

Quel traitement médical après fermeture de l'auricule gauche ?

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DÉCLARATION DE LIENS D'INTÉRÊT AVEC LA PRÉSENTATION

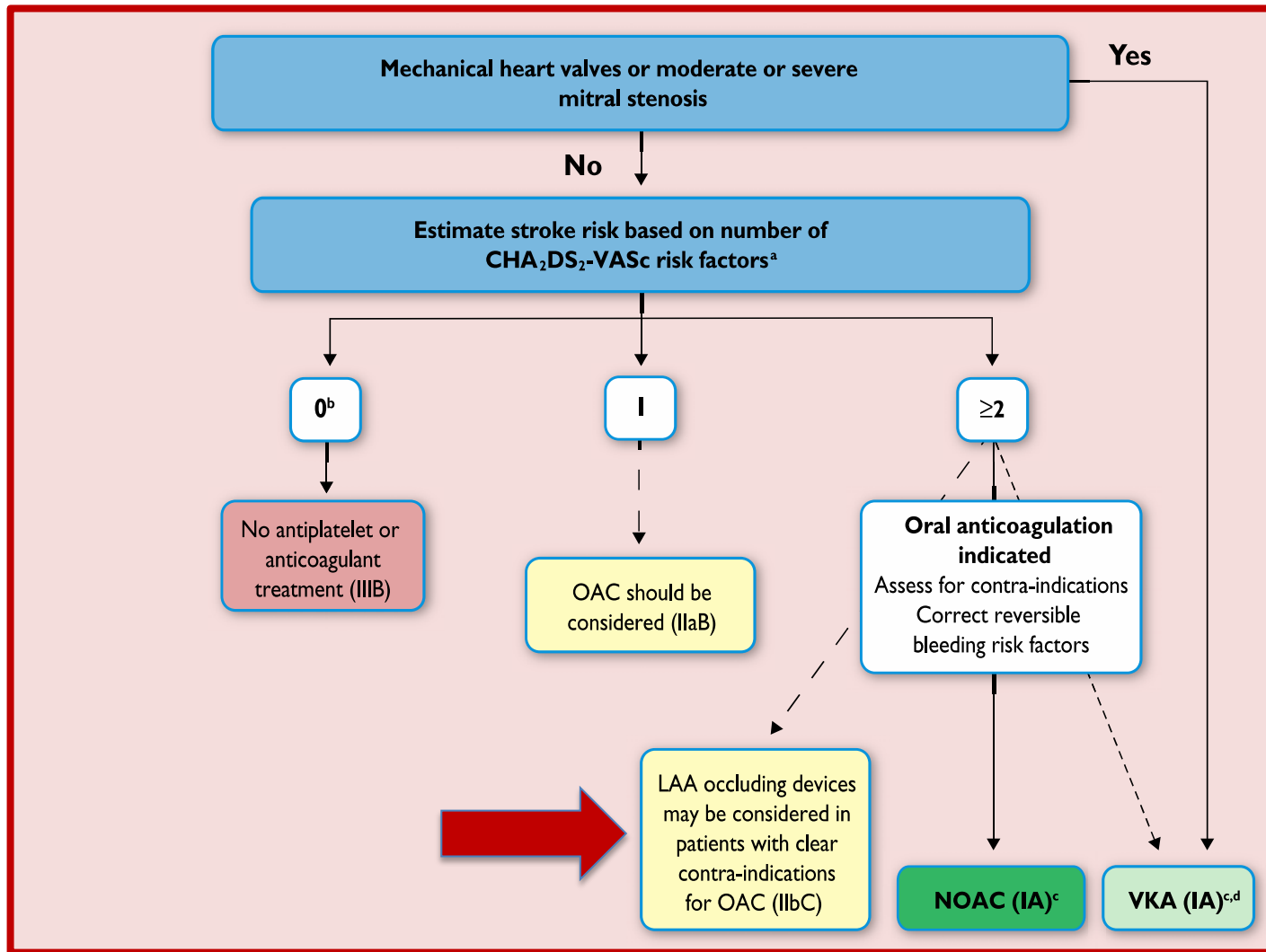
Intervenant : Laurent DROGOUL, Saint-Laurent-du-Var

Lien d'intérêts :

- Proctoring CTO : Abbott , Biosensor , Boston.
- Proctoring TAVI : Medtronic , Boston.
- Consulting/Speaker : Abbott, Asahi , Bayer, Edwards , Medtronic , Boston , Biosensor , Astra-Zeneca , Daiichi-Sankyo , Sanofi-Adventis , Boehringer Ingelheim

2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS

The Task Force for the management of atrial fibrillation of the European Society of Cardiology (ESC)



Etude Protect AF

Traitement après fermeture de l'auricule gauche

Etude Protect AF
Chez des patients sans CI à l'anticoagulation orale

Pendant 45 j : traitement anticoagulant oral + Aspirine

✓ **Puis pendant 6 mois : Aspirine + Plavix**

✓ **Puis aspirine seul à vie**

Recommandations HAS

Indication HAS : Patients en FA non valvulaire à haut risque thromboembolique (score $CHA_2DS_2-VASc \geq 4$) avec une contre-indication formelle et permanente aux anticoagulants (validée par un comité pluridisciplinaire)



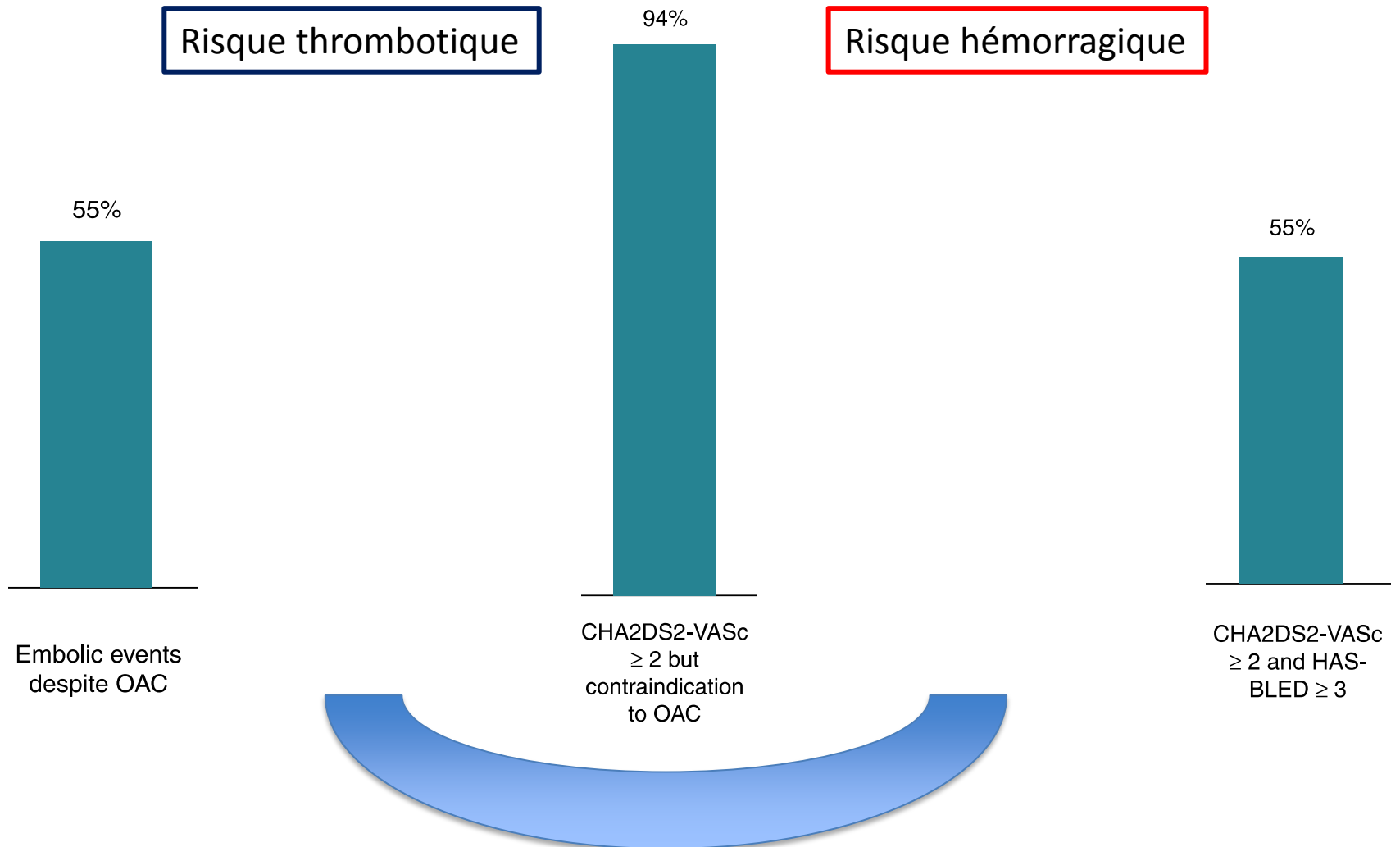
Chez des patients avec CI à l'anticoagulation orale



- ✓ Pendant 1 à 6 mois : Aspirine + Plavix
- ✓ Puis aspirine seul à vie
- ✓ Possibilité de monothérapie

Faible niveau de preuve : à valider en Heart Team au cas par cas

Contexte du patient indiquée pour une fermeture percutanée de l'auricule :



Anticoagulation après fermeture de l'auricule dans 33 centres européens .

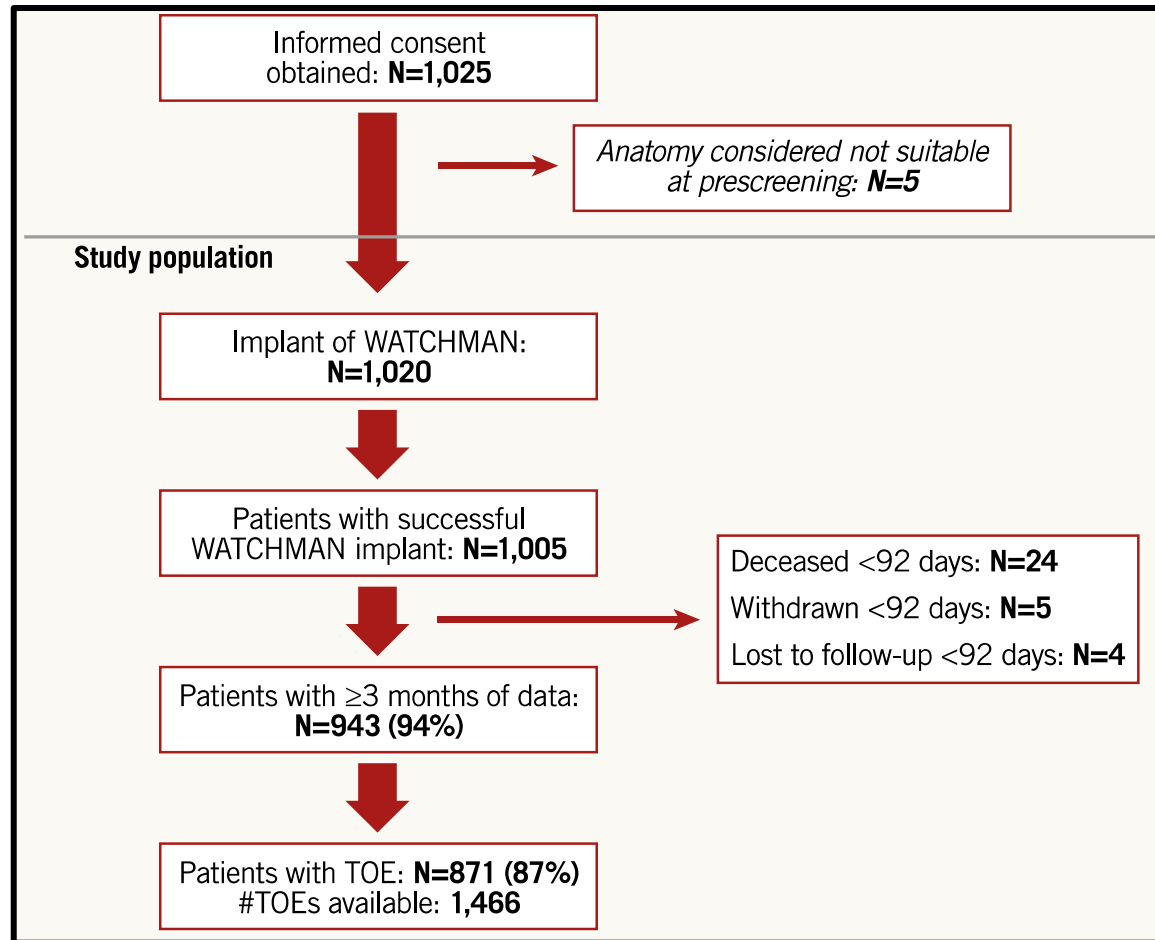
9 (37%) des centres : AVK
9 (37%) pas d'anticoagulation orale
3 (12%) héparine au long court
3 (12%) NOACs.

75% des centres stoppent l'aspirine en l'absence d'indication formelle (coronarien)

Risque saignements digestifs++.

25% continuent l'aspirine.

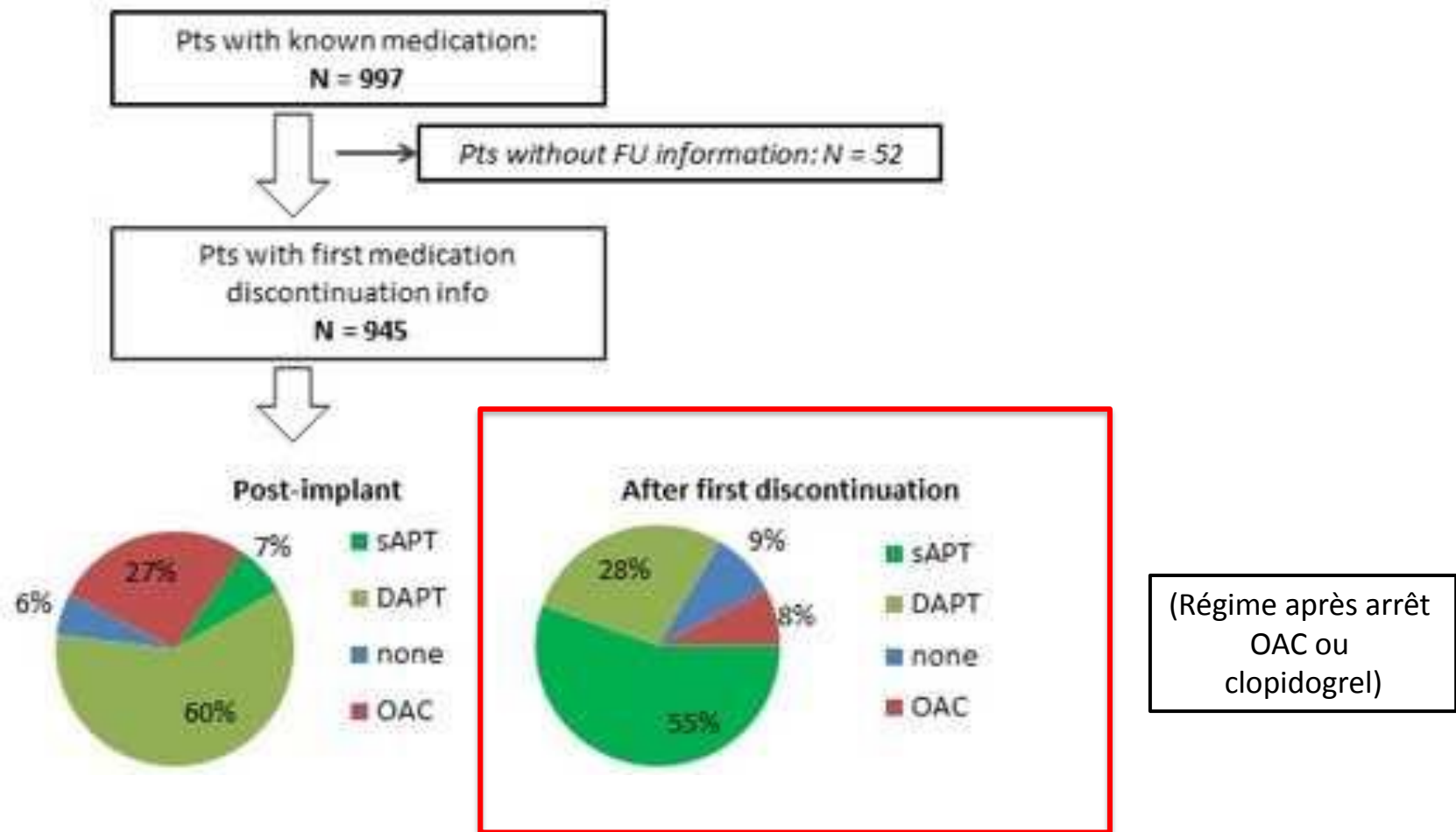
Safety and efficacy of early anticoagulation drug regimens after WATCHMAN left atrial appendage closure: three-month data from the EWOLUTION prospective, multicentre, monitored international WATCHMAN LAA closure registry



Safety and efficacy of early anticoagulation drug regimens after WATCHMAN left atrial appendage closure: three-month data from the EWOLUTION prospective, multicentre, monitored international WATCHMAN LAA closure registry

Anticoagulation status post implant		%
Nothing (N=65)		6.4
Single APT (N=69)		6.9
Dual APT (N=605)		60.2
NOAC (total N=109, full dose N=64)	Dabigatran (N=47, full dose N=32)	10.8
	Rivaroxaban (N=39, full dose N=24)	
	Apixaban (N=23, full dose N=8)	
VKA (N=156)		15.5
APT: antiplatelet therapy; NOAC: non-vitamin K oral anticoagulants; VKA: vitamin K antagonists		

Safety and efficacy of early anticoagulation drug regimens after WATCHMAN left atrial appendage closure: three-month data from the EWOLUTION prospective, multicentre, monitored international WATCHMAN LAA closure registry



Thrombus sur la prothèse en fonction du traitement

Anticoagulation medications	All patients	NOAC	VKA	Dual APT	Single APT	None	p -value
Thrombus on the device (% , no. of patients)	2.6%, 20	1.3%, 1	0.8%, 1	3.1%, 15	3.8%, 2	2.3%, 1	0.8665

Pas de différences significatives y compris sous AAP...

Saignements en fonction du traitement

Anticoagulation medications	All patients	NOAC	VKA	Dual APT	Single APT	None	<i>p</i> -value
Major bleeding SAE excluding procedural (% , no. of patients)	1.8%, 17	1.9%, 2	2.0%, 3	1.6%, 9	2.9%, 2	1.6%, 1	0.9508

Pas de différences significatives....
Sur un traitement au final empirique...

AVK ou NOAC ?

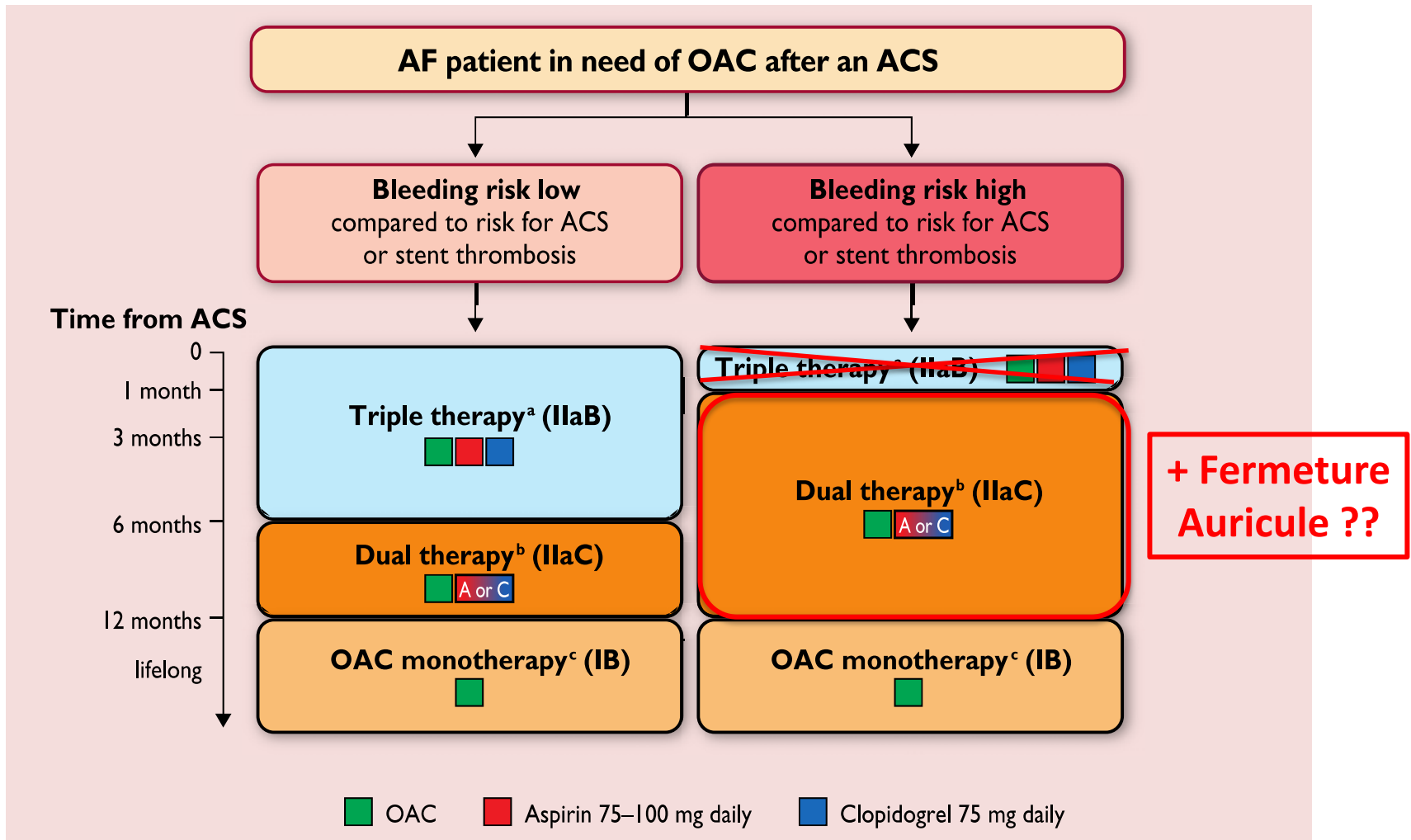
Use of NOACs (non-warfarin oral anticoagulants) instead of warfarin during left atrial appendage closure with the watchman device

Heart Rhythm .

	NOACs N = 214	Warfarin N = 212	P
Overall Complications			
Peri-Procedure	6 (2.8%)	5 (2.4%)	1.0
Post-Procedure	2 (0.9%)	5 (2.4%)	0.3
Bleeding Complications			
Peri-Procedure	4 (1.9%)	4 (1.9%)	1.0
Major	2 (0.9%)	3 (1.4%)	0.7
Post-Procedure	1 (0.5%)	2 (0.9%)	0.6
Major	1 (0.5%)	1 (0.5%)	1.0
Stroke, TIA or Systemic Embolism			
Peri-Procedure	0 (0%)	0 (0%)	1.0
Post-Procedure	1 (0.5%) †	1 (0.5%) ‡	1.0
Other Complications			
Peri-Procedure	2 (0.9%)	1 (0.5%)	1.0
Post-Procedure	0 (0%)	2 (0.9%)	0.3
LAA Thrombosis	2 (0.9%) §	1 (0.5%)	1.0
LAA Thrombosis or Embolic Event (including Stroke, TIA or Systemic Embolism)	3 (1.4%)	2 (0.9%)	1.0

Fermeture de l'auricule chez le coronarien?

Fermeture de l'auricule : cas du coronarien stenté:



Saignements intracérébraux ?

Patient with AF suffering from an intracranial bleed on OAC
If acute event: establish intensity of anticoagulation (see bleeding flow chart)

Contra-indication for OAC

Consider further information to allow informed judgement

Factors supporting withholding of OAC:

- Bleeding occurred on adequately dosed NOAC or in setting of treatment interruption or underdosing
- Older age
- Uncontrolled hypertension
- Cortical bleed
- Severe intracranial bleed
- Multiple microbleeds (e.g. >10)
- Cause of bleed cannot be removed or treated
- Chronic alcohol abuse
- Need for dual antiplatelet therapy after PCI

Factors supporting reinitiation of OAC:

- Bleeding occurred on VKA or in setting of overdose
- Traumatic or treatable cause
- Younger age
- Well controlled hypertension
- Basal ganglia bleed
- No or mild white matter lesions
- Surgical removal of subdural haematoma
- Subarachnoid bleed: aneurysm clipped or coiled
- High-risk of ischaemic stroke

Patient or next of kin choice informed by multidisciplinary team advice

No stroke protection (no evidence)

LAA occlusion (IIbC)

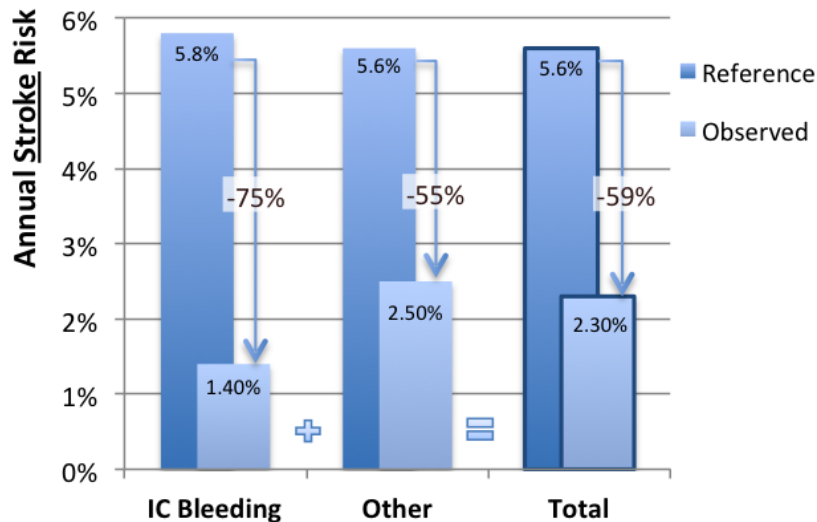
Initiate or resume OAC, choosing an agent with low intracranial bleeding risk, after 4–8 weeks (IIbB)

Patients with intracranial bleeding and atrial fibrillation treated with left atrial appendage occlusion: results from the Amplatzer Cardiac Plug registry

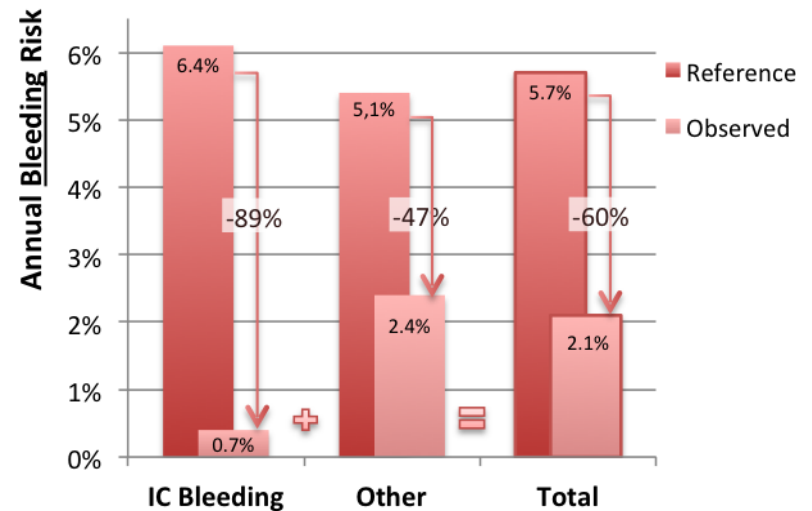
	Baseline			
	Total	ICB	Other	P value
N of patients	1047	198	849	
Antithrombotic medication				
ASA	641 (61.2)	123 (62.1)	518 (61.0)	NS
Clopidogrel	232 (22.2)	33 (16.7)	199 (23.4)	0.046
VKA	255 (24.4)	24 (12.1)	231 (27.2)	<0.001
NOAC	31 (3.0)	4 (2.0)	27 (3.2)	NS
LMWH	168 (16.0)	40 (20.2)	128 (15.1)	NS
No treatment	86 (8.2)	24 (12.1)	62 (7.3)	0.031
Unknown	15 (1.4)	0 (0.0)	15 (1.8)	NS

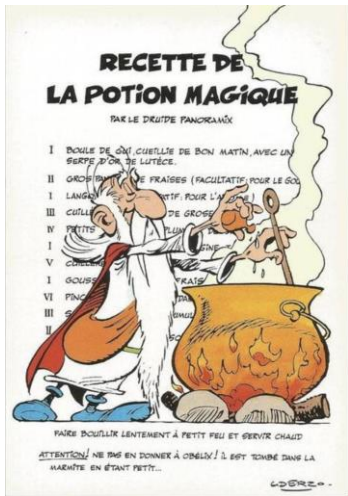
Répercussion clinique

Effectiveness in Annual Stroke Risk Reduction vs Estimated



Effectiveness in Annual Bleeding Risk Reduction vs Estimated





Conclusion

Quel traitement médical après fermeture de l'auricule gauche ?

- ✓ Recommandations : 1 à 6 mois aspirine + clopidogrel si CI formelle anticoagulation orale.
- ✓ Le traitement est instauré sur un consensus clinique.
- ✓ L'absence de traitement par ACO ne semble pas augmenter le taux de thrombus sur prothèse.
- ✓ Utilisation croissante des NOACs.
- ✓ Chez le coronarien stenté : trithérapie aspirine + clopidogrel + fermeture de l'auricule ?
- ✓ Fermeture de l'auricule pour saignements intracrâniens : efficace et place à au moins 1 AAP.