

Normal Left Atrial Appendage on Echocardiography

Silvio Henrique Barberato

Cardioeco — Centro de Diagnóstico Cardiovascular, Curitiba, Paraná – Brazil

In atrial fibrillation of nonvalvular origin, most thromboembolisms originate from the Left Atrial Appendage (LAA). It is of the essence to be acquainted with normal LAA anatomy in detecting thrombus, interpreting anatomical variations and guiding interventions, such as LAA occlusion¹. In general, LAA is a cul-de-sac structure of a variable size, with an asymmetrical oval hole, in which the anterobasal portion is adjacent to the circumflex artery ostium. Most individuals present two or more lobes, occupying different cardiac planes². Transesophageal echocardiography

is the method of choice in clinical practice for evaluating LAA and the advent of the three-dimensional technique has made it easier to recognize its anatomy in detail.

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Mailing address: Silvio Henrique Barberato •

Avenida República Argentina, 452, Conj. 705-706, 80240 210, Água Verde,

Curitiba, Paraná — Brazil

Phone number/fax: 55 (41) 3076-2553

E-mail: silviohb@cardiol.br

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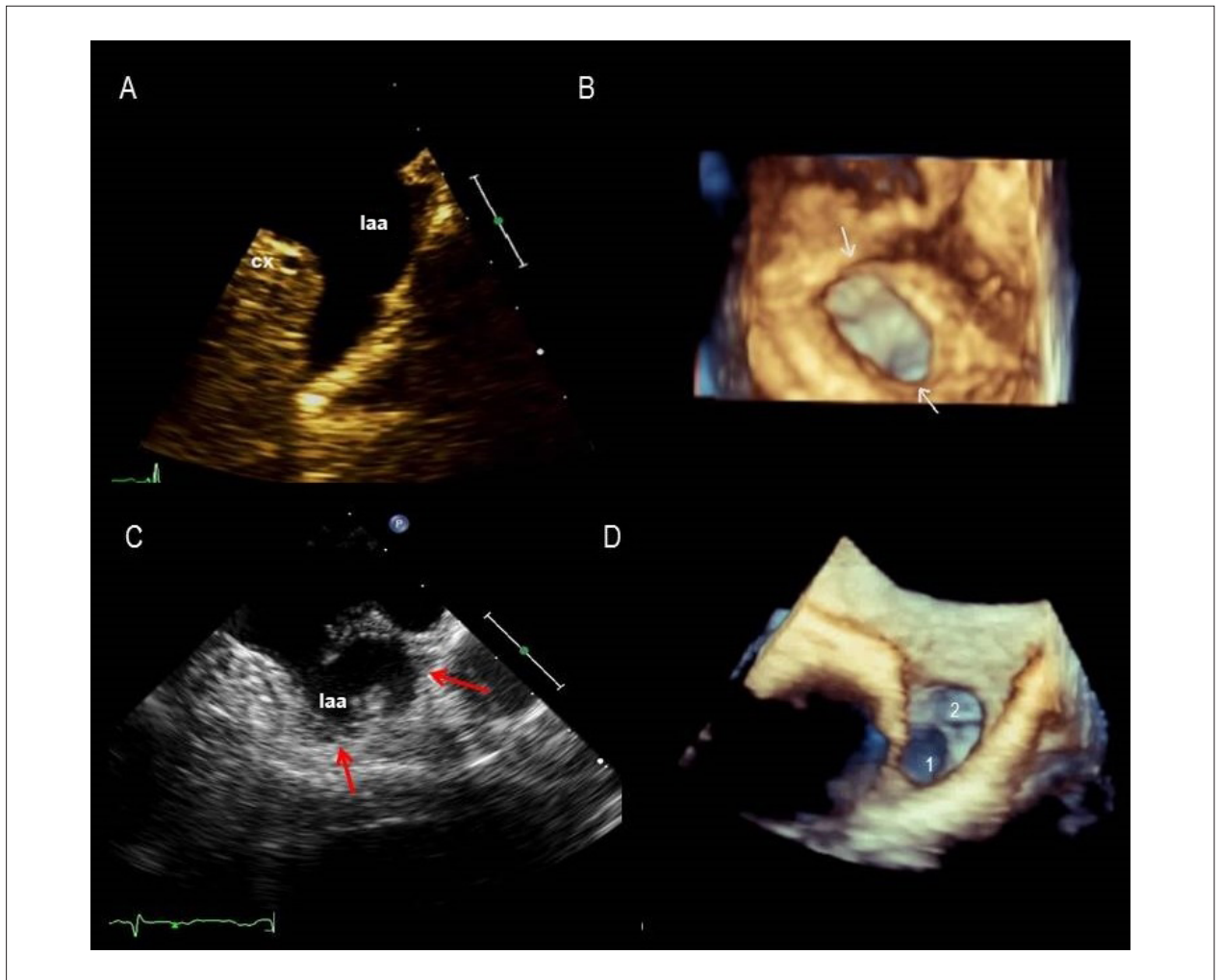


Figure 1 – Evaluation of Left Atrial Appendage (LAA) by two-dimensional (2D) and three-dimensional (3D) Transesophageal Echocardiography (TEE). A: 2D TEE shows usual aspect of single lobe LAA free of thrombi, and its relationship with the circumflex artery (cx); B: 3D TEE of the same individual with en face view of the oval orifice (white arrows) and cul-de-sac view; C: 2D TEE shows two lobe LAA (red arrows); D: 3D TEE reveals two different culs-de-sac distinct, free of thrombi.

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