



## THE DILEMMA OF HUGE DEVICE DEPLOYMENT IN CHILDREN WITH LARGE PDA: CASE SERIES

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### **Background:**

Patent ductus arteriosus is one of most common non cyanotic congenital heart disease in children. Severe malnutrition and pulmonary hypertension frequently happened and sometimes need earlier treatment.

### **Case presentation:**

We present two cases of PDA from our catheterization laboratory which were very challenging. The first case was seventeenth years old boy weighing 12 kilogram and the second case was twelve months boy weighing 6 kilogram suffered from large PDA, pulmonary hypertension and severe malnourished.

Mean pulmonary arterial pressure before ductal closure were 50 mmHg and the second case was 52 mm Hg and diagnostic catheterization in all patients concluded high flow and low resistance. We performed angiography RAO 40 position and the results the diameter of PDA 16 mm and 13.5 mm in the second case.

We decided to use Memopart Duct Occluder 20/22 since we did not have Duct Occluder delivery sheath 10F so we used Septal Delivery Occluder 10 F to insert the device and for the second case we used Memopart Duct Occluder 16/18 and Ductal Occluder delivery sheath ductal 10F. Diastolic pressure increased 10 mmHg in all patients. For all the cases due pulmonary hypertension and the second case was very small boy we did angiogram more than 3 times before we decided to release the device after evaluate carefully for pulmonary stenosis and possibility of co arc.

### **Summary:**

We successfully release the huge devices in pulmonary hypertension patient and got residual PDA only intra devices, no co arc, no pulmonary stenosis and we decide to watchful evaluation in outpatient clinic.