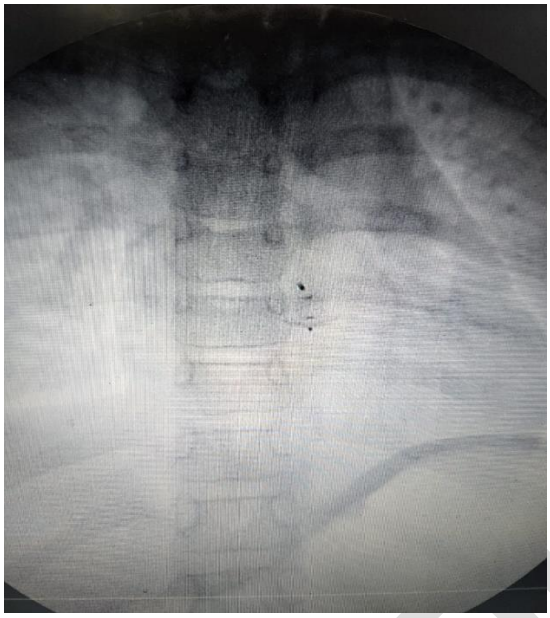
# RETROGRADE CLOSURE OF PERIMEMBRANOUS VSD USING ADO 2 DEVICE

Omer Hasan[1]

[1] Allahabad Heart Centre, Prayagraj, India

Correspondence: Omer Hasan, omermustafahasan@gmail.com



**History and physical:**

6yrs male child presented with palpitations associated with tiredness on exertion. History of recurrent respiratory tract infections was present. Weight of the child was 15kgs. On examination the child was comfortable with a heart rate of 120/min.

A harsh ejection systolic murmur 5/6 was heard along the left sternal border.

**Imaging:**

Echocardiography revealed a small restrictive perimembranous VSD, 5mm, with left to right shunt. Gradient across the defect was 96mmHg. Normal biventricular functions and no significant valvular regurgitation was seen.

**Indication for intervention:**

Since the boy was having recurrent respiratory infections, slight increase in the incidence of Infective Endocarditis and also having low body weight according to his age after discussion with the boy's parents a decision of device closure of the VSD was made.

**Intervention:**

VSD was closed with an ADO II device 6/6 mm. Short GA was given. Right femoral artery and vein access was taken. The defect was crossed with a Terumo wire over a JR 3.5 5F catheter using the floating wire technique. The defect was then closed with the ADO II device retrogradely with adequate closure of the defect.

**Learning points of the procedure:**

Retrograde approach to close a perimembranous VSD is simple and requires proper hardware and expertise. If done properly the procedure time is short and snaring as in the case of antegrade approach is not required.