Thoracotomy approach for surgical removal of dislodged PDA occluder device without cardiopulmonary bypass

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Abstract

Isolated Patent Ductus Arteriosus (PDA) constitutes 6-11% of all congenital heart disease and surgical closure was the gold standard for treatment. Recently, transcatheter devices are first line of treatment with satisfactory outcomes. However, fatal complications like device embolization, pulmonary artery stenosis, hemolysis etc. have been reported. A sixteen year old girl was planned for transcatheter cocoon device closure of a 6mmPDA with left to right shunt which iatrogenically migrated into the left pulmonary artery - angiographically confirmed. After an unsuccessful attempt at percutaneous retrieval surgery was undertaken by CTVS department. A left thoracotomy approach without cardiopulmonary bypass was undertaken. PDA was ligated first. Pulmonary artery was exposed after vertically incising the mediastinal pleura. Device was located by palpation. Following a purse string suture, a small left pulmonary arteriotomy was done. Using a long curved forceps device was retrieved and purse string was tied (Figure 1). Thoracotomy was closed in standard fashion. Postoperative course was uneventful.

Biography:
Dr. Sushil Kumar Singh is a Professor & Head, CVTS Department, King George’s Medical University, India. His research interest is in Cardiothoracic & Vascular Surgery, congenital heart disease, angiography, pulmonary artery disease, cardiopulmonary bypass, transcatheter devices, arteriotomy and hemolysis.

Speaker Publications:
1. “Right ventricular hydatid cyst presented as tachyarrhythmia.”
2. “Surgical treatment for coronary artery aneurysm: A single centre experience.”


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