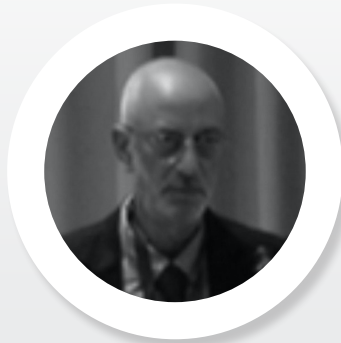


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Paradoxical embolism: PFO: Easy to occlude; Effective?

Patent foramen ovale (PFO) has been considered as the main cause of paradoxical embolism in the absence of open communication between left and right circulation. On the other hand, PFO itself with its slow flow between the atrial septum primum and secundum can form thrombus which potentially can be the source of embolic to systematic circulation. Three randomized, open label trials, Gore REDUCE (closure device versus antiplatelet therapy alone compared to the combination of both), CLOSE (closure device or anticoagulants versus antiplatelet therapy to prevent recurrence of stroke), and RESPECT (closure device versus standard treatment) showed that the risk of stroke was lower with patent foramen ovale closure than with medical treatment alone. Despite the speculations for these trials and their limitations, it seems that in the near future the treatment of cryptogenic stroke is going to change, a fact that will be probably reflected to the guidelines. The more aggressive approach of interventional Cardiologists will balance the more conservative approach of neurologists and will give new fields for investigation, answering questions as how urgently must we intervene after the first stroke to prevent subclinical strokes shown by MRI, or if there is field for primary prevention when a PFO is diagnosed before a paradoxical embolism.

Biography

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