LECTURE

Patent foramen ovale closure after cryptogenic stroke: proposal for a new protocol

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Abstract

Almost one-third of ischaemic strokes has an unknown aetiology and are classified as cryptogenic. Paradoxical embolism due to a patent foramen ovale (PFO) is detected in 40%–50% of these patients and PFO has been reported as a risk factor for patients of all age groups.

A common challenge in clinical practice is to distinguish between incidental and pathogenic PFO. The best therapeutic option to reduce stroke recurrence after a cryptogenic stroke with PFO has been a matter of debate for a long time.

In contrast to previous randomized trials of transcatheter PFO closure, three recent randomized open-label trials — Gore REDUCE (Gore HELEX Septal Occluder and Antiplatelet Medical Management for Reduction of Recurrent Stroke or Imaging Confirmed TIA in Patients with PFO), CLOSE (PFO Closure or Anticoagulants versus Antiplatelet Therapy to Prevent Stroke Recurrence) and RESPECT (Randomized Evaluation of Recurrent Stroke Comparing PFO Closure to Established Current Standard of Care Treatment) – showed that the risk of stroke was lower with PFO closure compared to medical therapy alone and an updated meta-analysis favours PFO closure over medical treatment after cryptogenic stroke/TIA for the prevention of stroke recurrence.

In this session, we will discuss which patient subgroups should be considered for PFO device closure based on results from new studies, creating the basis for a new protocol on how to approach patients with cryptogenic stroke and PFO.

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