

CASE REPORT

A 41 year old patient was admitted to the St. Thomas Hospital in London due to the sudden onset of left hemiparesis. Although he recovered from this episode, he had residual weakness in the left arm and leg. Initial investigations showed right internal carotid artery dissection and therefore, he was not anti-coagulated.

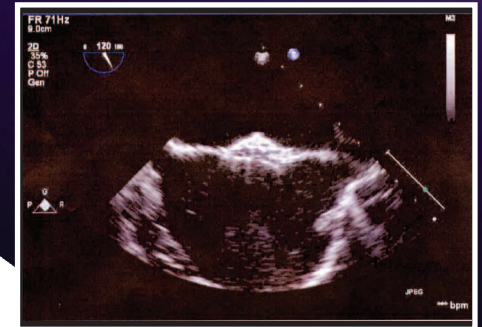
Four months later, a transoesophageal echocardiogram (TEE) showed a PFO with a mobile septum. A bubble contrast study showed right-to-left shunting with a Valsalva maneuver and a short tunnel type PFO. The patient, a smoker, was maintained on Simvastatin 40 mg od, Dipyridamole 200 mg bd and Aspirin 75 mg od. The ECG was normal.

On December 11, 2007, the patient, who weighed 81.6 kg, underwent catheter closure of PFO with a 25 mm ATRIASSEPT device. To measure the size of the defect, a 24 mm balloon was employed, showing a 9 mm stretched PFO. A 12 Fr Mullins sheath was passed over an exchange length guidewire and positioned in the left atrium. Through this, a 25 mm ATRIASSEPT device was easily delivered in good position under TEE guidance. It was then released.

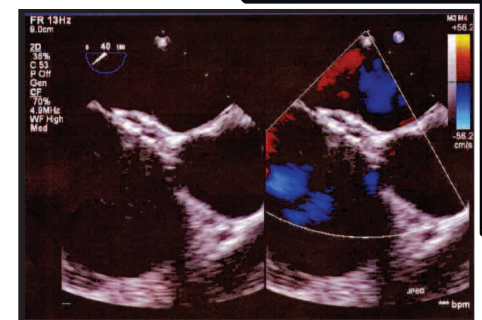
The duration of the procedure was 50 minutes with fluoroscopy time of 9 minutes.

The next day, an echocardiogram and a chest x-ray showed the device in correct position, and the patient was discharged.

At the 2 month follow-up, TEE showed the device in correct position with no residual shunt. The patient was maintained on Aspirin 75 mg OD, Dipyridamole 200 mg bd and Simvastatin 40 mg od.



Echo Post Release



Immediate Closure of Shunt