Mid-term follow up after percutaneus atrial septal defects closure

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Introduction: Percutaneus patent foramen ovale (PFO) closure is the gold standard for treating patients with cryptogenic stroke and PFO. Also, if feasible in adult age, prercutaneus closure of atrial septal defect (ASD) is prefered modality of treatment to reduce morbidity and mortality.[1-3] Our aim was to evaluate short and mid-term risk of recurrent thromboembolic events in patients treated by percutaneous atrial septal defects closure.

Patients and Results: Between 2019 and 2024, a 51 consecutive patients had atrial septal defect closure in Zadar General Hospital, 55% were male and mean age was 46.2 (20-78). Five patients had ASD and 46 had PFO with a high suspicion of paradoxical embolism or migraine refractory to medical treatment (41 vs 4pts), and one patient was professional scuba diver with repetive decompression illness with evident PFO. All patients were screened for atrial fibrilation (0) and trombophilia (one patient had trombophilia requiering long term anticoagulation therapy). Arterial hypertension was diagnosed in 23.5% of the patients. PFO closure was preformed with Amplatzer PFO closure device in 36 (82%) and Amplatzer Talissman device in 8 patients (12%). All procedures were uneventfull. All patients recived dual antiplatlet therapy for threee months (clopidogrel and aspirin) and monotherapy with aspirin for one year following procedure. After one year 52% of patients are still on aspirin. During a mean follow-up of 26.9 months (max 64mo), 2 patients (4%) had TIA, both patients were older (56 and 58 years) and both had other risk factors for tromboembolic event, including arterial hypertension and hyperlipidaemia. One patient had transient atrial fibrillation ten days after device implantation. No major bleeding was reported.

Conclusion: Transcatheter atrial septal defects closures are safe procedures with no increased risk of serious adverse events or influence on major bleeding.

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