Device-related thrombus formation in patients received one-stop intervention for nonvalvular atrial fibrillation:A systemic review and meta-analysis

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Abstract

Introduction:Combing CA and LAAO into one procedure has become a prospective measurement for patients with nonvalvular atrial fibrillation. Data on the incidence of DRT in one-stop intervention, treatment strategy, and its clinical implications are limited. Methods:A meta-analysis of observational studies evaluating the incidence, treatment strategy, and clinical implications of DRT was conducted. Results:Overall 21 studies describing DRT events and one case were included in the study. The pooled incidence of DRT in one-stop intervention was 1.2% (range from 0% to 7.3%, 95%CI 0.7%-1.8%, I2=0). 56.25% of events were diagnosed in the first three months after the procedure. All cases were diagnosed with a trans-esophagus echocardiogram (TEE). All patients diagnosed with DRT were prescribed anticoagulants. And 63% (12/19) events were reported with complete thrombus resolution. Anticoagulation duration varied greatly from 30d to 6m. Unknown clinical events were reported relating to DRT. Conclusions:DRT is an uncommon complication of the one-stop intervention. It occurs mainly in the first three months after the procedure. Anticoagulation seems to be an appropriate method for dissolving thrombus.

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