My worst case of ASD closure

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Serious complications in catheter closure of ASD

- Erosion
- Device Embolization
- Complete heart block
- Air embolism
- Pulmonary vein obstruction
- latrogenic mitral valve regurgitation

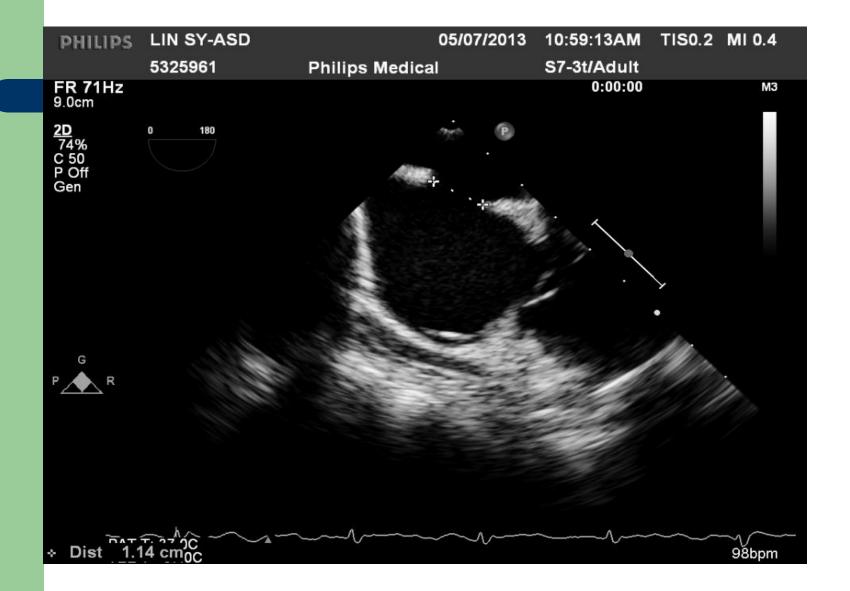
My worst case I

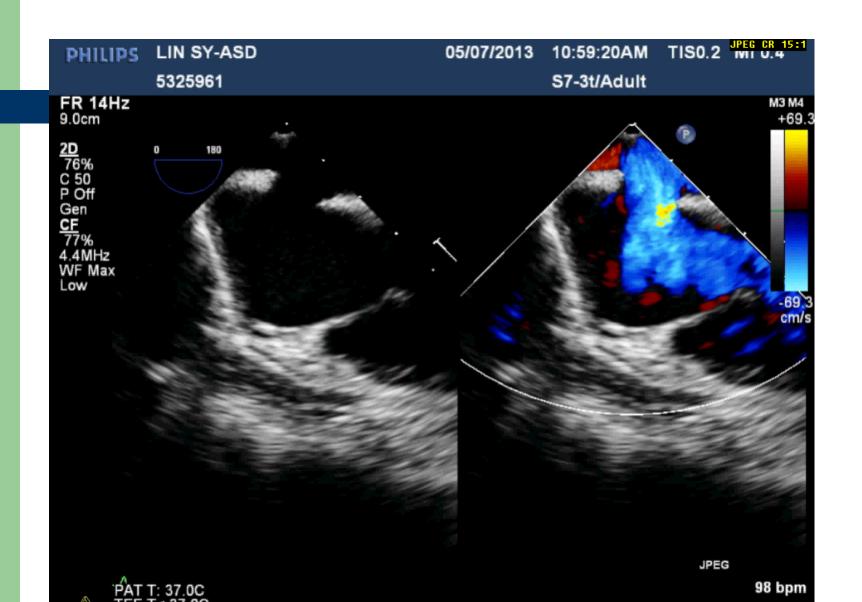
- 1. Age, 6.8 years, sex: male, 18.6Kg, 110cm
- 2. ECHO:RV and RA enlargement
- 3. PDA s/p coil closure with interrupted IVC

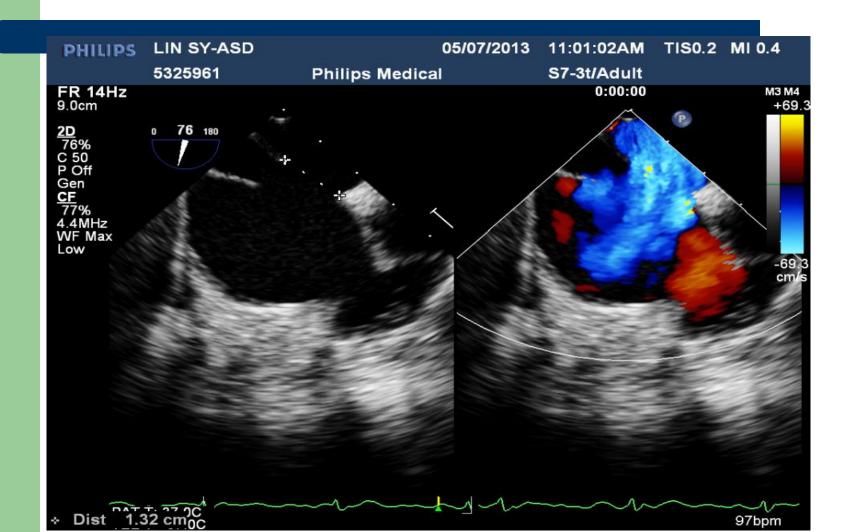
My worst case II

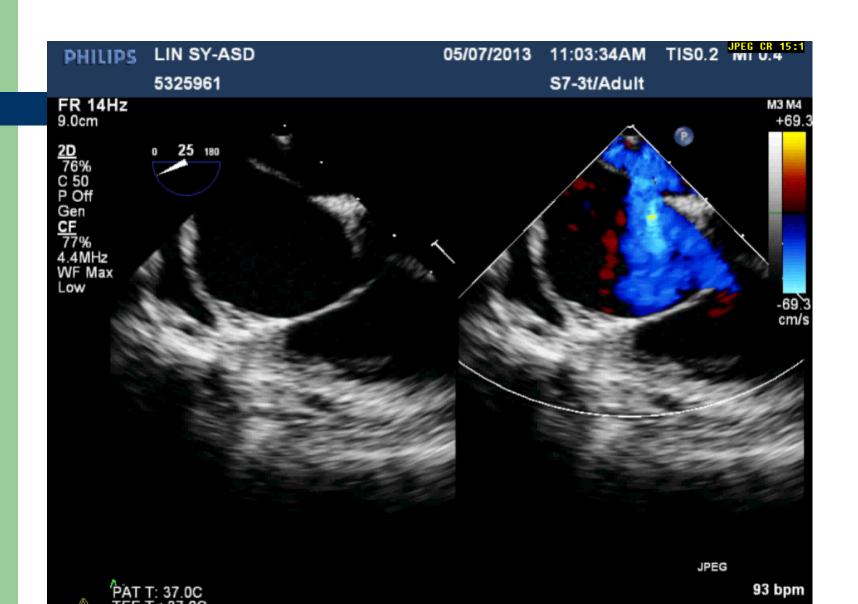
- Hemodynamic study
 - Qp/Qs = 3
 - PAP 31/13 mean 22 mmHg

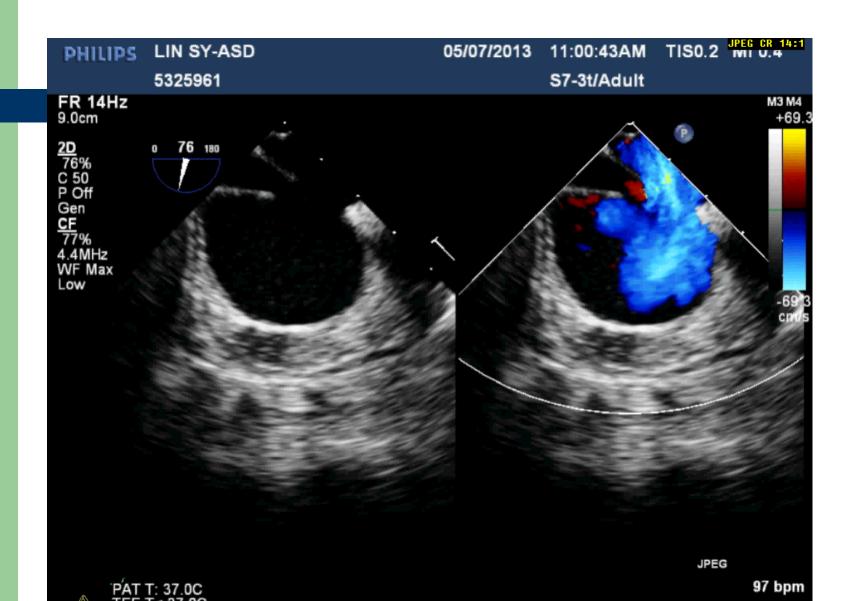
- TEE images
 - maximal diameter 13.2 mm
 - aortic rim 2.8 mm

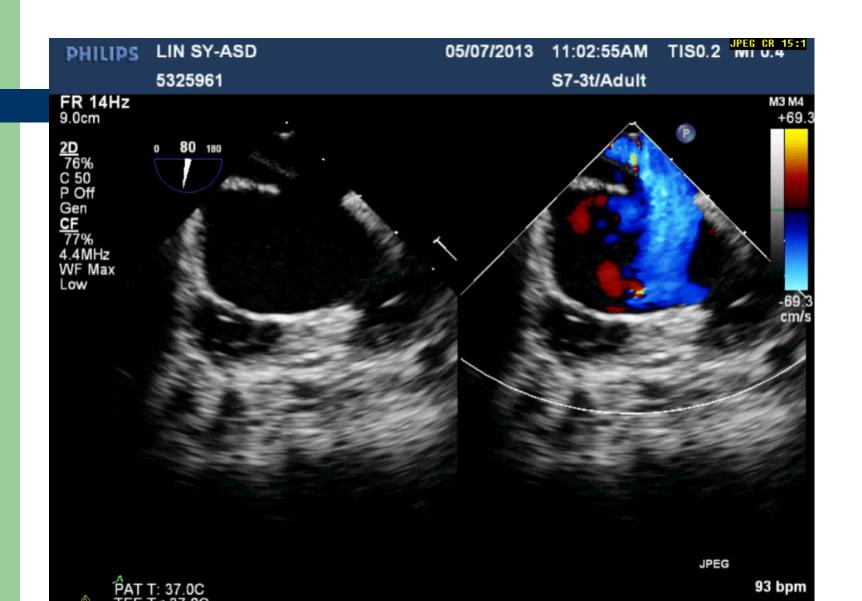


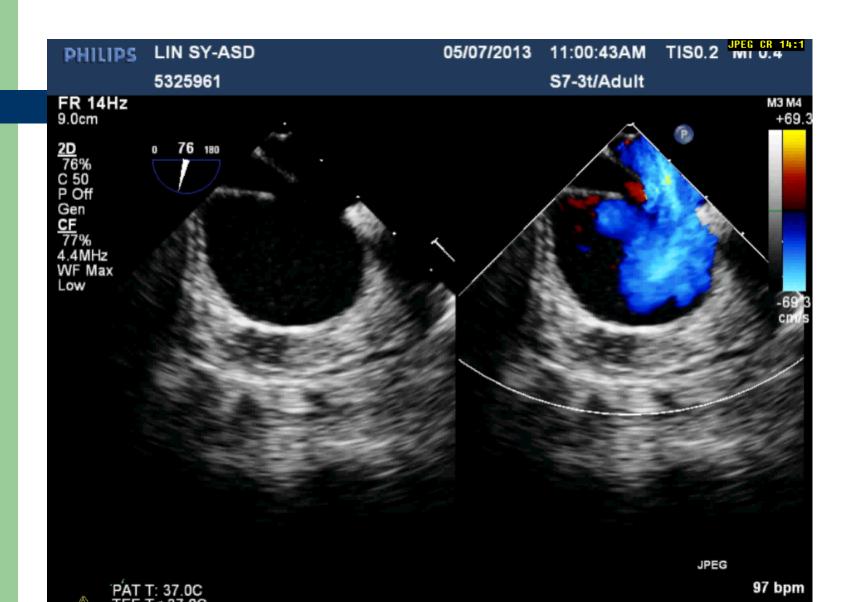












LA angio

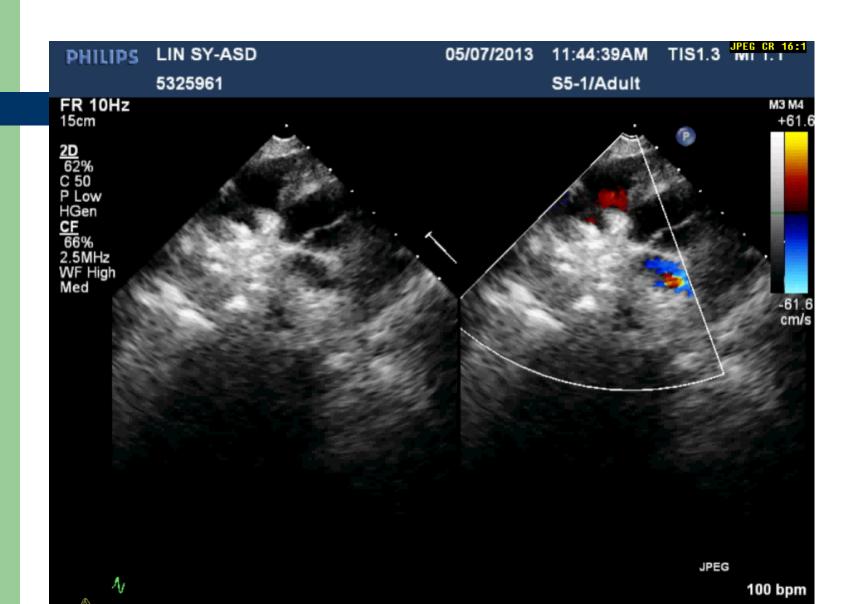


My worst case III

 Deploy an 16 mm Amplatzer device form right jugular vein

- under TEE guidance
- No balloon sizing



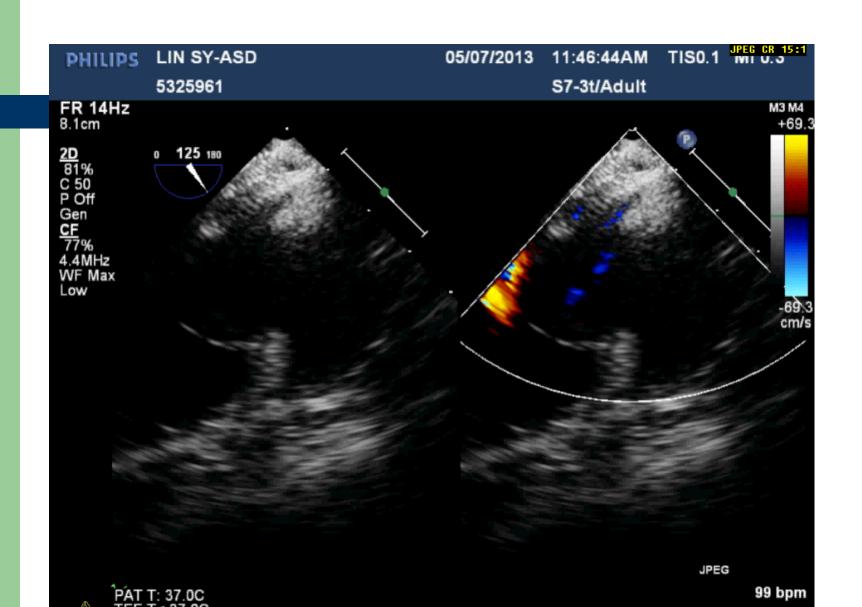


Immediately after device detachment

- Device herniated to LA near SVC rim
- Snaring device from SVC
- Could not resheath the device to the 8F delivery sheath.
- Device fell down to LA then onto mitral valve

After detachment





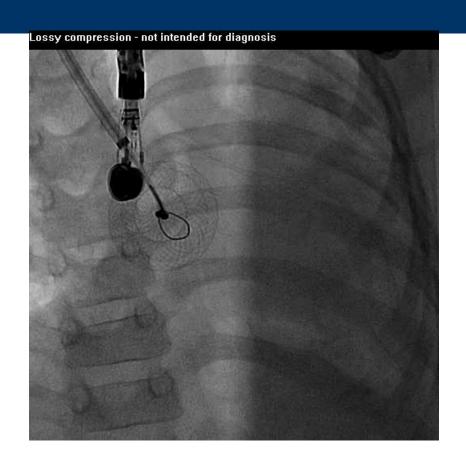
SVC rim was not sandwiched

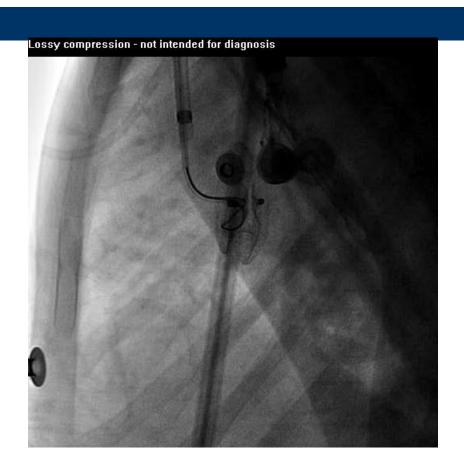
- The SVC rim was not sandwiched by the device after detachment.
- Right disc herniated to LA

Herniation of right disc to LA



Attepts to snare the device

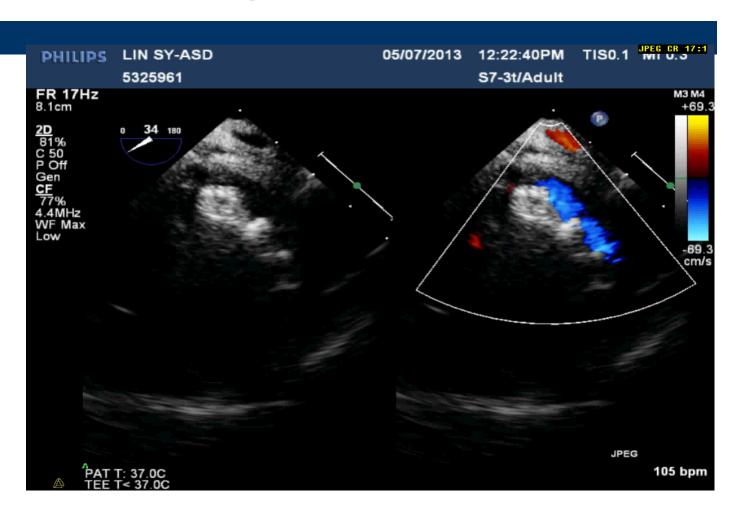


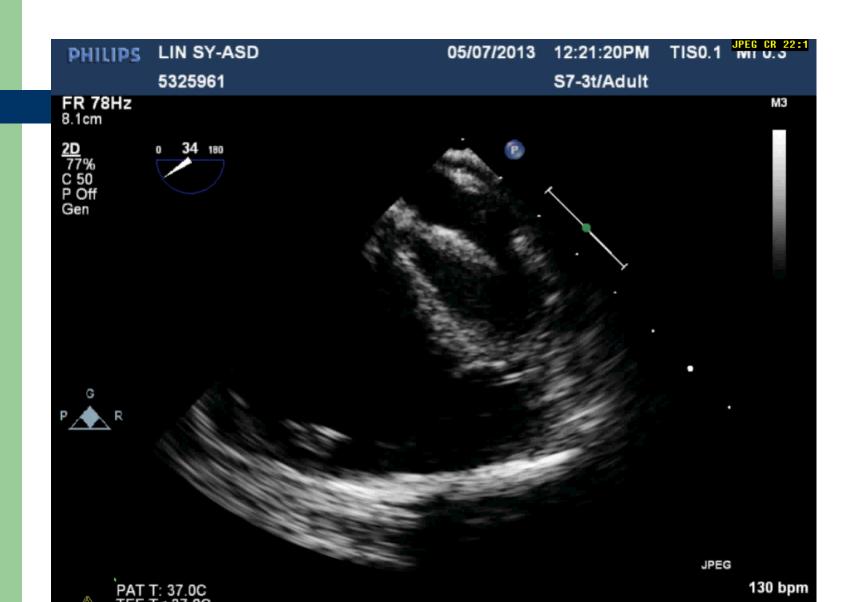


Snare the screw of right disc



Device migrated to mitral valve





then

- Snaring the device from mitral valve was not successful & seemed difficult.
- Call a surgeon for emergent operation
- A surgeon showed up in 2 minutes
- While arranging operation, systolic BP decreased from 85 to 60 mmHg.
- Attempting retrieval not successful
- Emergent operation in the cath Lab.

Mistakes I made in this case

- More attempts should be made to stabilize the device to prevent device entanglement with mitral valve.
- A 1-2 size bigger sheath should be use for retrieving the device.
- Underestimation of the defect size by TEE?
- Balloon sizing?

Thank you for your attention

