

### 3DTEE and Transcatheter Closure of ASD : Clinical advantage of 3DTEE in patients with complex shaped ASD

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# Disclosure





## Morphologic variations of ASD is common!

#### The role of transesophageal echocardiography in transcatheter closure of secundum atrial septal defects by the Amplatzer septal occluder

Uros Mazic, MD, MSc,<sup>a</sup> Pavol Gavora, MD,<sup>b</sup> and Jozef Masura, MD, PhD<sup>b</sup> Ljubljana, Slovenia, and Bratislava, Slovak Republic (Am Heart J 2001;142:482-8.)



## Real-time 3D TEE



# Case 1, 38 y.o female (multiple defects)

0 degree

**Color Doppler** 



Maximal ASD diameter= 15mm & 5mm Distance between defects= 10mm Aortic rim deficiency

# 3D TEE

### LA enface view RA enface view



## Catheter passing through ASDs

Larger defect

#### Both defects



(LA enface view)

# **Balloon** sizing

#### Larger ASD

### Smaller ASD



## Deployment (X-plane view)

### Smaller ASD

Larger ASD





# Release devices

#### Smaller ASD

Larger ASD





# After releasing devices

### LA enface view RA enface view



## Case 2, 39 y.o female (Intra-right atrial structure)

0 degree

90 degrees



Maximal ASD diameter (2D) = 28mm

## RT3D TEE

LA enface view

#### RA enface view



## Catheter crossing through the ASD



# 32-mm ASO



# After deployment

#### Wiggle (X-plane mode) RT 3DTEE (side view)





# After the procedure

#### LA enface view

#### RA enface view





# RT 3DTEE image

#### 3D zoom

#### 3D full-volume



 assessing the shape and the location of defects



- measuring maximal ASD diameters
- assessing surrounding rims







## Feasibility of 3DTEE in patients with multiple ASDs



# Multiple defects



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## Torn Atrial Septum during Transcatheter Closure of ASD



(Kijima Y, Taniguchi M et al. J Am Soc Echocardiogr 2010; 23: 1222.e5-1222.e8.)

## Intra-RA structure



# Conclusion

 In patients with optimal 3D zoom images, compared to 2D TEE images, 3D enface images contributed greatly to understanding ASD.

• RT3D TEE is feasible and effective imaging modality during transcatheter closure of difficult ASD, especially in patients with complex shaped ASD.

