CLINICAL SNAPSHOT

Figure:

- A) Atrial appendage occlusion system 33 mm;
- B) Atrial appendage occlusion system 21 mm;
- C) Transesophageal echocardiography probe;
- D) ECG electrode;
- E) Placement system

Occlusion of the Atrial Appendage Using the Kissing Technique in a Patient with Complex Atrial Appendage Anatomy

A 78-year-old man with paroxysmal atrial fibrillation was planned for implantation of an atrial appendage occlusion system after experiencing repeated episodes of bleeding in the lower gastrointestinal tract during oral anticoagulation treatment. Transesophageal echocardiography showed a broad base of the left atrial appendage, 36 mm, while the biggest available device was 33 mm in diameter. We therefore implanted two atrial appendage occlusion systems by means of the Kissing technique, in which two devices are placed next to one other, forming a common surface (*Figure A–E*). The cranial lobe of the left atrial appendage was first occluded with a 33-mm device (*Figure A*), then a second atrial appendage occlusion system with a diameter of 21 mm was placed in the caudal lobe (*Figure B*). The implantation of the two self-expanding devices with barbs for fixation in the nitinol frame was free of complications with no residual leakage, and the patient was discharged the next day on dual thrombocyte aggregation inhibition.

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