PERCUTANEOUS PDA CLOSURE IN EXTREMELY LOW BIRTH WEIGHT BABIES

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BACKGROUND
Patent Ductus Arteriosus (PDA) is an important cause of morbidity and mortality in preterms. As birthweight decreases, risks increase.

OBJECTIVE
Main aim of our study is to emphasize the effectiveness and safety of percutaneous PDA closure even in extremely low birth infants.

METHODS
In our center between the dates June 2014 – December 2015, PDA of eight patients less than 1 kg were closed percutaneously. To our knowledge this study includes the largest cohort of infants less than 1 kg in the literature, whose PDA were closed percutaneously.

RESULTS
Symptomatic patients weighing less than 1 kg with PDA were included in the study. The mean patient age and weight was 16±5.9 days and 923±75.9 gr respectively. Mean PDA diameter was 2.48±0.5 mm. In all patients ADOII-AS device were used for PDA closure. There were no major complications reported. Left pulmonary arterial stenosis was detected in 2 patients which resolved spontaneously.

CONCLUSION
Interventional catheterization procedures are more commonly used in recent years. The advantages of percutaneous PDA closure include a high success rate, shorter length of hospital stay, reduced blood loss, low morbidity rate, and no traumatic scars. Since the length of hospital stay decreases with catheterization, it is much more cost-effective than surgery. We want to emphasize that in experienced centers percutaneous closure of PDA can be an alternative to surgery even in the extremely low birth weight babies.