The Device Selection of VSD Closure

Xiangqing Kong MD PhD

The First Affiliated Hospital of Nanjing Medical University

VSD device in China

- > 2001: Amplatz
- > 2002: Device made in china, 7
 - companies, mainly 3 companies

Symmetric device



- Symmetric device: Disc is 4 mm bigger than waist in diameter. The length of the waist is 2 mm.
- Candidate: Rim to the aortic valve and the tricuspid valve is more than 2 mm.



Modified symmetric device



- Modified symmetric device: Left disc is 6 mm bigger than waist in diameter and the right is 4 mm bigger. The length of the waist is 2 mm.
- Candidate: VSD with aneurysm formation, more than 2 holes









Asymmetric device



- Asymmetric device: left disc is irregular and right disc is 4 mm bigger than the waist in diameter.
- Candidate: Rim to the aortic valve is less than 2 mm.











Compare of 2 devices

- > Multiple pilot study
- > 509 patients:
 - 291 male, 218 female
- > compared asymmetric with symmetric device
- > Follow-up period: 12 months

VSD characteristics

	Asymmetric	Symmetric	P value
	group	group	
cases	266	243	
Qp/Qs	1.69 ± 0.46	1.72 ± 0.61	0.68
VSD (mm)	4.12 ± 0.72	3.86 ± 1.04	0.46
To AV (mm)	3.5 ± 0.7	5.2 ± 1.2	0.01
device (mm)	7.4 ± 4.3	6.6 ± 1.4	0.08

Result of closure

	Asymmetric	Symmetric	P value
success rate	95.5%(254/266)	96.8%(235/243)	0.98
instant complete closure rate	87.0%(231/266)	97.1%(235/243)	0.001
complete closure after 12 month	99.0%(198/201)	100% (195/195)	0.83
new AR	2.6%(7/266)	1.3%(3/243)	0.21
new TR	16%(39/266)	12%(29/243)	0.67

Complications

	Asymmetric	Symmetric	P value
hemolysis	4(1.5%)	0	0.06
III AVB	4(1.5%)	1(0.4%)	0.31
severe AR	1(0.4%)	2(0.8%)	0.95
severe TR	1(0.4%)	1(0.4%)	0.98

Complications

	Asymmetric	Symmetric	P value
arrhythmias	60(22.5%)	33(13.2%)	< 0.001
mild AR	6(2.3%)	1(0.4%)	0.172
mild TR	38(14.3%)	28(11.5%)	0.502
femoral thrombosis	1(0.4%)	1(0.4%)	1.0
transfusion	1(0.4%)	1(0.4%)	1.0

Conclusions

- > Both asymmetric and symmetric device are equally effective for VSD closure.
- > Both asymmetric and symmetric device had similar risk for major complications.
- Symmetric device had increased risk of minor complications, such as mild arrhythmias and instant residual shunt.
- Device selection must be individualized.

PEDIATRIC AND CONGENITAL HEART DISEASE

Original Studies

Transcatheter Closure of Perimembranous Ventricular Septal Defect in Children: Safety and Efficiency with Symmetric and Asymmetric Occluders

Rong Yang,^{*} мд, Yanhui Sheng, мд, Kejiang Cao, мд, Xiangqing Kong, мд, Di Xu, мд, Yonghong Yong, ммз, Lei Zhou, мд, Hao Zhang, мд, Linmei Qian, мд, Wei Sun, мд, and Zhengnan Gu, вз

<u>Objectives</u>: This study was designed to determine the safety and efficiency of asymmetric and symmetric ventricular septal occluders (AVSDOs and SVSDOs, respectively) for closure perimembranous ventricular septal defect (PMVSD) in children. <u>Methods</u>: Between January 2003 and December 2007, 142 children with PMVSD were treated with occluders (64 with AVSDOs and 78 with SVSDOs). <u>Results</u>: The defect diameter was 5.3 ± 1.1 mm in the AVSDO group and 5.4 ± 1.3 mm in the SVSDO group (P > 0.05). The success rates were similar between two groups [93.8% (AVSDO) vs. 94.9%

Cera device



- Titanium nitride coated
- Decreased Ni release
- Better and faster
 endothelium coverage
- Lowered risk of thrombus formation

Serum Nickel Release



Serum Nickel concentrations —pediatric patients

Time	CERA (ng/ml)	HEARTR (ng/ml)	P-VALUE
Before	0.827 ± 0.665 (n=46)	0.586 ± 0.518 (n=47)	0.054
24-hours	0.654 ± 0.444 (n=45)	0.974 ± 0.512 (n=45) *	0.002
1 month	0.937 ± 0.495 (n=45)	1.982 ± 0.694 (n=40) * #	0.000
3 months	0.824 ± 0.468 (n=39)	1.401 ± 0.918 (n=42) * #	0.001
6 months	0.486±0.176 (n=43)	0.617 ± 0.421 (n=43) $\approx \&$	0.065

Summary

- In china, at least 3 kinds of devices are commercially available. Specifically designed device is increasingly used in china.
- Different device is similar in the closure efficacy and safety.
- Device selection must be individualized.

