Early Dislocation Of A Septal Occluder Device

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BACKGROUND :

Percutaneous closure of atrial septal defect (ASD) is a common procedure. Serious complications of the procedure, such as cardiac migration, are rare, and usually occur within 72 hours after device placement. We present a case of a patient who underwent successful surgical treatment for the dislocation of a ASD occluder device 12 hours after ASD closure.

METHODS :

A 47-year-old woman was studied in another hospital, showed ASD ostium secundum, with dilation of right chambers. The patient underwent transcatheter closure using a 32-mm septal occluder guided by transesophageal echocardiography (TEE). 12 hours after procedure the transthoracic echocardiography (TTE) showed ASD closure moved out the atrial defect, impacted against the left ventricular outflow tract. The patient had no symtoms. Because the device present an inadequate position that was very dangerous, with potential severe complications, the patient was referred to our center for surgery. An aortic root opening was performed to remove de device from the left ventricular outflow tract. The ASD was subsequently with a direct closure. The examination of the device showed the structural integrity without distortion.



Figure 1. TEE during implantation

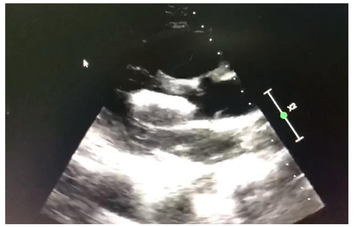


Figure 2. TTE showing septal occluder dislocation



Figure 3. TTE showing septal occluder dislocation

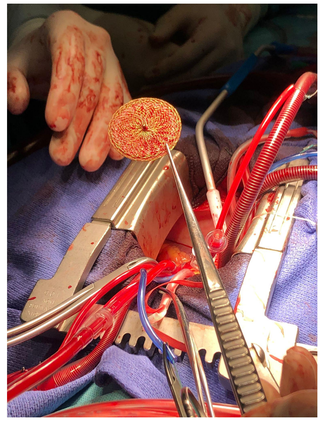


Figure 4. ASD occluder device

RESULTS :

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control.

CONCLUSIONS :

The patient stayed in the intensive care unit for 3 days postoperatively. There were no peri-operative or postoperative complications. She was discharged 6 days after intervention, and remains asymptomatic after 9 months with proper TTE control.



Figure 5. ASD occluder device