Catheter Closure of Multiple Atrial Septal Defects





Teiji Akagi, Manabu Taniguchi, Yoshifumi Kijima, Koji Nakagawa. Cardiac Intensive Care Unit, Okayama University, Okayama, Japan





Multiple ASDs

Single vs. Multiple?
Single defect has 1 defect
If you found the 2nd defect, patient may have the 3rd defect,

It you found the 3rd defect, patient mostly have MANY defects.

Interventional Anatomy of ASD



















































































Patient's Profile

Number: 38
Age at procedure: 40±21 (5-76) years
Sex: 10 (M) : 28 (F)
Max. diameter: 22.0±7.5 (10-36) mm
Qp/Qs: 2.7±0.7 (1.6-3.7)

Results

2 devices:	20
■ 3 devices:	4
□ 1 device:	8
Cribriform device:	2
Abandoned:	1





If you found ≥2 defects...

Accurate definition of all defects and rims (take the time, 3D echo is great help
Cross the guide wire for target defect
Balloon sizing (not too much inflate)
Check another defects by color Doppler
Deploy the device from small to large

Tip and Trick for Multiple ASDs

- Multiple defects are not rare condition, mostly existed in the infero-posterior lesion.
- Do not need to rush. Work out the puzzle.
- Initial approach does not always cross the largest defect. If balloon sizing diameter is different your image, catheter cross the different defect.
- Do not use the oversized device to close the defect at once.

Thank you for your kind support to Japan



Procedure

TEE evaluation (routine + live 3 D)
 Balloon sizing
 Re-evaluation of additional defects
 Distance >5 mm – another device
 ≤5 mm single device

Results of ASD closure













Conclusions

To close of multiple ASDs

Balloon sizing is essential
Take the time for echo evaluation
3D echo demonstrates very important anatomical relationship of defects
Distance ≥5-7 mm require another device











