

LAA oklüzyonu sonrası antitrombotik tedavisi 2023

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Laa oklüzyonu

- Yüksek komorbid hastalarda yapılıyor
- İskemik riski yüksek hastalar
- Kanama riski yüksek hastalar

- Cihaza bağılı trombüs
- Kanama komplikasyonları halen bir sorun

Cihaza bađlı trombüs

- Protez cihazın endotelizasyonunun tam olarak gerçekleşmemesi sebeptir

Cihaz takıldıktan sonra 3 aşamalı iyileşme süreci

1. Aşama Akut protrombotik safha cihazın kan ile teması
2. Aşama Endotelizasyon
3. Aşama Uzun dönem kararlı safha

Cihaza bağlı trombüs risk faktörleri

Predictors of device related thrombus after LAAC

Study	Device	Clinical characteristics									LAA and procedural characteristics				Other
		LV dysfunction	Prior stroke /TIA	Permanent AF	CKD (30-60 eGFR)	Old age	Hypercoagulable disorder	Vascular disease	Prior VTE	Iatrogenic pericardial effusion	Large LAA or large device	Deep device implant	History of LAA thrombus	Peri-device leak	No DAPT or OAC at discharge
Simard et al. ³	All devices														
Dukkipati et al. ¹²	Watchman														
Fauchier et al. ¹³	Watchman/APC														
Pracon et al. ¹⁴	Watchman/APC														
Korsholm et al. ¹⁵	APC/Amulet														
Sedaghat et al. ¹⁶	All devices														
Aminian et al. ¹⁷	Amulet														

■ Univariable analysis
■ Multivariable analysis

Laa kapama sonrası antitrombotik tedavi

- **PROTECT-AF** ve **PREVAIL** çalışması ;ilk Laa kapama etkinlik çalışmaları, kronik antikoagölasyon için kontrendikasyonu olmayan hastalar, direk antikoagölanlar henüz kullanımda değil

Warfarin ve aspirin 81 mg 45 gün süresince

Dual antiplatelet tedavi aspirin 325mg ve Klopidoğrel 75mg 6 ay süresince

Hayat boyu 325 mg

Direk oral antikoagülanlar

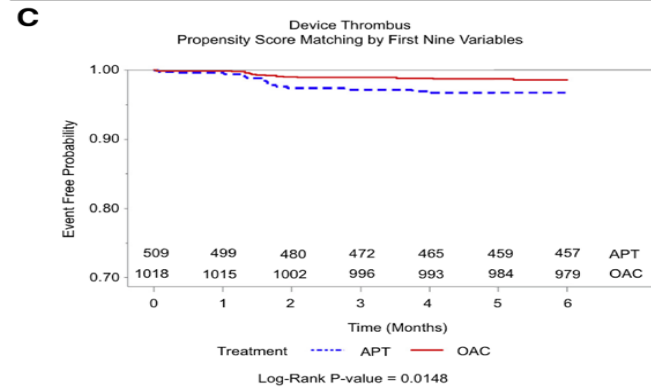
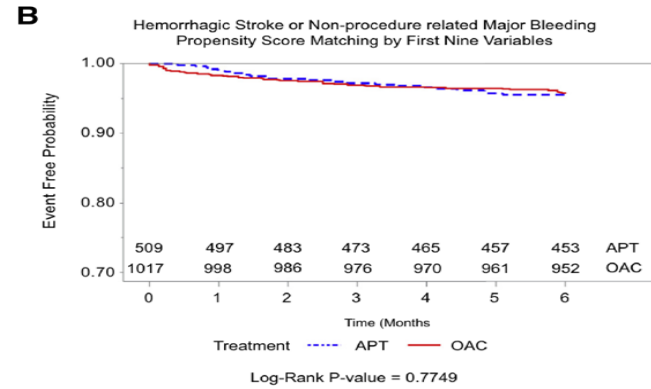
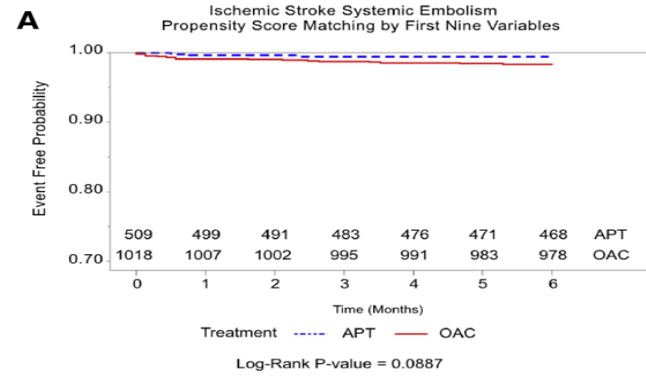
- Valvüler olmayan AF'de DOAC'lar VKA'lerinden iskemik olayları ve kanama komplikasyonlarını azaltmada üstün olduklarını gösterdi
- Fakat LAA kapamadaki randomize çalışmalar devam etmektedir
 - **ANDES trial** (Short-Term Anticoagulation Versus Antiplatelet Therapy for Preventing Device Thrombosis Following Left Atrial Appendage Closure;
 - **ADALA study** (Antithrombotic Therapy After Left Atrial Appendage Occlusion: Double Antiplatelet Therapy vs Apixaban;

Direk oral antikoagülanlar

Table 2. DRT, Bleeding Events, and Stroke in Patients Treated With DOAC After Left Atrial Appendage Closure

	Fol- low-up	No. of patients	DRT	Major bleeding	Ischemic stroke
Bösche et al ²⁴	45 d	45	0.0%	0.0%	0.0%
Barakat et al ²⁵	45 d	37	0.0%	0.0%	0.0%
ADRIFT trial ¹⁰	3 mo	34 (rixaroxaban 15 mg)	0.0%	11.4%	0.0%
		37 (rixaroxaban 10 mg)	0.0%	24.3%	2.7%
Enomoto et al ²⁶	2–4 mo	214	0.9%	0.5%	0.0%
EWOLUTION registry ⁶	3 mo	109	1.3%	1.9%	0.0%
Faroux et al ²⁷	3 mo	115	0.9%	2.6%	0.9%
Cepas- Guillén et al ²⁸	3 mo	40 (low-dose apixaban)	0.0%	0.0%	0.0%
Cohen et al ²⁹	6 mo	47	0.0%	8.5%	0.0%
Freeman et al ⁵	6 mo	6649 (DOAC+aspirin)	1.73%	2.83%	0.33%
		3948 (DOAC)	1.82%	1.71%	0.20%
Della Rocca et al ³⁰	1 y	198 (low dose, long term)	0.0%	0.5%	0.0%
PINNACLE FLX trial ²²	1 y	400 (DOAC+aspirin followed by DAPT)	1.75%	7.75%	2.6%

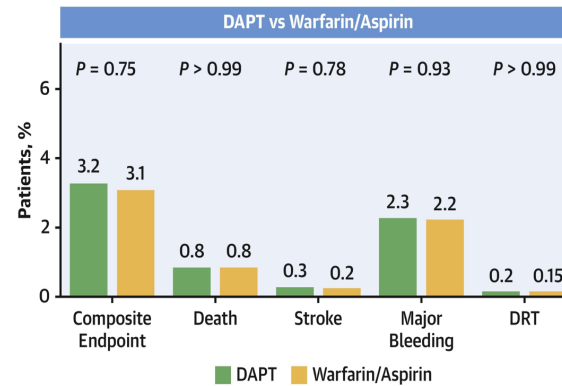
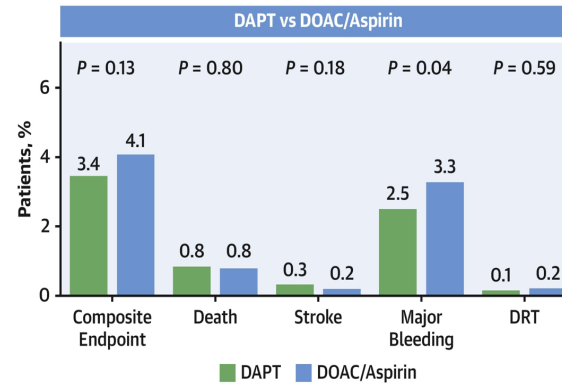
İkili antiplatelet tedavi



DAPT Is Comparable to OAC Following LAAC With WATCHMAN FLX: A National Registry Analysis, (J Am Coll Cardiol Interv. 2023 Nov, 16 (22) 2708–2718)

CENTRAL ILLUSTRATION: Study Overview and Findings

NCDR LAAO Registry 45-Day Outcomes According to Discharge Antithrombotic Medications in a Propensity-Matched Patient Population, N = 32,565



- No increase in the composite of death, stroke, bleeding, and systemic embolism between patients selected to take DAPT postprocedure versus DOAC/aspirin at 45 days
- Patients prescribed DAPT compared to DOAC/aspirin had significantly less bleeding
- Decision making regarding stroke prevention in AF remains highly preference-sensitive, and thus appropriate for a shared decision-making process

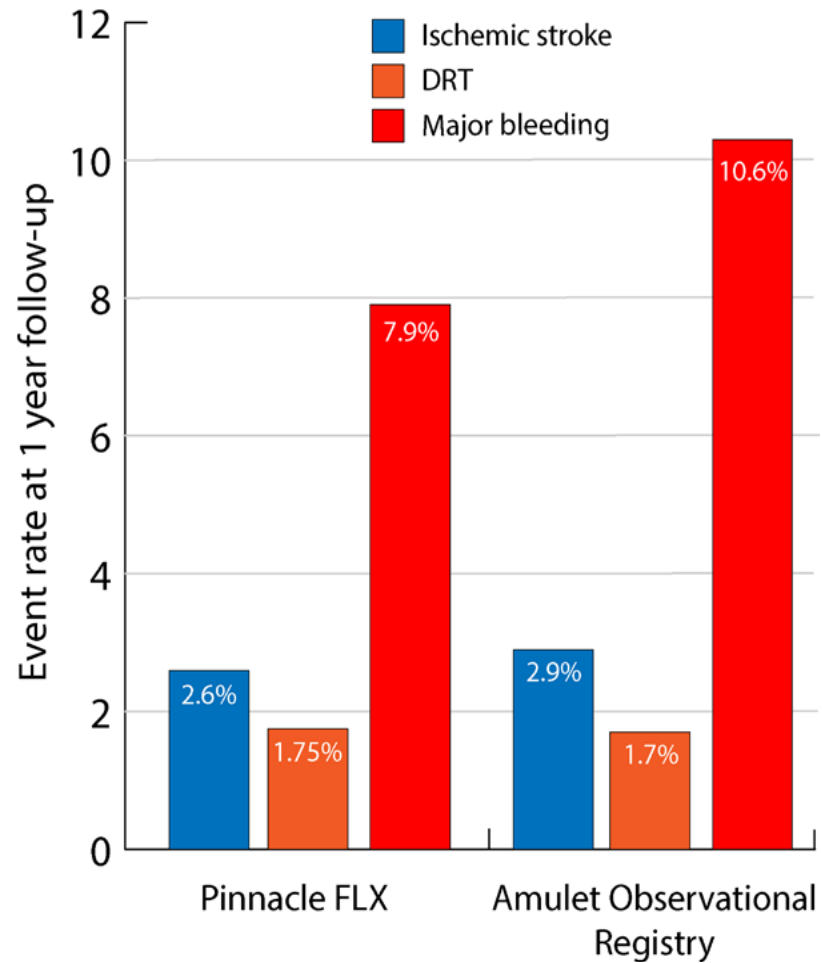
Tek antiplatelet tedavi veya antitrombotik tedavisiz

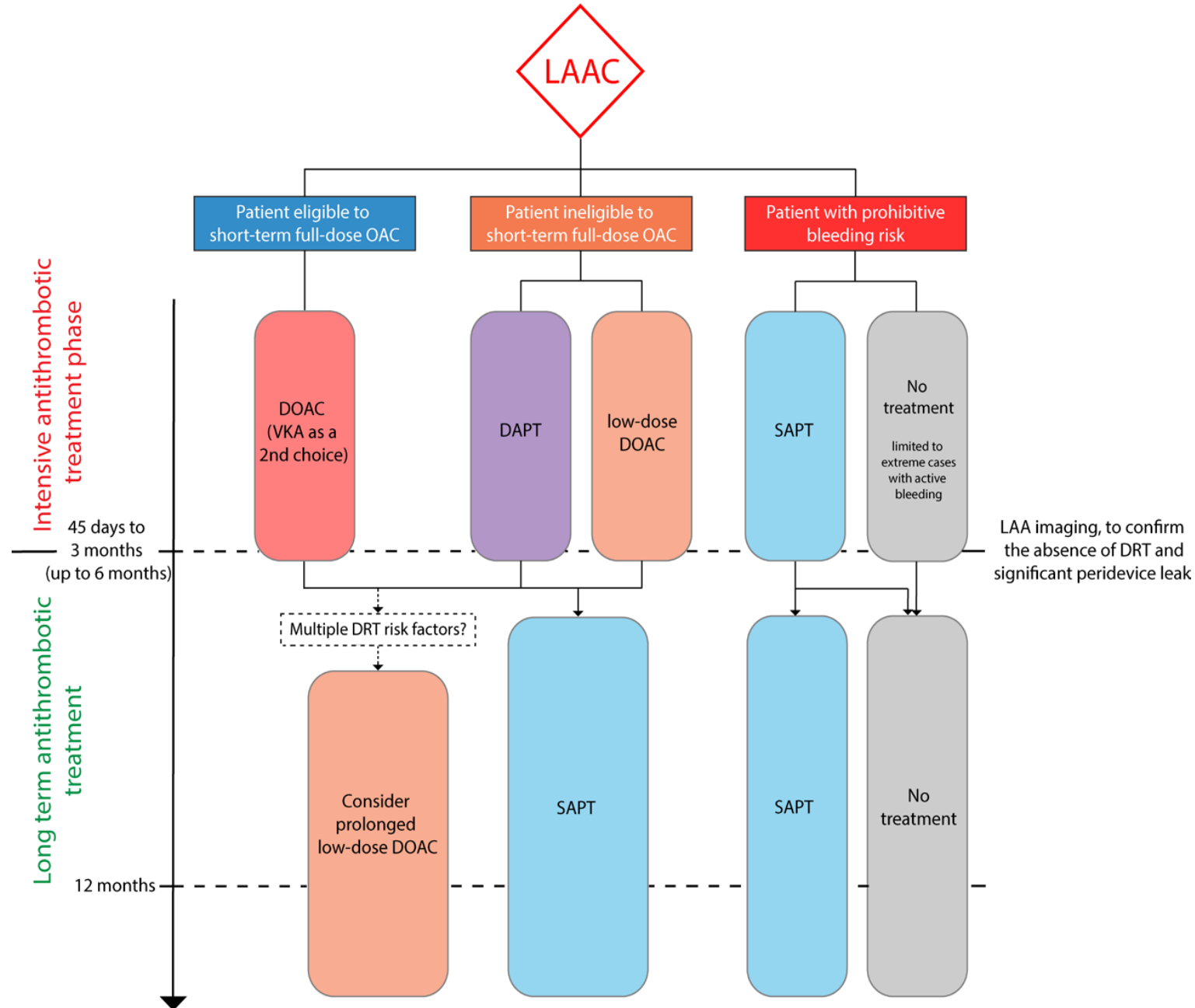
- Laa kapama sonrası majör kanama oranı %5-10
- Hastaların yaklaşık yine %5-10'u tekli antiplatelet tedavi veya hiç antitrombotik tedavi verilmeden takip ediliyor
- **RELEXAO** registry (Registry on Real-Life Experience With Left Atrial Appendage Occlusion)
 - Cihaza bağılı trombüs %15.4 vs %4.5 p=0.02

Uzun dönem Antitrombotik Tedavi

- Çok fazla bilgi yok
- Daha önceki cihaz tecrübelerinden tekli antiplatelet tedavi ile gidiliyor
- Kanama riski yüksek hastalarda 6 ay sonra hiç tedavi verilmeyebilir
- **ASPIRIN-LAAO** trial (Aspirin Discontinuation After Left Atrial Appendage Occlusion in Atrial Fibrillation) LAA kapatılmasından 6 ay sonra aspirin kesilmesinin etkinliğini ve güvenirliliğini araştırıyor

Gelecek görüşler ve Kanama Riski





Teşekkürler