COMPLICATED PERCUTANEOUS PDA STENTING - CASE REPORT

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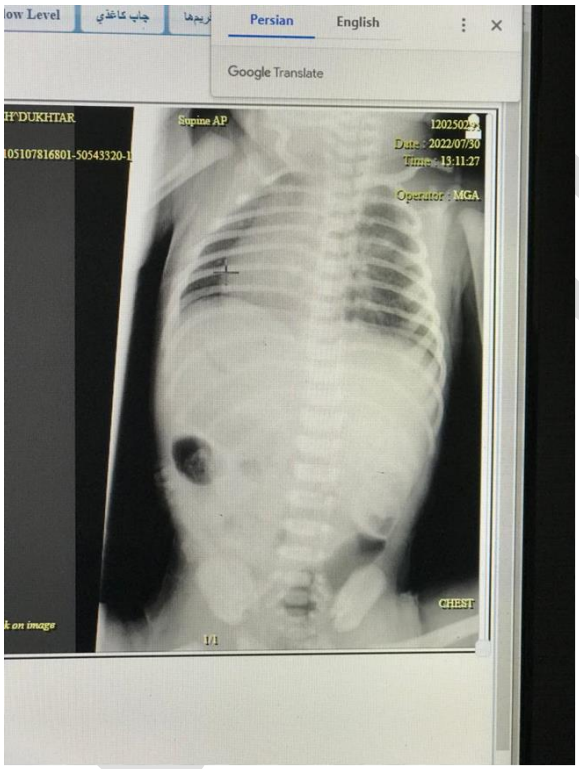
History and physical:

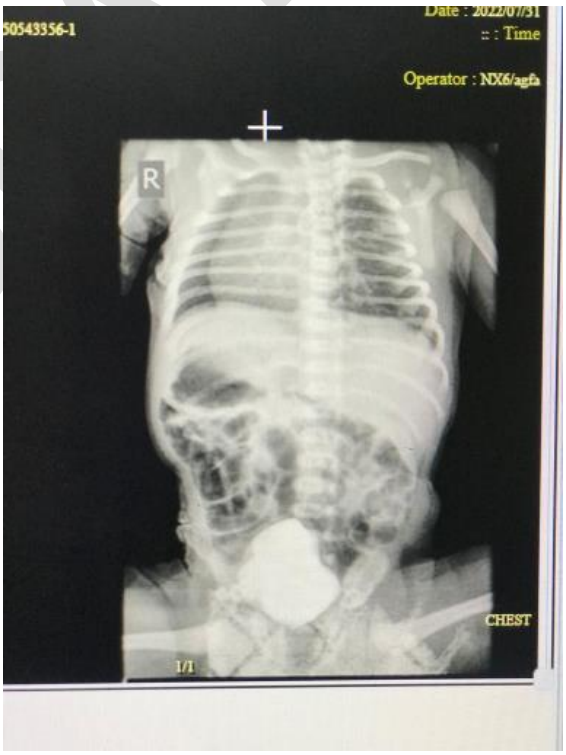
Three days old female neonate with birthweight of 2750 gr.,

Diagnosed complex heart disease with Fetal Echo and deep cyanosis at birth

Physical Exam; Ejection systolic murmur at RUSB 3/6 / Loud S2

Imaging:





Indication for intervention:

PDA stenting to secure permanent PDA flow

Intervention - RVOT stenting:

We present a case report of complicated PDA stenting of patient with complex congenital heart disease. Fetal Echocardiography revealed Dextrocardia with LTGA and Pulmonary atresia at 18 weeks of gestational age.

Post-delivery Comprehensive transthoracic echocardiography at first day of life confirmed the pervious fetal findings with Situs inversus totalis, Dextrocardia, LTGA, Pulmonary atresia and small confluent PABs, Large size VSD and long tortuous PDA. Prostaglandin was administered initially and PDA stenting to secure permanent PDA flow was performed on third day of life and oxygen blood saturation was increased significantly although the PDA was not totally covered by the stent.

The patient experienced a significant drop of oxygen blood saturation after six days so we came back to Cath lab. The pervious stent was dislocated and there was uncovered PDA by half.

The second PDA stenting using no. (4 x8) supraflex stent was performed which again was not long enough to cover the entire PDA. So the third stent no. (4 x16) supraflex stent was used successfully.

Learning points of the procedure:

Never give up!