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CLINICAL APPLICATION STUDY ON INTERVENTIONAL OCCLUSION FOR PATIENTS WITH MORE EXPORTS SAC-TYPE MEMBRANOUS VENTRICULAR SEPTAL DEFECTION

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Objectives To investigate the feasibility, safety and efficacy of domestic small waist big edge-type occluder for parions with more export sac-type membranous ventricular septal defection (VSD), sum up its technical problems and the choice of treatment strategies.

Methods 20 patients with sac-type membranous VSD, left ventricular angiography at LAO45–60° plus CAOD20–25°, the left ventricular side entrance diameters were 7–21 (10.9±5.2) mm, more than two exports in right ventricular surfaces, and the largest outlet diameters were 3–10 (4.8±2.9) mm. According to the result from transthoracic echocardiography (TTE) and angiography to determine the sac-bag size,

shape, location, extent of tissue adhesion, and stability, then to implant different types of small waist big edge-type occluder, occluder diameter were 5–14 (4.6±2.8) mm. Block 15 min later, to observe the immediate effects of occlusion through repeating left ventricular angiography and TTE. After postoperative, all patients rechecked UCG and ECG at hospital stay 5–7 days, and after 1 month, 3 months, 6 months and 12 months follows. All took aspirin tablets for 6 months.

Results All 20 patients, 17 cases with domestic small waist big edge occluder, blocked successfully through left ventricular entrance side, two cases were successful using symmetry block, and one case was failed. Intraoperative don't affect the aortic valve and tricuspid valve function. Intraoperative there were one case with left bundle branch block and one case with right bundle branch block, and all recovered within a week by using hormone therapy. After 6 month, rechecked by UCG, the cardiac sizes were reduced different degrees.

Conclusions It is safe and effective affirmative that domestic small waist big edge-type occluder treated with more exports sac-shaped membranous VSD. The key technology, according to the sac size, shape, firmness, export orientation, import size, and the size of aortic stump, were to determine the block site and to choose a suitable occluder.