Left atrial appendage occlusion using a Watchman device in a transplanted heart with biatrial anastomosis

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INTRODUCTION

- Biatrial anastomosis orthotopic heart transplant (OHT) results in enlarged atria, scarred and thickened interatrial septum, and leftward rotation of the heart, thereby complicating left atrial appendage (LAA) closure.
- This report describes successful LAA occlusion in a patient with previous biatrial anastomosis orthotopic heart transplant (OHT) using the WATCHMAN™ device and the Baylis radiofrequency NRG® Transseptal Needle for controlled crossing of the septum.

CASE SUMMARY

Transseptal puncture

- TEE indicated a thickened interatrial septum from the prior biatrial anastomosis and scar tissue.
- Site-specific transseptal puncture in the infero-posterior location of the fossa ovalis was achieved using the NRG® Needle with minimal additional force.

LAA occlusion

- Standard TEE views (0, 45, 90 and 135°) were adjusted by 10-20° to account for the effects of biatrial anastomosis and replicate the desired LAA ostial views for appropriate device sizing.
- Successful deployment of a 21-mm WATCHMAN™ device into the LAA was achieved with no complications.
- 45 days post-operative TEE indicated no thrombus formation or residual flow in the LAA.
- Anticoagulation was administered for 45 days, while antiplatelet therapy was continued for 6 months post-procedure, respectively.

DISCUSSION & CONCLUSIONS

- Changes in atrial morphology and leftward rotation of the heart, such as those seen in this patient with biatrial anastomosis OHT, can make standard WATCHMAN™ implantation difficult.
- Site-specific transseptal puncture and firm engagement of the interatrial septum can be complicated by scarring and thickening of the septum, and may result in accidental puncture and perforation.
- Additional balloon dilation of the septum may be required to advance the large LAA occluder sheath into the left atrium.
- The NRG® Transseptal Needle was used to provide controlled site-specific crossing of the interatrial septum without complications.
- Using a radiofrequency needle can enable simpler and safer access to the left atrium, without requiring extra force application.
- LAA occlusion using the WATCHMAN™ device in a patient with prior biatrial anastomosis OHT can be safely and successfully performed using the described procedural modifications.