Should we perform left atrial appendage closure in all patients with high risk of stroke and atrial fibrillation who can not take oral anticoagulants? – No.

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About 15-20% of all strokes can be attributed to cardioembolism due to atrial fibrillation (AF). In the majority of such cases the left atrial appendage (LAA) is the source of the embolus. Oral anticoagulation is recommended by current guidelines to decrease stroke risk in those with AF. Oral anticoagulation however, is contraindicated in some patients, mainly in those with high risk of bleeding. Difficulties in adjusting treatment and low compliance may also affect the benefit of oral anticoagulation. Surgical excision of the LAA is an option to decrease stroke risk, but thoracotomy and the intervention itself have their certain risks and complications. Implantation of an LAA occluder device via the femoral vein and transseptal passage is a new method of LAA exclusion from the circulation. Anatomical variation of the LAA and strict methodological requirements during implantation of the LAA closure device are certainly challenges for the interventionalist. Serious complications were reported in 2-9% in the periprocedural period, some of them like cardiac perforation and tamponade, thromboembolism, or air embolism, can be life threating. Those who have a thrombus present in the LAA or those with enlarged LAA ostium are not appropriate for LAA device closure. Patients older than 75 have higher periprocedural bleeding risk. LAA device closure is certainly a significant development for stroke prevention, especially in those AF patients who cannot take oral anticoagulation. This technique however, has certain restrictions therefore can not be applied in all patients who have contraindications against oral anticoagulants.