Should closure of PFO be recommended treatment and standard of care in patients with ESUS?

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Thrombi that dislodge from the venous system are caught in the pulmonary vasculature. In the presence of right-to-left shunts, however, thrombi can cross paradoxically to the arterial circulation and cause ischemic stroke or infarcts in other organs. This is the case in patients with a patent foramen ovale (PFO) that represents the most common cause of a right-to-left shunt. In stroke patients with PFO and no identifiable source of thromboembolism the risk of recurrent stroke is as low as 1.2% per year. Randomized controlled trials (RCTs) have shown that percutaneous closure of the PFO in cryptogenic stroke can reduce the recurrence risk to 0.5% per year and thus provide a substantial benefit in the future. However, the RCTs have included only patients from 16 to 60 years of age. Therefore, many questions of management of patients with PFO remain unresolved to date. Should PFOs in patients older than 60 years or younger than 16 years be closed after cryptogenic stroke? Should PFOs in patients with cryptogenic stroke and many vascular risk factors be closed, or how to manage PFOs in patients with concurrent stroke etiology? Which PFO is pathogenic and which PFO is only an innocent bystander? Should PFOs that are identified incidentally in healthy persons be closed? These are some of the many questions that cannot be answered with the current evidence on PFO closure. The speakers of this debate will address many of those questions and hopefully shed some light on the controversy on PFO closure.