

Case images

Olgu görüntüsü

Late detachment of an Amplatzer septal occluder device

Amplatzer septal oklüder cihazının geç ayrılması

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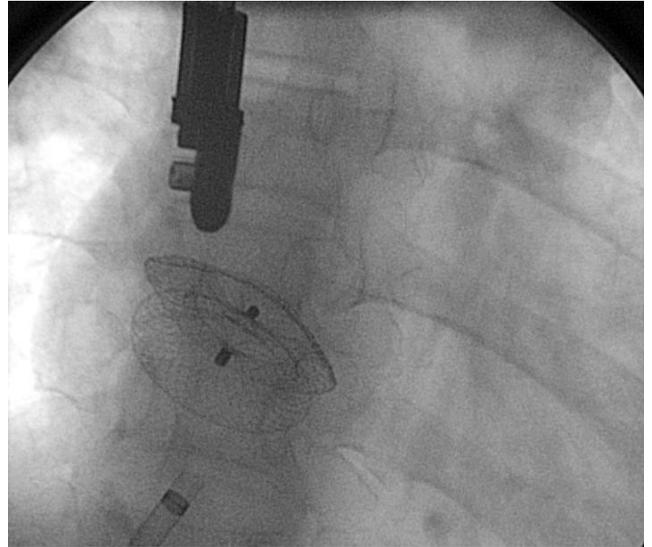
A 48-year-old female patient presented with the complaint of dyspnea and was diagnosed with secundum-type atrial septal defect (ASD). It was decided to close the defect percutaneously using a 28-mm Amplatzer ASD closure device (St. Jude Medical, St. Paul, MN, USA). A multipurpose catheter was passed through the defect. A stiff guidewire was placed into the left superior pulmonary vein. After preparation of the device, it was advanced through the delivery system until the left disc of the device was opened in the left atrium and pulled back to the septum. Following deployment of the left disc, the right disc was opened. A transesophageal echocardiogram (TEE) was used to check the position of the device, and the durability of the device and proper positioning of the rims were confirmed using the Minnesota maneuver. Next, the proper positioning of the discs was confirmed using fluoroscopy, and the device was released. TEE confirmed the positioning of the device and successful closure of the defect without any complication (Figure).



Six months after the procedure, the patient returned with new-onset dyspnea and palpitations. TTE revealed dislocation of the Amplatzer ASD closure device into the left

atrium with only a small part of the device attached at the interatrial septal defect border (Video 1*). The heart team evaluated the case and decided on surgical removal of the device and repair of the defect. During the surgical procedure, it was evident that the device had detached from the superior rim. The device was removed and the defect was repaired primarily (Video 2*). She was discharged uneventfully without further complication.

Based on this case, it should be emphasized that the patients with ASD undergoing device closure must be warned about new-onset symptoms and closely followed up with echocardiographic examinations.



Figure– Fluoroscopic image after index percutaneous atrial septal defect closure procedure in 35° left anterior oblique view. *Supplementary video files associated with this presentation can be found in the online version of the journal.