

Three Cases of Transcatheter Closure for Large Ostium Secundum ASD with MemoPart Occluder

Transcatheter closure of isolated secundum atrial septal defects (ASD) is the preferred treatment strategy in most cases. However, large atrial septal defects constitute a challenging subgroup usually leading to surgical closure. There is a lack of data on transcatheter closure of large atrial septal defects with major concerns because of reports of severe complications [1].

There are three cases of interventional procedures of ASD occlusion with Memopart Occluder manufactured by Shanghai Shape Memory Alloy. The size of ASD ranges from 32mm to 38mm, all defects were successfully occluded with no residue shunt.

Case 1

Patient information: female, 38 years old, echo suggested an Acyanotic Congenital Heart Disease (Acyanotic CHD), large OS-ASD (size 32 mm). She also had moderate pulmonary hypertension (RVSP 40-50 mmHg), mild tricuspid regurgitation and her LVEF is only 60%. After the patient rejected surgical solution, doctor planned to close the defect by using a 38 mm MemoPart ASD occluder.



Under fluoroscopy guidance, a 38mm MemoPart ASD occluder was successfully implanted by the doctor. The device placement was confirmed with TEE before sheath removal.



Upon successful device closure, doctor performed TEE again and X-ray examination, no residual shunt was found at the defect. There is also no bleeding at hemostasis site.

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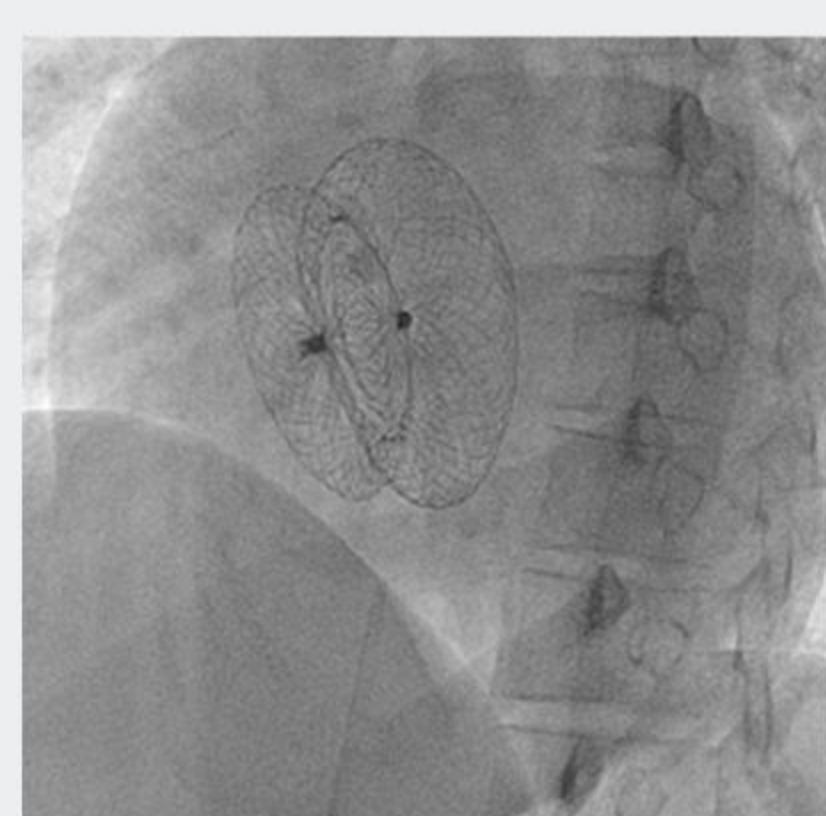
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Case 2

Patient information: Male, 38 years old, chest X-ray and 2D Echo suggested Large ASD. TEE found that the ASD size is 38 mm. The patient also had mild pulmonary embolism, LVFE-60%, and anterior mitral leaflet prolapse with mild MR. The patient was admitted for ASD device closure.



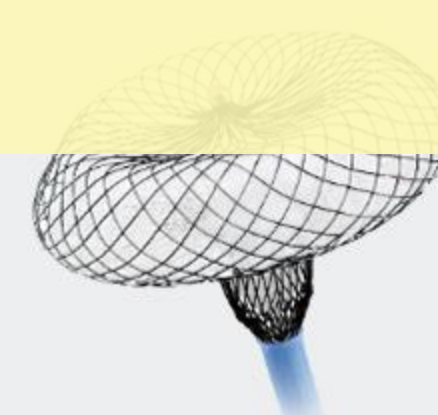
A 42mm Memopart ASD occluder was successfully implanted under fluoroscopy guidance. Post-operative echo shows the defect is closed with no residual shunt, device in situ, dilated RA/RV, good LV function (EF 60%), RV dysfunction (TAPS 1cm), AML prolapse with mild MR, mild PE.

Summary

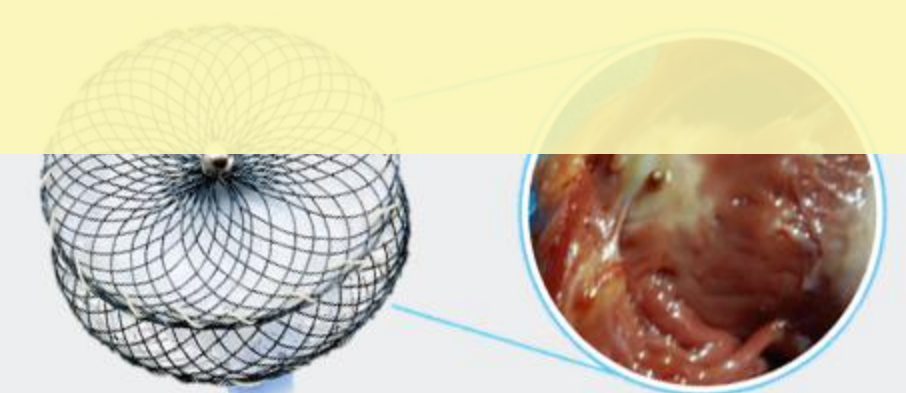
According to the above cases result, with suitable indication, the percutaneous closure of large ASDs using Memopart device is effective and safe. In all cases, the devices were implanted easily without technical difficulties. The device has a high rate of immediate occlusion and all three patients were discharged after 4-5 days after admitted with no complications. It is assumed that the absence of complications was related to the following factors: the flexibility of the occluder, easiness of maneuver, accurate selection of devices, and correct selection of patients.

References

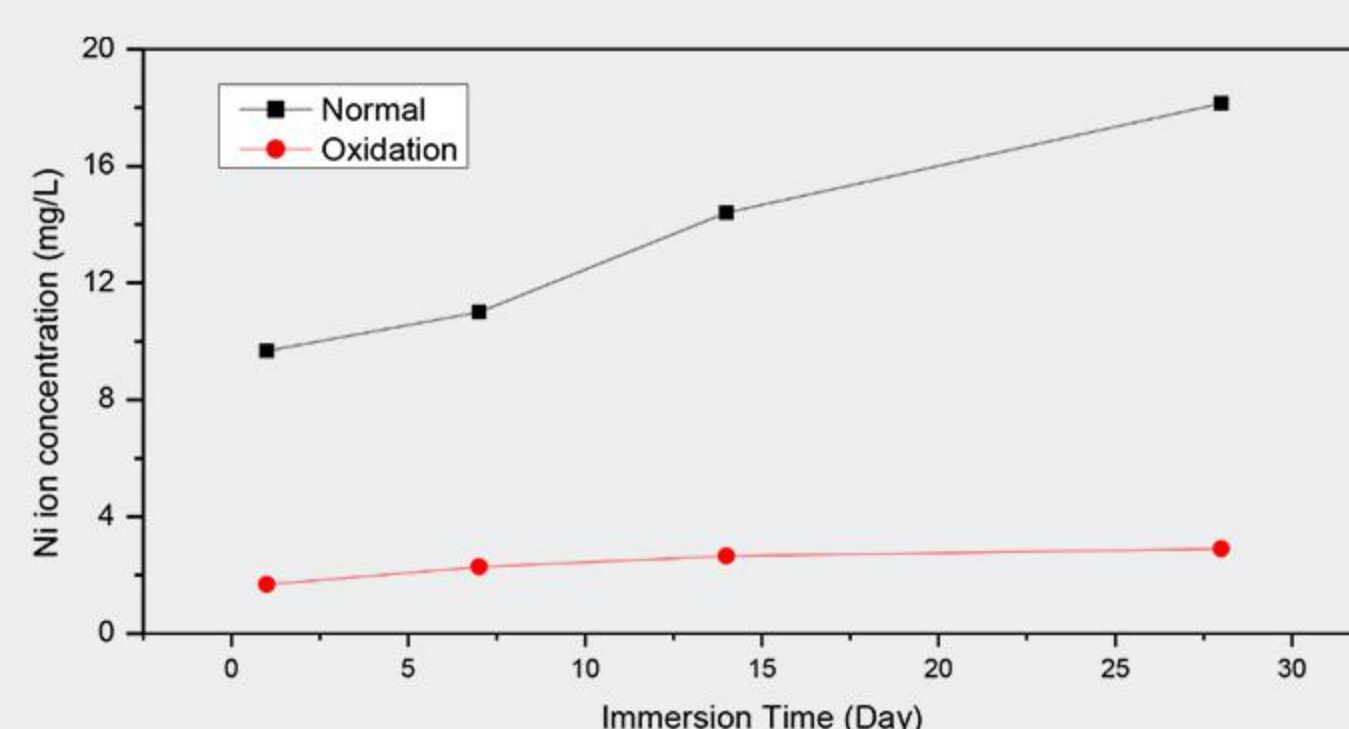
[1] Baruteau AE, Petit J, Lambert V, et al. Transcatheter closure of large atrial septal defects: feasibility and safety in a large adult and pediatric population. *Circ Cardiovasc Interv.* 2014;7(6):837-843. doi:10.1161/CIRCINTERVENTIONS.113.001254



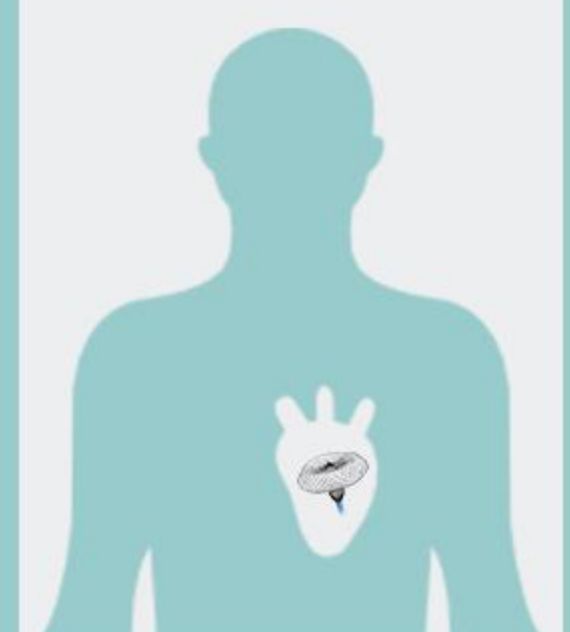
Well-designed stiffness offers excellent supporting force for big disks of ASDO.



Physical kneading technique applied to the hub helps with earlier endothelialization and greatly reduces thrombosis risk and guarantees long-term safety.



Compact and Uniform Oxide Filmed Nitinol Wire effectively prevents from the release of nickel ion and provides the occluder great hemocompatibility



MRI SAFE

Magnetic Resonance compatible device

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