IMAGE IN CARDIOLOGY

An extremely rare but considerably important device-related complication of percutaneous atrial septal defect closure

Uma complicação extremamente rara mas consideravelmente importante relacionada com dispositivo de encerramento percutâneo da comunicação interauricular

Yusuf I. Alihanoglu\textsuperscript{a,∗}, Dogu I. Kilic\textsuperscript{a}, Bekir S. Yildiz\textsuperscript{a}, Bilgin Emrecan\textsuperscript{b}, Harun Evrengul\textsuperscript{a}

\textsuperscript{a} Pamukkale University School of Medicine, Department of Cardiology, Denizli, Turkey
\textsuperscript{b} Pamukkale University School of Medicine, Department of Cardiovascular Surgery, Denizli, Turkey

Received 19 November 2016; accepted 22 December 2016

A 21-year-old male with a 27-mm atrial septal defect (ASD) underwent an uneventful percutaneous device closure using a 28-mm Ultrasense ASD Occluder with super-low profile (Cardia, Inc., USA) under transoesophageal echocardiography (TEE) guidance. We particularly favoured this kind of occluder device due to the possible future need for catheter atrial septostomy in such a young patient. The use of TEE during the procedure ensured that the occluder device was properly deployed in the middle part of the interatrial septum and there was no residual shunt through it (Figure 1). There were also no problems with the occluder device at 1-month follow-up. However, four months after the procedure, the patient presented again with vague chest pain, palpitations and shortness of breath. The physical exami-

Figure 1  TEE images demonstrate that the occluder device was properly deployed in the middle part of the interatrial septum (A) and there was no residual shunt through it (B).

\textsuperscript{∗} Corresponding author.
\textit{E-mail address:} allizyu@mynet.com (Y.I. Alihanoglu).

0870-2551/© 2017 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. All rights reserved.
In conclusion, although device closure of ASDs can safely be performed percutaneously, recanalisation may occur on rare occasions, probably due to device characteristics of the Ulrastept ASD Occluder. While ASD occluder devices from this brand are usually preferred due to their super-low profile, this feature of the devices may not provide necessary support and resistance in the interatrial septum. As a matter of fact, the last generation of Ulrastept ASD Occluder devices have an extra layer between the two other layers, indicating this kind of necessity.

Conflicts of interest

The authors have no conflicts of interest to declare.