

Ischemic strokes less severe with left atrial appendage closure in A-fib

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For patients with atrial fibrillation, ischemic strokes (IS) are less often fatal or disabling with left atrial appendage closure (LAAC) prophylaxis than with direct oral anticoagulant (DOAC) prophylaxis, according to a

study published online Nov. 22 in *JACC: Clinical Electrophysiology*.

Mohit K. Turagam, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues conducted a retrospective analysis of consecutive patients undergoing LAAC at eight centers who developed an IS (IS_{LAAC} ; 125 patients) compared with 322 contemporaneous patients who developed IS during DOAC treatment (IS_{DOAC}).

The researchers found that at both hospital discharge and three months later, strokes were less frequently disabling/fatal with IS_{LAAC} than IS_{DOAC} (38.3 versus 70.3 percent and 33.3 versus 56.2 percent, respectively). After propensity score matching, differences in stroke severity persisted. In a multivariate regression analysis, independent associations were seen for IS_{LAAC} with fewer disabling/fatal strokes at discharge and three months and with fewer deaths at three months (odds ratios, 0.22, 0.25, and 0.28, respectively).

"Both of these strategies, LAAC and blood thinners, are overall effective in preventing stroke in patients with a-fib, but strokes can infrequently still occur with either prevention strategy," co-author Vivek Reddy, M.D., also from the Icahn School of Medicine at Mount Sinai, said in a statement. "These data indicate that these breakthrough strokes are considerably worse when they occur while taking [blood thinners](#)—the strokes are more severe and more often fatal—than after LAAC."

Several authors disclosed ties to the medical technology industry.

More information: Mohit K. Turagam et al, Severity of Ischemic Stroke After Left Atrial Appendage Closure vs Nonwarfarin Oral Anticoagulants, *JACC: Clinical Electrophysiology* (2023). [DOI: 10.1016/j.jacep.2023.10.012](https://doi.org/10.1016/j.jacep.2023.10.012)

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