Late Dislocation Of A Septal Occluder Device

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BACKGROUND :

Percutaneous closure of patent foramen ovale (PFO) is a common procedure. Serious complications of the procedure, such as cardiac migration, are rare, and usually occur <72 hours after device placement. We present a case of a patient who underwent successful surgical treatment for the dislocation of a PFO occluder device 9 months after PFO closure

METHODS :

A 22-year-old man was admitted in another hospital with a transient ischemic accident. Echocardiography on admision showed a PFO. The patient underwent transcatheter closure using a 25-mm septal occluder guided by transesophageal echocardiography (TEE). The patient was discharged after 3 days of hospitalization without inmediate postoperative complications. The proper position of the device was confirmed by transthoracic echocardiography (TTE) on the day of discharge. The patient underwent clinical examination, electrocardiography, chest radiography, and TTE at 1 month, 3 and 6 months after PFO closure.

At a routine follow-up visit a 9 month after implantation the TTE showed PFO closure device moved out of the fossa ovalis towards the anterocranial wall of the atrium (retroaortic), with both discs in the left atrium and with part of the septum primum floppy between both discs.

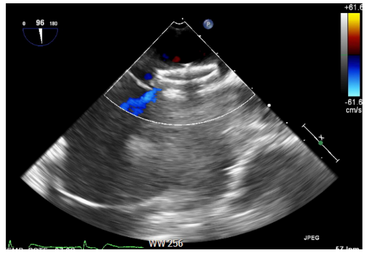


Figure 1. TEE previous surgery

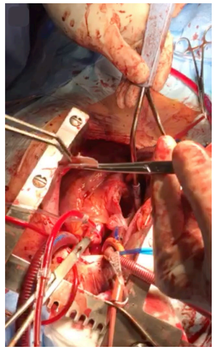


Figure 2. PFO occluder device

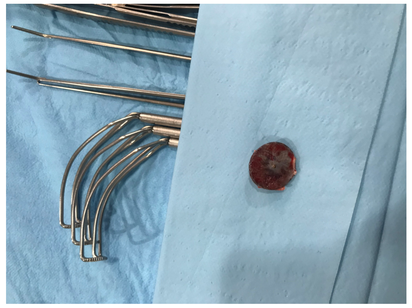


Figure 3. PFO occluder device

The patient had no symptoms. Because the device present an inadequate position that does not effectively close the PFO and presents a potencial threat of stability, the patient was referred to our center for surgery. The PFO occluder was removed from the fossa ovalis. Patch repair of PFO was carried out using a bovine pericardial patch. The examination of the device showed the structural integrity without distortion.

RESULTS :

The patient stayed in the intensive care unit for 2 days postoperatively. There were no peri-operative or postoperative complications. He was discharged 7 days after intervention, and remains asymtomatic after 6 months with proper TTE control.

CONCLUSIONS :

The patient stayed in the intensive care unit for 2 days postoperatively. There were no peri-operative or postoperative complications. He was discharged 7 days after intervention, and remains asymtomatic after 6 months with proper TTE control.