



Study Protocol

Left atrial appendage closure

syngo DynaCT Cardiac has potential to accelerate the procedure by providing value on ostium and LAA measurements to support the selection of the correct device size.

Structural Heart Disease

siemens-healthineers.com/cardiology

Courtesy of

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Supported by

syngo DynaCT Cardiac
syngo iPilot
syngo InSpace3D

System

Artis Q.zen
syngo X Workplace

Case Description

Patient history

The patient was a 74-year-old male weighing 91 kg, with a height of 1.67 m.

Diagnosis

Permanent atrial fibrillation (AFib), contraindication for oral anti-coagulation due to severe bleeding events. Pre-procedural echo showed no thrombus in the left atrial appendage (LAA).

Treatment

LAA closure with occluder (BostonScientific Watchman™)

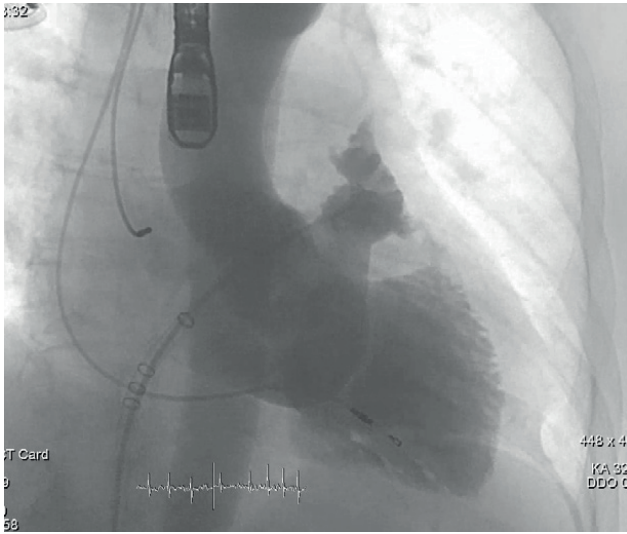
Tips & Tricks

- TEE probe was pulled back during acquisition.
- Arms can be kept in normal position beside the body.
- Use breathhold to reduce respiratory motion artifacts.
- No rapid pacing (if patient is in permanent AFib, rapid pacing can be skipped).
- Pigtail catheter with side holes (close to the center of the LAA ostium).

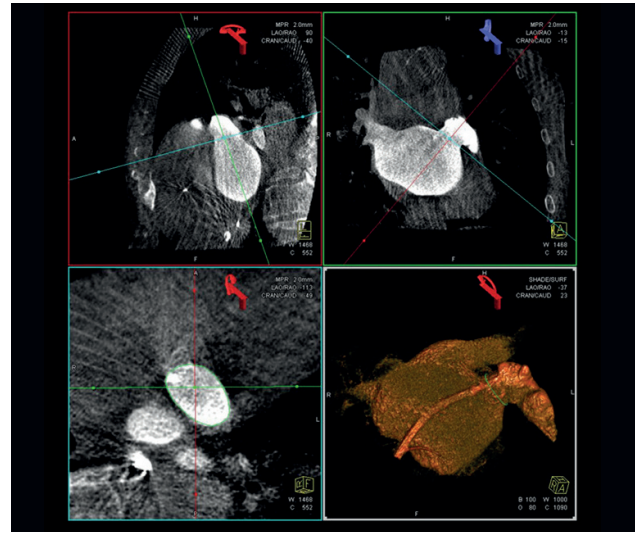
Left atrial appendage closure

Acquisition protocol	5s DCT Card
Number of projections	248
System dose	0.36 μ Gy/f
Increment in degrees	0.8°/f
Injection protocol	
Catheter position	Left atrial appendage
Contrast medium (CM)	350 mg iodine/mL
Test bolus	w/o
Dilution	50 %
Injection volume	65 mL (32.5 mL CM/32.5 mL saline)
Injection rate	15 mL/s over 4.33 s
Duration of injection	5 s
X-ray delay	2 s
Power injector used	Yes
Reconstructions	
VOI size	Full
Slice matrix	512 × 512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat fill
Viewing preset	Golden

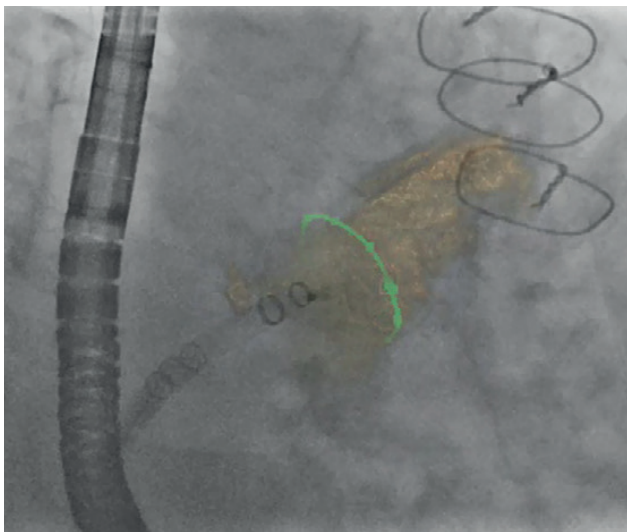
Clinical Images



AP projection from rotational angiography with direct injection into the LAA



syngo InSpace reconstruction of the LAA, with measurements of the ostium and the length of the LAA in MPRs



syngo iPilot with overlay of 3D structure and landing zone onto the live fluoro image

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