Percutaneous Balloon Mitral Valvuloplasty in Patients with Left Atrial Thrombi

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I read with interest the article on the use of transesophageal echo-cardiography (TEE) in monitoring emergency percutaneous balloon mitral valvuloplasty (PBMV) in a patient with massive left atrial thrombosis by Chirillo et al. [1]. Although I agree that TEE was of great value in monitoring each step of PBMV to avoid systemic embolization in their patient, I disagree with the author's statement of the 'Inoue balloon ... having a larger profile'. The trefoil balloon that they used has a far larger profile than the Inoue balloon [2].

The Inoue balloon catheter technique is best suited for patients with mitral stenosis and left atrial or/and left auricular thrombi. For their detection biplane TEE is far superior to uniplane TEE [3]. Hung [4] using biplane TEE to monitor PBMV with the Inoue balloon catheter technique found that there was no contact between the guide-wire/catheter and the left atrial appendage area and thrombi within the appendage. The ability to 'steer' the Inoue catheter device is a critical advantage of its use when atrial appendage thrombi are present [5].

In general patients with mitral stenosis and a history of systemic embolism should receive warfarin for 4-6 weeks prior to PBMV [4]. Of course, in this case this was not an issue because PBMV was done as an emergency procedure due to patient's deteriorating condition.

References

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