

4<sup>th</sup> Global Summit on

# HEART DISEASES

March 15-16, 2019 Singapore

## Transcatheter septal closure of post-infarction ventricular septal defect using the cocoon ventricular septal occluder

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Ventricular septal rupture is a rare complication especially in the era of reperfusion, carrying a poor prognosis without intervention. Surgical repair is still the definitive treatment but carries a high morbidity and mortality risk. We are presented with a 54/M with a 1 week history of shortness of breath. He had a ST elevation MI of the anteroseptal wall two weeks prior and was managed medically. He presented with a BP of 80/50 mmHg and HR 90-147 bpm in atrial fibrillation. A grade 2/6 holosystolic murmur, left parasternal border was noted. TTE showed dilated left ventricle with an aneurysmal apex and depressed systolic function. A thallium rest-redistribution MPI showed a large transmural MI involving the apex and apical to basal anterior and anteroseptal walls and apical to mid ventricular inferior walls. Perfusion recovery showed viable basal anterior, anteroseptal, lateral, basal inferior and inferoseptal segments. Coronary angiogram showed that the LAD has an 80% proximal stenosis with TIMI 1 flow. PCI was done with TIMI 2 flow. One week after discharge, he developed heart failure symptoms and repeat TTE showed ventricular septal rupture with an echo-drop out of 1 cm and Qp:Qs of 2:1 with predominantly left-to-right shunt. Patient refused open heart surgery so a transcatheter septal closure was done. A Cocoon VSD Occlude (Vascular Innovations Co., Ltd., Nonthaburi, Thailand) with a diameter of 24 mm and a wing size of 26 mm successfully closed the defect. Repeat TTE revealed decreased Qp:Qs to 1.4:1 with residual left-to-right shunt. Patient was asymptomatic on follow-up.

### Biography

Regina Elena M Bisnar is currently a Cardiology Fellow at The Medical City in the Philippines. She has completed her MBBS (graduation) From the Ateneo School of Medicine and Public Health in 2013 and her Internal Medicine training in 2017.

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