

STS/EACTS Latin America Cardiovascular Surgery Conference

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The Society
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Outcomes in Patients with Large Right Atrial Vegetations

Roger G. Carrillo, MD, MBA, FHRS
Adryan A. Perez, BS

Disclosures

- Roger G. Carrillo has served as a consultant to Spectranetics and Sensormatic; has received a research grant from St. Jude Medical; and has served on the Speakers Bureau for Medtronic, St. Jude Medical (Abbott), and the Sorin Group
- Adryan A. Perez has no disclosures.
- Project funding: None

Purpose

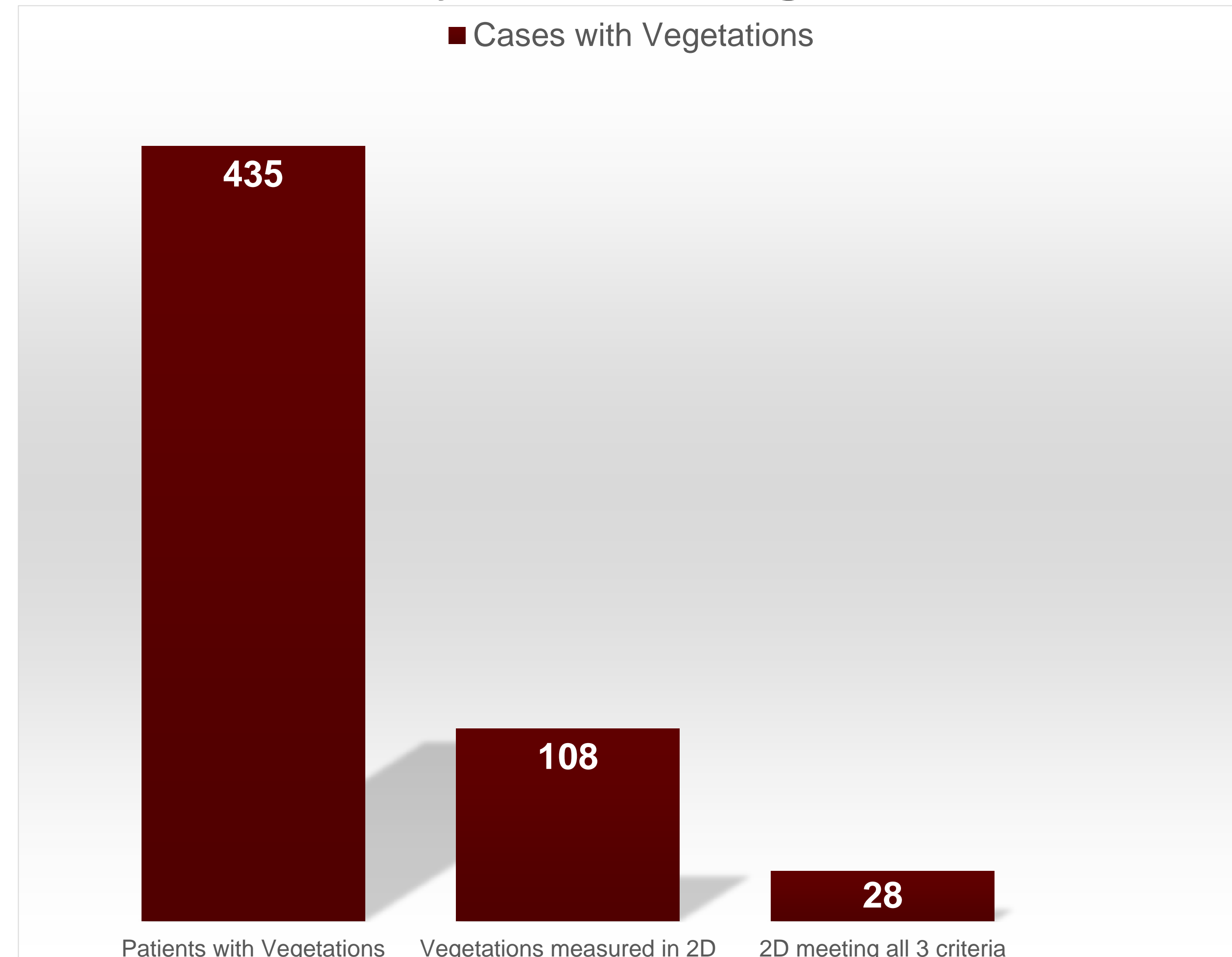
Small vegetations (< 2.0 cm) associated with **infected** cardiac device leads can be managed percutaneously, while larger vegetations are typically removed via open heart surgery. Unfortunately, many patients with large intracardiac vegetations are not candidates for open removal. Thus, we report outcomes associated with percutaneous management of large vegetations: **≥ 2.0 cm.**



Methods

- Prospective, single center, 01/2003 to 08/2018, 435 patients with vegetations undergoing lead extraction due to infection
- 108 cases had vegetations measured in 2D dimensions (length and width) by TEE
- 28 patients had all three characteristics: A) At least one vegetation dimension ≥ 2.0 cm, B) not surgical candidates, and C) underwent transvenous lead extraction
- The cohort was classified “**globular**” and “**non-globular**”

Lead Extraction Registry Population from January 2003 to August 2018



Results and Conclusions

Size is important determinant of outcomes.

Shape is also a relevant factor as globular vegetations may predict a worse result compared to non-globular vegetations.

Characteristic	Cohort (n=28)	Globular (n=6)	Non-globular (n=22)	P-value
Age	66.8 (14.6)	66.3 (10.2)	66.9 (15.8)	0.45
Gender: Male	20 (71%)	5 (83%)	15 (68%)	0.64
Device Type	PM: 8 (28%) ICD: 15 (54%) CRTD: 5 (18%)	PM: 3 (50%) ICD: 2 (33%) CRTD: 1 (17%)	PM: 5 (23%) ICD: 13 (59%) CRTD: 4 (18%)	0.40
Death due to pulmonary emboli	2 (7%)	2 (33%)	0 (0%)	0.039

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