CASE REPORT

Early implantation of multiple spring coils for severe haemolysis after incomplete transcatheter occlusion of persistent arterial duct

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Abstract
An 18 month old girl with an angiographically measured ductus of 4.5 mm underwent transcatheter occlusion of the persistent arterial duct with a 17 mm Rashkind umbrella and an occluding spring coil. Severe intravascular haemolysis developed 20 hours later. Significant residual ductal leakage was noted and the residual duct measured 6 mm. Previous underestimation might have been related to ductal spasm as a catheter was placed across the duct before angiography. The haemolysis was abolished within 48 hours by a previously unreported approach of antegrade transcatheter closure of the residual duct by multiple spring coils.

Case report
A symptomatic 18 month old girl with a moderate size arterial duct underwent transcatheter ductal occlusion. The ductus measured 4.5 mm angiographically and the pulmonary to systemic flow ratio was 5:2:1. A 17 mm Rashkind double umbrella was placed\(^1\) (coils are considered for ductus \(\leq 3\) mm at our institution). Significant residual ductal leak across the superior border prompted retrograde placement\(^2\) of a 5 cm \(\times\) 8 mm Gianturco coil (MWCE-38-5-8, Cook Inc.). The umbrella was not deployed until the coil was placed in situ for fear of dislodgement. The coil, however, failed to approximate tightly to the umbrella with significant protrusion into the main pulmonary artery. Repeated aortogram showed moderate reduction of the residual leakage and this was accepted.

Persistent severe intravascular haemolysis related to residual shunting was noted 20 hours later. A second transcatheter occlusion was attempted within 48 hours of the initial catheterisation. Significant residual ductal leakage was noted (fig 1) and the residual duct measured 6 mm. Previous underestimation might be related to ductal spasm as a catheter was placed across the duct before angiography.

Three more Gianturco coils 5 cm \(\times\) 5 mm were placed using the antegrade approach.\(^3\) The catheters passed antegradeally through the superior and lateral margins of the umbrella without difficulty. Repeated aortogram showed minimal residual shunting with dispersion of the contrast jet (fig 2). Intravascular haemolysis was abolished 16 hours after the second procedure. No residual leak or turbulent flow in the left pulmonary artery and the aorta was evident three weeks after the second occlusion.

Keywords: spring coil; haemolysis; persistent arterial duct

Figure 1 Lateral projection of the aortogram showing residual shunting in the form of a jet across the superior aspect of the Rashkind umbrella (thin arrows) and spring coil (bold arrows) after the first transcatheter occlusion. Ao, aorta; PA, pulmonary artery.

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\(^1\) Rashkind umbrella occlusion.
\(^2\) Previously unreported.
\(^3\) Gianturco coils.
Discussion

The incidence of mechanical haemolysis after occlusion of the arterial duct by Rashkind umbrella is 0.5%.\(^1\) Intravascular haemolysis complicating spring coil occlusion has not been reported. The exact culprit in our patient is unknown, although the high velocity jet passing through the occluding devices probably contributed to the cellular destruction.

Early implantation of a second Rashkind device (six to 23 days), with or without removing the initially placed umbrella, has been successful.\(^6\) The risks of vascular damage and device dislodgement are, however, consider-