



## FEMORAL ARTERY OCCLUSION FOLLOWING EMBOLIZED ASD DEVICE SNARING

Akbar Molaei,<sup>1</sup>

<sup>1</sup> Tabriz University of Medical Sciences

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### **History and physical:**

The case was a female of 27 years old and 67 kg body weight with secundum type atrial septal defect (ASD ) which had been referred for device closure.

Her main symptoms were palpitation and dyspnea of exertion. At physical examination, the O<sub>2</sub> saturation was 94% by pulse oximetry, and she had S2 splitting and 3/6 systolic heart murmur at upper left sternal border on auscultation. the other parts of the exam were unremarkable. There was right atrial enlargement, right ventricular hypertrophy and incomplete right bundle branch block with normal sinus rhythm at ECG.

### **Imaging:**

Large secundum type ASD was detected by transthoracic echocardiography, which confirmed by trans-esophageal echo. QP/QS was >2, also the defect was revealed suitable for device closure. The patient was transferred into cath lab and after catheterization and angiography the ASD closure was done by device. After release, the device was embolized into left ventricle and then to the aortic arch.

### **Indication for intervention:**

The device was retrieved and extracted by snare via retrograde pathway. after hemostasis the right foot of the patient was cold, pale and pulseless.

### **Intervention:**

By vascular access from left femoral artery, right iliac artery angiography showed occlusion of right common femoral artery due to thrombosis. The pieces of clot were extracted by thrombosuction catheter. Blood flow was partially established to right foot and patient was transmitted to intensive care unit with heparin infusion. The patient was discharged after 48 hours without any event.



**Learning points of the procedure:**

- Accurate evaluation before and during procedure especially by yourself
- Use of 3D OR 2D TEE
- Use of sizing balloon
- Complete setting and equipment
- Comprehensive team

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