

Finding a way through a maze

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India

Clinical details

- 3.5 yr old girl
- Repeated RTI
- Weight 15 kg
- Vitals : Normal
- 3/6 ESM with wide and fixed A2P2
- 2/6 MDM across the TV
- Clinically: Pretricuspid shunt; >2:1

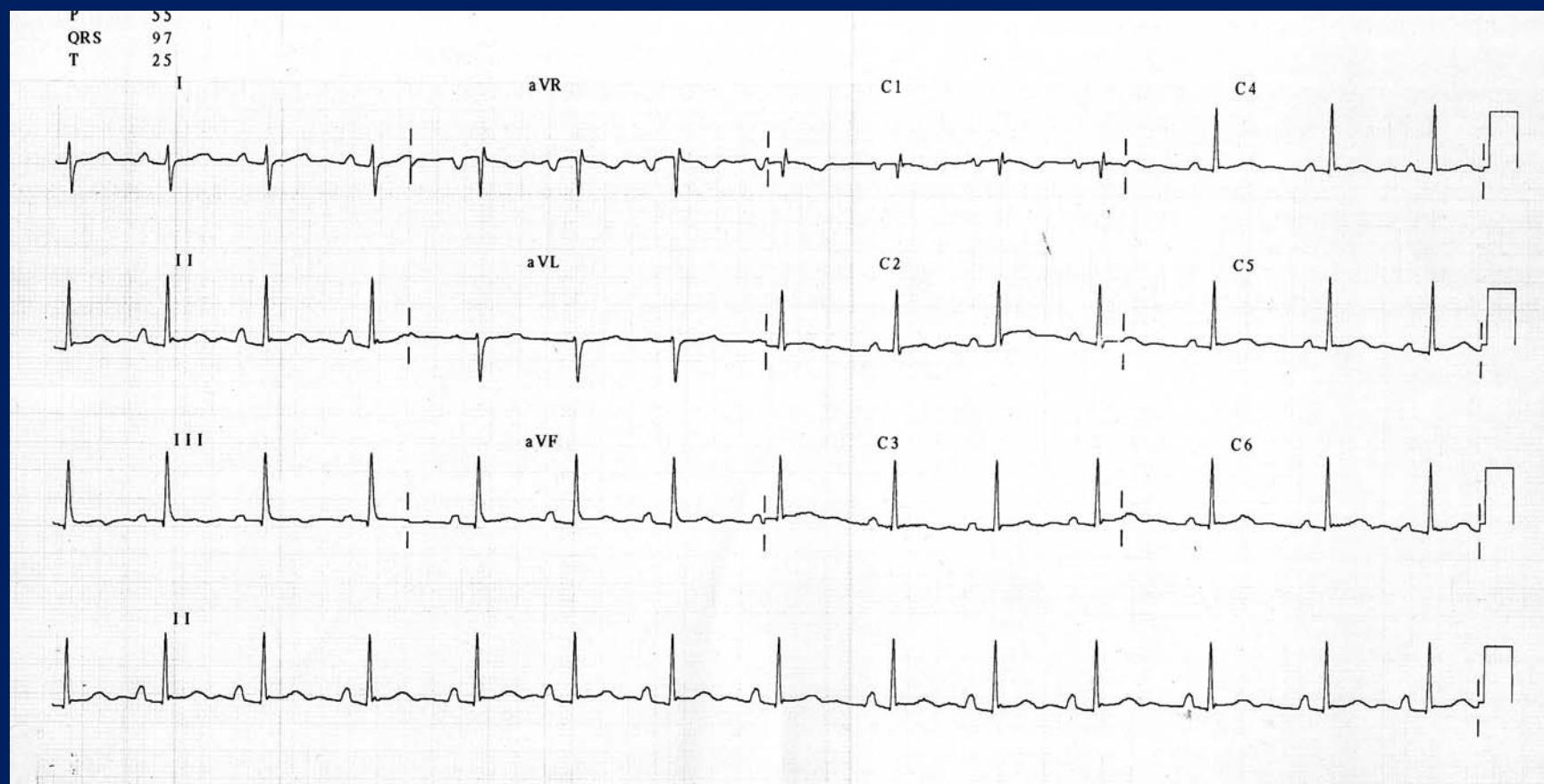
Investigations

- X-Ray chest: CTR 55%, Pulmonary plethora
- ECG: SR, RAD, rsR' in V1
- ECHO:
 - Large secundum ASD
 - Deficient aortic rim
 - Dilated RA and RV

X-ray chest



ECG

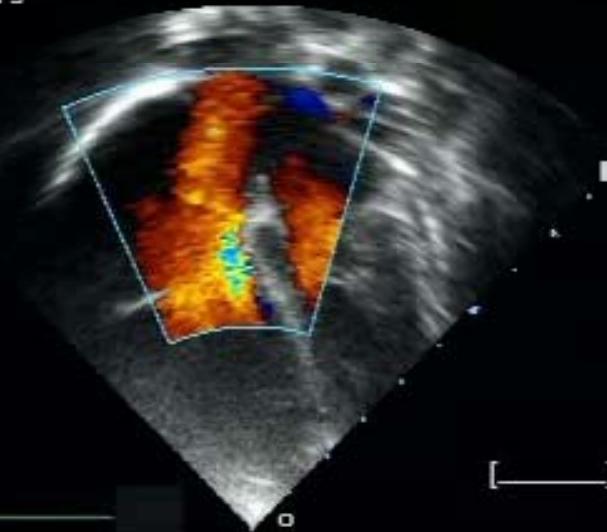


MI: 1.0 S8 TANISHKA
25 MAY 11 13:40:07 3Y6M/F
2/1/B/F2 18CM DR KUMBLA
GAIN 50 COMP 75 77HZ

GLENMARK CARDIAC
CENTRE
MOD-PED

TIS: 1.6 S8 TANISHKA
25 MAY 11 13:40:25 3Y6M/F
2/1/B/M2/A 18CM DR KUMBLA
GAIN 50 COMP 75

GLENMARK CARDIA 3.3 MHZ
CENTRE
MOD-PED



MI: 1.3
S8
25 MAY 11
13:36:08
2/1/B/F2
GLENMARK CARDIAC
CENTRE
MOD-PED
TANISHKA
3Y6M/F
DR KUMBLA
GAIN 50
COMP 75

16CM
113HZ



MI: 1.0
S8
25 MAY 11
13:40:36
2/1/B/F2
GLENMARK CARDIAC
CENTRE
MOD-PED
TANISHKA
3Y6M/F
DR KUMBLA
GAIN 50
COMP 75

18CM
77HZ

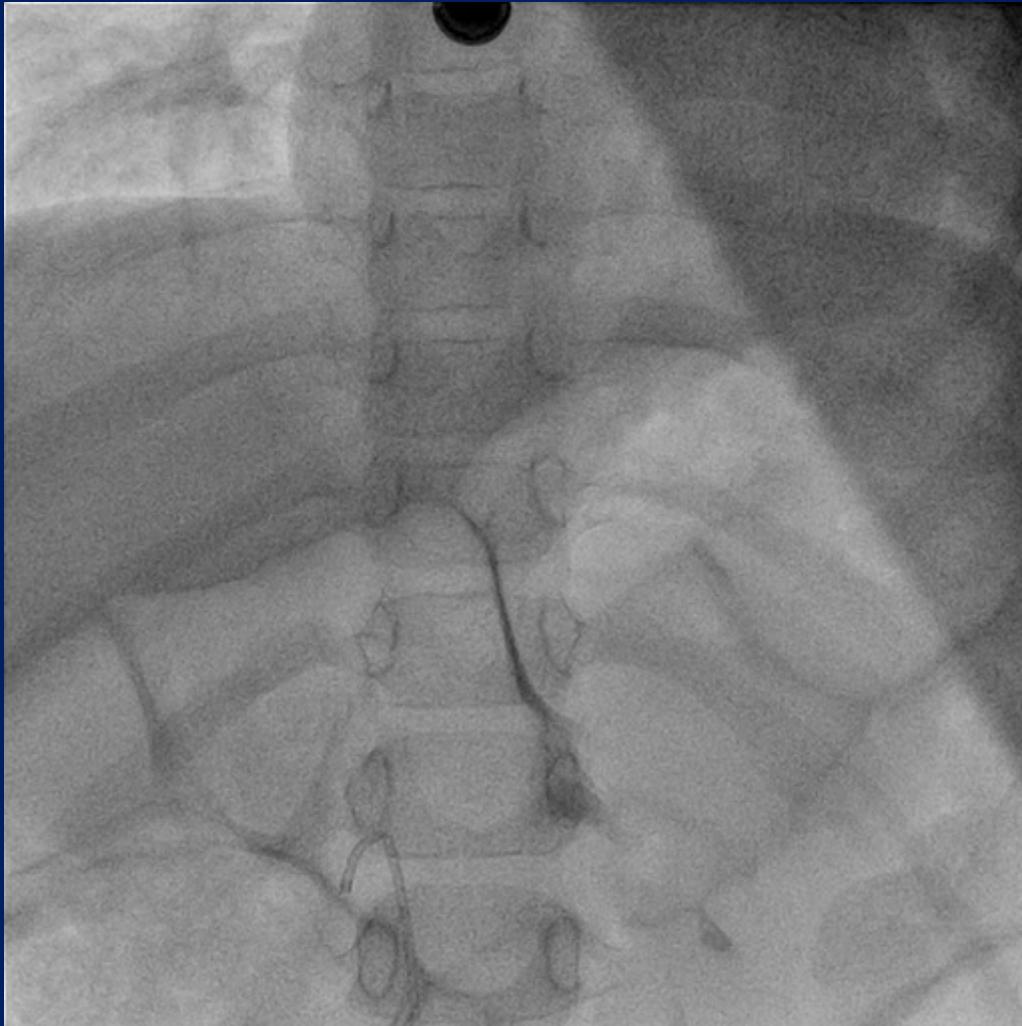


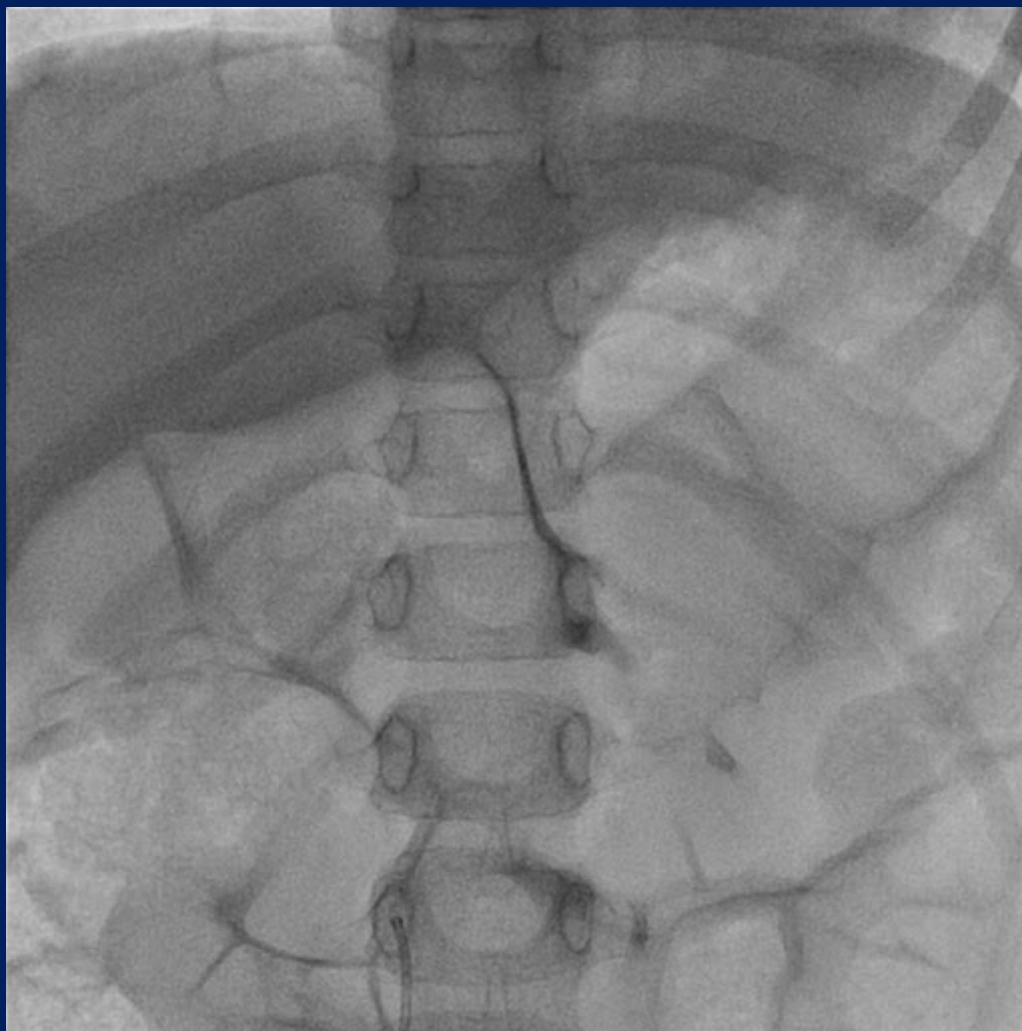
Plan

- Transcatheter device closure of ASD.

Procedure

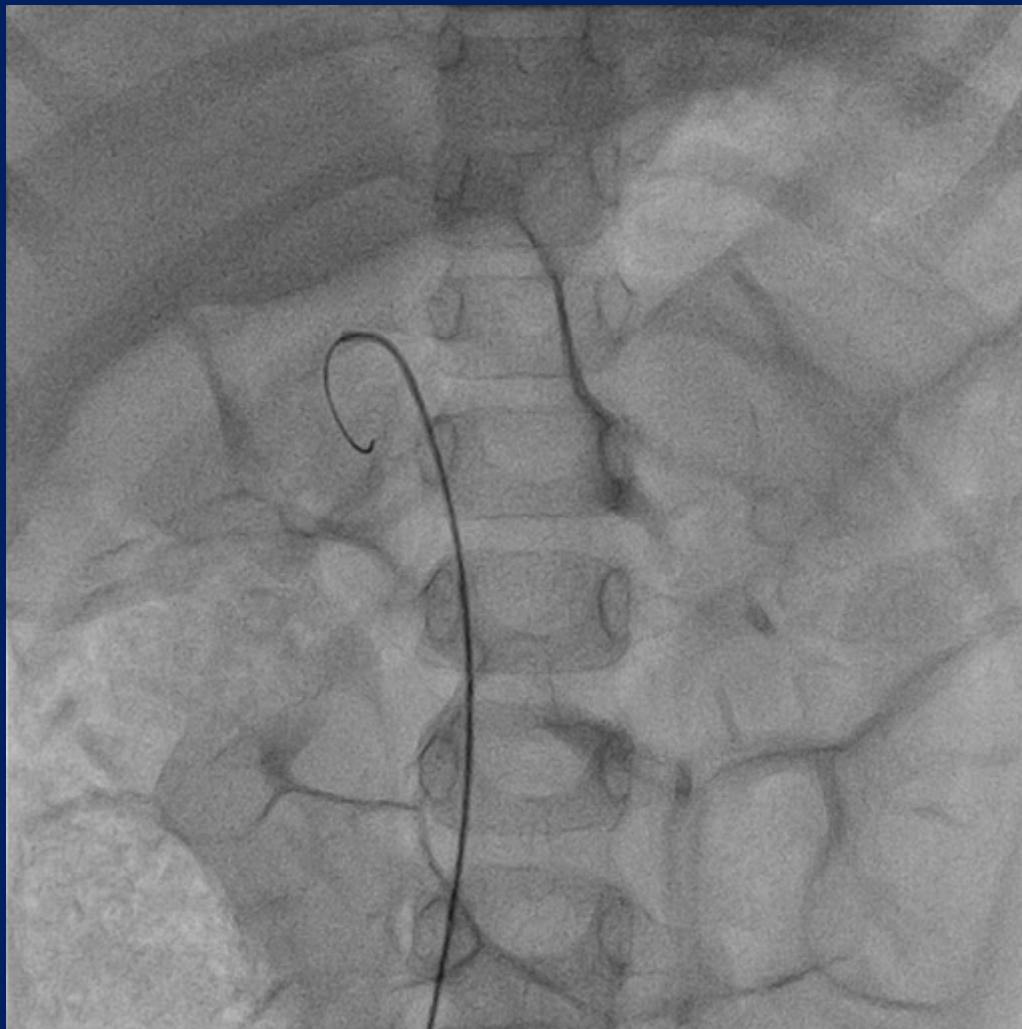
- Under general anesthesia
- TEE – 19 mm ASD
- All the rims were adequate except the aortic rim

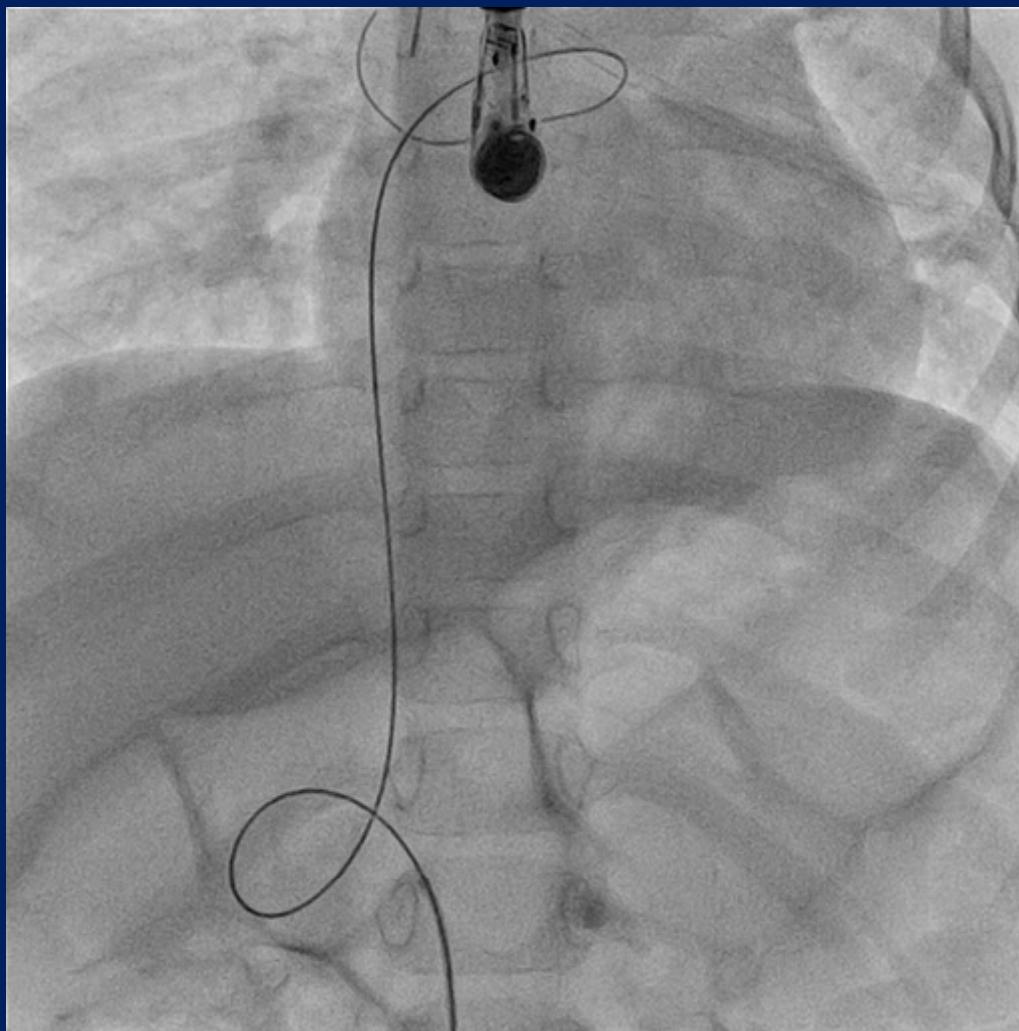


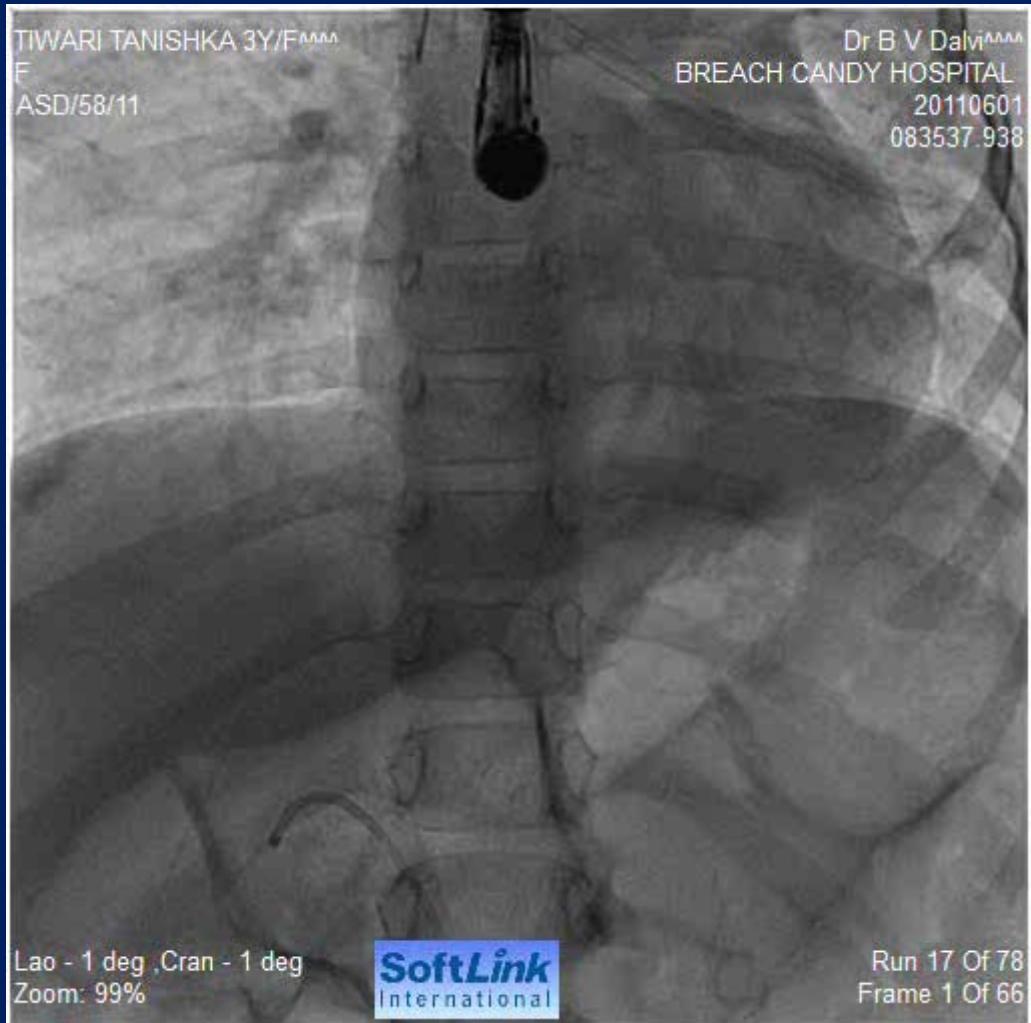


Options

- Transjugular approach
 - Cumbersome
 - Large sheath
- Transhepatic approach
 - Limited experience
 - Assistance by Radiologist
 - Rescheduling the procedure







TIWARI TANISHKA 3Y/F
F
ASD/58/11

Dr B V Dalvi ^{MM}
BREACH CANDY HOSPITAL
20110601
083537.938

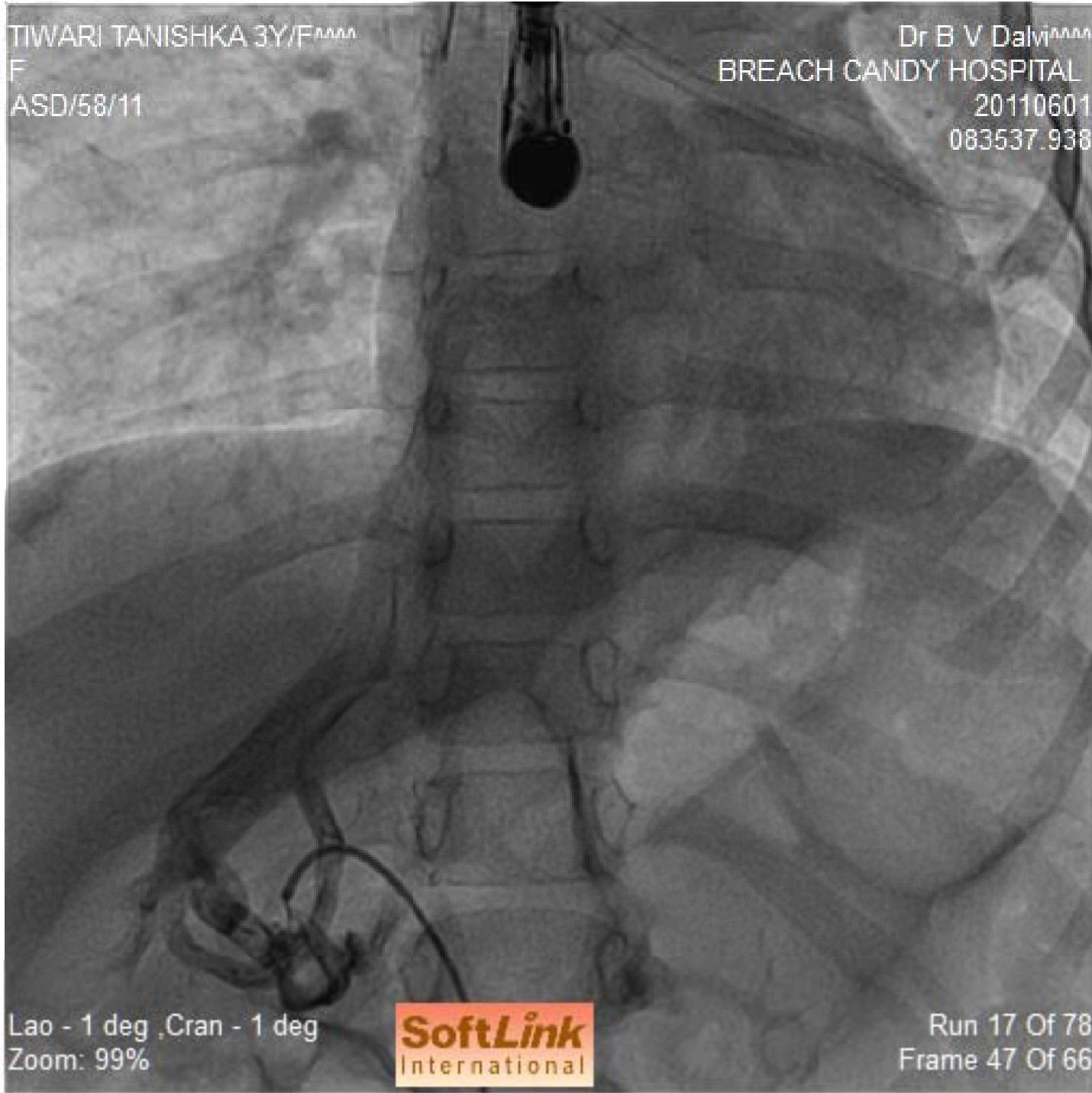
Lao - 1 deg , Cran - 1 deg
Zoom: 99%

SoftLink
International

Run 17 Of 78
Frame 1 Of 66

TIWARI TANISHKA 3Y/F
F
ASD/58/11

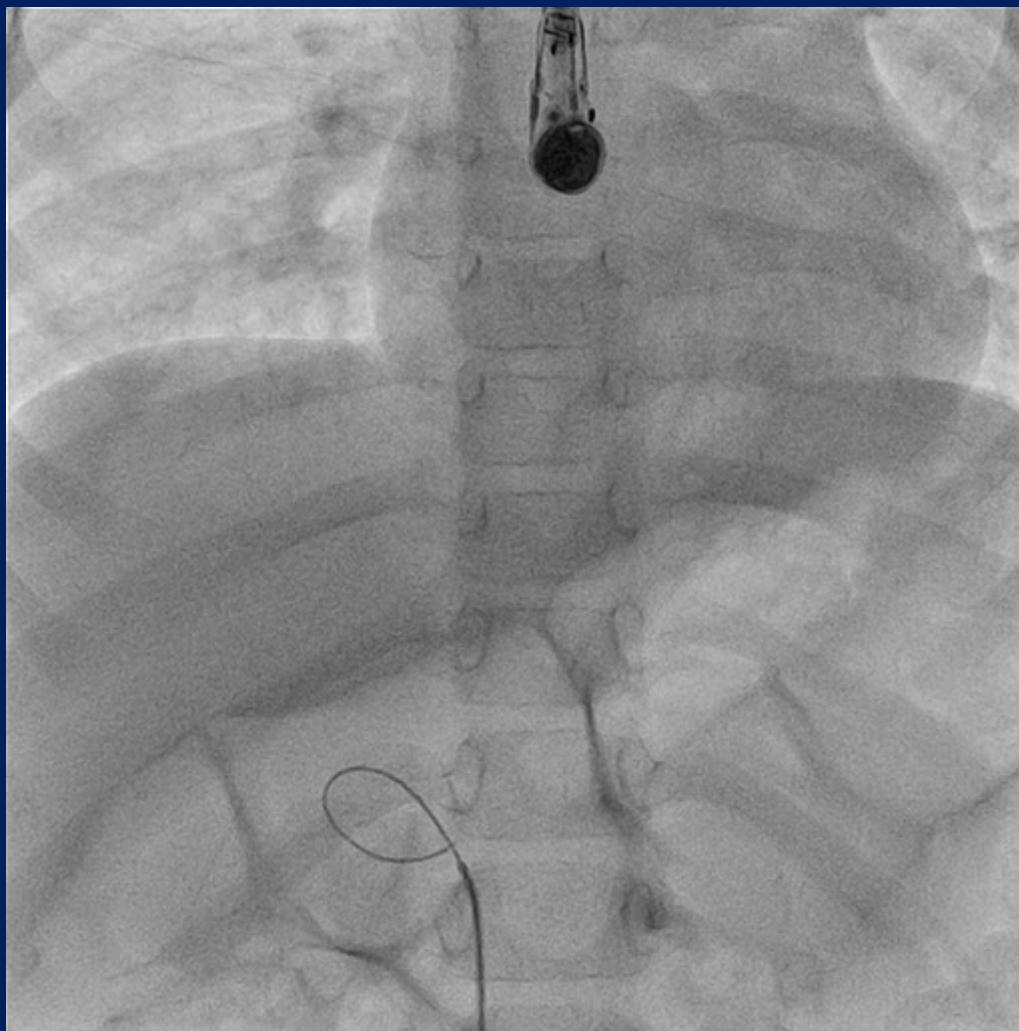
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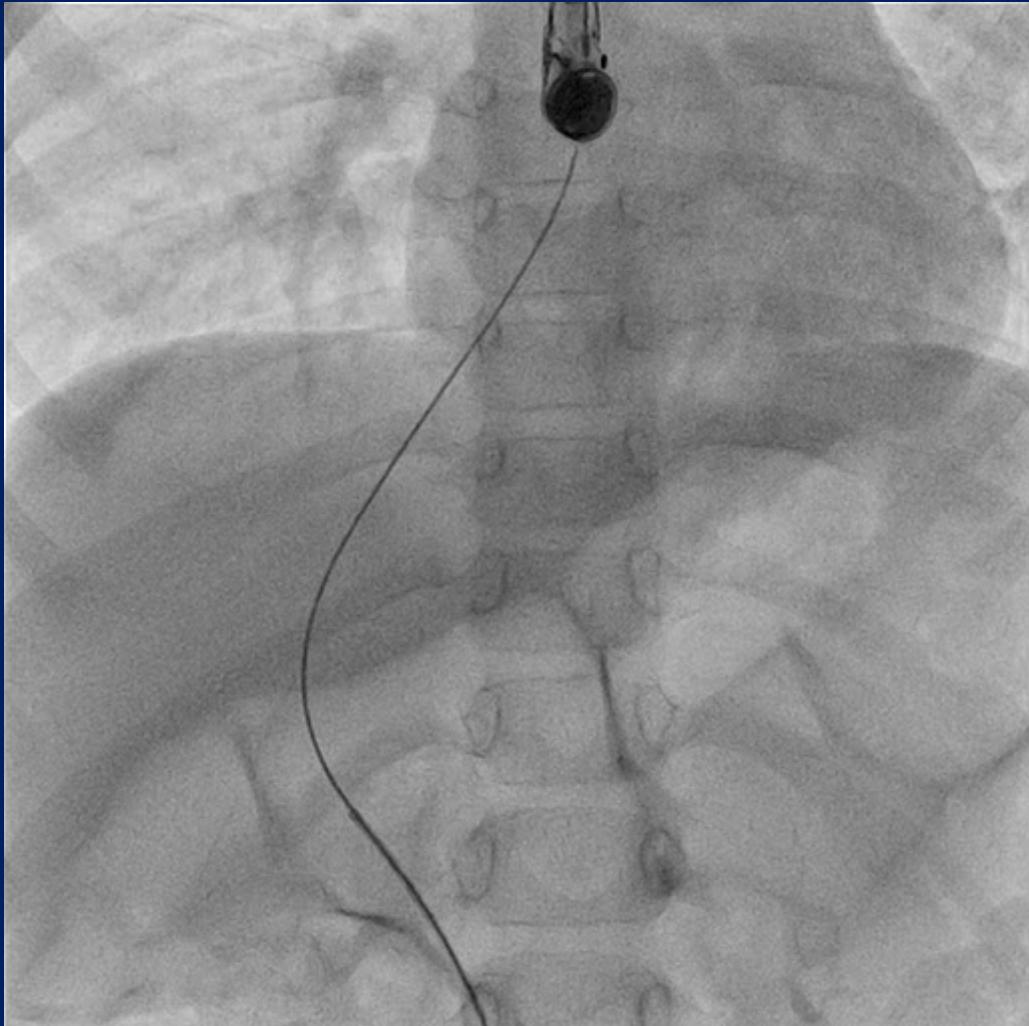


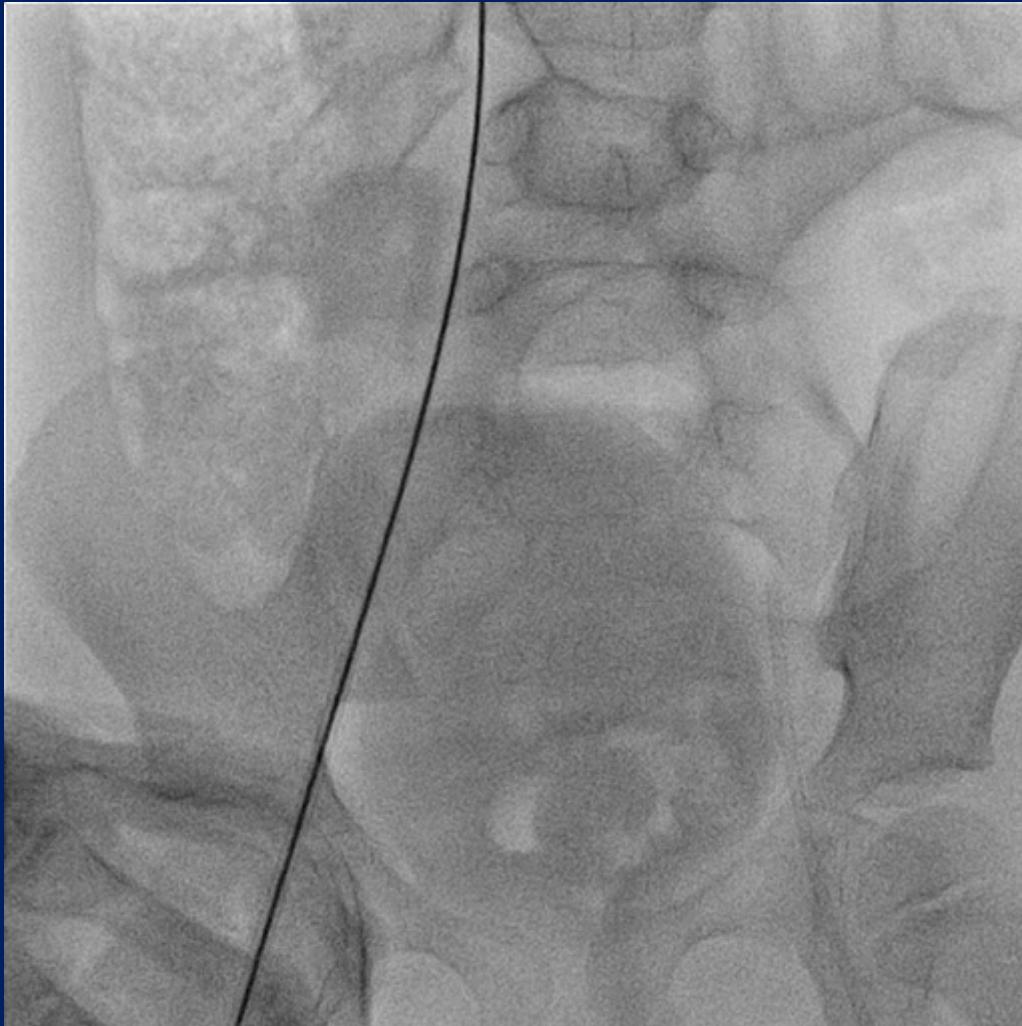
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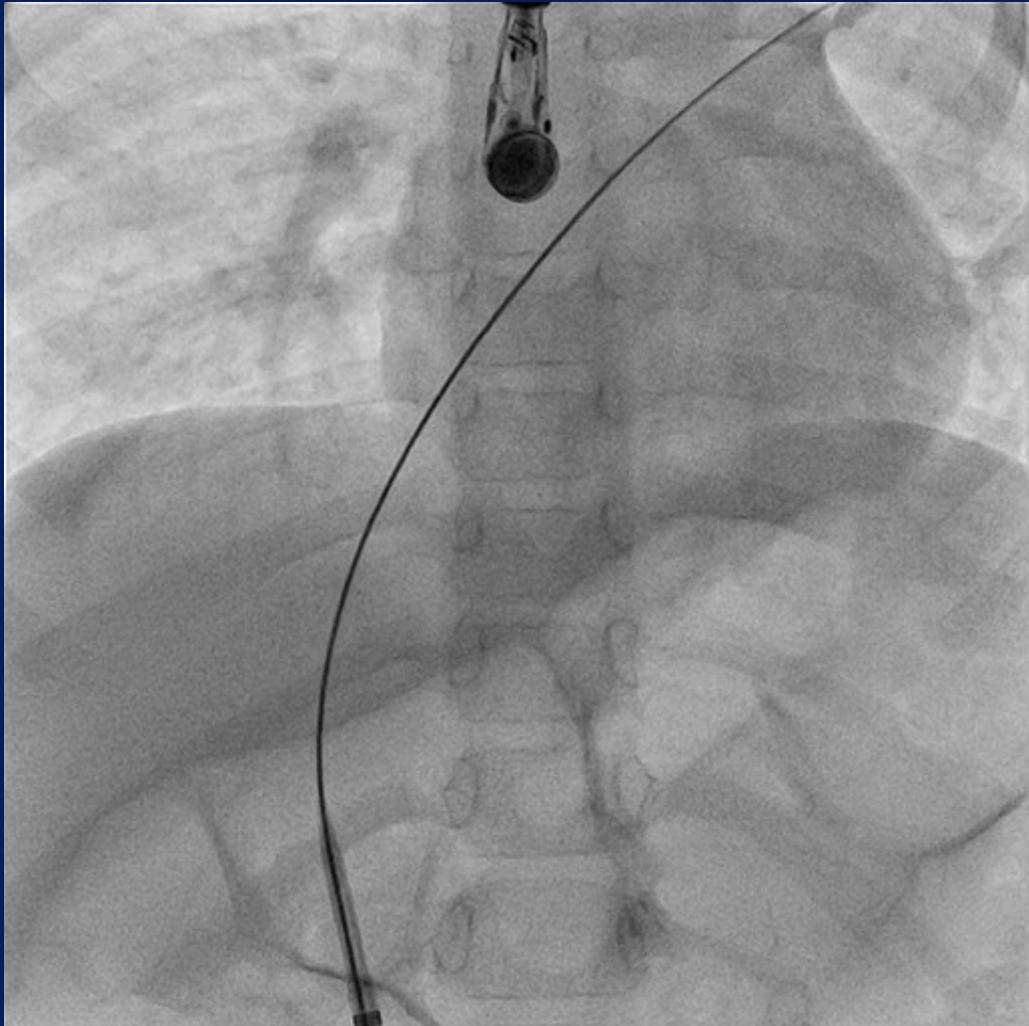
SoftLink
International

Run 17 Of 78
Frame 47 Of 66



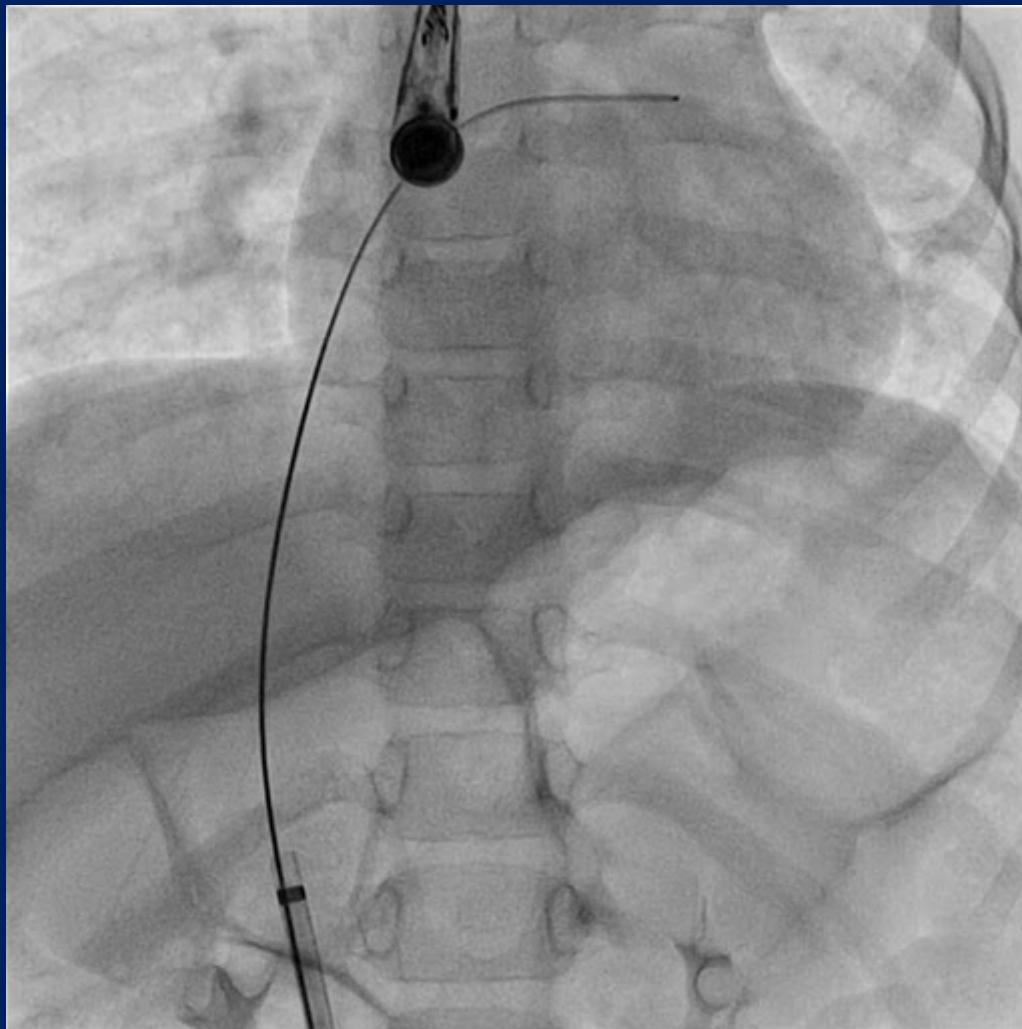


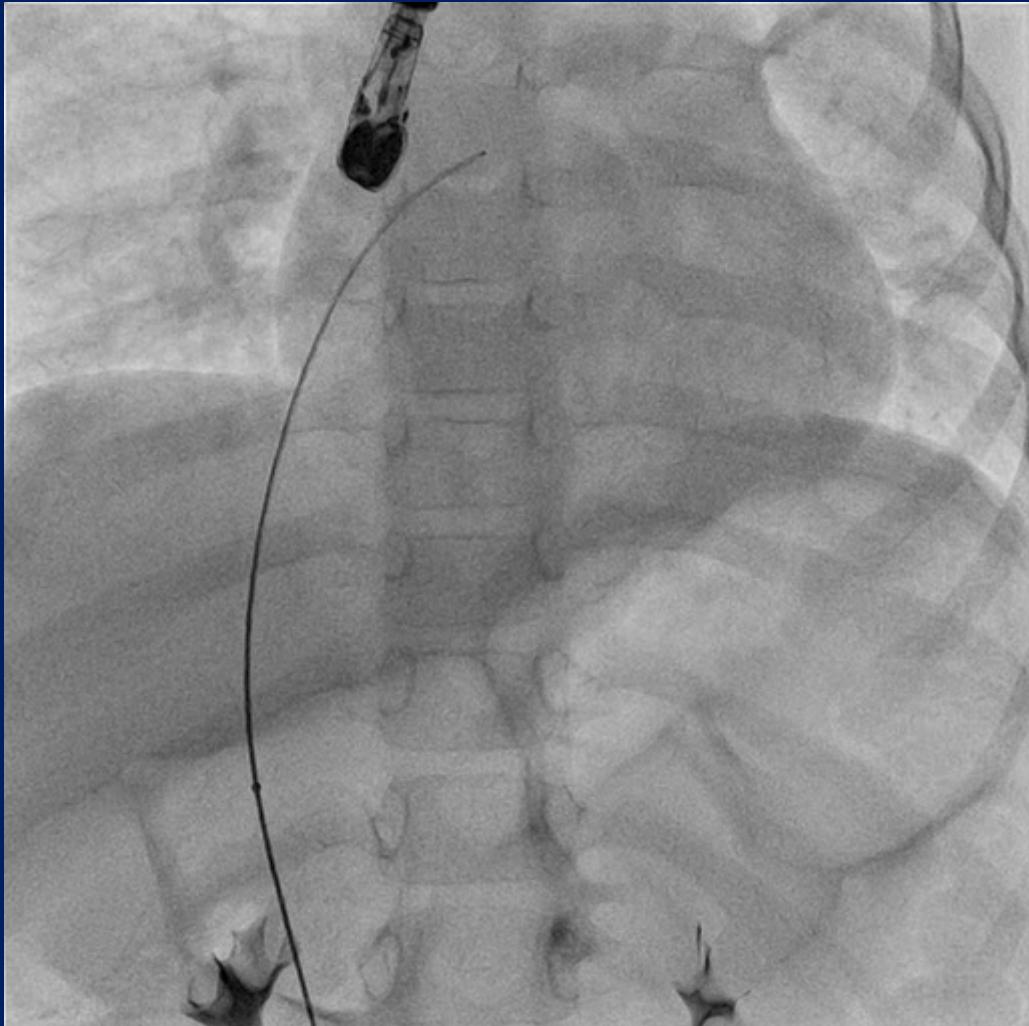


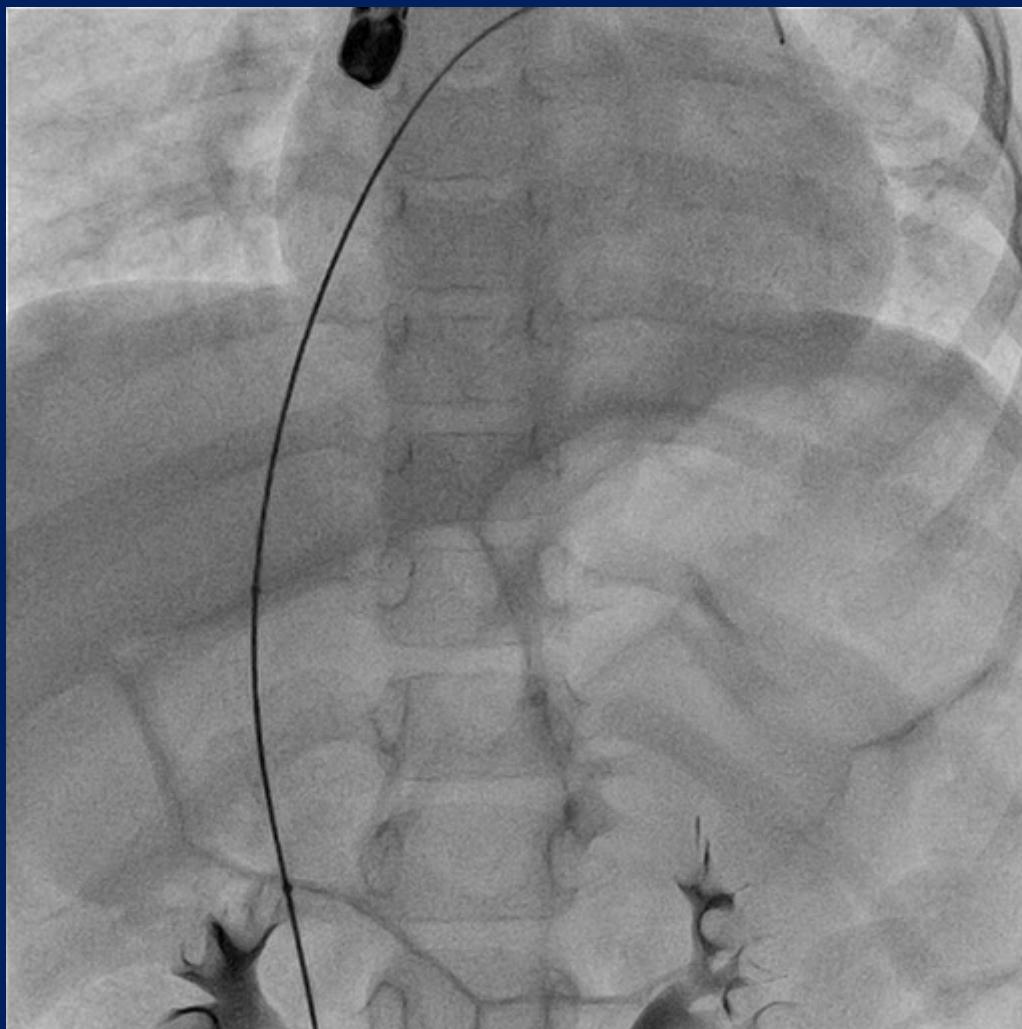


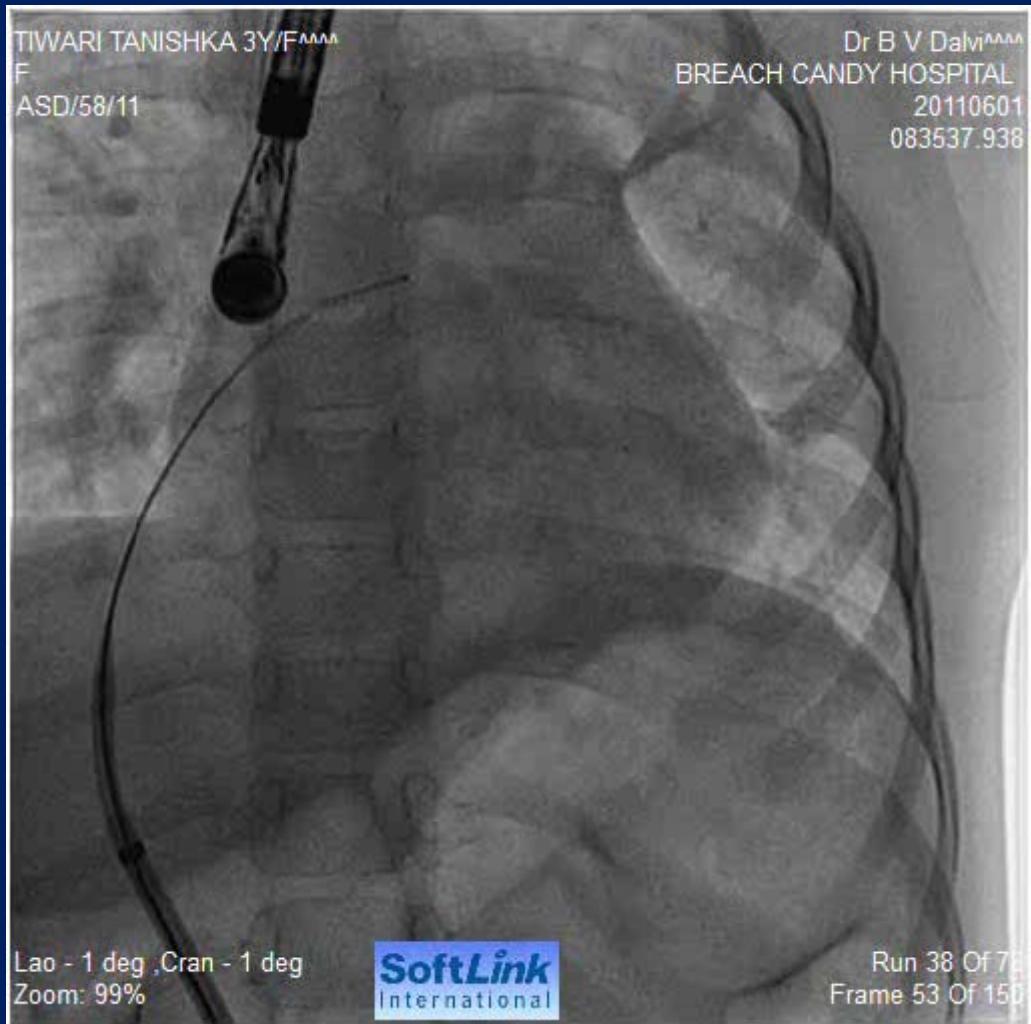
NOW

WHAT?









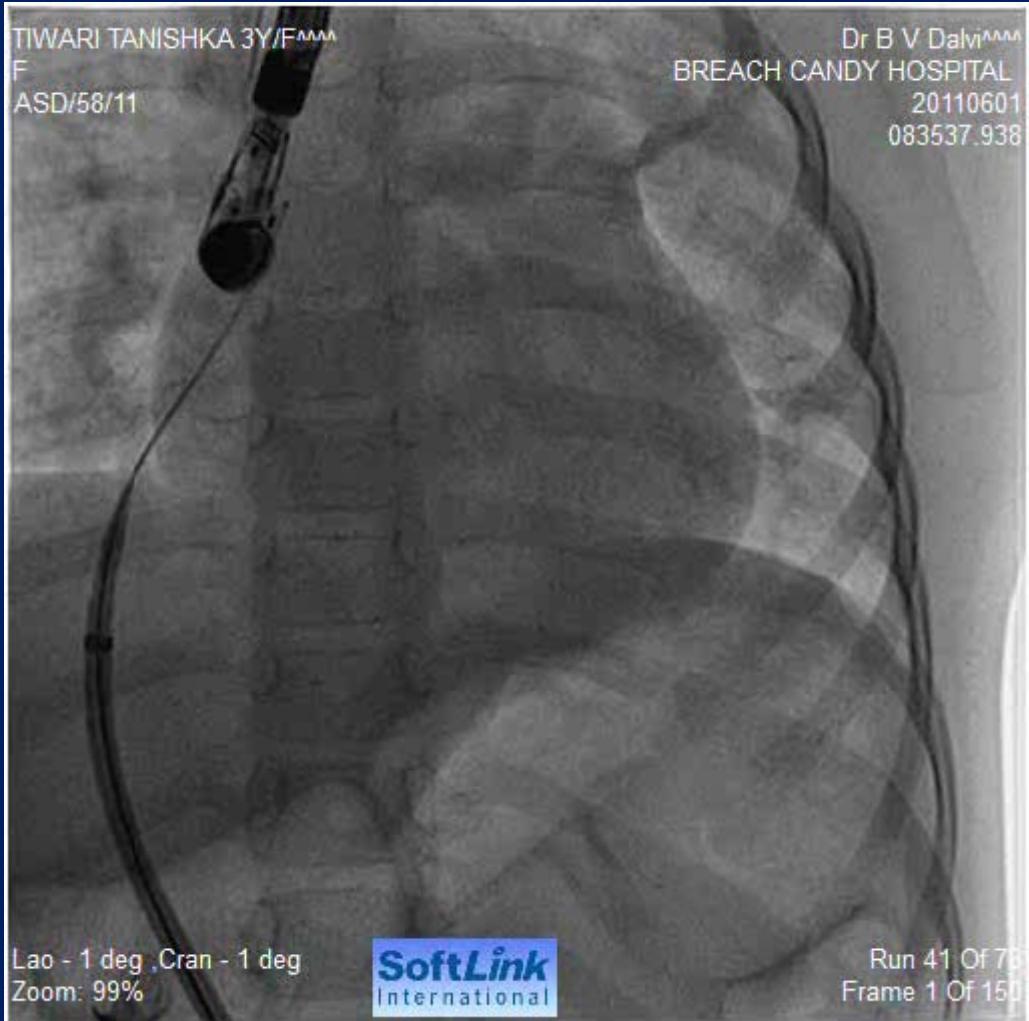
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Zoom: 99%

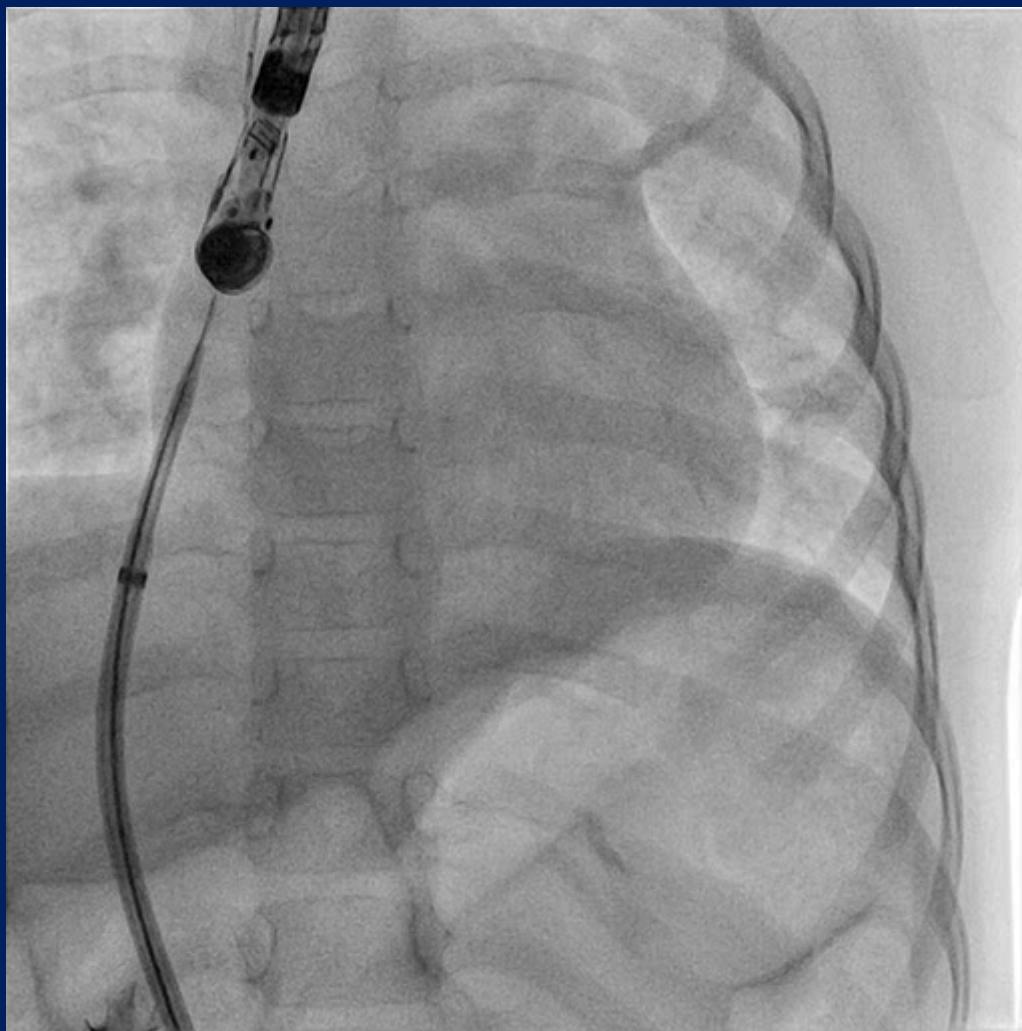
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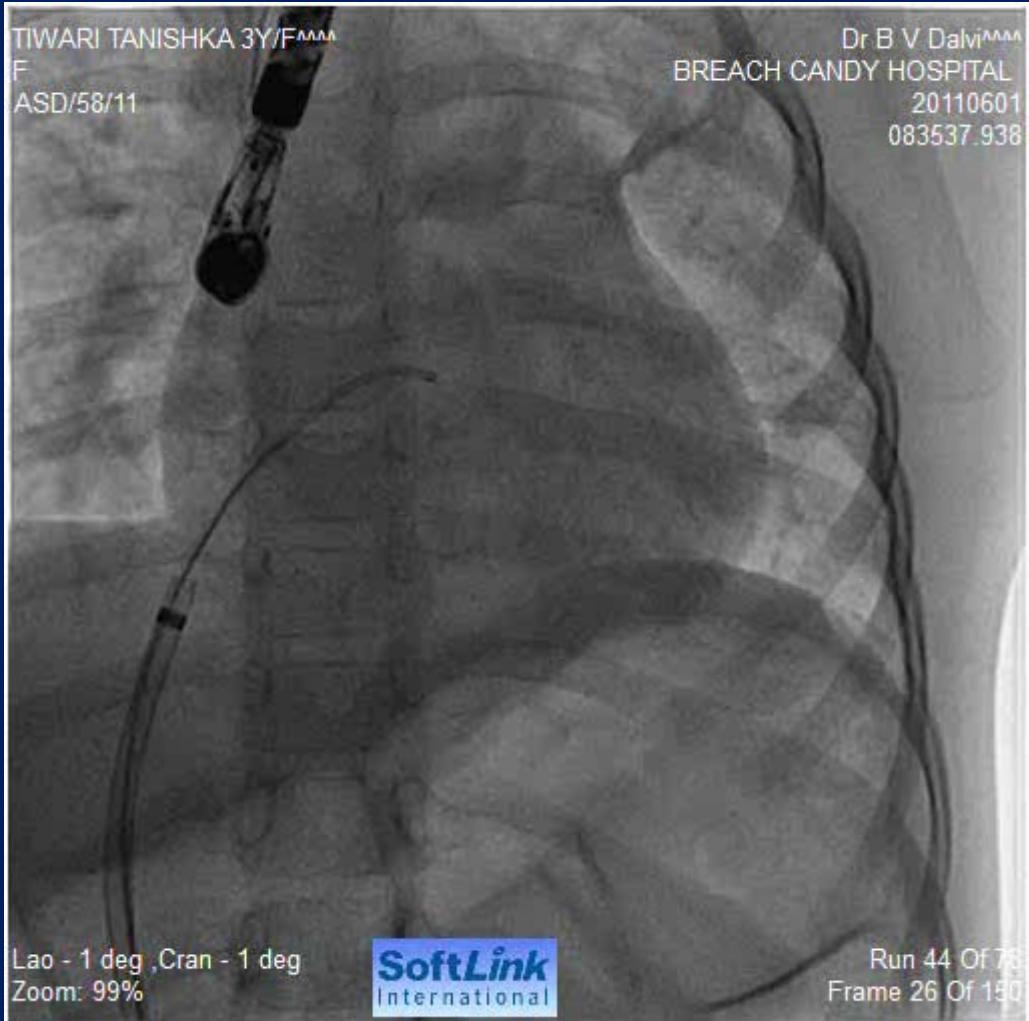
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Frame 53 Of 150

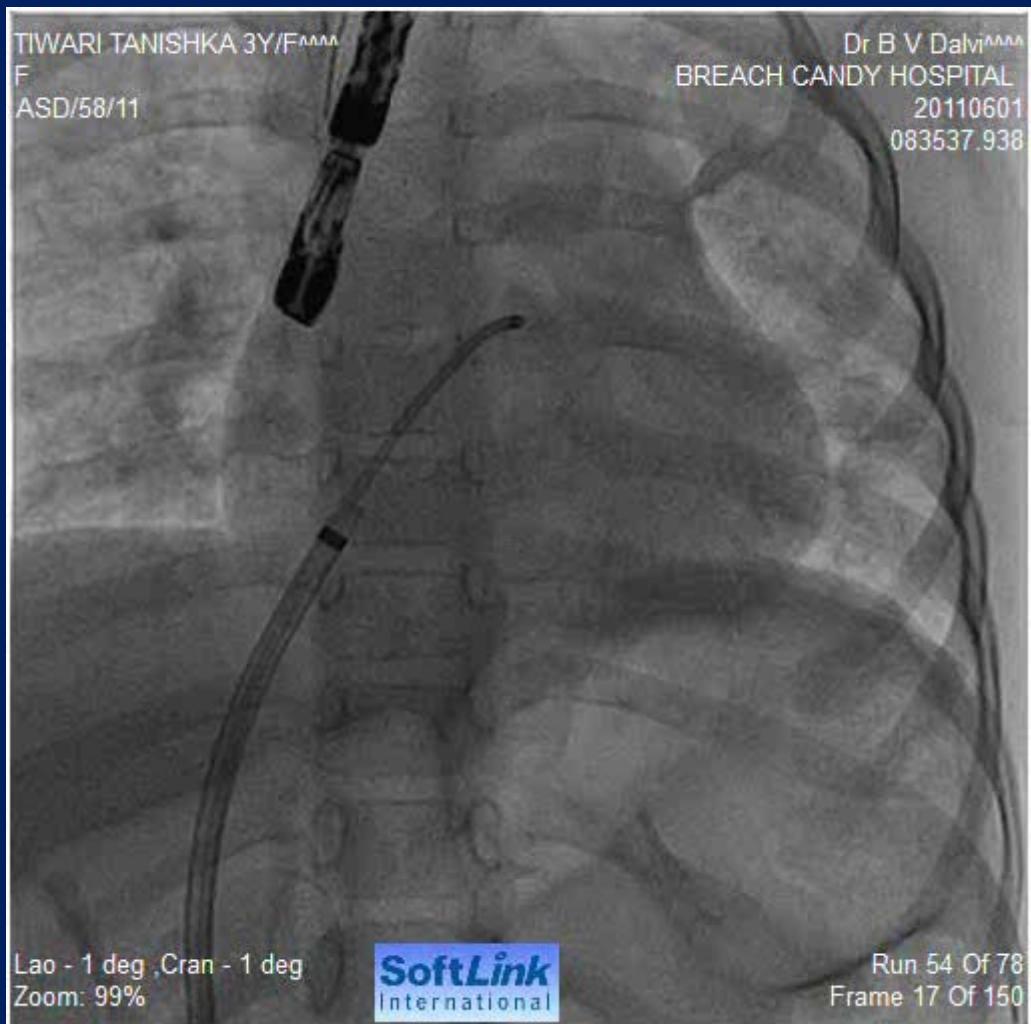
TIWARI TANISHKA 3Y/F/M
F
ASD/58/11

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083537.938









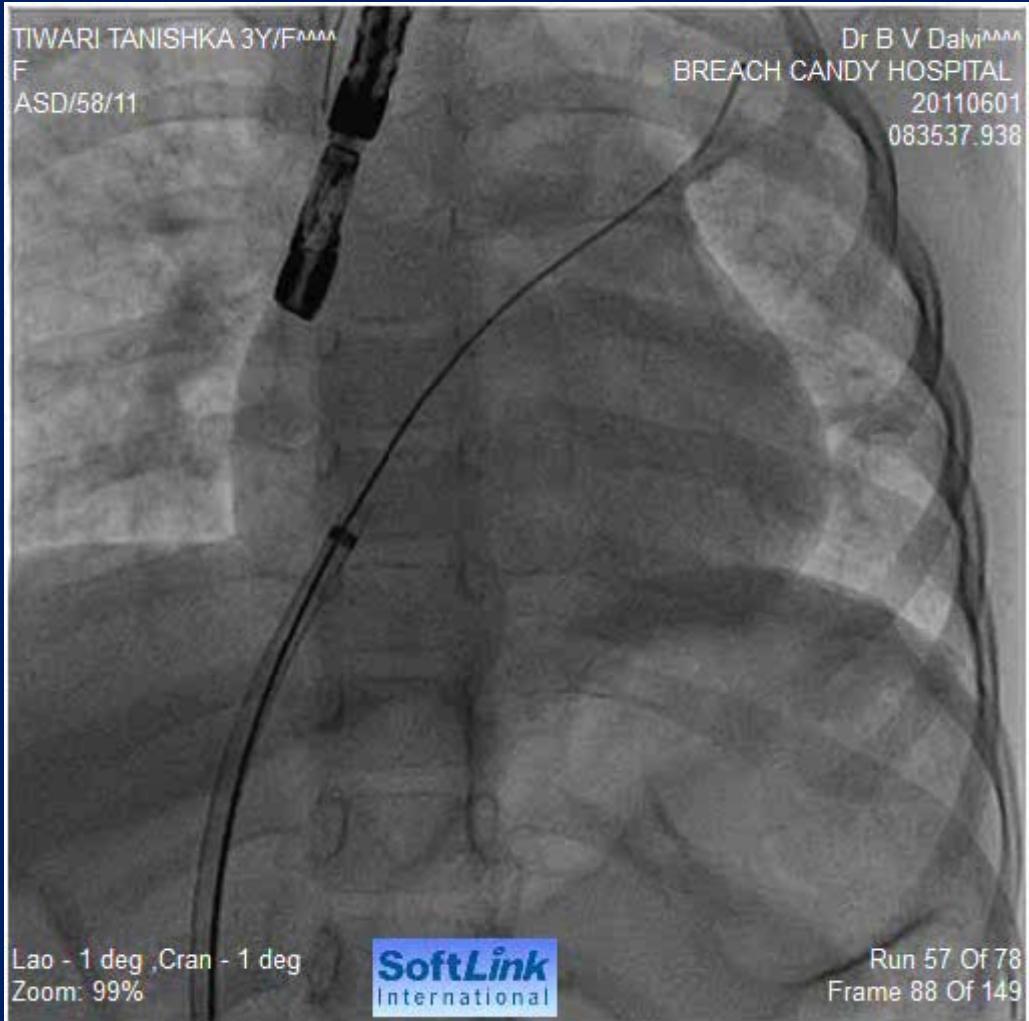
TIWARI TANISHKA 3Y/F
F
ASD/58/11

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083537.938

Lao - 1 deg ,Cran - 1 deg
Zoom: 99%

SoftLink
International

Run 54 Of 78
Frame 17 Of 150



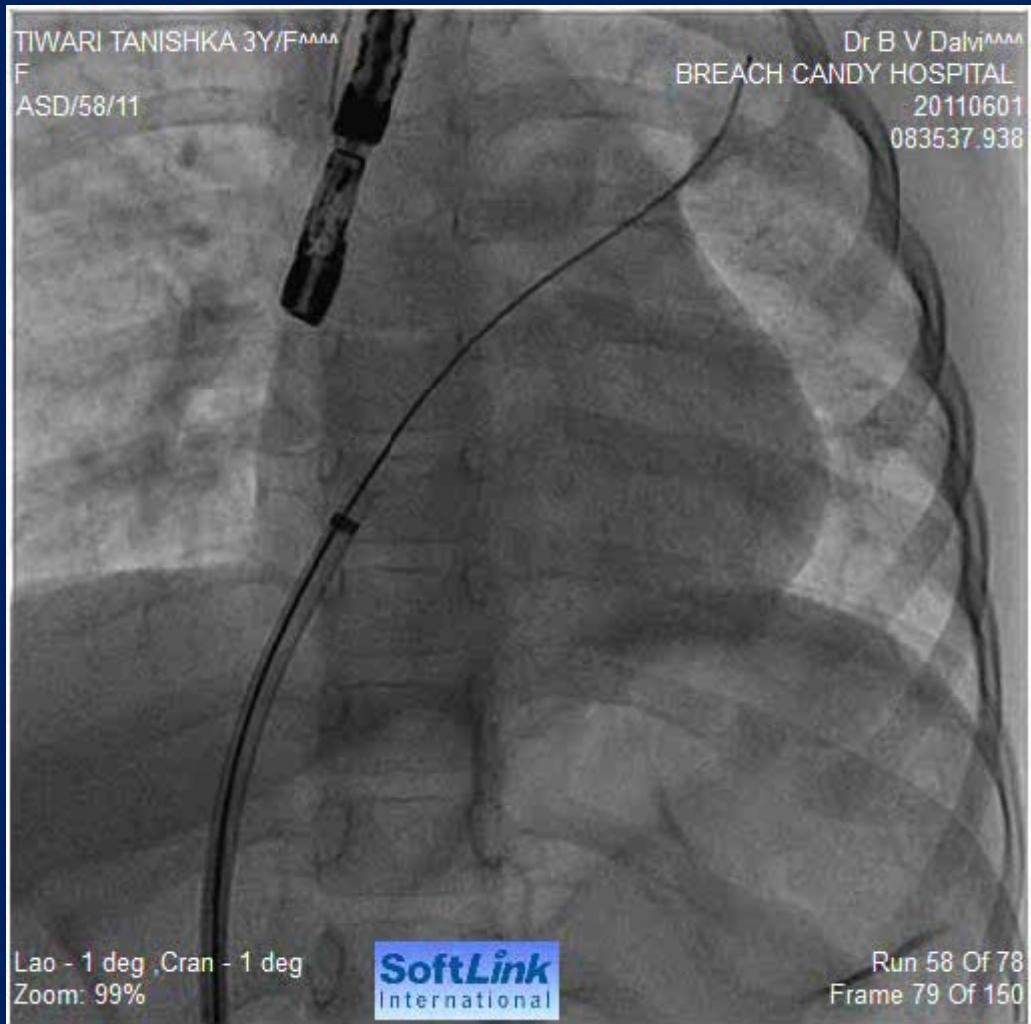
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F
ASD/58/11

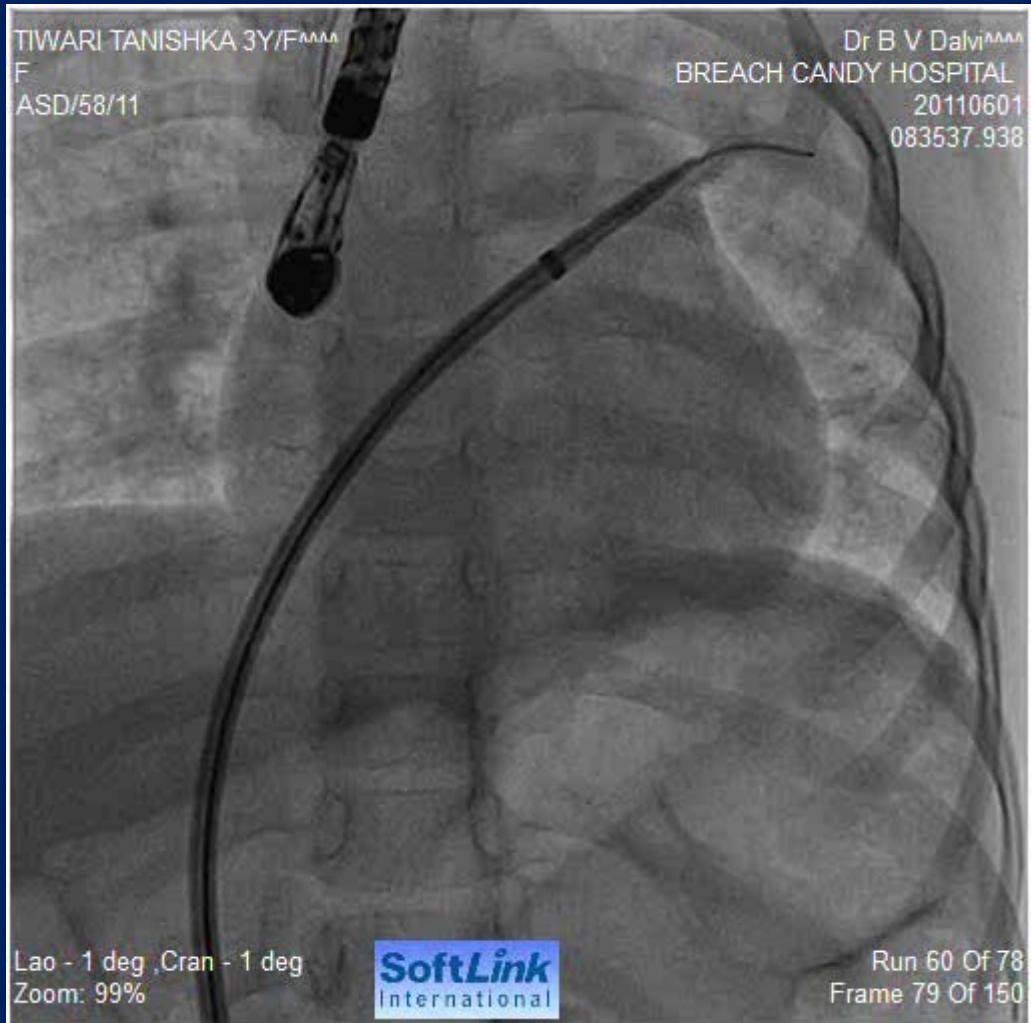
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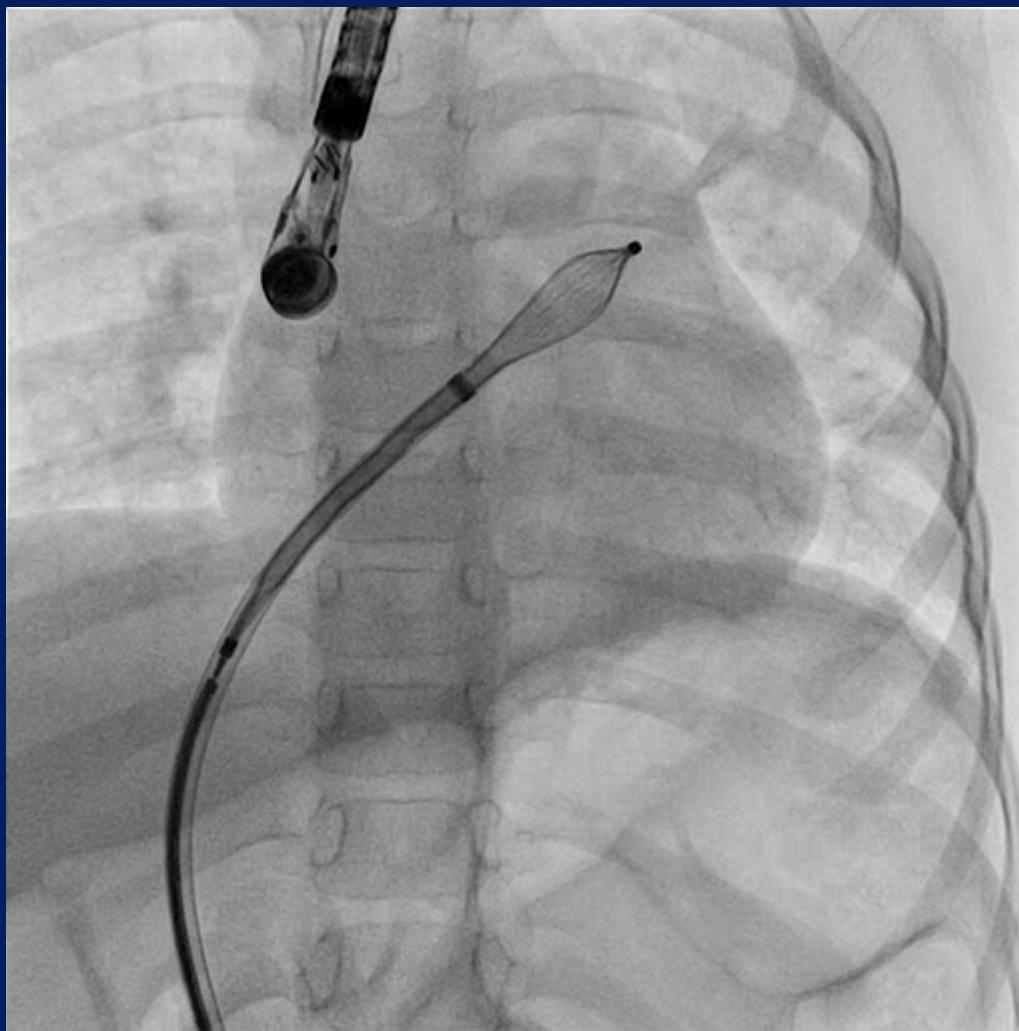
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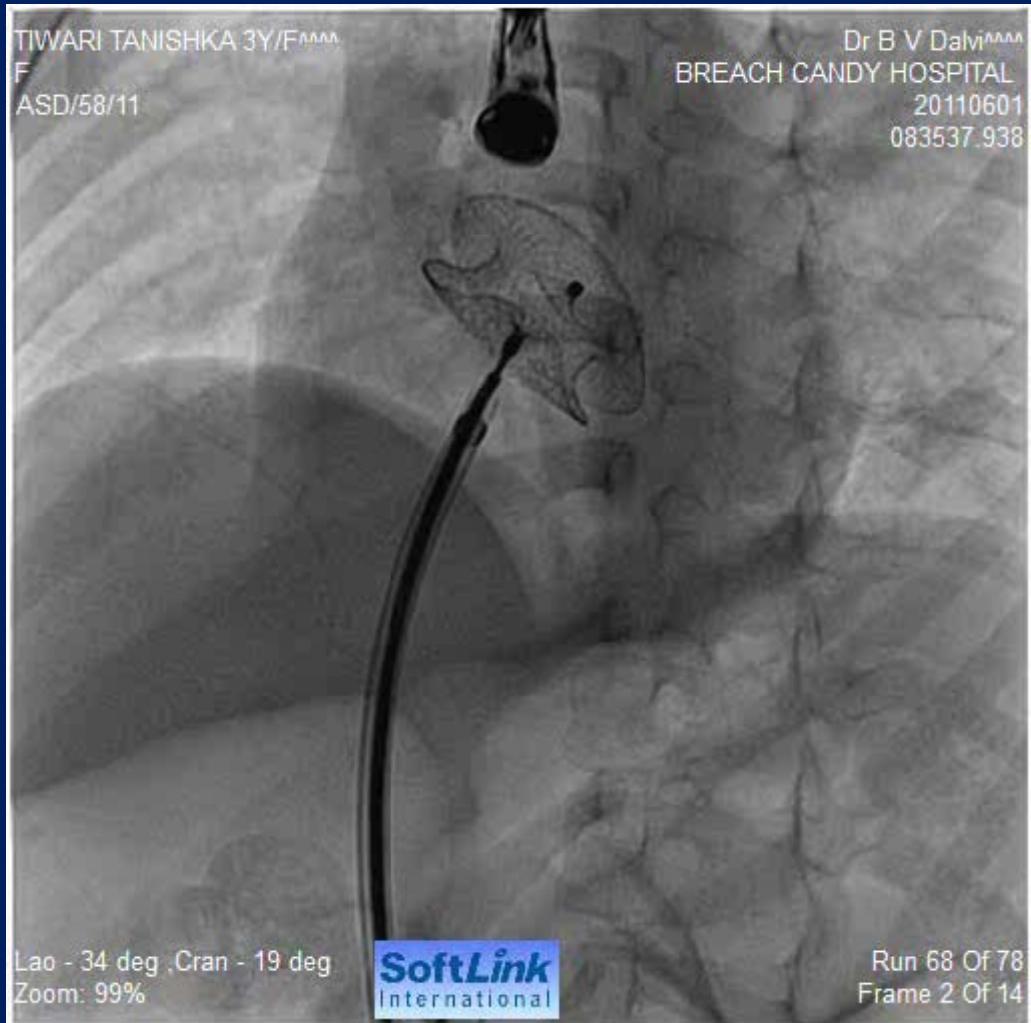
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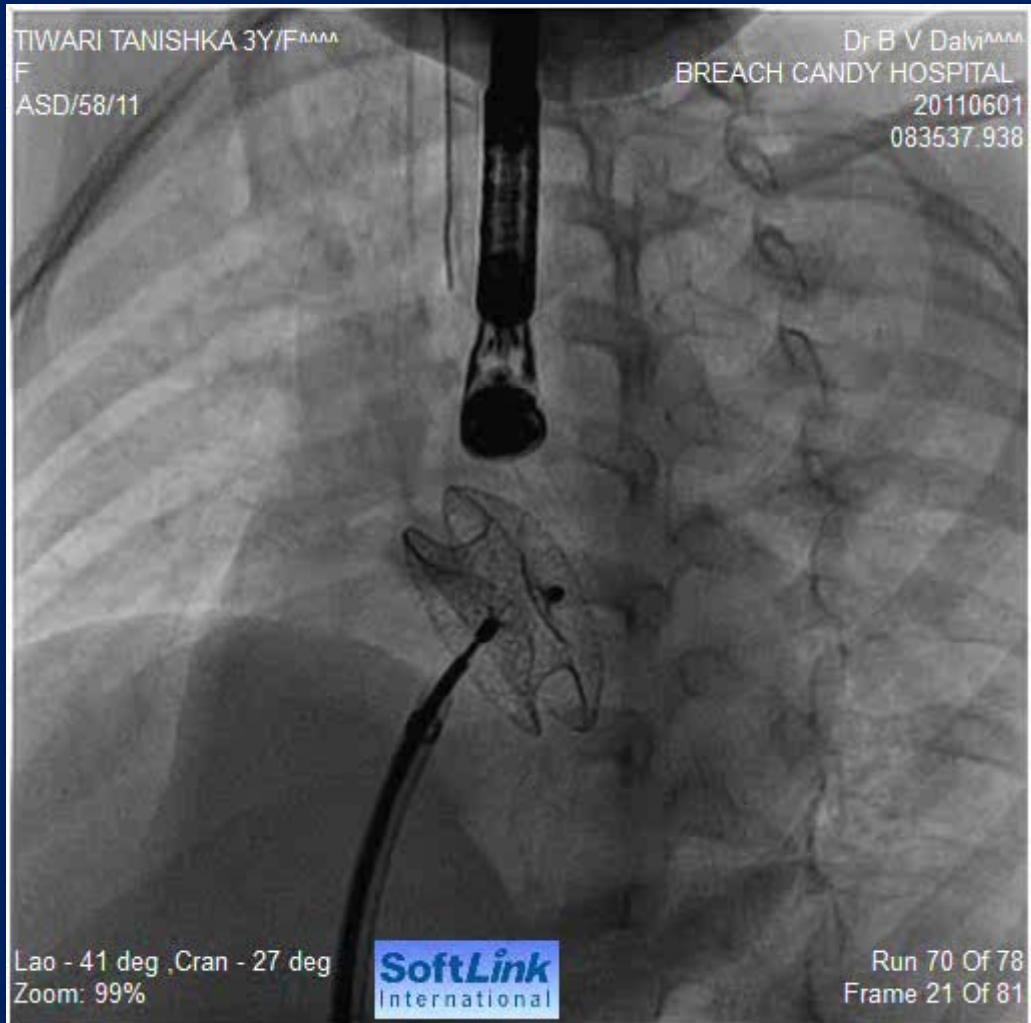
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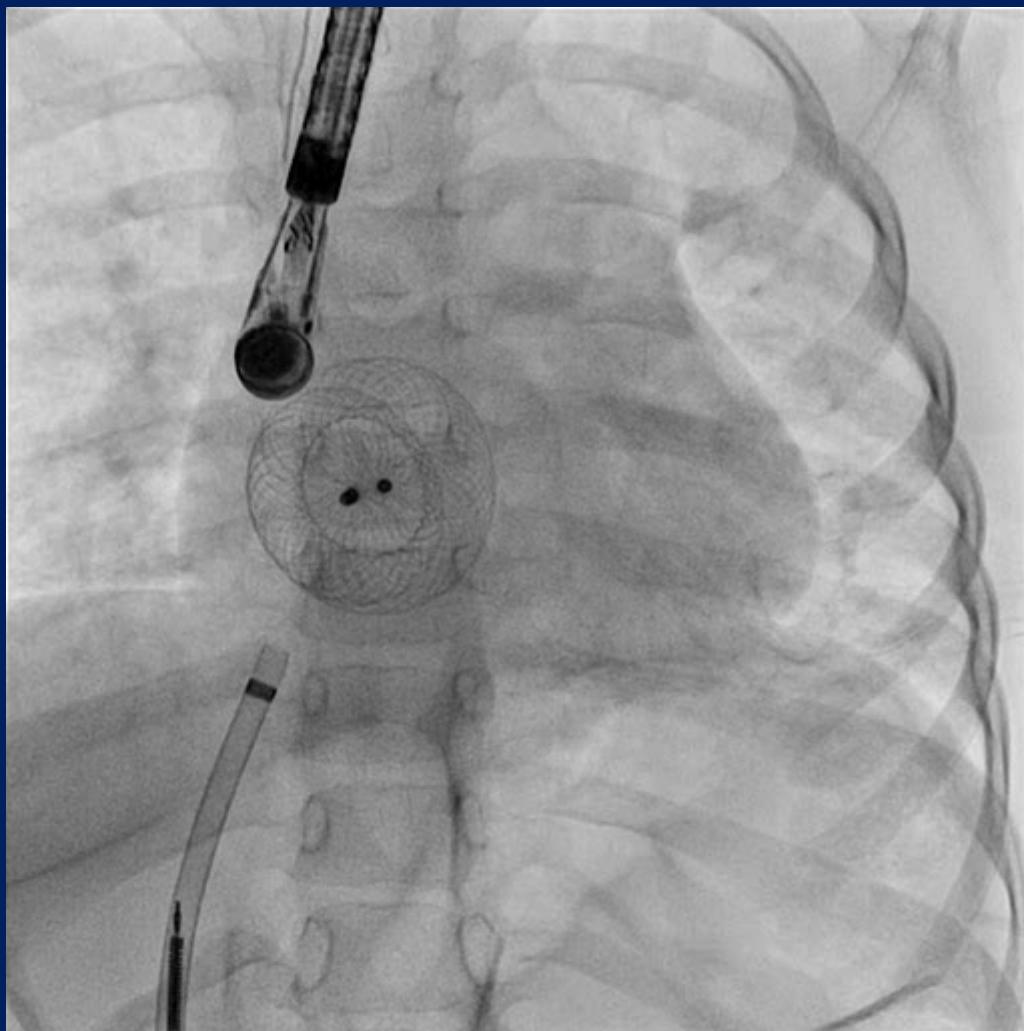


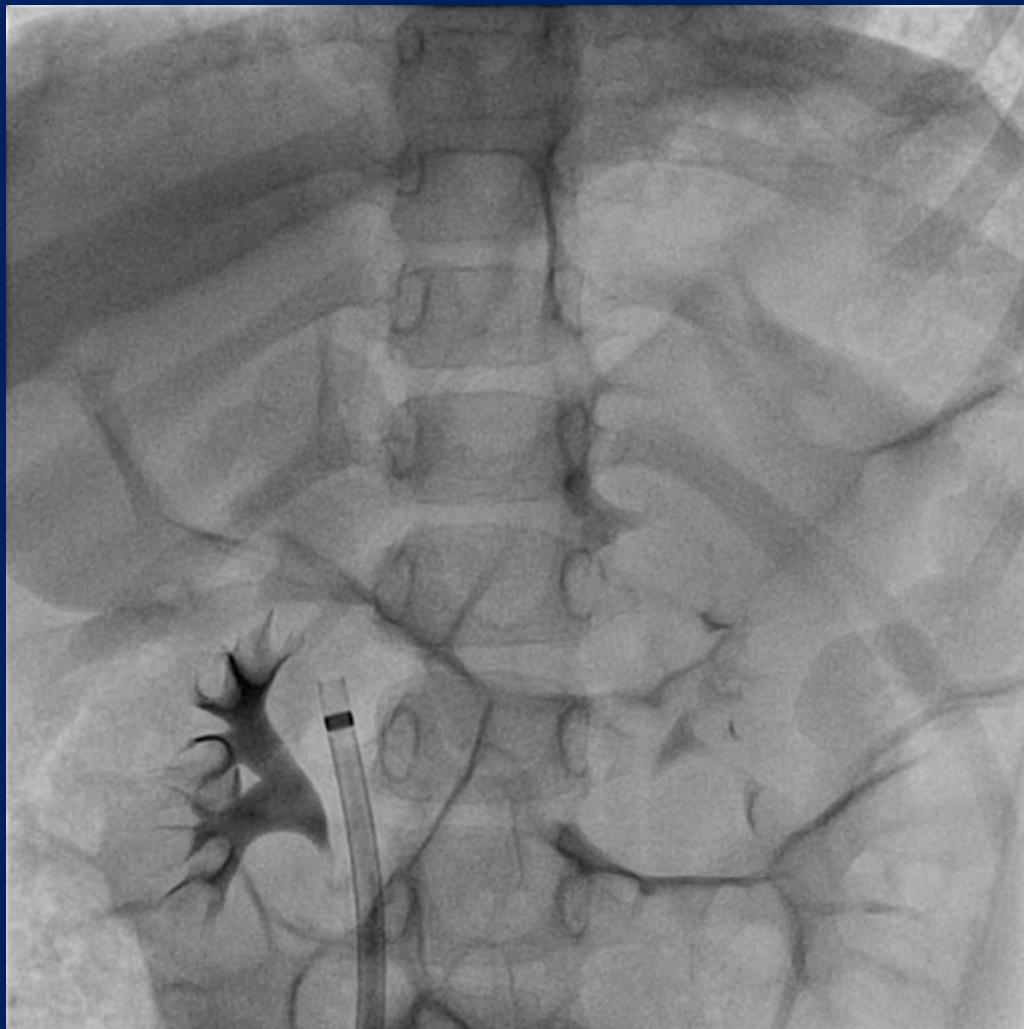












USG Abdomen

- Membranous web like obstruction in subhepatic IVC with no flows seen across it on color Doppler

FR 33Hz

RS

Z 1.4

2D

50%

C 55

P Med

HGen

P

M2

LL LIVER

IVC



USG Abdomen

- Multiple venous collaterals were seen bypassing the segment and draining into the proximal IVC and in the right hepatic vein which appeared dilated
- IVC confluence with right atrium was normal.
- Infrarenal IVC was normal.

FR 13Hz

RP

Z 2.4

2D

36%

C 55

P Med

Gen

CF

49%

1320Hz

WF 85Hz

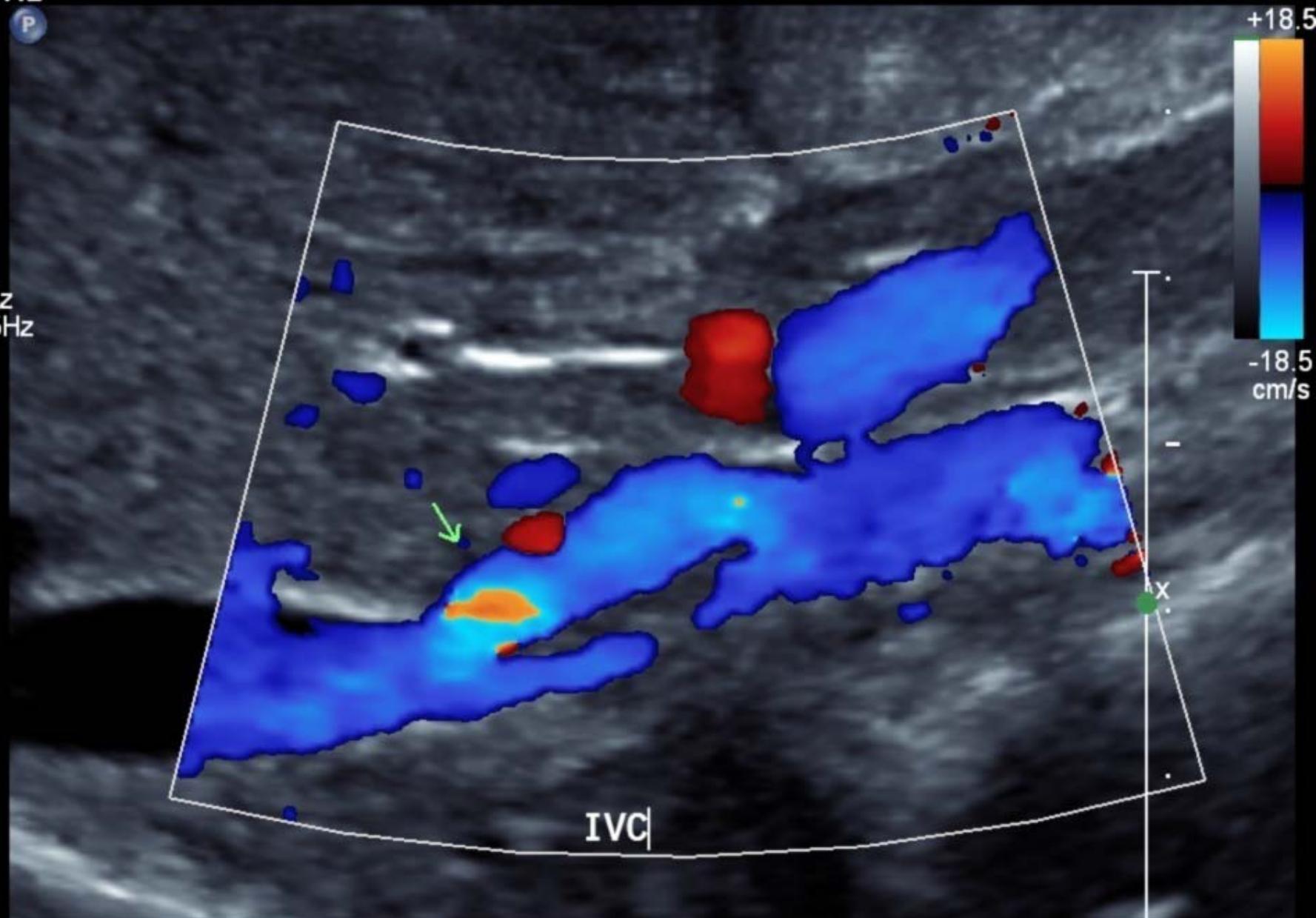
Med

M2 M4

+18.5

-18.5

cm/s



FR 13Hz

RP

Z 2.0

2D

31%

C 55

P Med

Gen

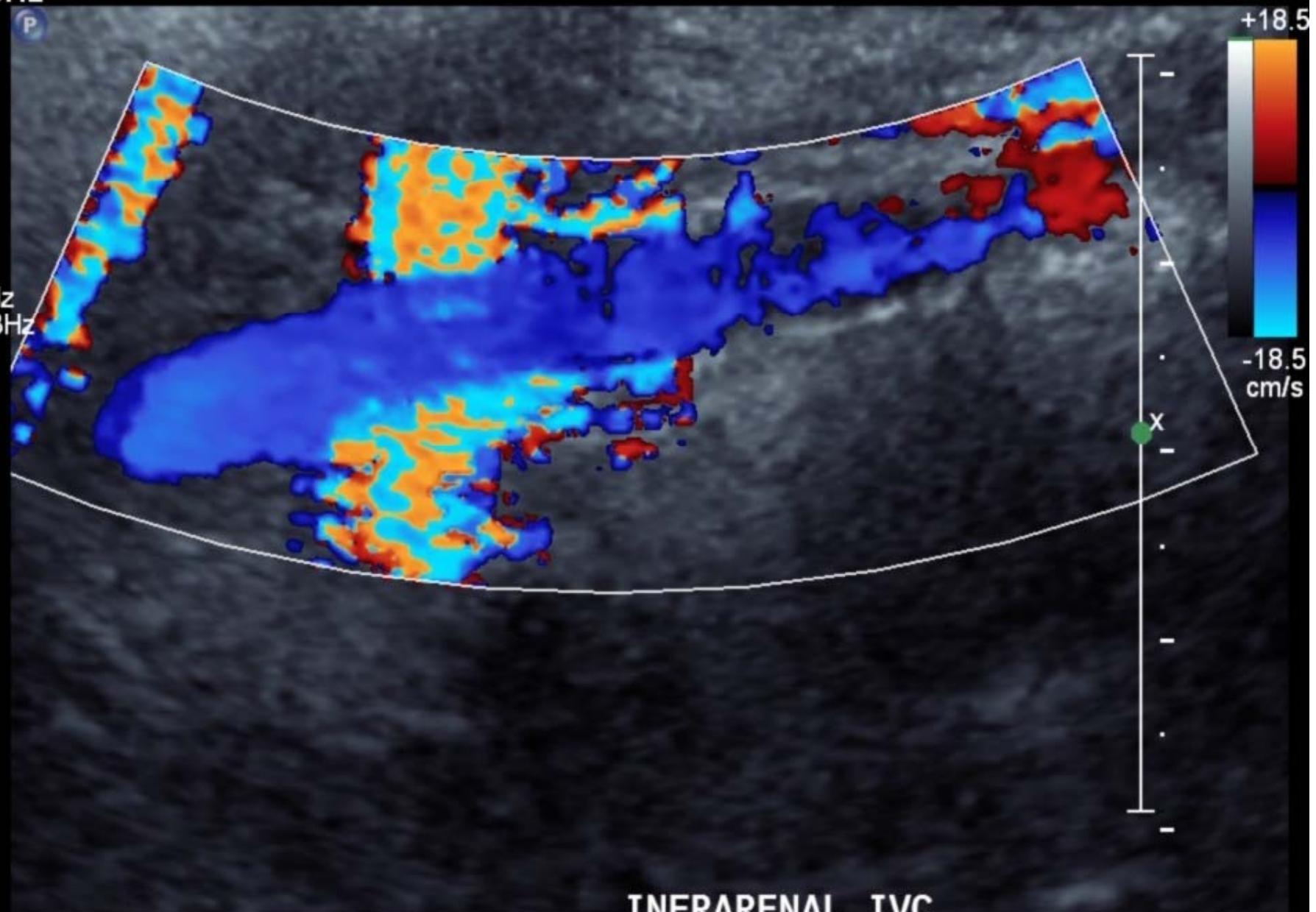
CF

49%

1440Hz

WF 93Hz

Med



Follow up

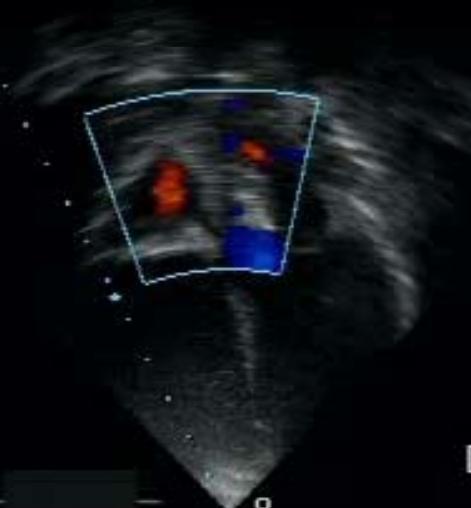
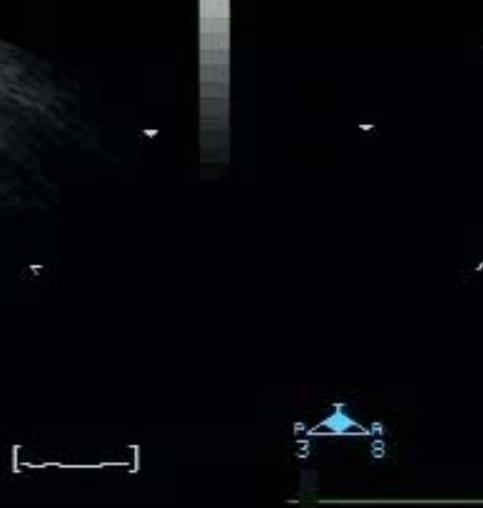
- General condition stable
- Gained weight
- No evidence of hepatic involvement
- ASD device in position
- No residual shunt
- Reduction in the RA, RV size

MI:1.3 SS TANISHKA
04 JULY 11 17:22:21 3Y6M/F
2/0/D/F3 12CM DR B DALVI
GAIN 50 COMP 70 69HZ

GLENMARK CARDIA
CENTRE
Adult

MI:0.9 TIS:1.5 SS TANISHKA
04 JULY 11 17:23:16 3Y6M/F
2/0/D/M2/A 12CM DR B DALVI
GAIN 50 COMP 70 28HZ

GLENMARK CARDIA 3.3MHZ
CENTRE
Adult



MI:1.3
SS
04 JULY 11
17:18:07
2/0/D/F3
GLENMARK CARDIAC
CENTRE
ADULT
TANISHKA
3Y6M/F
DR B DALVI.
GAIN 50
COMP 70

14CM



MI:0.9 TIS:1.5
SS
04 JULY 11
17:18:20
2/0/D/M2/A
GLENMARK CARDIAC
CENTRE
Adult
TANISHKA
3Y6M/F
DR B DALVI.
GAIN 50
COMP 70

14CM
29HZ



3.3MHZ
62
E M S I
62

Lessons learnt

- There is no “Slam Dunk” in interventions
- “Surprises” are a part of our business
- You can minimize them by being thorough
- Always have a fall back plan
- Innovation is at the heart of many successes
(and may be as many disasters)
- It is important to know WHEN TO STOP