Atrial reduction surgery in giant left atrium with modified "spiral technique"
Disclosures

• We do not have any conflict of interests
Giant left atrium

- Defined by atrial diameter exceeding 65 mm
- Indication for surgical management
  - Compressive symptoms
  - Thrombus – history of thromboembolic events
  - Asymptomatic patients: Convert to sinus rhythm???

Surgical Techniques
Methods

• **Prospective Study, January 2016 - March 2017**
  - 07 patients, Average age: 56 years (38 - 62)
  - Severe Mitral valve stenosis and tricuspid insufficiency
  - Mean LVEF: 58%
  - Chronic AF: 100%

• **All patient underwent**
  - Intraoperative transesophageal echocardiography
  - 24-hour holter, 1 month, 6 month.
  - Among other procedures

• **Objective**: determine mortality and complications
Intra-postoperative features

- **Intraoperative**
  - Cardioplegic solution: HTK solution
  - MVR, (04 mechanical, 03 biological) + tricuspid repair.
  - X- cross clamp time: 98 min (77-105)

- **Postoperative**
  - Total mortality: 1/7 (14%)
  - Reoperations: 0%, major bleeding: 0%, AV disturbances: 0%, massive PTE: 1 patient (death)
  - Total hospital stay: 9 days (6-12)
<table>
<thead>
<tr>
<th>Patient</th>
<th>Preop LAD</th>
<th>Postop LAD</th>
<th>6 moths</th>
<th>Anticoagulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>75mm</td>
<td>38mm</td>
<td>Sinus</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>86mm</td>
<td>42mm</td>
<td>Sinus</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>87mm</td>
<td>57mm</td>
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</tr>
<tr>
<td>4</td>
<td>92mm</td>
<td>55mm</td>
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<td>yes</td>
</tr>
<tr>
<td>5</td>
<td>92mm</td>
<td>57mm</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>76mm</td>
<td>52mm</td>
<td>Sinus</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>105mm</td>
<td>60mm</td>
<td>AF</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Averag e</strong></td>
<td><strong>88mm</strong></td>
<td><strong>52mm</strong></td>
<td></td>
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</tr>
</tbody>
</table>
Conclusion

• GLA reduction surgery, every patient:
  o Undergoing mitral valve surgery
  o LA diameter of more than 65mm
  o Chronic AF

• It will possible to achieve the end point: to maintain the patient free of anticoagulant use.