Comment on the Letter by T.O. Cheng on Percutaneous Balloon Mitral Valvuloplasty in Patients with Left Atrial Thrombi

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Cardiac Catheterization Unit, Department of Cardiology, University of Padova, Italy

Fabio Chirillo, MD Cardiac Catheterization Unit Department of Cardiology University of Padova I-35128 Padova (Italy)

I do agree with Dr. Cheng on the great utility of the Inoue balloon catheter technique when performing percutaneous balloon mitral valvuloplasty (PBMV) in the presence of left auricular thrombi. Since our article (1) was accepted, we have performed PBMV in 4 patients in whom left auricular thrombosis had been detected by transesophageal echocardiography (TEE). The Inoue technique was used in all cases; all procedures were successful and no embolic complications occurred.

At our institution all patients undergo TEE before PBMV. If left auricular thrombi are found, the patient is started on oral anticoagulant therapy. However, if the thrombus persists on a control TEE (generally performed 6 weeks later), there is no absolute contraindication to PBMV which is to be performed with the Inoue technique and under TEE monitoring. In our country all patients with mitral stenosis and prior systemic embolism are on chronic oral anticoagulant therapy. So no special therapeutic preparation to PBMV is needed.

Finally, biplane TEE is far superior to single-plane TEE in in-traoperative monitoring of PBMV [2], but unfortunately we have no experience of it.

References

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Kyo S, Hung JS, Omoto R, Mo-toyama T, Lin FC, Fu M: Intraoper-ative monitoring of catheter balloon percutaneous mitral valvuloplasty by biplane transesophageal echocardiography. *Circulation* 1990;82: suppl 111:314.