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Left Atrial Appendage Closure in a Hemophilia B Patient with Atrial Fibrillation

Hemophilia B is an uncommon genetic bleeding disorder characterized by a deficiency of factor IX, and its coexistence with atrial fibrillation creates a clinical challenge since long-term anticoagulation therapy is generally contraindicated. A 65-year-old male with paroxysmal atrial fibrillation and hemophilia B was referred for left atrial appendage (LAA) closure because of his elevated thromboembolic risk and bleeding tendency. Pre-procedural cardiac computed tomography angiography demonstrated the anatomical characteristics of the LAA and assisted in device selection (Figure 1). Transesophageal echocardiography (TEE) confirmed the absence of thrombus within the LAA before intervention. Under general anesthesia, a 33 mm Amplatzer™ Amulet™ device was successfully deployed

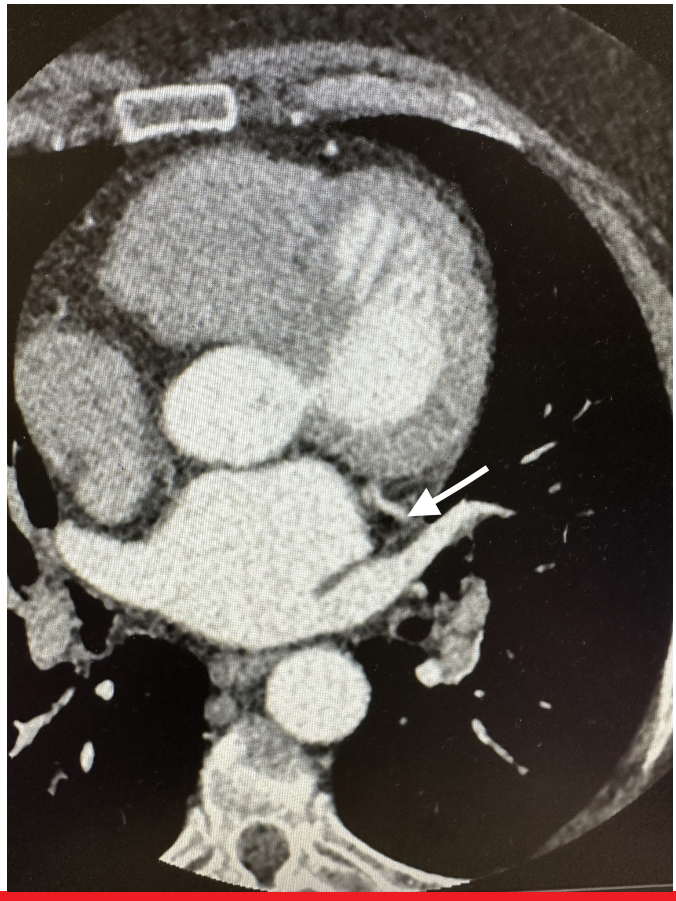

Figure 1. Pre-procedural cardiac CT angiography showing the anatomical structure of the left atrium and appendage, aiding in device selection.

E-PAGE ORIGINAL IMAGE

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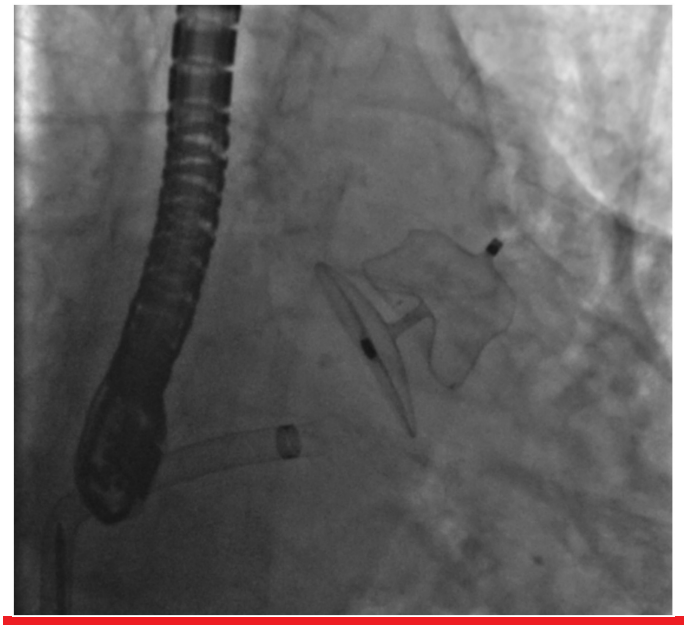

Figure 2. Post-procedural fluoroscopic view illustrating the successful closure of the left atrial appendage with the Amplatzer™ Amulet™ device.

with real-time fluoroscopic and TEE guidance (Figure 2). The patient was discharged 2 days later with dual antiplatelet therapy, and factor IX replacement was administered periprocedurally to maintain hemostasis. Follow-up at 1, 3, and 6 months revealed stable hemoglobin levels, no bleeding complications, and a well-positioned device without thrombus formation or peridevice leak. The patient was switched to aspirin monotherapy after 6 weeks. This case highlights the clinical challenge of balancing thromboembolic and bleeding risks in hemophilia patients with atrial fibrillation and demonstrates that LAA closure with the Amplatzer™ Amulet™ device can provide a feasible and safe alternative to oral anticoagulation in carefully selected patients when performed in experienced centers.

Informed consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflicts of Interest: None declared.