Cierre de CIA tipo seno venoso superior: ¿Un nuevo invitado en la mesa?

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Indicaciones de tratamiento de la comunicación interauricular

2.3.2. Recommendations for Interventional and Surgical Therapy

Class I

1. Closure of an ASD either percutaneously or surgically is indicated for right atrial and RV enlargement with or without symptoms. (*Level of Evidence: B*)
2. A sinus venosus, coronary sinus, or primum ASD should be repaired surgically rather than by percutaneous closure. (*Level of Evidence: B*)
3. Surgeons with training and expertise in CHD should perform operations for various ASD closures. (*Level of Evidence: C*)

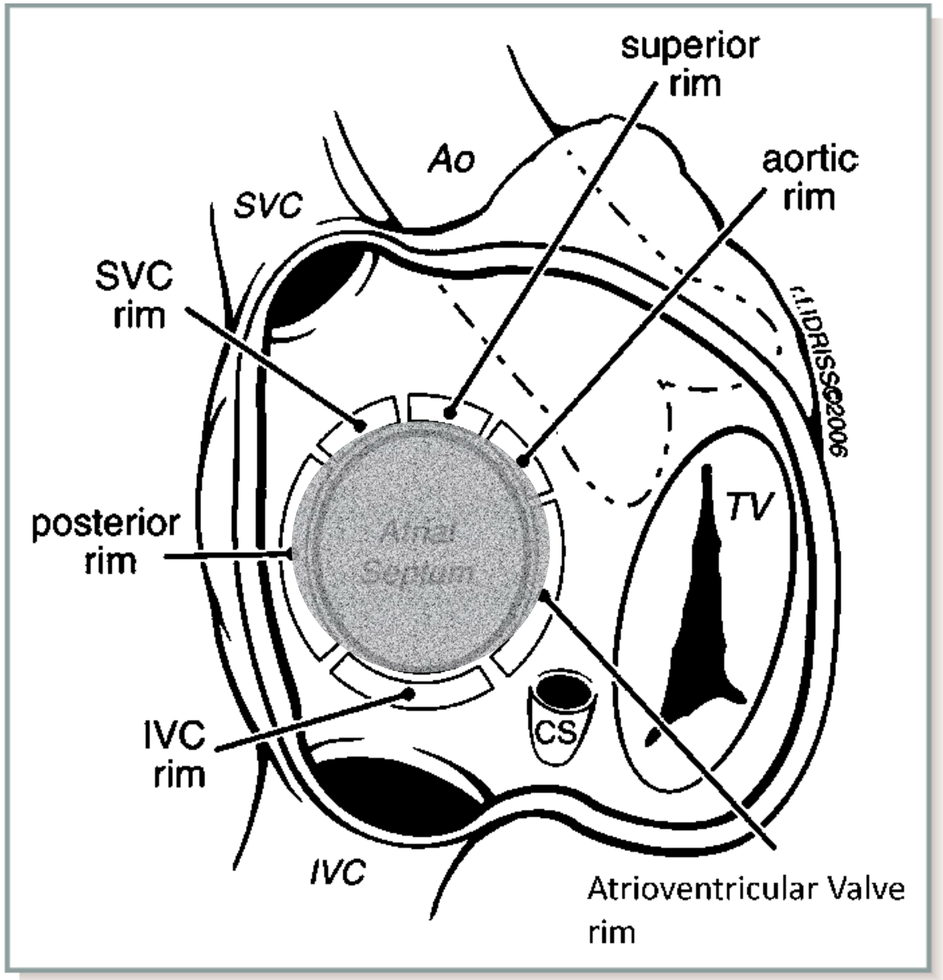
Class IIa

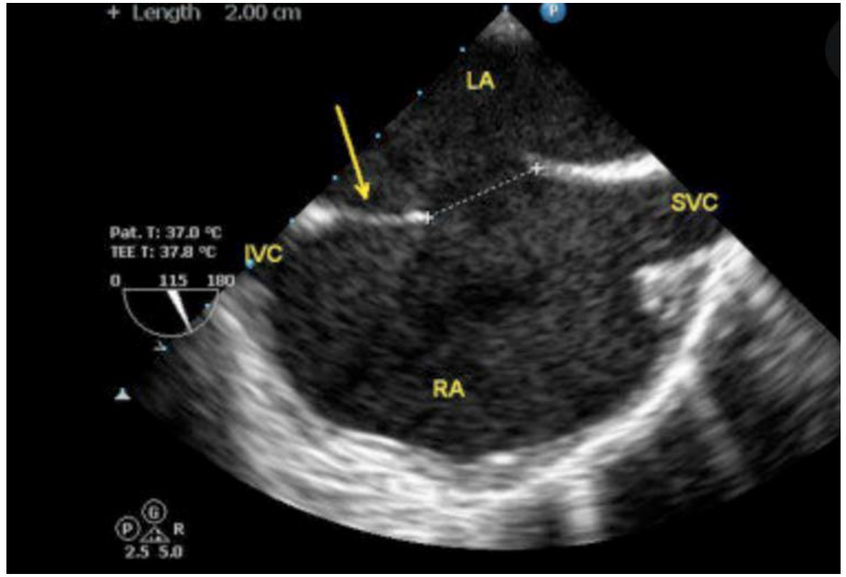
1. Surgical closure of secundum ASD is reasonable when concomitant surgical repair/replacement of a tricuspid valve is considered or when the anatomy of the defect precludes the use of a percutaneous device. (*Level of Evidence: C*)
2. Closure of an ASD, either percutaneously or surgically, is reasonable in the presence of:
   a. Paradoxical embolism. (*Level of Evidence: C*)
   b. Documented orthodeoxia-platypnea. (*Level of Evidence: B*)

Evidence: B)

Class III

1. **Transcatheter secundum ASD closure is not indicated in patients with a small secundum ASD of no hemodynamic significance and with no other risk factors *(Level of Evidence: B)*.**
2. **Transcatheter ASD closure should not be performed with currently available devices in patients with ASDs other than those of the secundum variety. This would include defects of septum primum, sinus venosus defects, and unroofed coronary sinus defects *(Level of Evidence: C)*.**
3. **Transcatheter ASD closure is contraindicated in the management of patients with a secundum ASD and advanced pulmonary vascular obstructive disease *(Level of Evidence: C)*.**


superior rim
Ao
aortic rim
SVC
SVC rim
posterior rim
Atrial Septum
TV
CS
IVC rim
IVC
Atrioventricular Valve rim
©IDRISS2006


+ Length 2.00 cm
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TEE T: 37.8 °C
IVC
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RA
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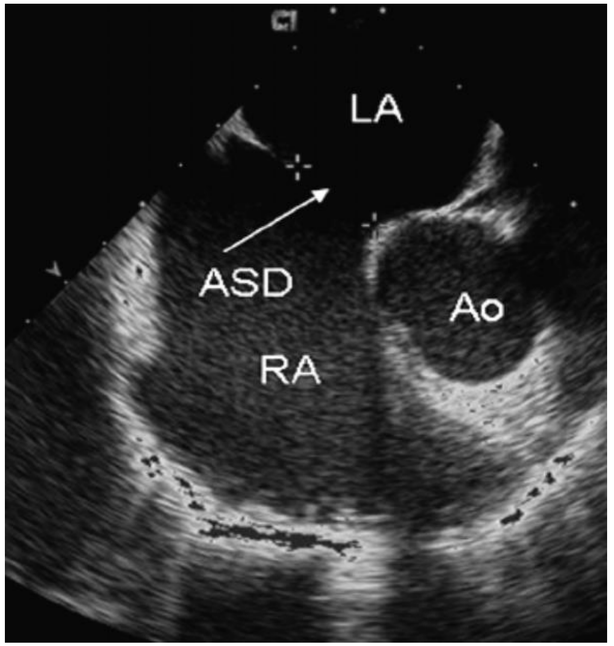
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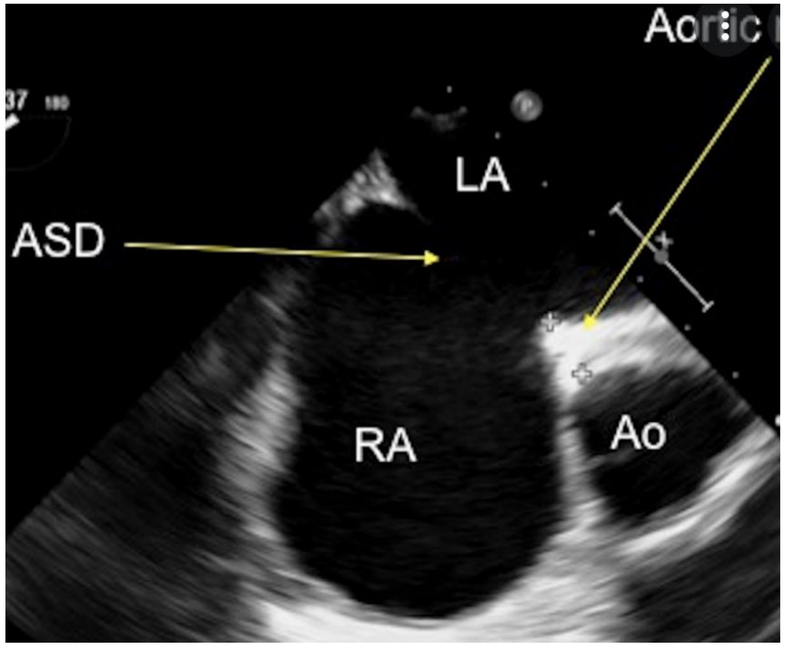
ASD
Ao
RA


Aortic
LA
ASD
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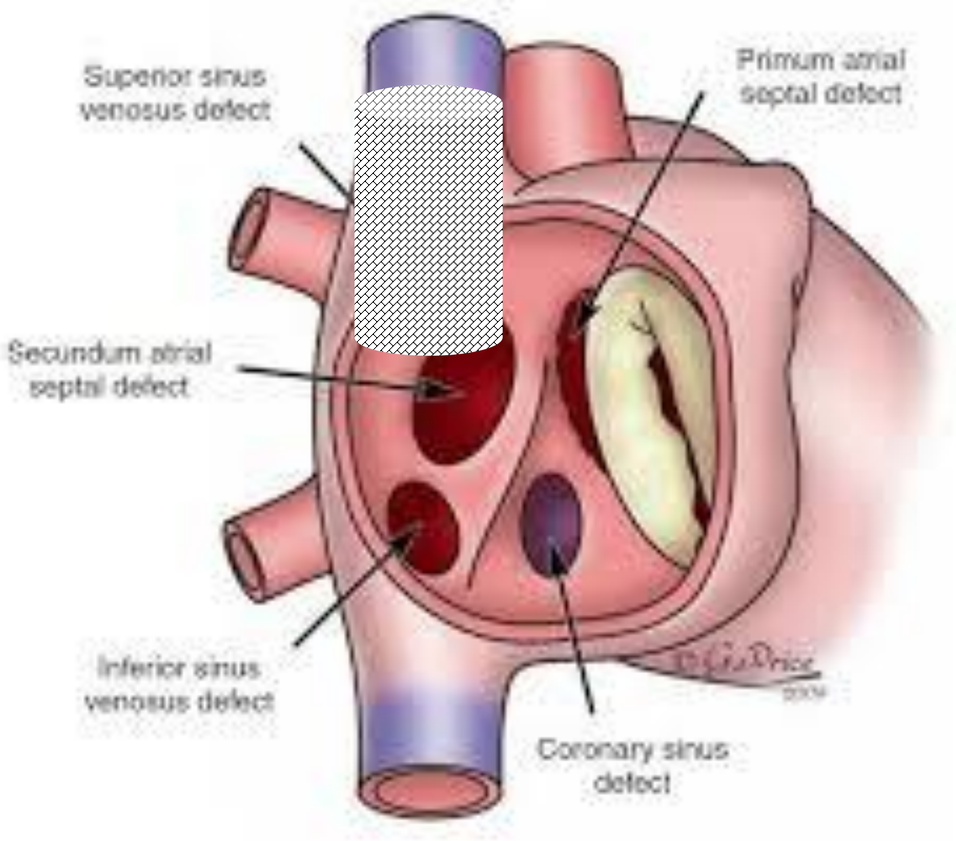
Ao

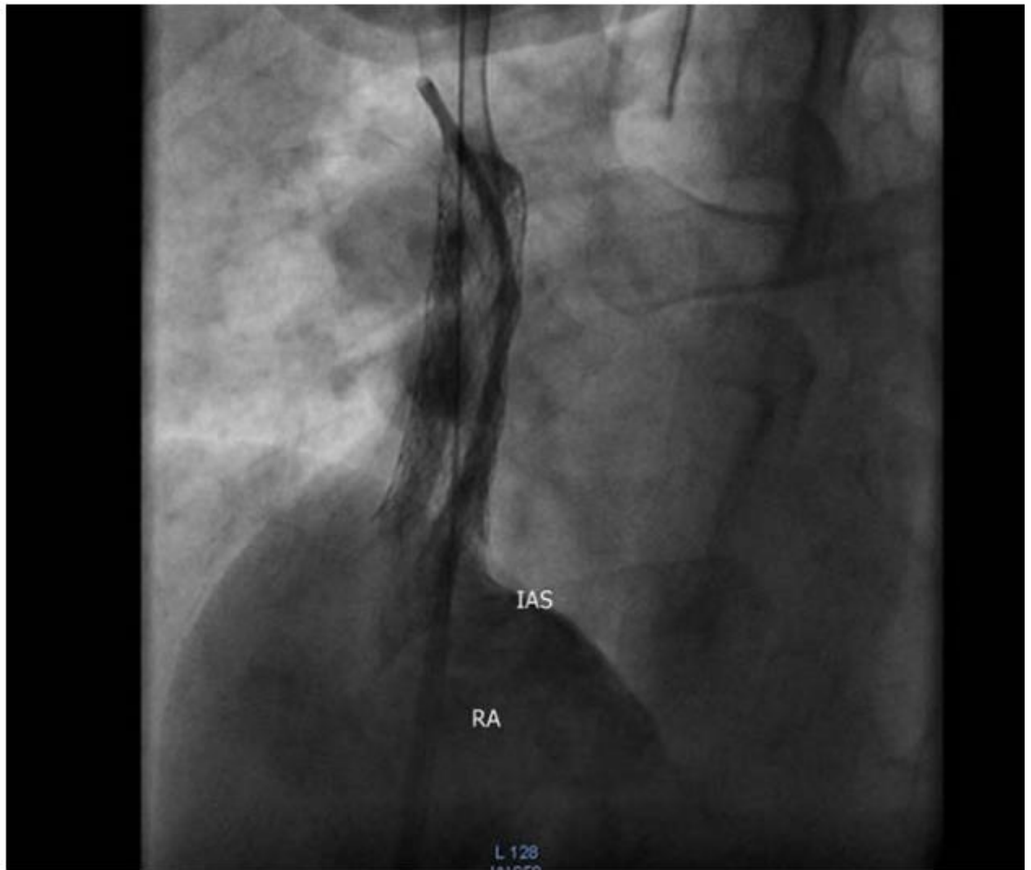
Pacientes seleccionados con CIA seno venoso superior con drenaje anómalo de VP

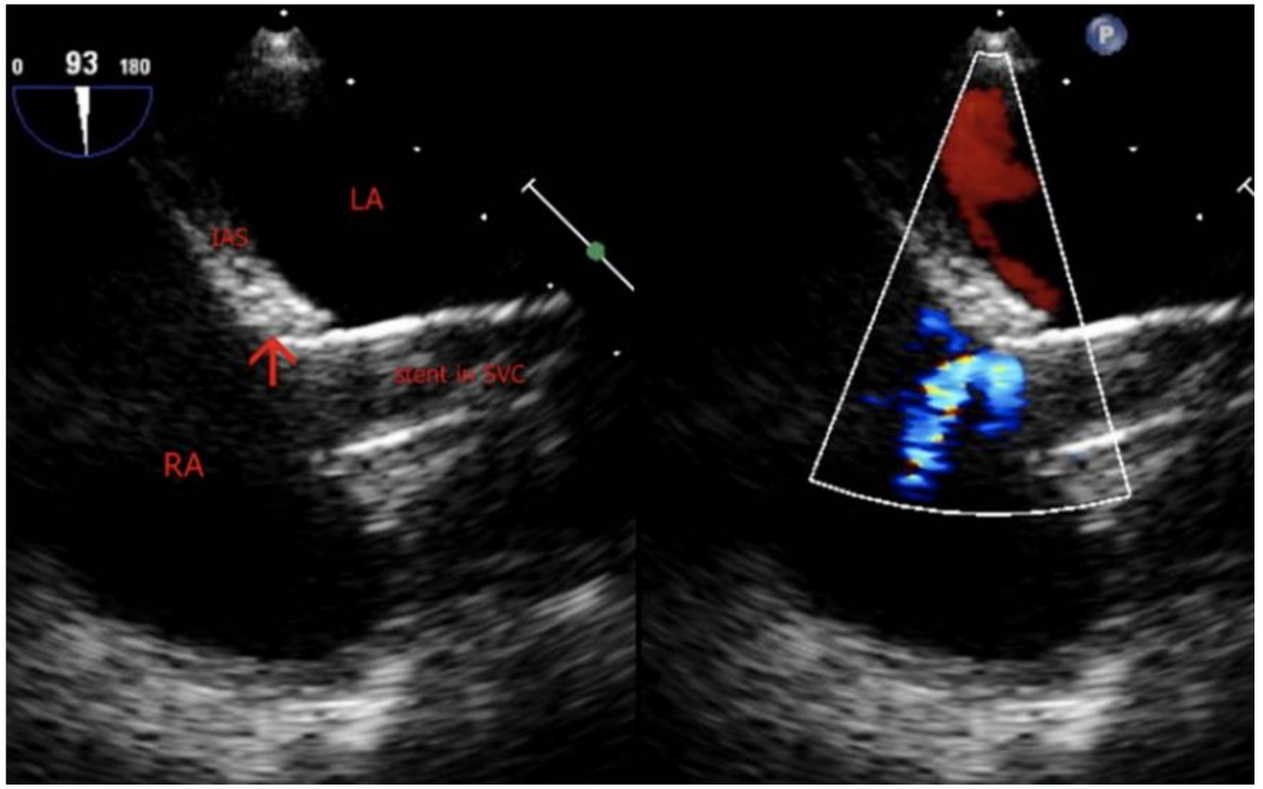


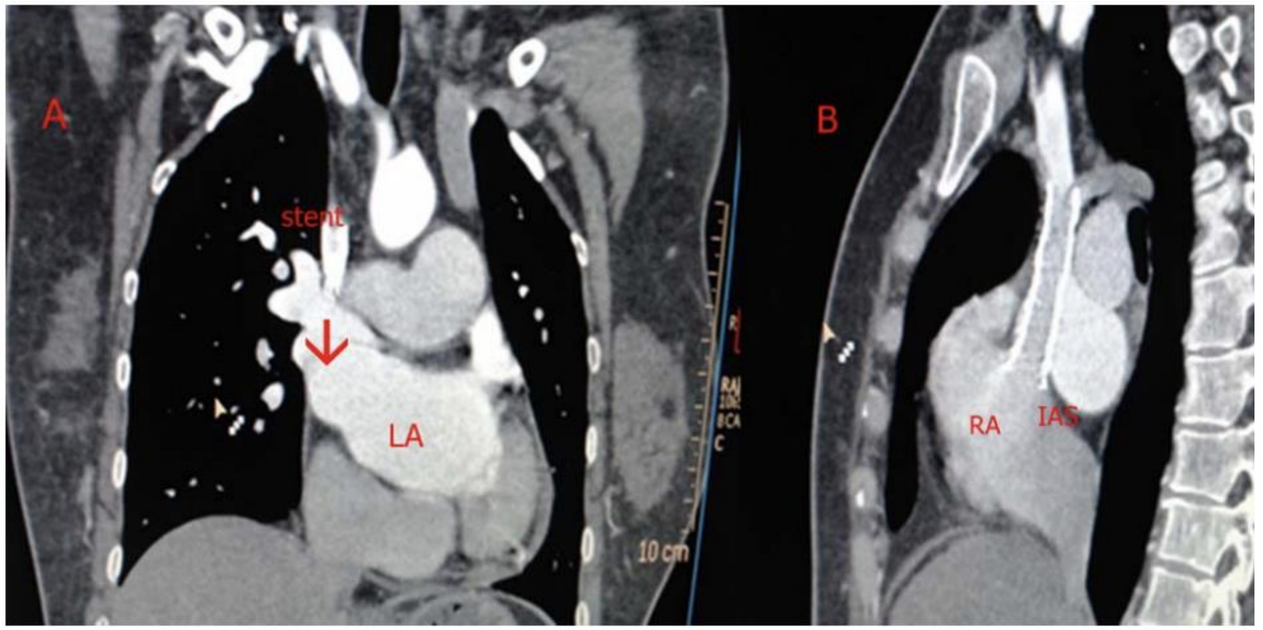
Case Report

Transcatheter Closure of Sinus Venosus Atrial Septal Defect With Anomalous Drainage of Right Upper Pulmonary Vein Into Superior Vena Cava—An Innovative Technique

Gaurav Garg,* MD, Himanshu Tyagi, MD, and Anil Sivadasan Radha, MD, DNB







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Transcatheter Correction of Superior Sinus Venosus Atrial Septal Defects as an Alternative to Surgical Treatment

Jan Hinnerk Hansen, MD, PhD,[a,b] Phuoc Duong, MD,[a,c] Salim G.M. Jivanji, MD,[a] Matthew Jones, MBBS,[a] Saleha Kabir, PhD,[a] Gianfranco Butera, MD, PhD,[a,c] Shakeel A. Qureshi, MD,[a] Eric Rosenthal, MD[a]

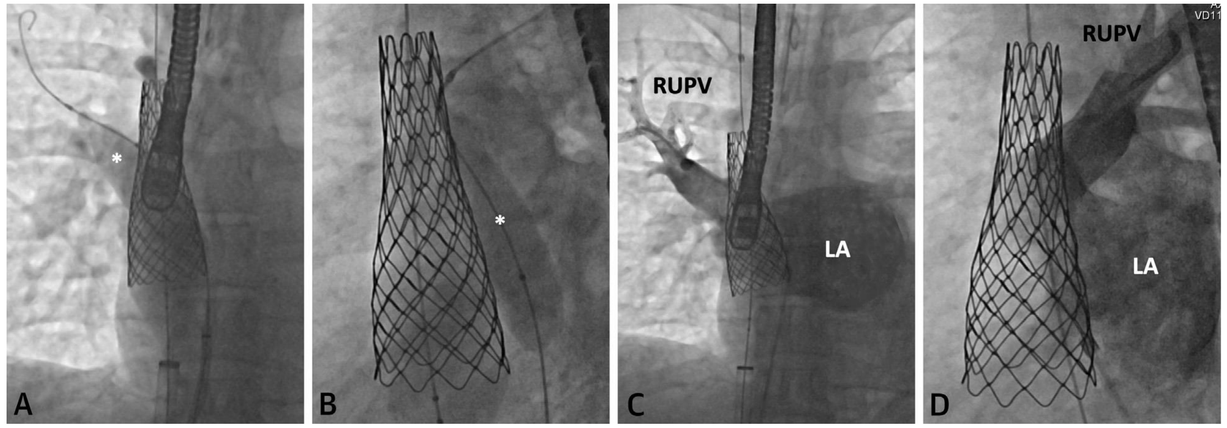
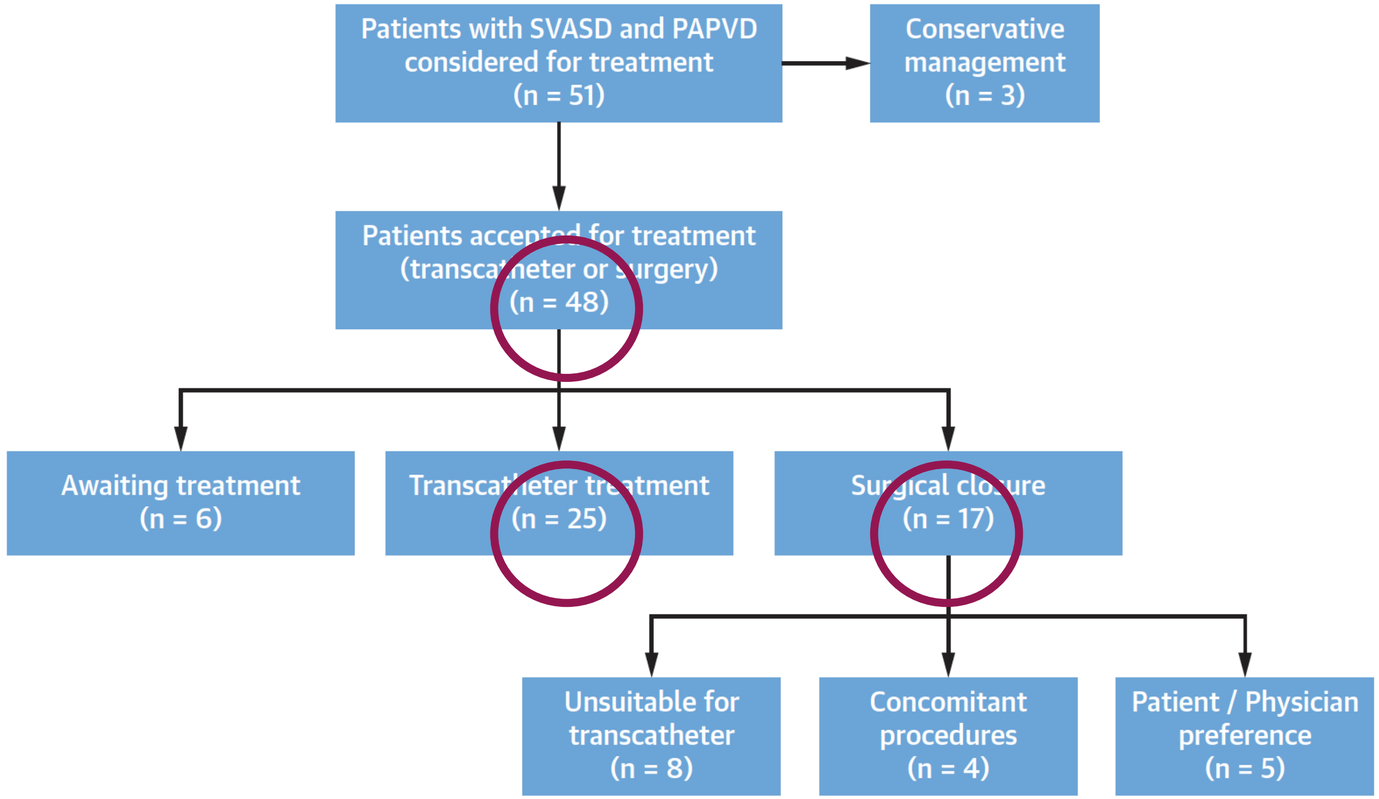
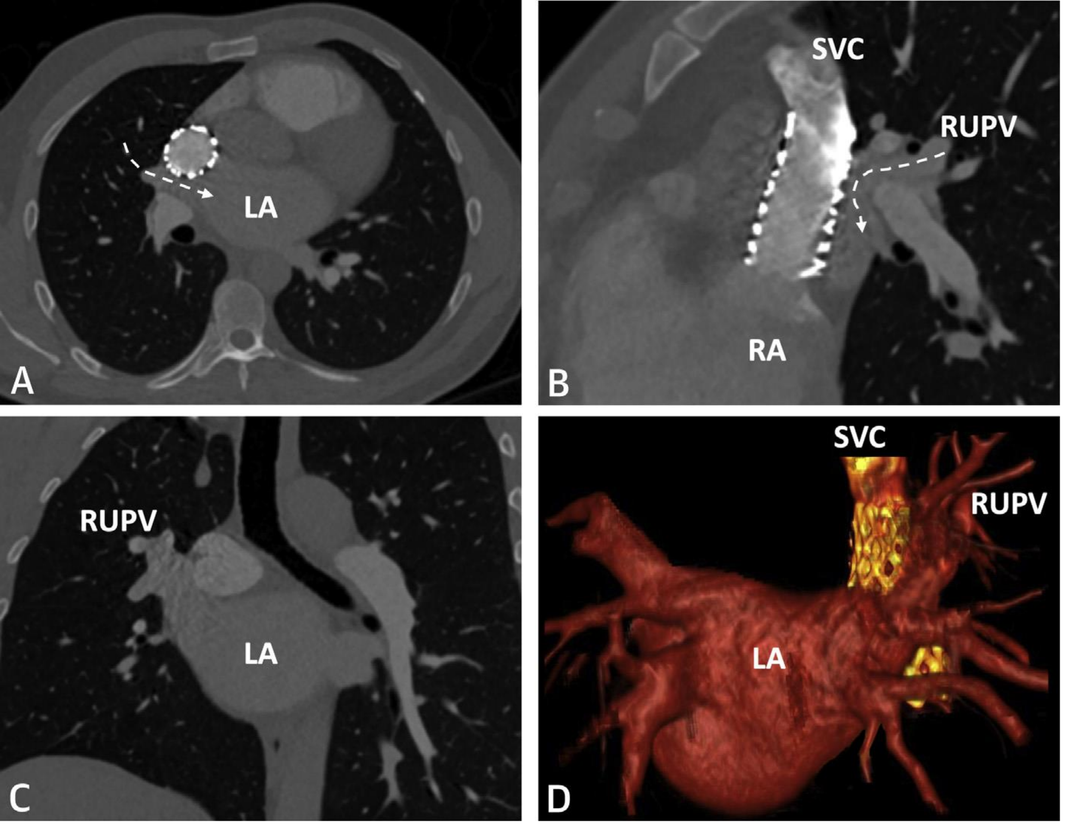


FIGURE 2 Patients Assessed for SVASD Treatment



Transcatheter treatment was performed in 25 patients, and 6 were awaiting stent implantation. A total of 17 patients were referred to surgery—only 8 were


LA
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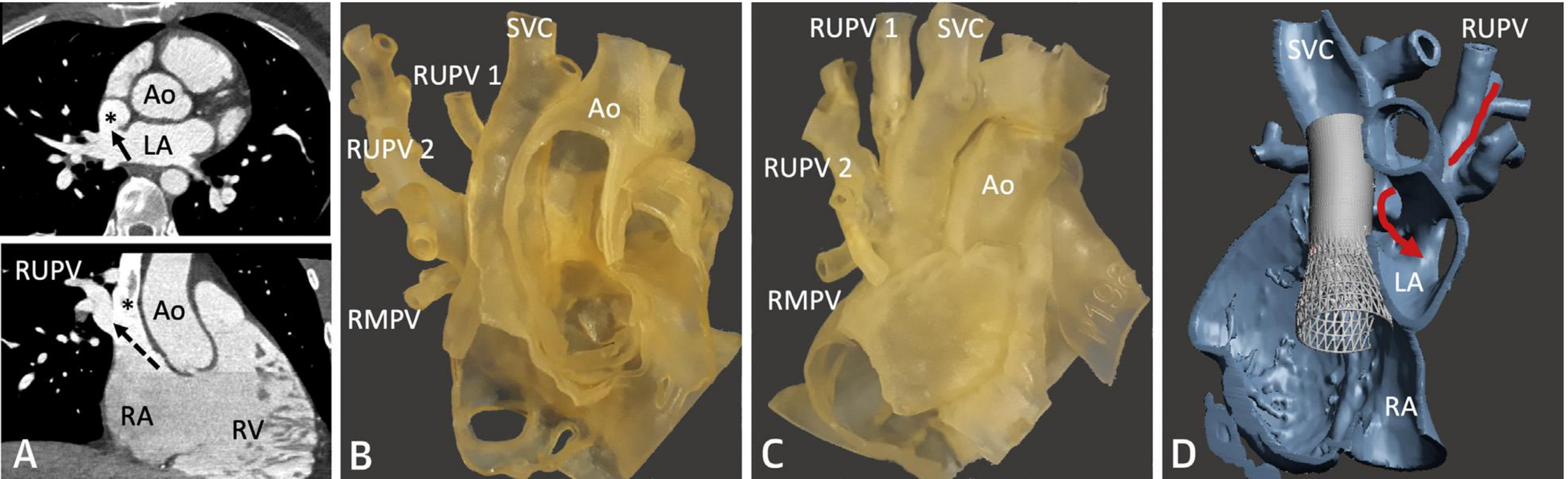
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SVC
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Ao
RMPV
C
SVC
RUPV
LA
RA
D

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Volume 13, Issue 12, December 2020
https://doi.org/10.1161/CIRCINTERVENTIONS.120.009833

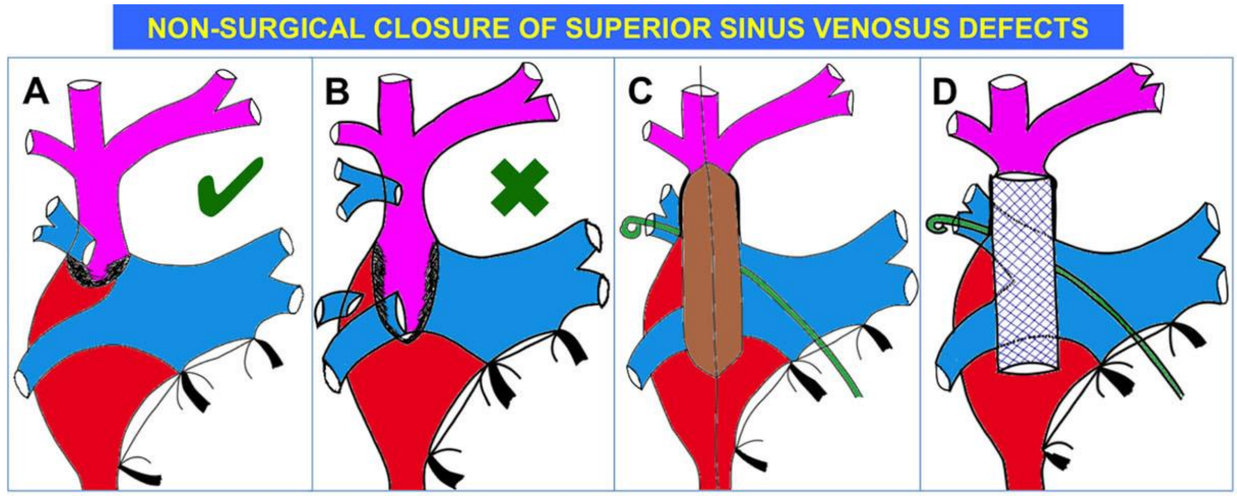
American Heart Association.

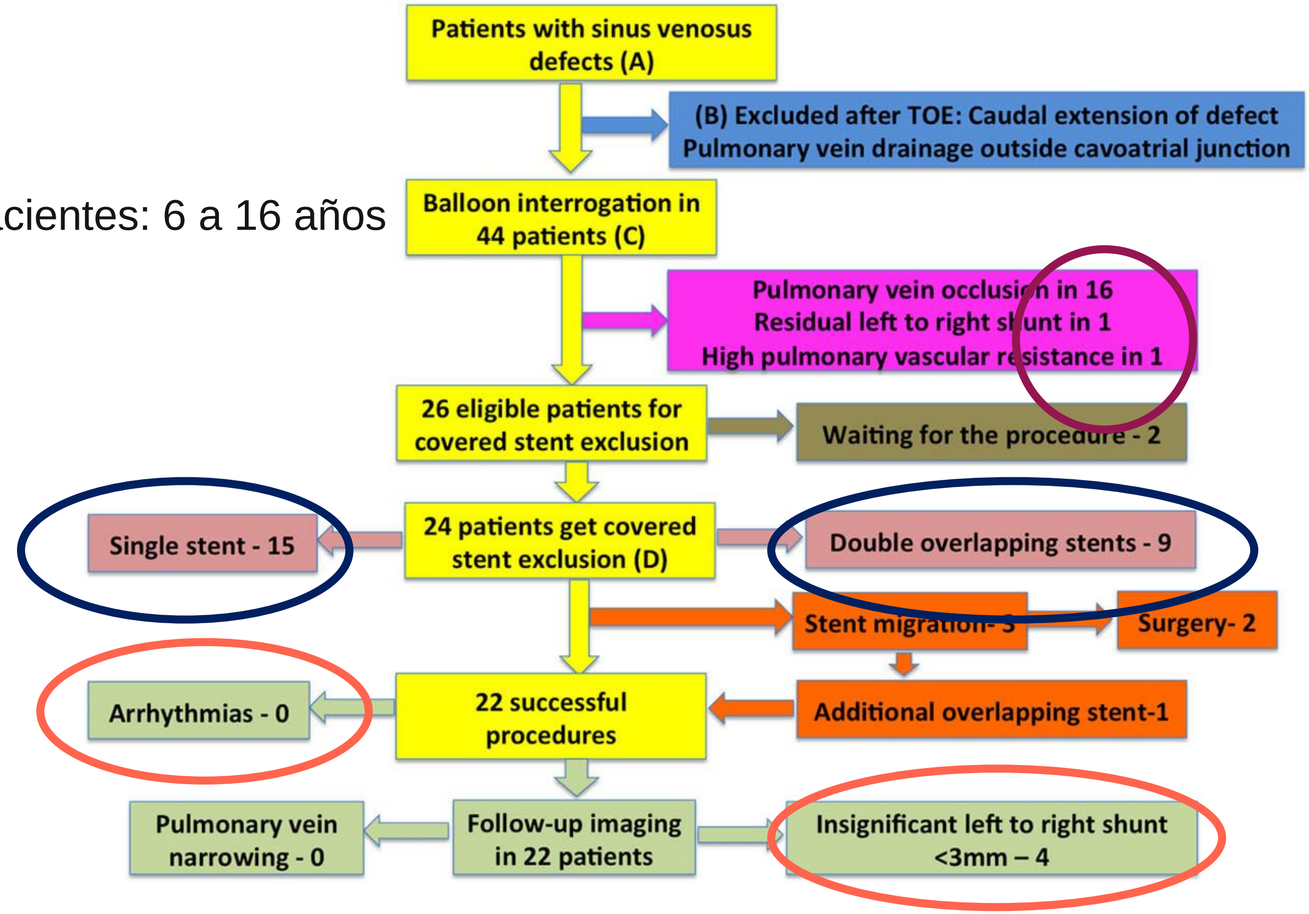
CONGENITAL HEART DISEASE

Simple Diagnostic Tools May Guide Transcatheter Closure of Superior Sinus Venosus Defects Without Advanced Imaging Techniques

Kothandam Sivakumar, MD, DM, Shakeel Qureshi, MBChB, Sreeja Pavithran, MD, Sunitha Vaidyanathan, MD, and Monica Rajendran, BS

4 pacientes: 6 a 16 años





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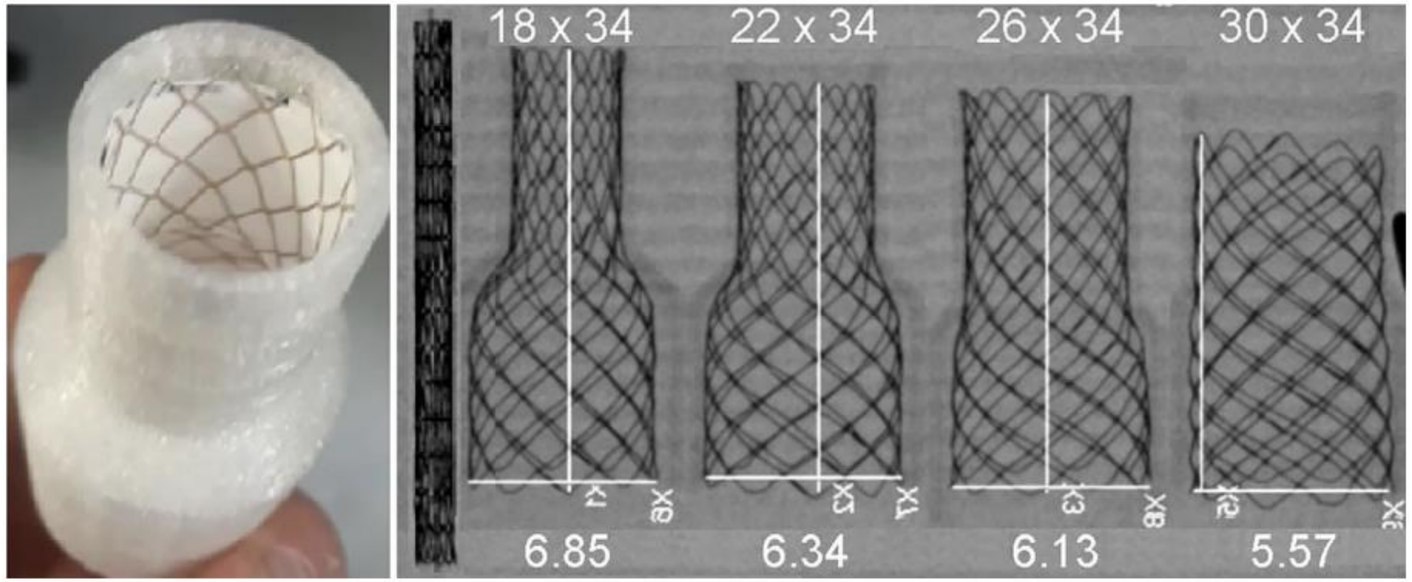
ORIGINAL STUDIES

WILEY

EDITORIAL COMMENT: Expert Article Analysis for:
Gettin' Ziggy with it

Correction of sinus venosus atrial septal defects with the 10 zig covered Cheatham-platinum stent – An international registry

Eric Rosenthal MD, FRCP[1] | Shakeel A. Qureshi MD, FSCAI[1] | Matthew Jones MBBS[1] | Gianfranco Butera MD, PhD[1,2] | Kothandam Sivakumar MD, DM[3] | Younes Boudjemline MD, PhD[4] | Ziyad M. Hijazi MSCAI[4] | Salim Almaskary MD[5] | Reid D. Ponder BS[6] | Morris M. Salem MD, FSCAI[6] | Kevin Walsh MD[7] | Damien Kenny MD, FSCAI[7] | Sebastien Hascoet MD[8] | Darren P. Berman MD, FSCAI[9] | John Thomson MD, FSCAI[10] | Joseph J. Vettukattil MBBS[11] | Evan M. Zahn MD, MSCAI[12]



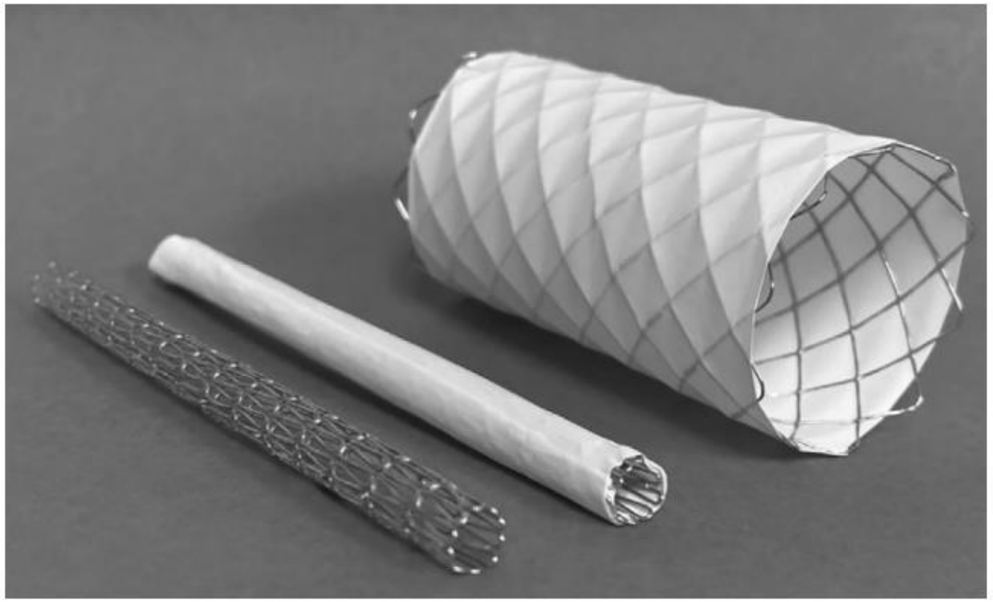
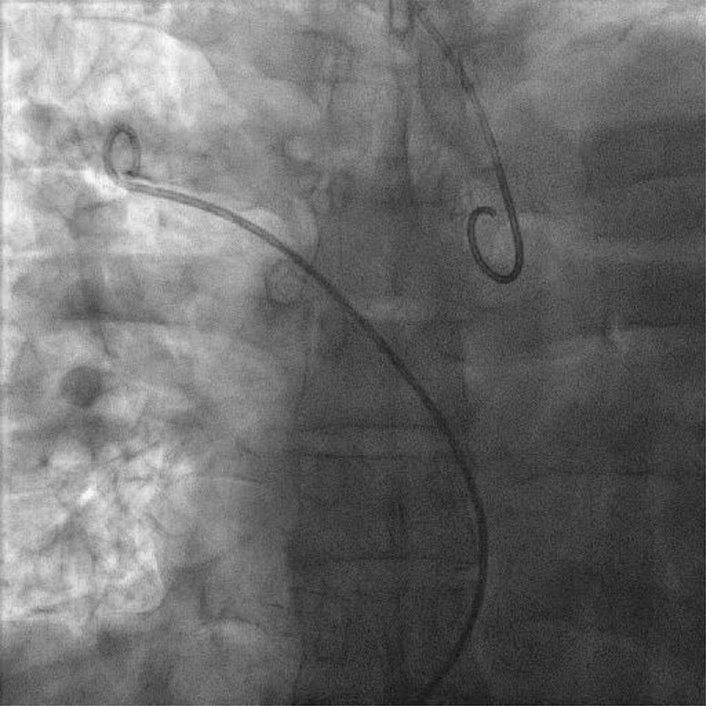
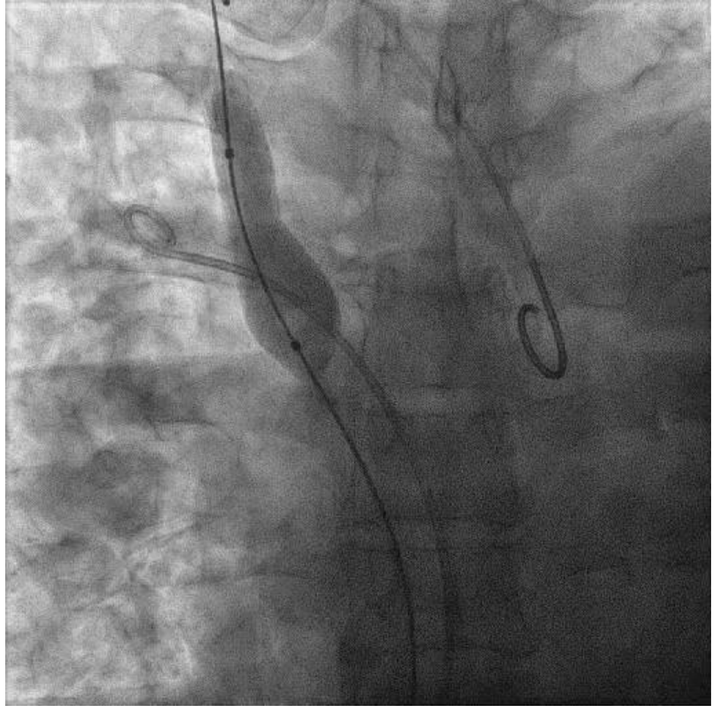
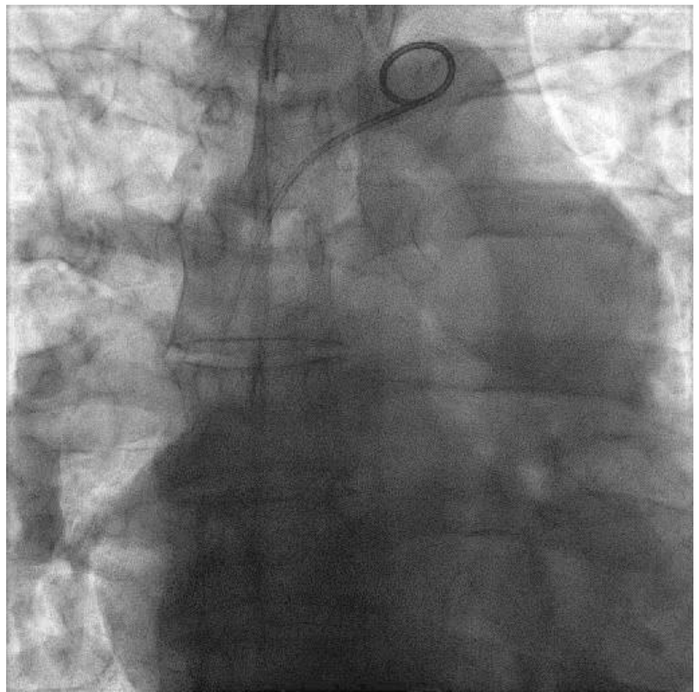
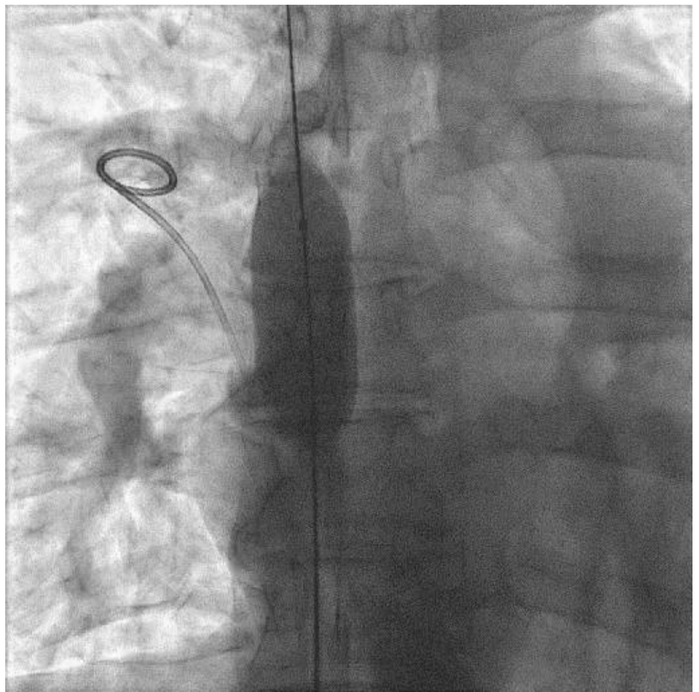


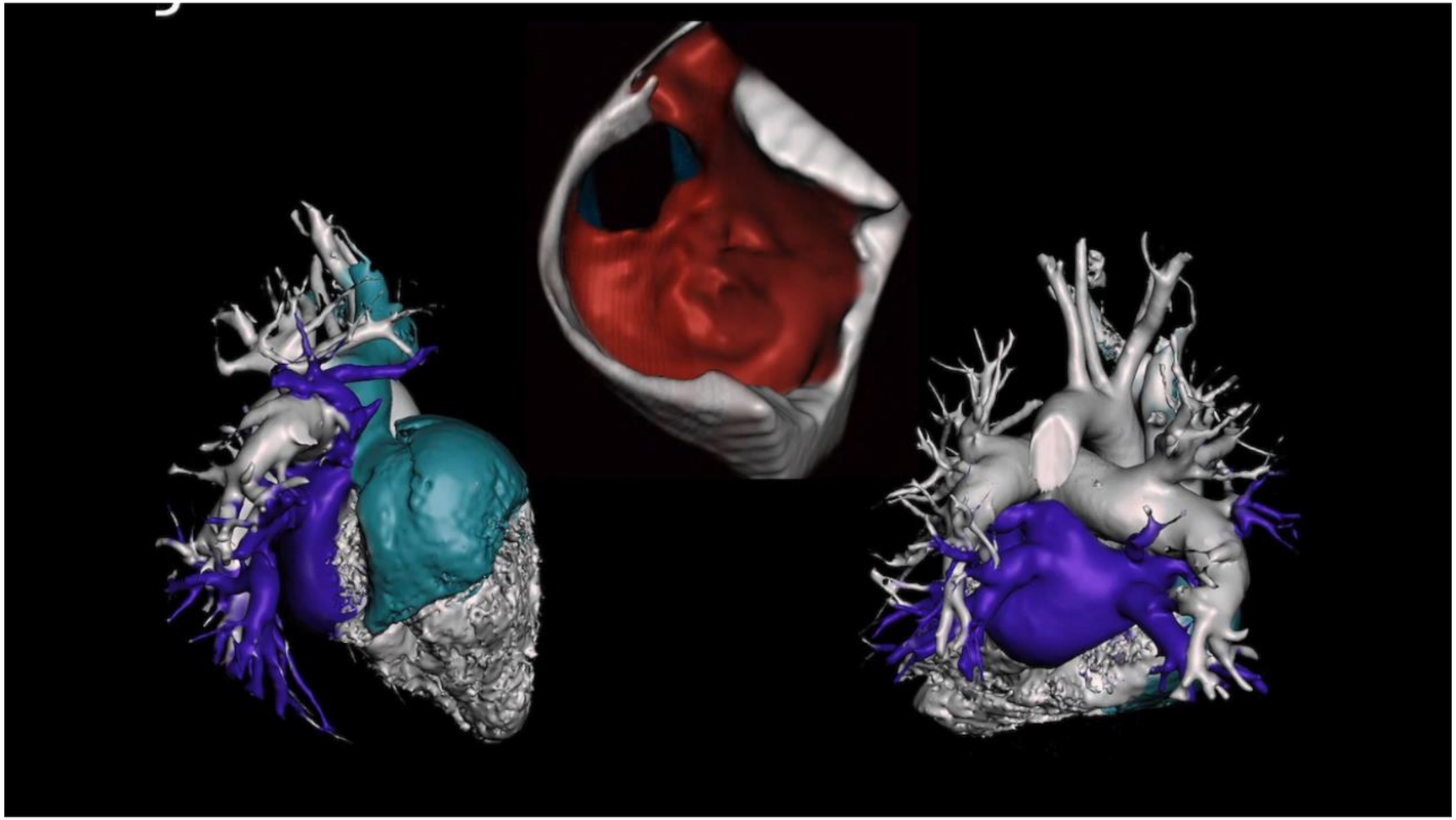
FIGURE 1 Unexpanded 8 cm bare 10 zig Cheatham-platinum (CP) stent on left, covered middle and expanded on right



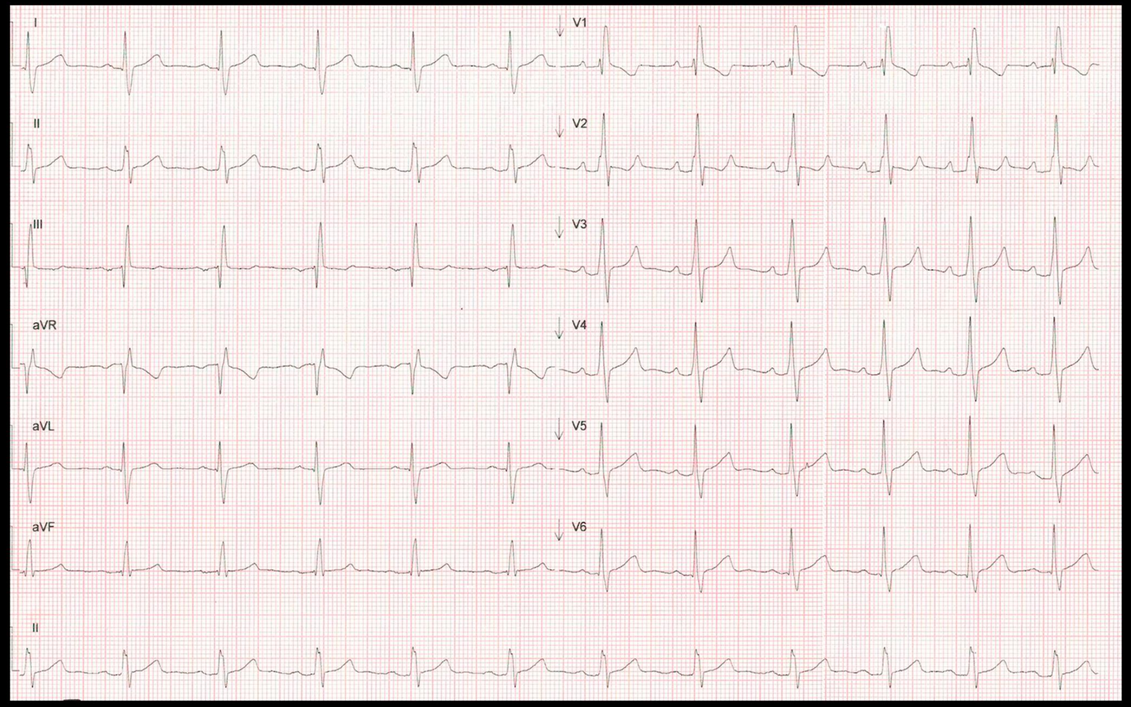






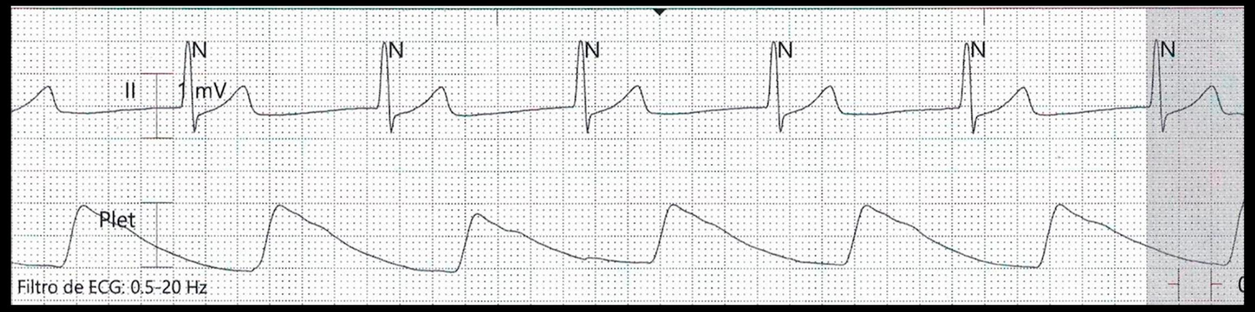


A



B

C



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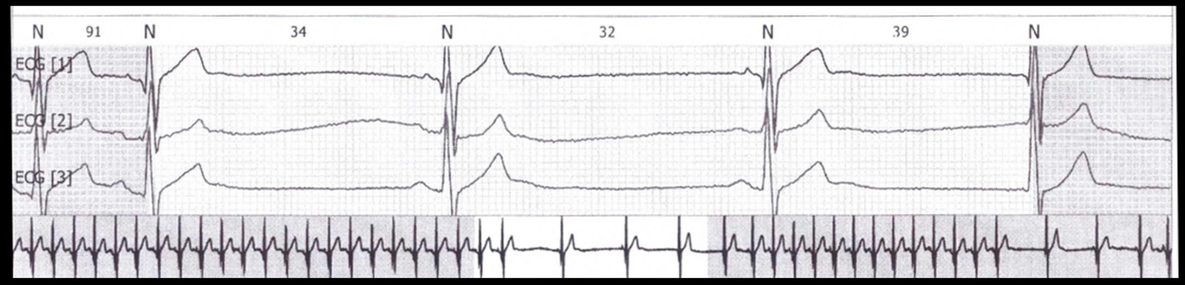

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Sandoval et al. En prensa.

Comentarios

- La comunicación interauricular seno venoso superior puede ofrecerse con seguridad y efectivad en casos seleccionados

✓ Terapia encuentra una justificación sobretodo todo en adultos
✓ Demostrar que no haya obstrucción de la VPSD a la aurícula izquierda
✓ Experiencia crece: evaluación de imagen multimodal, variedad de stents
✓ Consciencia sobre los riesgos/complicaciones latentes

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