

Sealing the risk: a case of left atrial appendage closure

Recorded clinical case in collaboration with PCROnline, featuring **Allia™ IGS 7** with Valve ASSIST II¹ and **Vivid™ E95** with the **9VT-D** probe.

A 76-year-old woman with permanent atrial fibrillation, a history of breast cancer, and a recent diagnosis of an intestinal stromal tumour presents with a high thromboembolic and bleeding risk, making long-term anticoagulation unsafe.

Cardiac CT reveals a challenging left atrial appendage anatomy.

How would you treat this patient?



Scan to
view the
case



Authors

Sergio Berti, Interventional cardiologist.
CNR PISA – Pisa, Italy

Giovanni Benedetti, Interventional cardiologist. Fondazione Toscana Gabriele Monasterio – Massa, Italy

Luigi Emilio Pastormerlo, Interventional cardiologist. Fondazione Toscana Gabriele Monasterio – Massa, Italy

Augusto Eposito, Interventional cardiologist. Fondazione Toscana Gabriele Monasterio – Massa, Italy

Marta Casula, Interventional cardiologist. Fondazione Toscana Gabriele Monasterio – Massa, Italy

The invited expert's opinion



"The concept of LAAC performed under conscious sedation, supported by advanced imaging techniques, is poised to expand access to this important intervention. By reducing procedural complexity and anesthesia-related risks, this approach may significantly increase the number of eligible patients, and ultimately help reduce the burden of stroke in AF populations. Consequently, interest in and research on minimalistic LAAC strategies continues to grow rapidly for the benefit of patients worldwide."

– **Dr. Philippe Garot***
Interventional cardiologist
Cardiovascular Institute Paris Sud (ICPS) – Massy, France

*The statements by Dr. Garot described here are based on his own opinions and on results that were achieved in his unique setting. Since there is no "typical" hospital/clinical setting and many variables exist, i.e., hospital size, case mix, staff expertise, etc. there can be no guarantee that others will achieve the same results.

1. Valve ASSIST II solution includes TAVI Analysis, HeartVision 2 and requires AW workstation with Volume Viewer, Volume Viewer Innova. These applications are sold separately.

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