Nit-Occlud (PFM coil) for Closure of Congenital Gerbode Defect

Done by Professor Dr Sahar El Shedoudy
Presented by Eman Hassan
Teaching Assistant, Cardiology department, Tanta university

- Gerbode defect represents left ventricle to right atrial communication, it is a rare type of ventricular septal defects.
- Traditionally closed by surgery and not known to be amenable to transcatheter closure.
A three-year-old female child presented to outpatient clinic in cardiology department, Tanta university hospitals with complains of repetitive chest infection since birth.
• **Clinically**, There was pansystolic murmur of grade 3/6 in left parasternal area.

• **CXR**: cardiomegaly with increased pulmonary vascular markings.

• **ECG**: sinus rhythm with negative T waves in leads V1 to V4.

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**Transcatheter closure**

• On cardiac catheterization, oximetry revealed a step up in oxygen saturation at the RA level.

• Pulmonary artery pressure was 30/10 mmHg.

• LV angiogram showed filling of RA earlier than RV.

• The ratio of pulmonary vascular resistance to systemic vascular resistance was 0.08. QP/QS was 2.0.

• The patient underwent successful percutaneous closure of the defect using Nit –Occlud (PFM coil 12 x 6).
PFM coil

Successful closure,
No Heart block,
No encroachment on any of cardiac valves,
No residual shunt.
• Gerbode defect is amenable to Transcatheter closure with Nit Occlud coils which represents a promising alternative to surgical closure.
• Long term efficacy and safety? Which device is better for closure? more long term follow up of large number of patients is needed.