Percutaneous occlusion of atrial septal defect with anomalous systemic venous drainage using an unusual vascular access

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☑ I do not have any potential conflict of interest to declare

Clinical summary

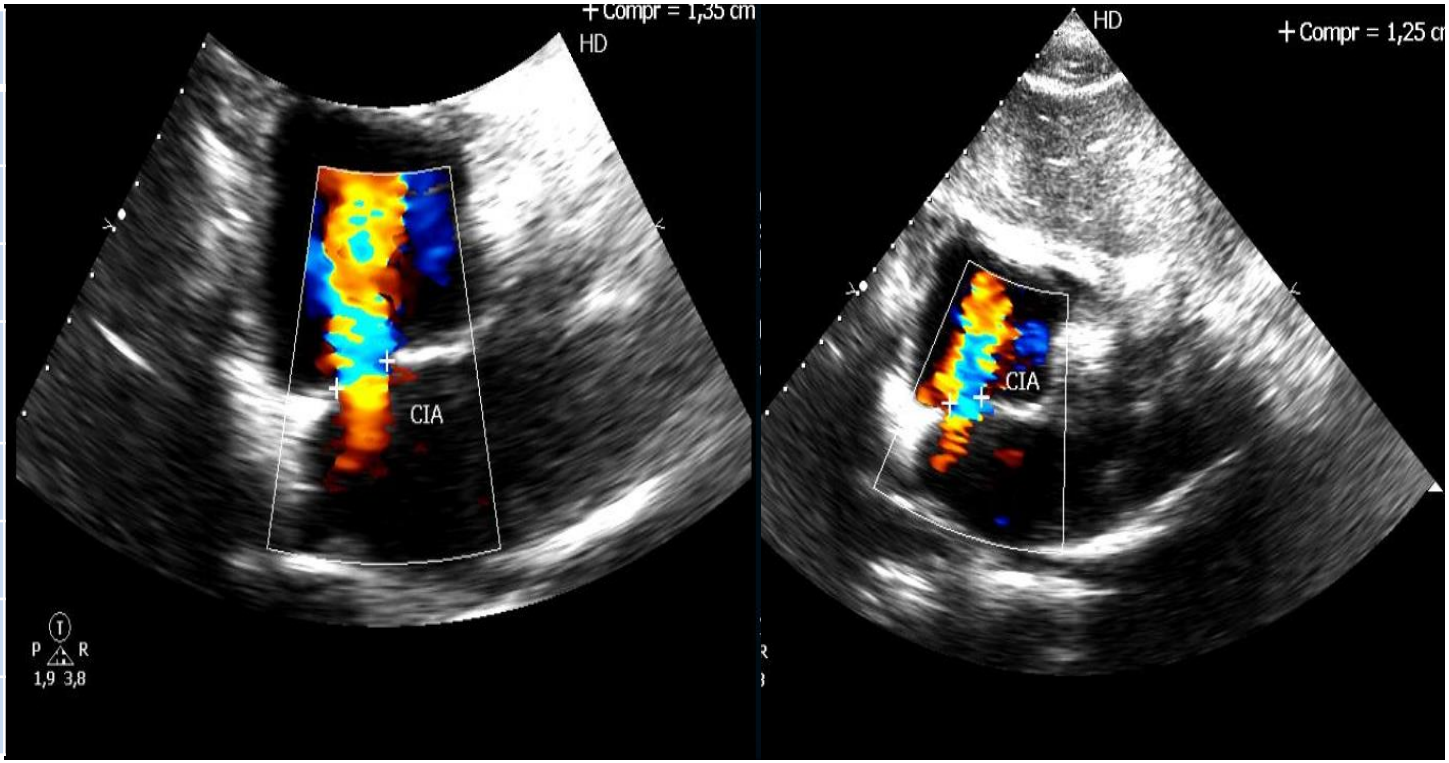
- ID:JP 36 yrs , male, atypical chest pain and fatigue with great efforts. Consulting for check up. Requested transthoracic echocardiography showing ostium secundum ASD, and stress treadmill test that was normal. Underwent transesophagic echocardiograpy: ICV/ASD = 20 mm; ASD = 12 mm; ASD/SCV =13 mm transversal axis: PW/ASD = 16 mm; ASD = 10 mm; ASD/AO = 3,5 mm. Qp/Qs=3,1. Size increase in RA and RV. Suspected anomalous systemic venous drainage

Procedure description

- on 14/03/2014 underwent percutaneous closure of ostium secundum ASD, under general anesthesia and with transesophagic echocardiography. Initially, catheterization of right atrium was tempted by right femoral vein approach, unsuccessfully. (anomalous venous drainage of inferior cava vein to coronary sinus vein) with a 6 fr multipourpose (MP) catheter. By left subclavian vein punction, a diagnostic right atriography was performed with the MP catheter Interventional Management: using right subclavian vein punction, an 8 fr amplatzer delivery catheter was located in left atrium through the ASD, and a 16 mm ASD amplatzer closure device was delivered closing successfully the defect. The patient was discharged on ASA and Clopidogrel after 2 days the procedure with excellent clinical evolution.

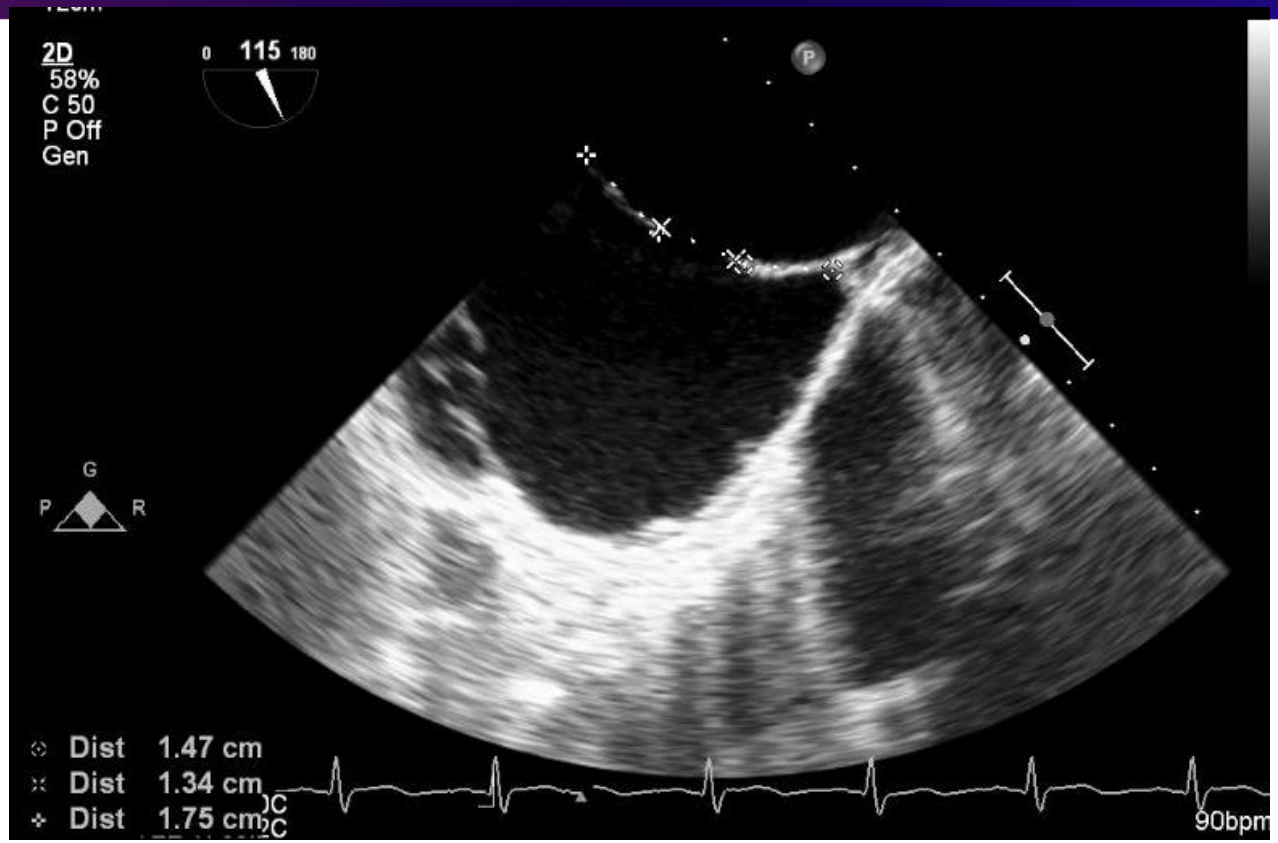
Echocardiography

AO: 31 mm
LA: 32 mm
RV: 29 mm
Septum: 9 mm PW: 9 mm
LV DD: 45 mm
LV DS: 26 mm
PASP: 37 mmHg
LVEF: 73 %



JPF 30 yrs
28/10/13

Echocardiography



Longitudinal			Transversal		
lcv/asd 20 mm	**asd 12 mm**	**asd/scv 13 mm**	**pw/asd 16 mm**	**asd 10 mm**	**asd/ao 3,5 mm**

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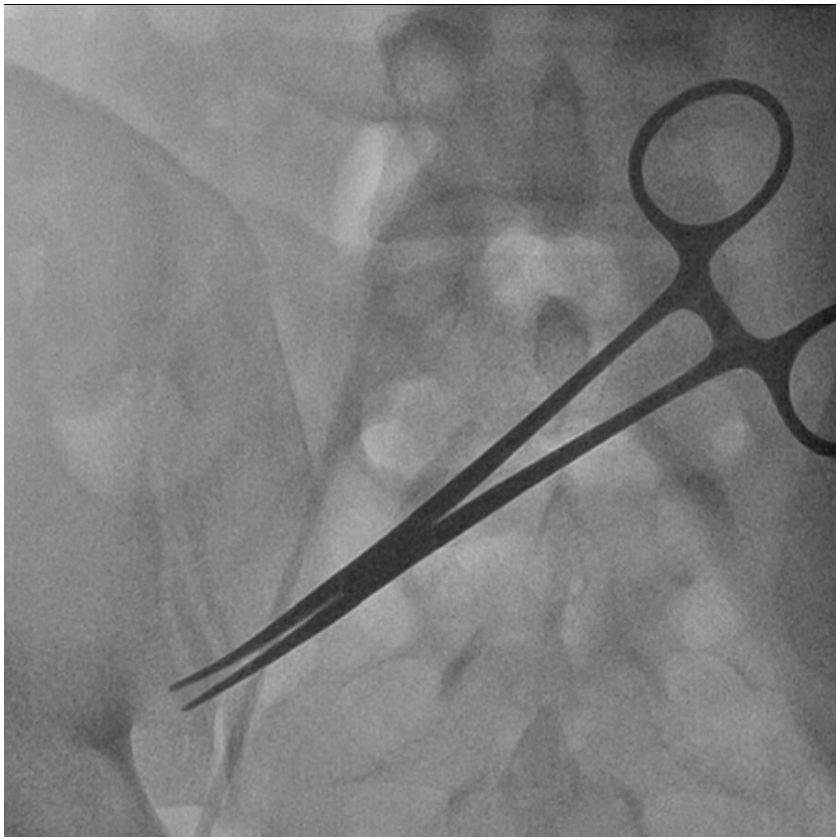
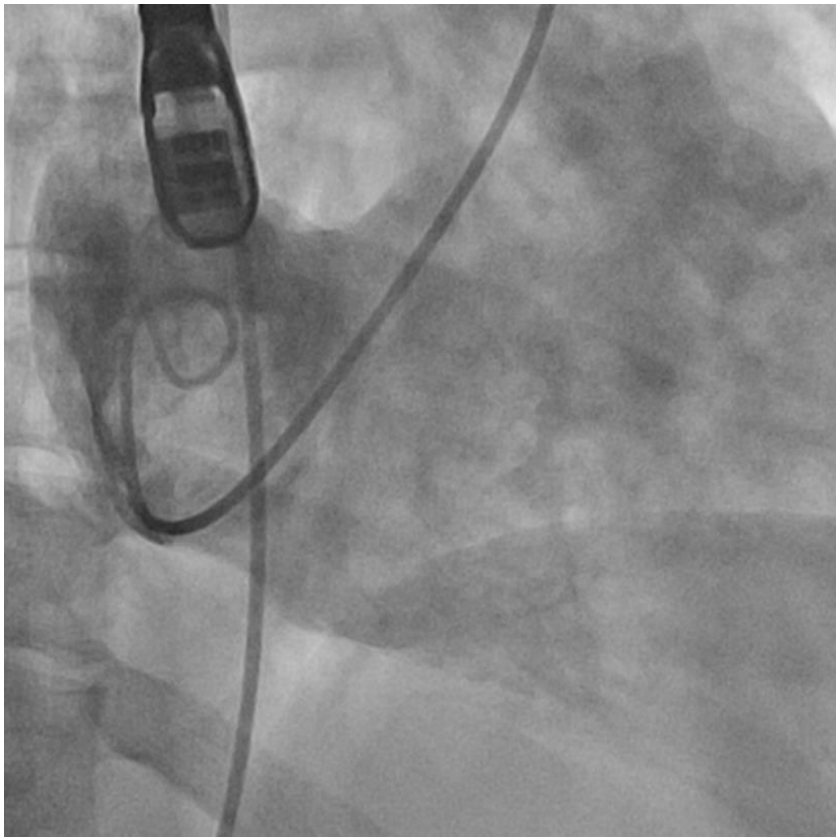
Right atriography



ICV



Right Atrium

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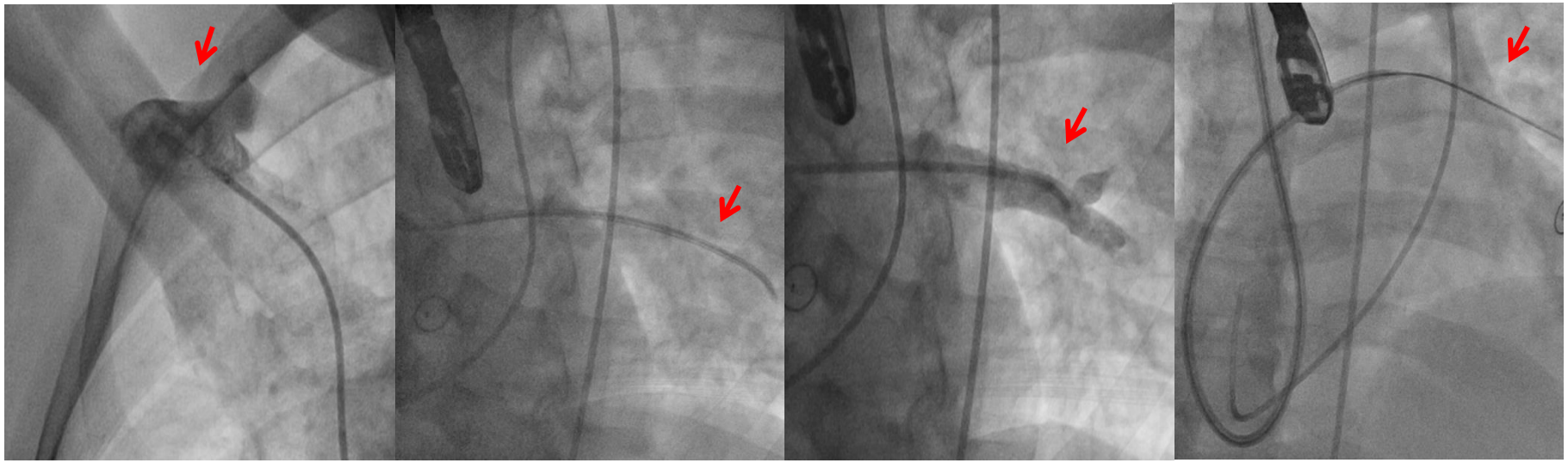
Angiography



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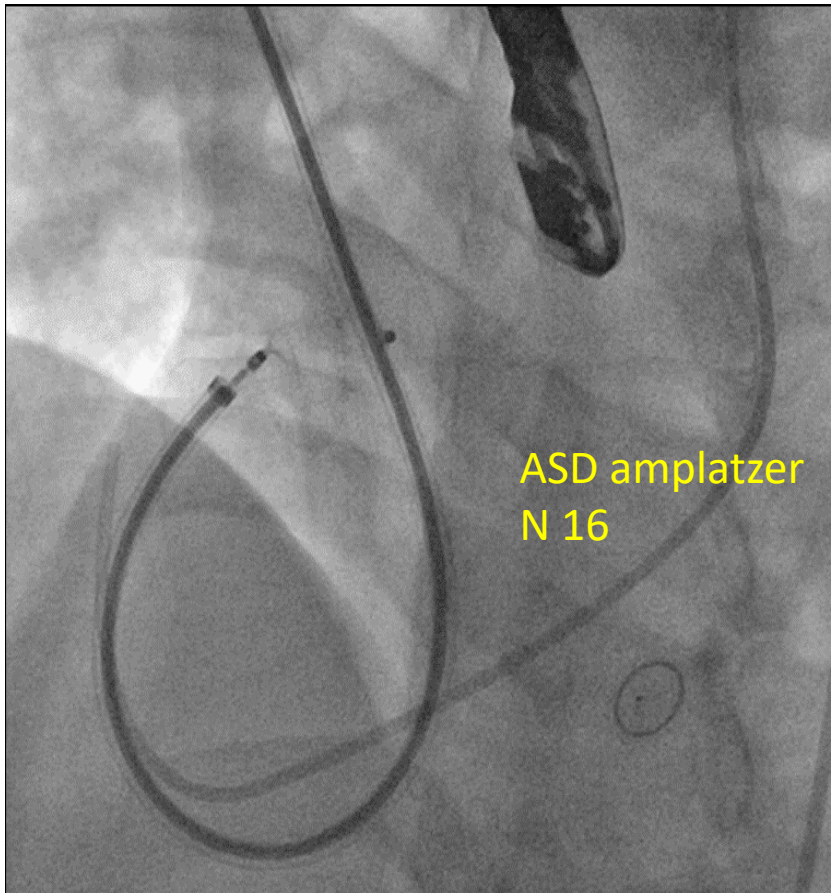
Final Result



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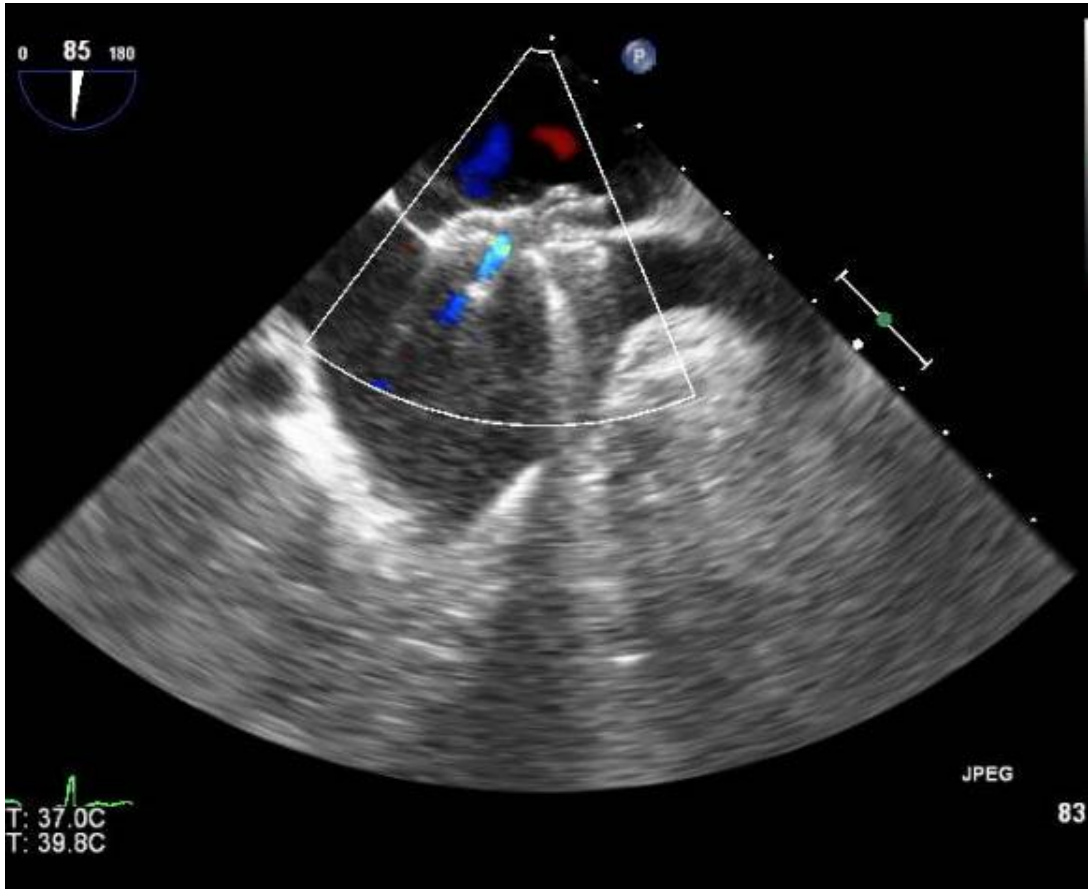
Ecocardiography final Result



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