



DIFFERENT METHODS OF TRANSCATHETER CLOSURE OF PERIMEMBRANOUS TO SUBAORTIC VENTRICULAR SEPTAL DEFECTS AMONG CHILDREN AND ADOLESCENTS: A MATTER OF DEBATE

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Background:

Transcatheter closure of the VSD may be recommended if the subaortic rim between the pm to subaortic VSD and the aortic valve annulus is less than 2 mm.

With the development of new methods and new Amplatzer devices, an increasing number of defects can be closed safely without significant interference with the aortic valve.

Objectives:

Our aim was to describe our concerns and considerations for percutaneous closure of perimembranous to subaortic VSDs.

Methods:

We want to present some considerations and methods to close the perimembranous to subaortic VSDs, which are seen at 11 to 12 o'clock directions in the short axis view, among children and adolescents.

The patients underwent antegrade or retrograde VSD closure with different Amplatzer devices and methods, and some considerations during the procedures were explained.

Results:

Using softer and more flexible Amplatzer devices or plugs to close these VSDs are more suitable especially if inserted by the prograde method.

Some devices like ADO II are softer, more mobile and have lower profile and can be inserted more easily either prograde or retrograde.

Conclusion:

Transcatheter closure of pm to subaortic VSDs may be performed safely particularly from the retrospective approach.