INFERIORITY)

OPTION Trial: Primary Endpoint

Primary Efficacy Endpoint: Non-inferiority Met



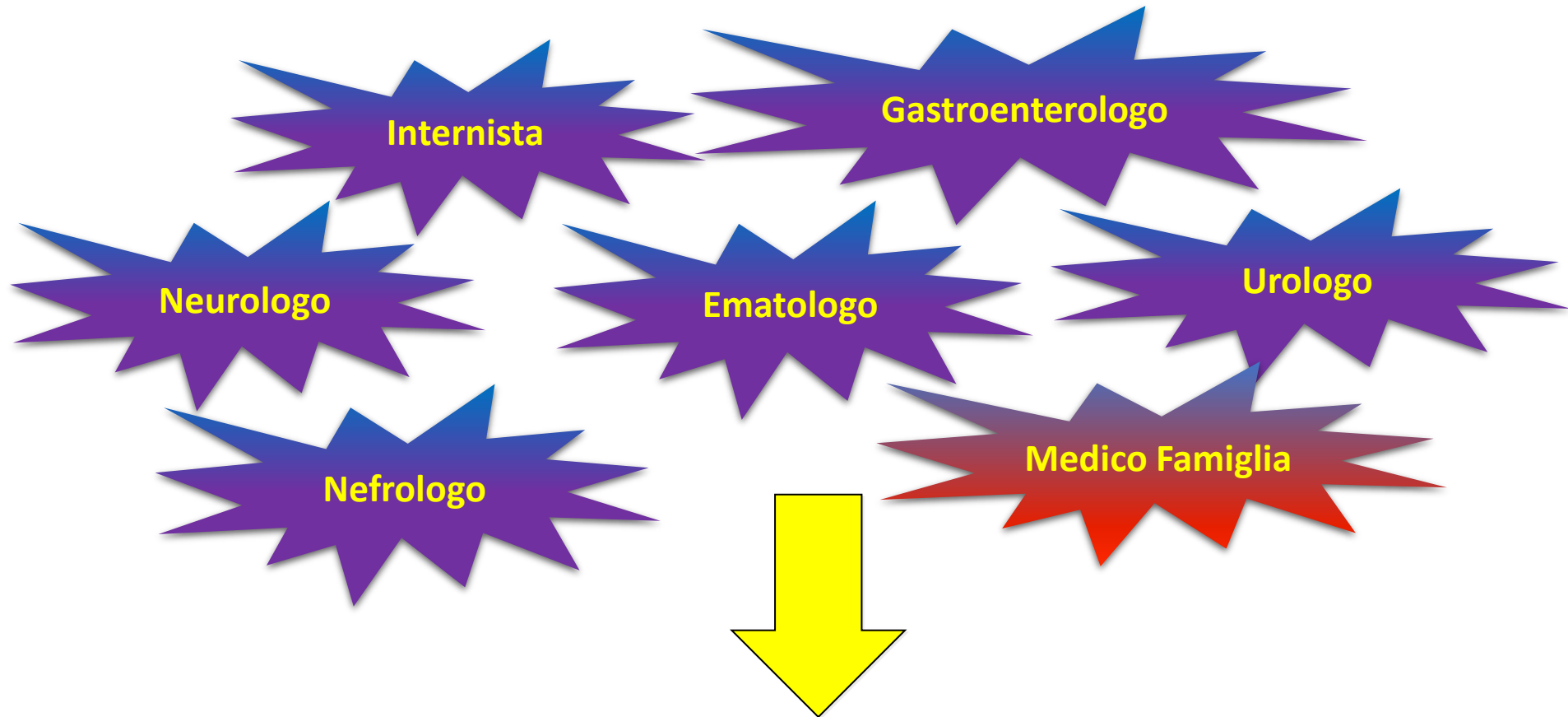
Primary Safety Endpoint: Superiority Met



first randomized, head-to-head study comparing WATCHMAN to OAC (95% DOACs) after cardiac ablation.

The primary endpoints showed the WATCHMAN FLX™ device was **equally effective to OAC at 36 months, with a superior safety profile**, which allowed patients to eliminate continuous medication use, and significantly reduce bleeding risk while maintaining stroke protection.

Il Network



**VALUTAZIONE
CARDIOLOGICA**
(Ambulatorio dedicato)
- Tel 0161593358 -

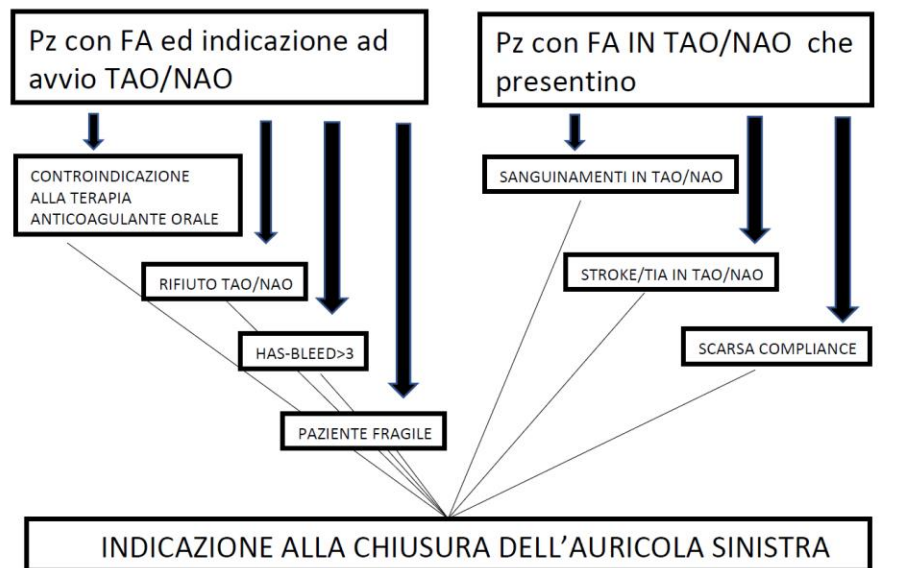
Documento di consenso aziendale



A.S.L. VC

Azienda Sanitaria Locale
di Vercelli

INDICAZIONI ALLA CHIUSURA DELL' AURICOLA SINISTRA



CONTATTARE
AMBULATORIO CARDIOPATIA
STRUTTURALE **0161593358**

DISCUSSIONE
MULTIDISCIPLINARE

CHIUSURA
AURICOLA SINISTRA

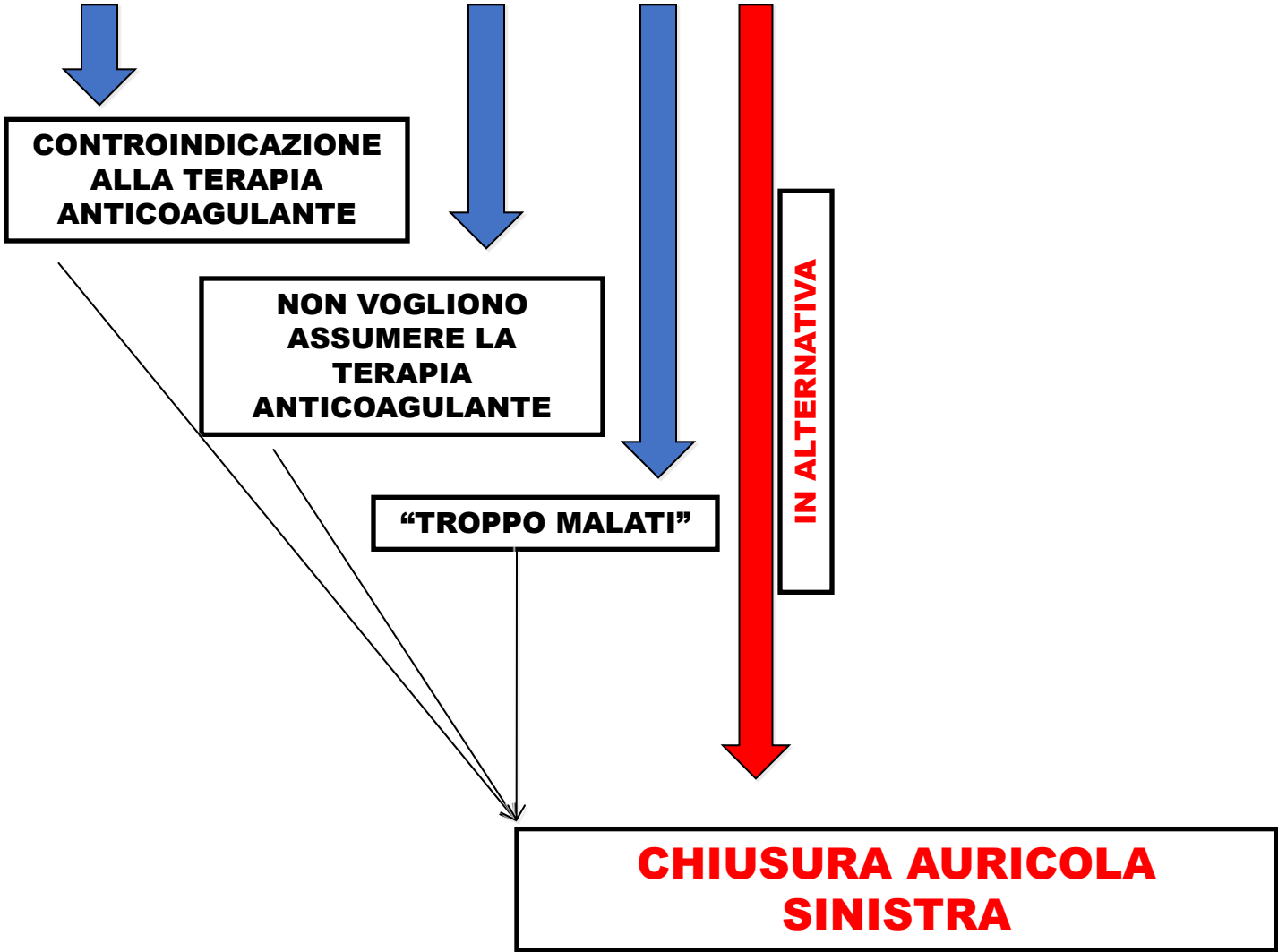
CONTROINDICAZIONI A TAO/NAO

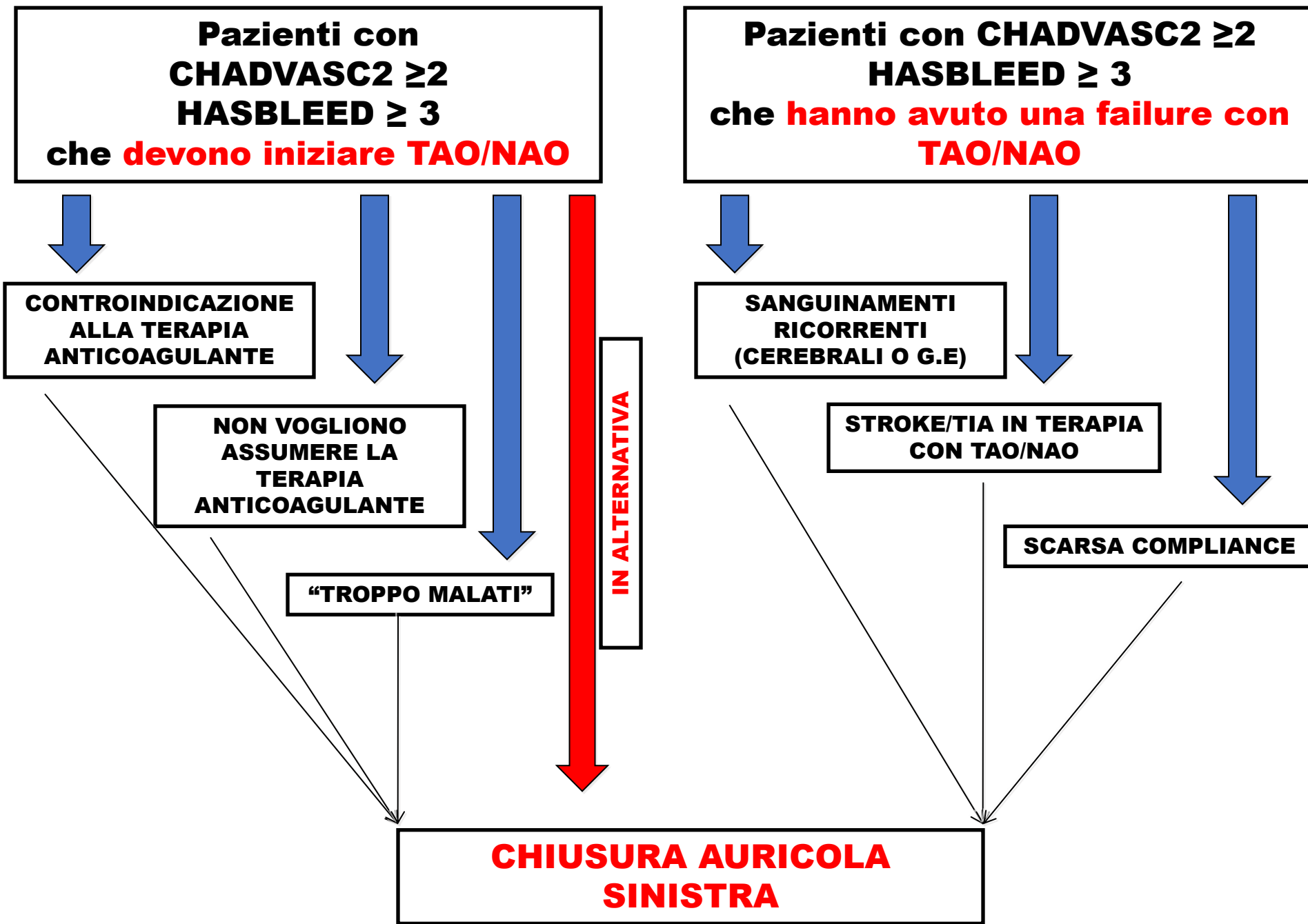
- DIATESI EMORRAGICA
- EMORRAGIA CEREBRALE PREGRESSA
- PATOLOGIE GASTROINTESTINALI (ULCERA PEPTICA ATTIVA, ANGISPLASIE, EPATOPATIA)
- RECENTE SANGUINAMENTO GASTROINTESTINALE/GENITO-URINARIO
- DIALISI

PAZIENTE FRAGILE

- GRANDE ANZIANO
- DEMENTIA
- ALCOLISMO
- DISTURBI PSICHIATRICI
- TENDENZA A FREQUENTI CADUTE A TERRA

**Pazienti con
CHADVASC2 \geq 2
HASBLEED \geq 3
che **devono iniziare TAO/NAO****





Grazie per l'attenzione

