

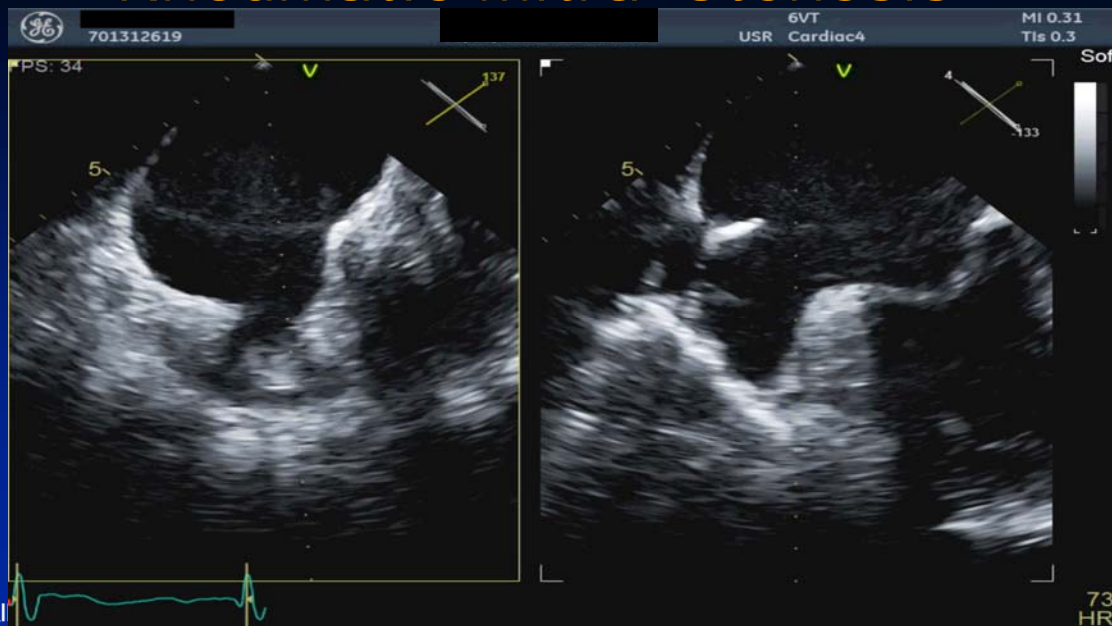
# EVALUATION OF the LEFT ATRIAL APPENDAGE

## Thrombus and Spontaneous Contrast

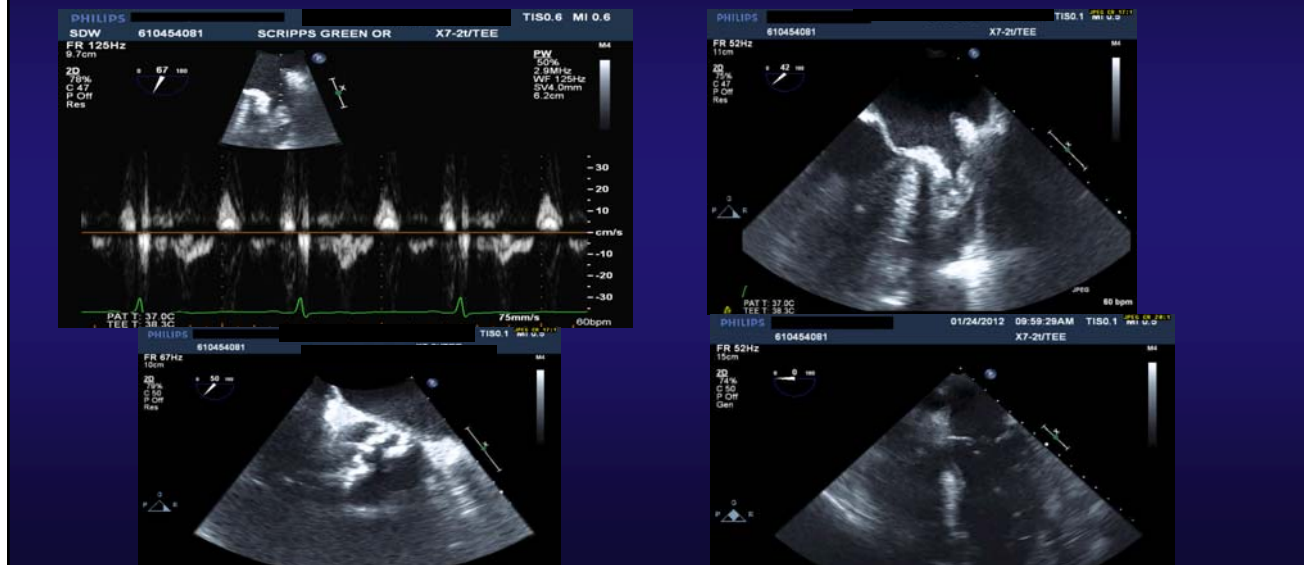


No disclosures related to this presentation  
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Scripps Clinic Medical Group

# Rheumatic Mitral Stenosis



## INCIDENTAL FINDING Intra op TEE pre AVR/CABG



86 y/o female presenting for a pre Watchman evaluation has permanent AF, hx GI bleeding and is very frail with falling episodes. What would be the best descriptor for the finding shown ?



1. "Faint" LAA sludge
2. "Dense" LAA sludge and thrombus
3. Severe LAA spontaneous echo contrast
4. Left atrial myxoma
5. Mitral valve obstruction with slow forward flow

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## Why is discussion of the LAA important?

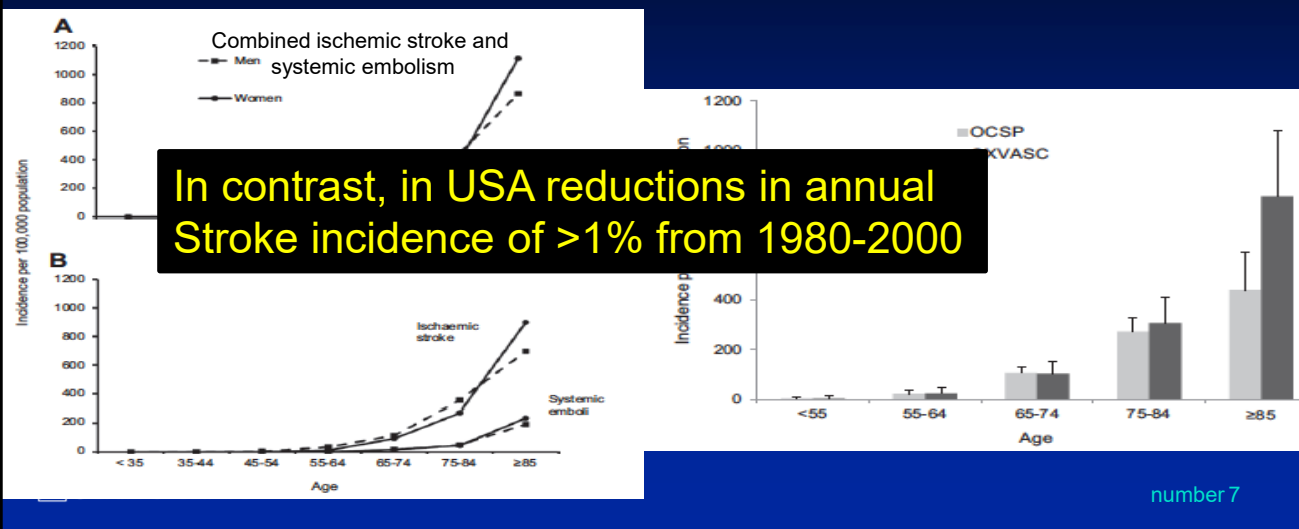
- AF occurs in 0.4-1% of the USA population
  - >8% in those >80 years of age
  - Prevalence projected to double by 2035
- Thrombi form in the LA in the presence of AF
  - Reduced contractility and stasis
- Frequent need to assess risk
  - Stroke – frequent association with AF (unrecognized)
  - Pre Cardioversion
  - During interventional transcath procedures

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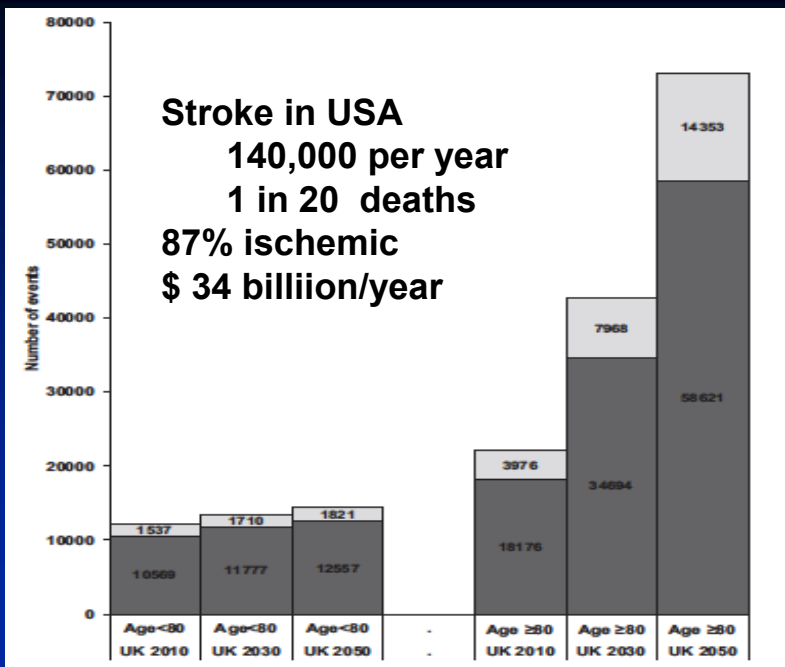
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# Age-Specific Incidence, Outcome, Cost, and Projected Future Burden of Atrial Fibrillation-Related Embolic Vascular Events

A Population-Based Study Circ 2014;130:1236

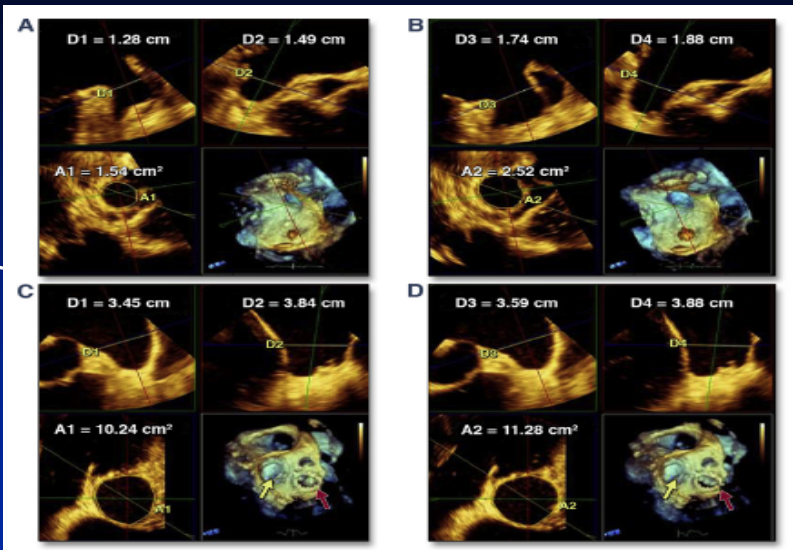


## PROJECTION TO YEAR 2050



## Effects of AF on Function predispose to Thrombus

- Decrease in contractility
- Dilation of the LAA
- Decrease in doppler velocities
- Minimal change in systole and diastole

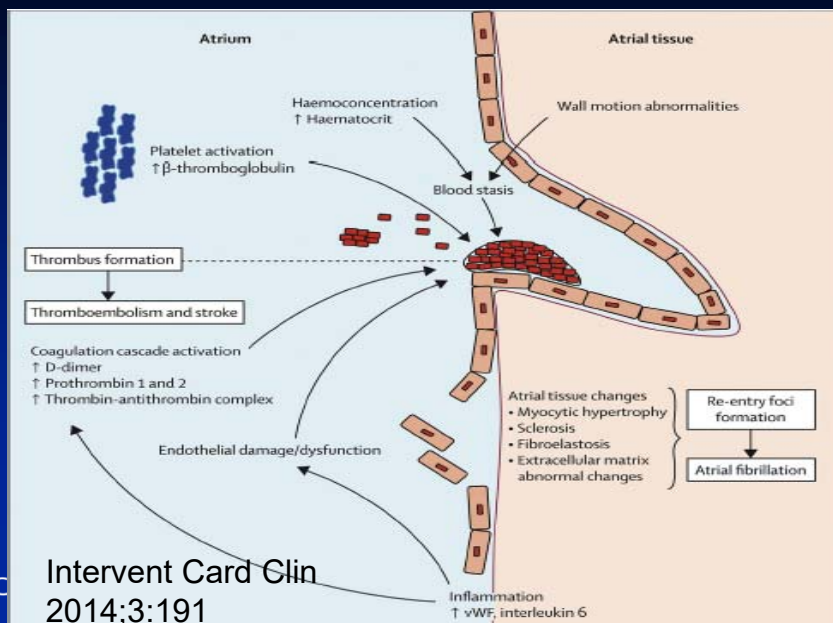


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JACC IMAG 2014;7:1251

number 9

## Factors involved in LAA thrombus formation

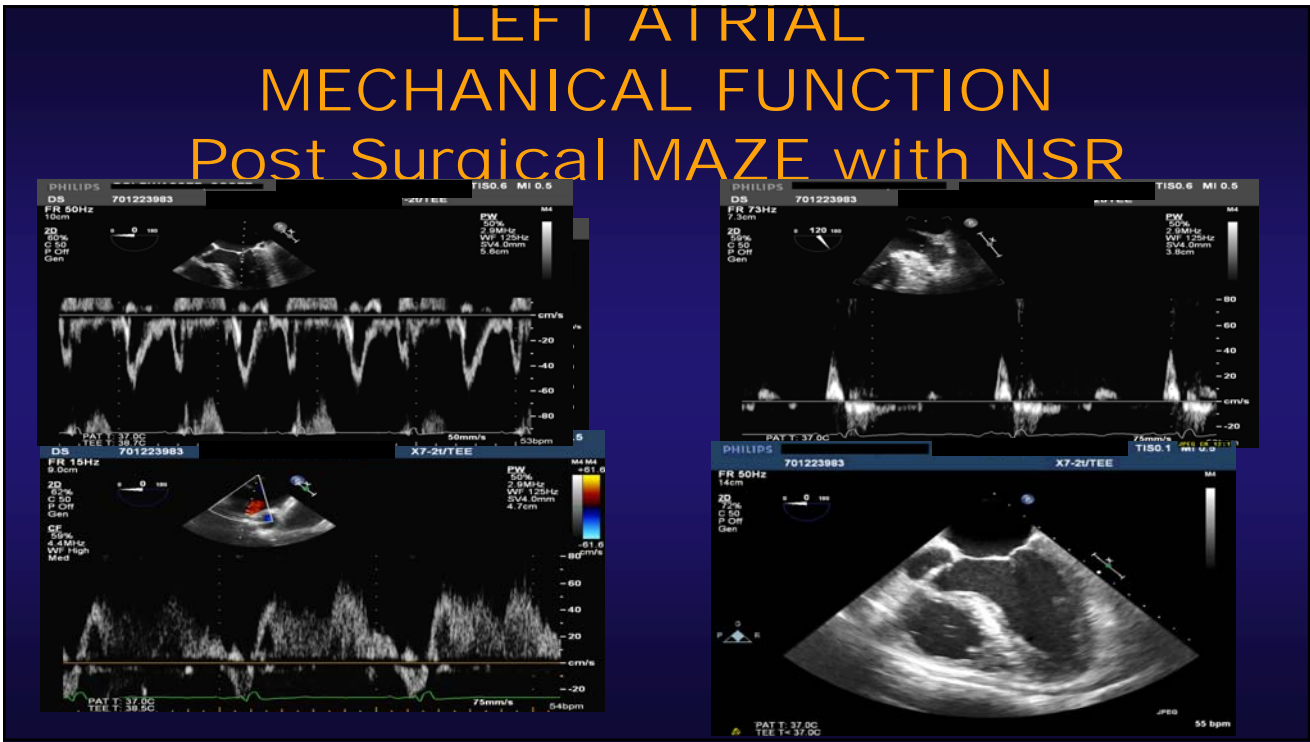


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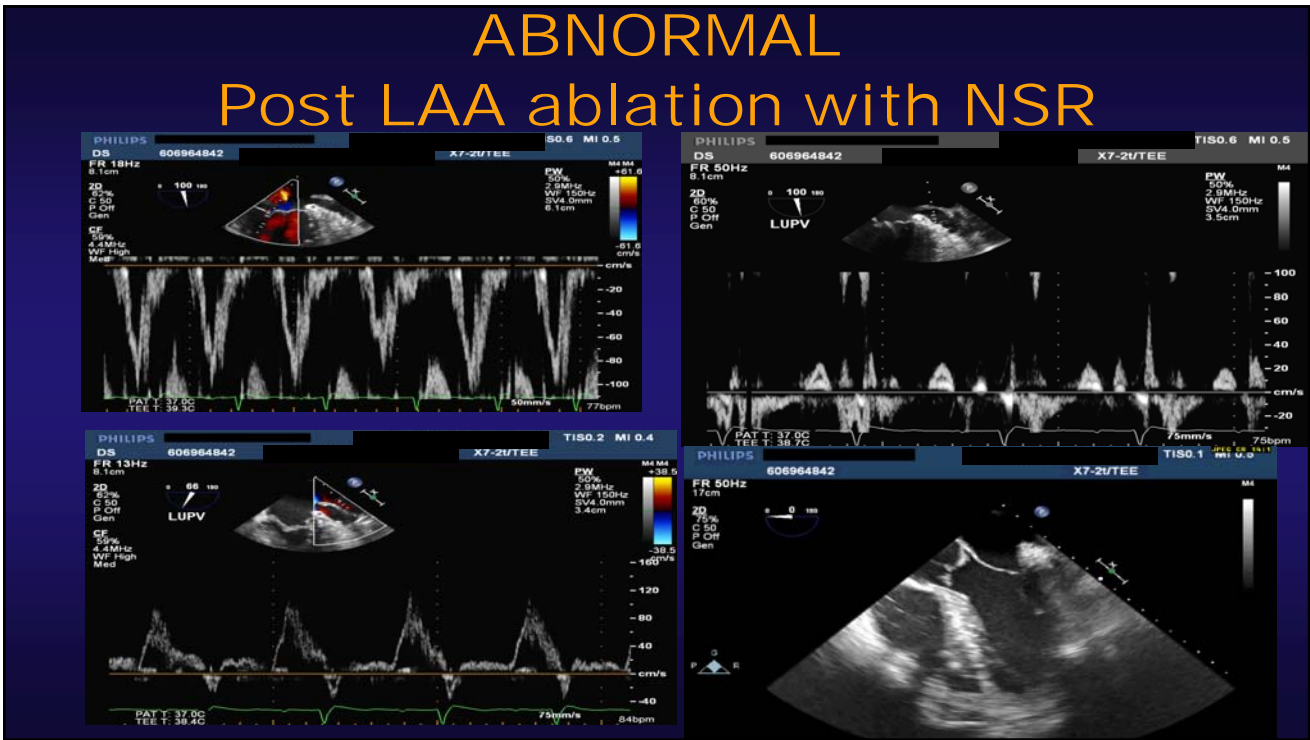
Intervent Card Glin  
2014;3:191

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# LEFT ATRIAL MECHANICAL FUNCTION Post Surgical MAZE with NSR

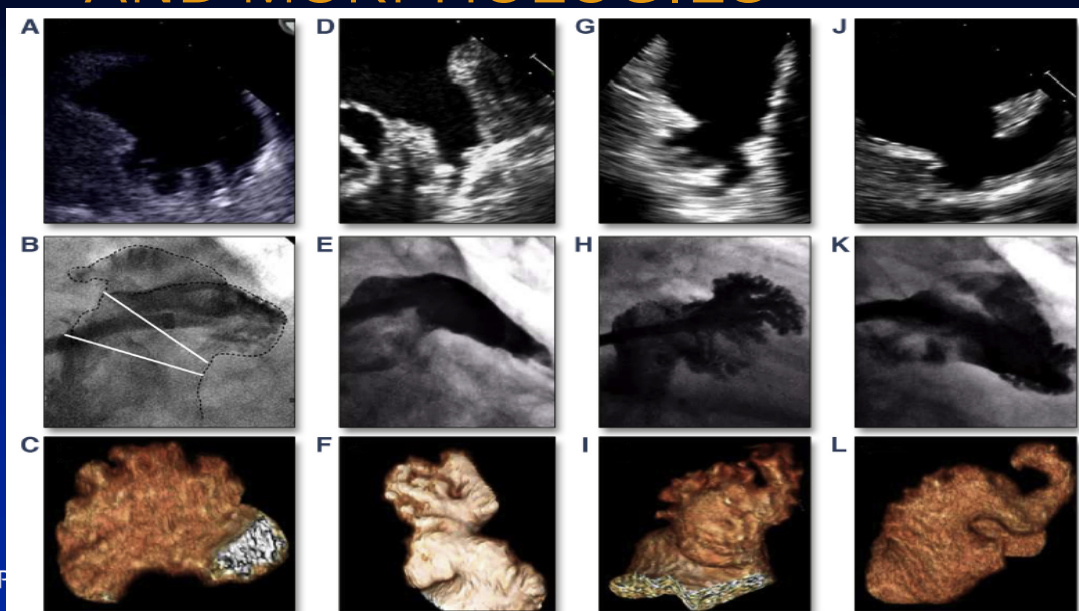


# ABNORMAL Post LAA ablation with NSR



# LAA ANATOMIC VARIANTS AND MORPHOLOGIES

JACC IMAG 2014  
7:1251



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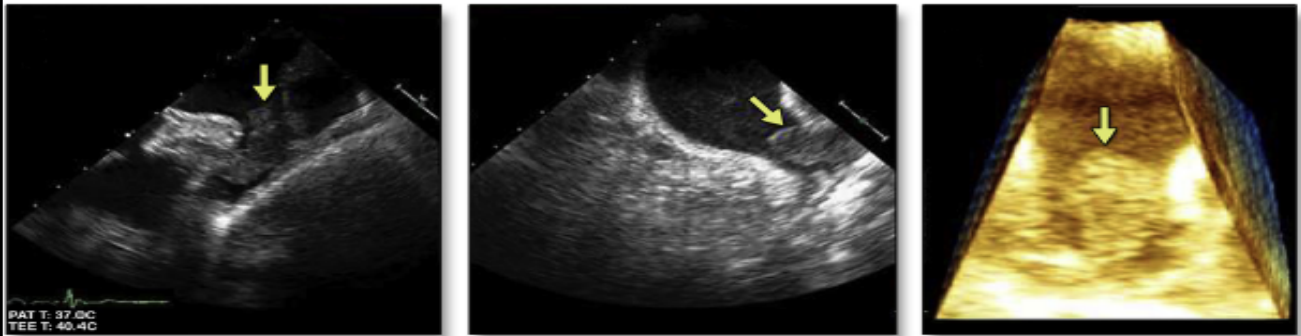
## Thrombus

- A powerful predictor of risk
- Stands as the only absolute contraindication to CDV
- Mandates anticoagulation therapy until resolution
- Data from multiple sources confirm the efficacy of risk reduction with warfarin and NOAC

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# THROMBUS

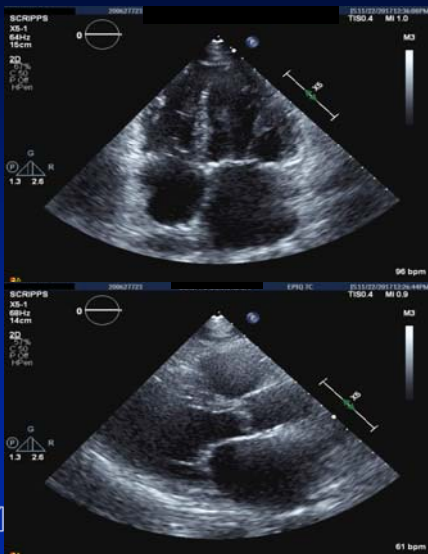


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80 y/o healthy female  
 New AF with flu-like illness.  
 Hx HTN HLD

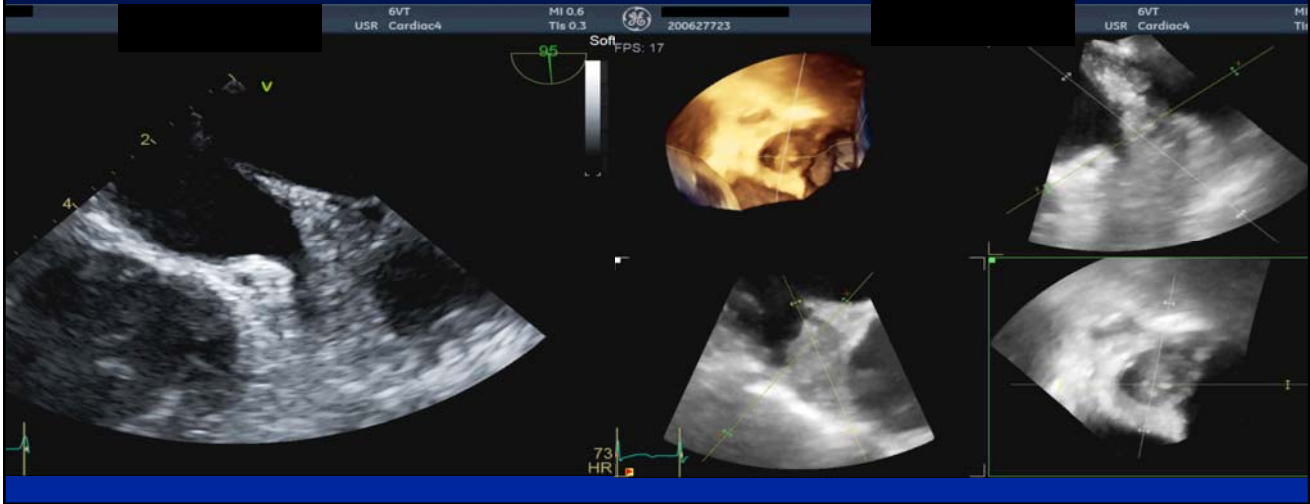


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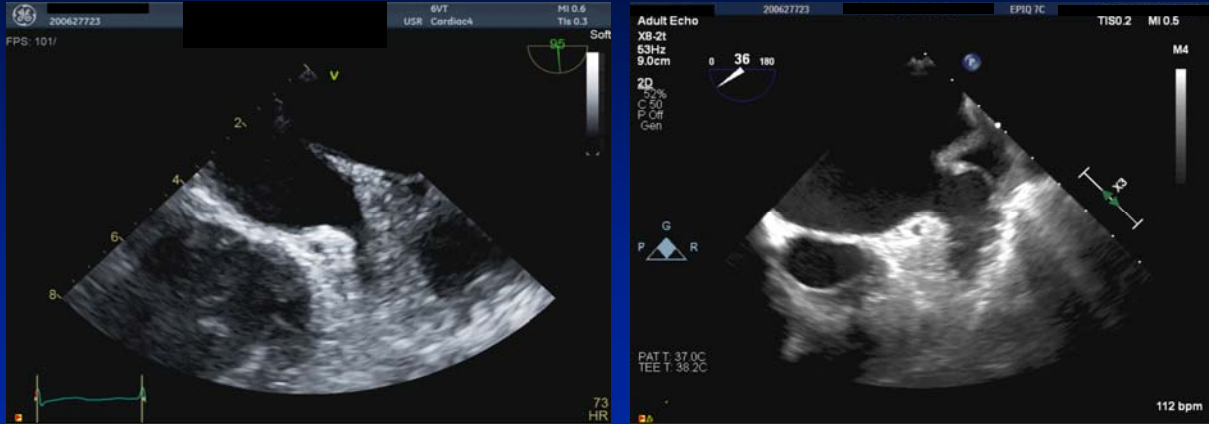
### TEE pre CDV

### Confirmation with MPR



### Pre CVD TEE

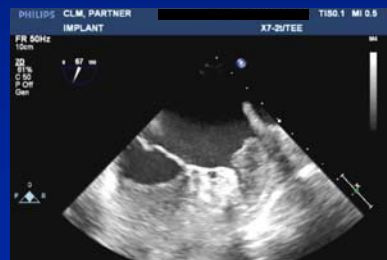
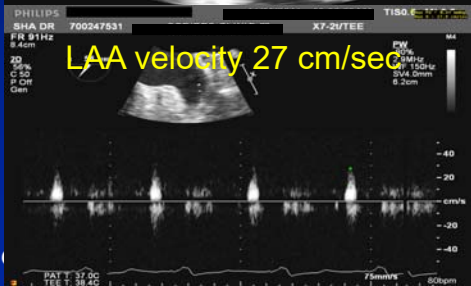
### 1 Month oral anticoagulant



# POST MVR with chronic AF Inadequate anticoagulation



# 93 y/o male referred for TAVR Low Flow Low Gradient AS with LVEF 40%



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## Pre TAVR Outpatient TEE 3 month F/U post OAC



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number 21

## IMAGING TO DETECT LAA THROMBI

- ECHOCARDIOGRAPHY (TEE)
  - Sensitivity 92% Specificity 98%
  - Compared with intraop observation (Ann Int Med 1995)
- ECHO TECHNIQUES
  - 2D AND 3D Imaging in mutiple views
  - Multiplanar reconstruction
  - Ultrasound contrast
  - Spectral doppler velocities
  - Tissue dopper and strain

SCRIPPS CLINIC Intracardiac echo - ? less sensitive

number 22

# LAA INTERIOR FINDINGS

## Sources of Confusion

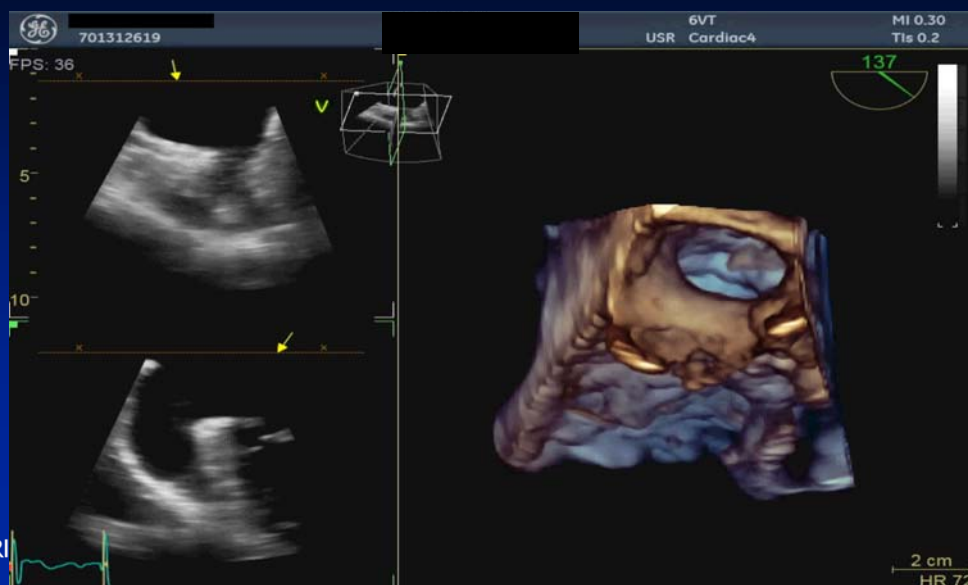


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number 23

# Application of 3D TEE



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number 24

## Use of Contrast and Color Doppler with Low Aliasing



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number 25

## Use of echo contrast to confirm thrombus



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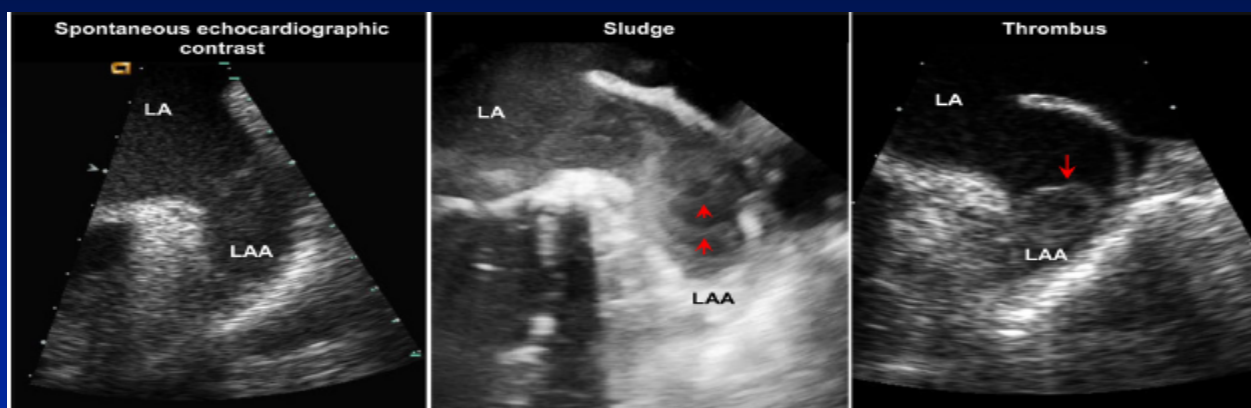
number 26

## CLOUDINESS IN THE LA AND LAA DIFFERENTIATION

- **SPONTANEOUS ECHO CONTRAST**
  - Swirling echo density with the LA or LAA imaged with gain set to diminish background
  - Dense: continuously seen
  - Faint: intermittent
- **“SLUDGE”**
  - Viscous, gelatinous morphology without consistent form
- **THROMBUS**
  - Organized echo density with defined border, often oscillating

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number 27

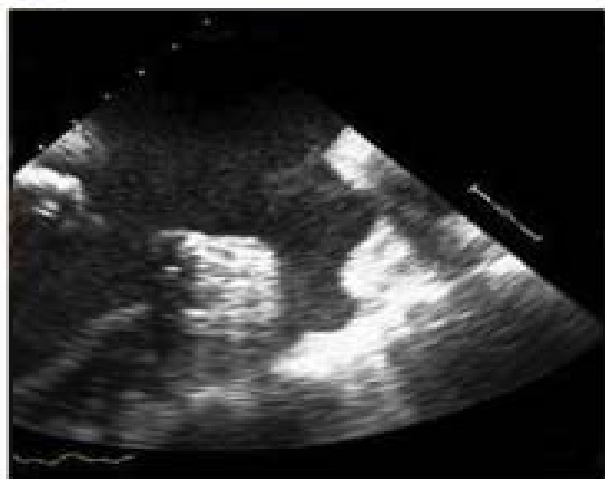


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JASE 2014;27:1176

number 28

## SEC and SLUDGE



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JACC IMAG 2014;7:1251

number 29

## Elderly male with reduced LVEF, AS and chronic AF post PPM

PHILIPS TISO.2

47531 X7-2UTEE 700247531 X7-2UTEE

FR 19Hz 8.4cm 3D Beats 1

3D 47% 110 180 3D 40dB

PAT T: 37.0C TEE T: 39.4C

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JPEG

number 30

## Clinical Significance of SEC

- Found in 12-67% of AF patients
- Associated with clinical predictors of stroke
  - Older age, previous thromboembolism, HTN, constant AF
  - Larger LA and LAA size and volumes
  - Lower LA emptying velocities (<20 cm/sec)
  - Presence of LAA thrombus
- Dense SEC without anticoagulation

 SCRIPPS CLINIC 3X greater rate of stroke

number 31

## SEC: Studies on Anticoagulated Patients

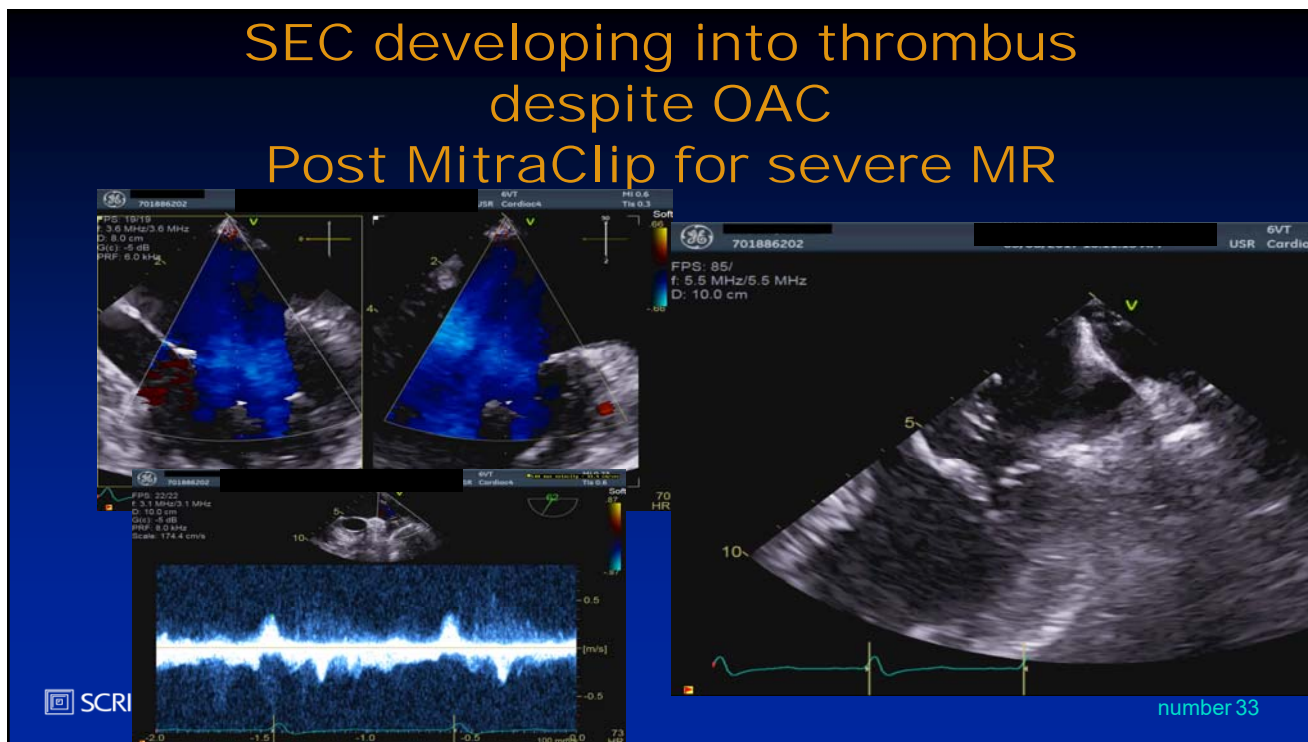
- SPAF (Ann Int Med 1998)
  - TEE evaluation 382 hi risk AF patients
  - 63% SEC (20% dense)
  - Median INR 2.3
  - Stroke rate: Faint SEC 2.8%, Dense SEC 4.5%
- Bonn Study (JACC 2005)
  - Serial TEE, neurology and MRI exams
  - 128 permanent AF patients : dense SEC
  - On warfarin with mean INR 2.3 (31% suboptimal )
  - Thromboembolic events 23%
    - 3pts (2%) cerebral embolism with neuro deficits
    - 8pts (6%) died due to embolic events
    - 19pts (15%) silent embolism on MRI

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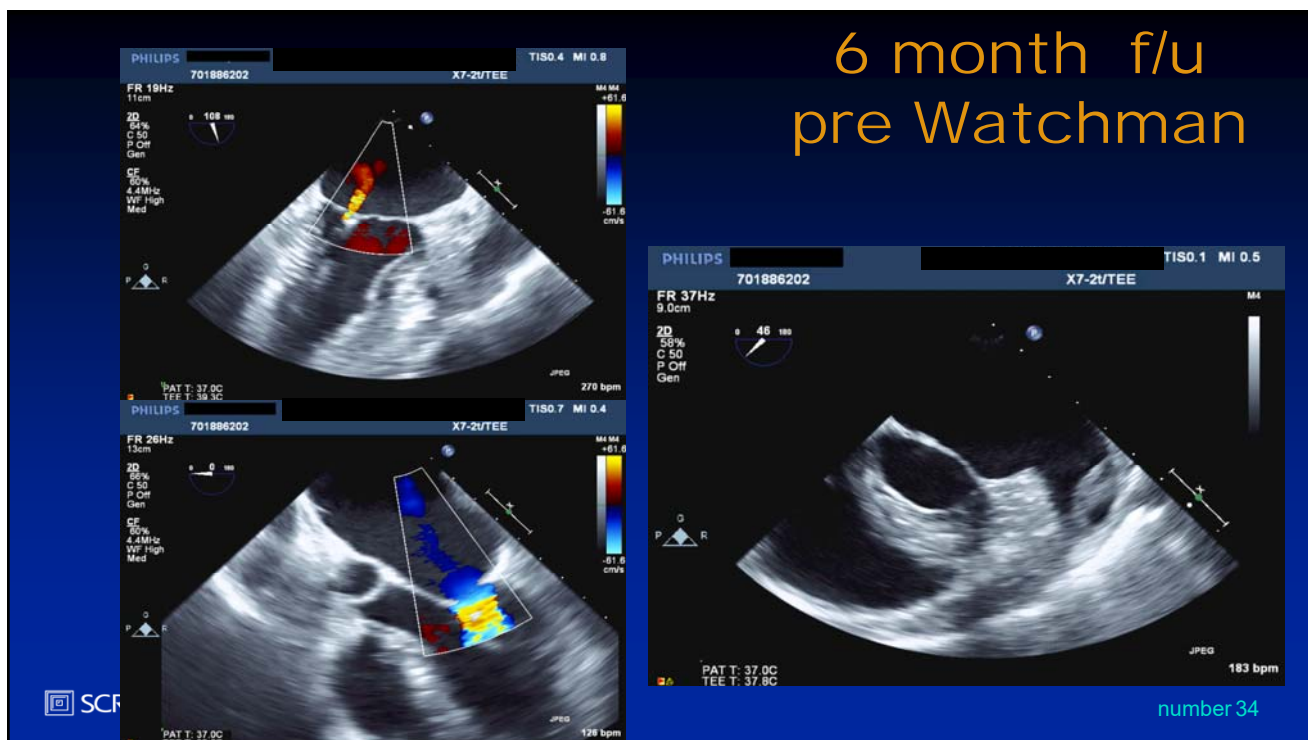
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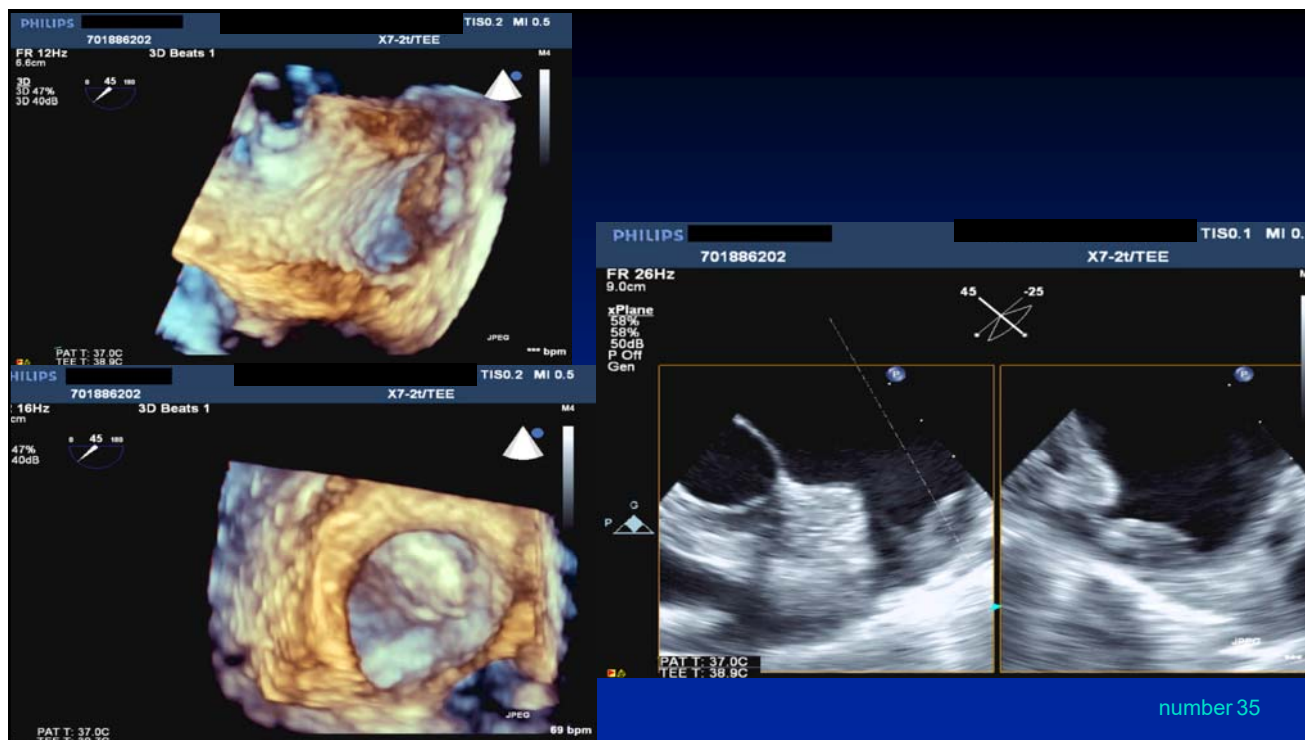


# SEC developing into thrombus despite OAC Post MitraClip for severe MR



# 6 month f/u pre Watchman



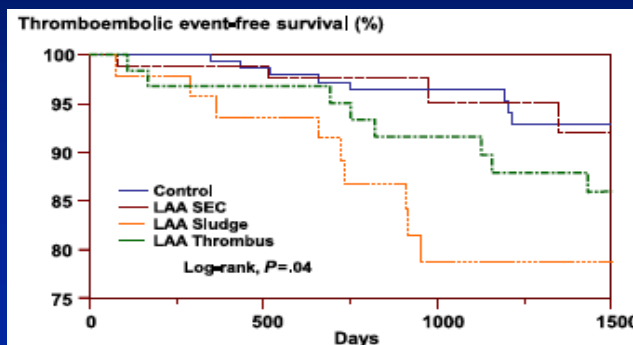
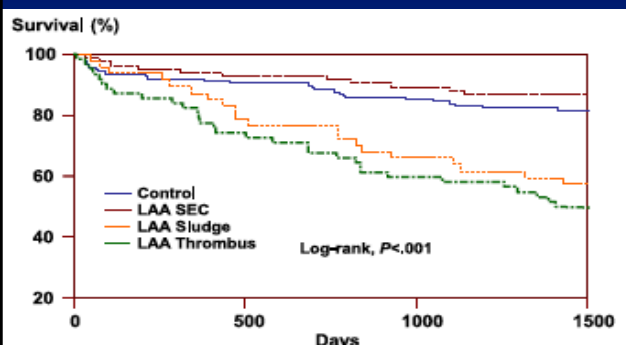


## Prognostic Significance of Left Atrial Appendage “Sludge” in Patients with Atrial Fibrillation: A New Transesophageal Echocardiographic Thromboembolic Risk Factor

- 340 AF pts pre CVD or PV isolation
- Evaluation with TTE and TEE
  - SEC 84pts (25%)
  - “sludge” 47 pts (14%)
  - Thrombus 62pts (18%)
  - Controls 147pts (43%)
- Outcome measures (F/U  $6.7 \pm 3.7$  yrs)
  - Thromboembolic events (CVA, TIA, other emboli)
  - All-cause mortality

## Rates of Thromboembolism and All-Cause Mortality

Outcome	Control	SEC	Sludge	thrombus
Death	40/147(27%)	15/84(18%)	27/47(57%)	39/65(63%)
Thromboembolic Event	10/137(7%)	9/78(12%)	11/44(25%)	11/55(20%)



JASE 2014;27:1176

## Elderly male chronic AF with AS post TAVR

At time of TAVR implant

1 month post TAVR



86 y/o female pre Watchman implant  
Chr AF, Hx GI bleedng, frail with  
falling episodes



Other imaging modalities may  
be helpful....

**TABLE 4 Comparison of the Different Imaging Modalities for Assessment of the LAA**

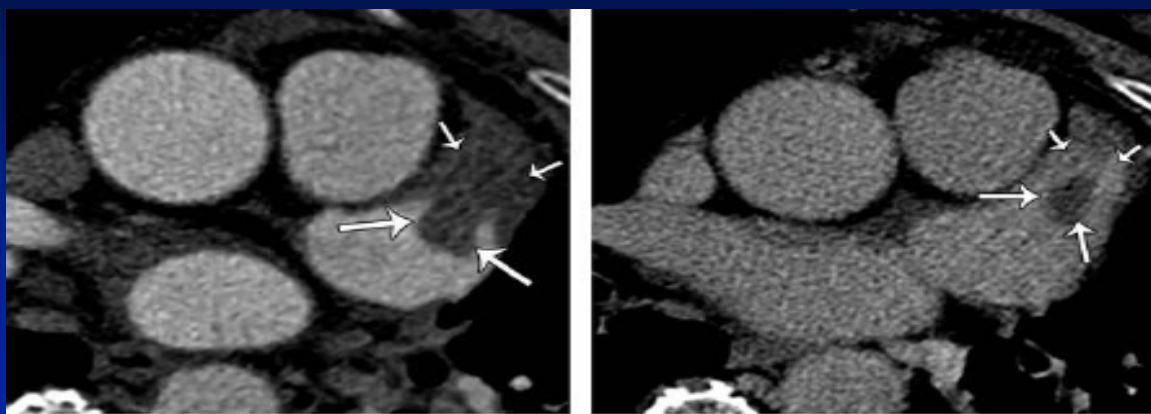
	<b>TEE</b>	<b>MDCT</b>	<b>CMR</b>
Sensitivity/specificity for LAA thrombi detection	92%–100%/98%–99%	96%/92%	67%/44%
Spatial resolution	0.2–0.5 mm	0.4 mm	1–2 mm
Temporal resolution	20–33 ms	70–105 ms	30–50 ms
3D volume rendering	Yes (with 3D)	Yes	Yes
Contrast required	No*	Yes	No*
Ionizing radiation	No	Yes	No
Special considerations	Widely available, provides real-time assessment Semi-invasive	Noninvasive, dynamic assessment of LA function Cannot be performed real-time during procedures Limited availability	Noninvasive, cannot be performed real-time during procedures Limited availability Cannot be performed in patients with pacemakers

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JACC IMAG 2014;7:1251

number 41

## CT



SCRIPPS CLINIC

Radiology 2009;251:683

number 42

**TABLE 1 LA and LAA Imaging-Based Variables to Predict Stroke**

Conventional echocardiography	LA dilation (M-mode) Spontaneous echo contrast LAA thrombus LAA peak velocity <20 cm/s (pulsed-wave Doppler) LAA non-chicken wing shape
Speckle tracking echocardiography	LA longitudinal strain (reservoir function)
Cardiac magnetic resonance	LA volume LA longitudinal strain (reservoir function, tissue tracking CMR) LA fibrosis (LGE-CMR) LA flow (4D-CMR) LAA non-chicken wing shape
Multidetector row computed tomography	LAA non-chicken wing shape



4D = 4-dimensional; CMR = cardiac magnetic resonance; LA = left atrium; LAA = left atrial appendage; LGE = late gadolinium enhancement.

JACC 2017  
70:3157

number 43

## Forbes / Technology will replace 80-percent of what doctors do

BY VINOD KHOSLA

*This post was also published by Fortune.*

*Data-driven healthcare won't replace physicians entirely, but it will help those receptive to technology perform their jobs better.*

2012

## A Computer-Aided Diagnostic Algorithm Improves the Accuracy of Transesophageal Echocardiography for Left Atrial Thrombi

A Single-Center Prospective Study

J Ultrasound Med 2014;33:83

REVIEW TOPIC OF THE WEEK

## Structure and Function of the Left Atrium and Left Atrial Appendage



AF and Stroke Implications

JACC 2017

- Current risk stratification in AF is based on clinical scores
  - Do not include LA remodeling and function
- Multimodality imaging provides a comprehensive evaluation that includes parameters of risk before thrombus formation
- OAC effective, but not perfect, in reducing stroke risk in those with high clinical risk scores
- In patients at lower risk, use of other parameters should be considered (eg strain )