OBJECTIVE: Describe the cases of significant aortic protrusion of the ADO II.

METHODS: Since its introduction in June 2008, the ADO II was favored for all types PDA < 5.5mm. Patients in whom we encountered a severe aortic obstruction of this device were described.

RESULTS: Between 2008 and 2011 the ADO II was used in 61 patients. In three of them, the aortic disc severely obstructed the aorta.

N 1: (6.6 Kg; type A; 3.2mm large; 7.4 mm long) (Fig 1 - a ; 1 - b). The aortic disc of a 6-6 ADO II kinked 10 days later (Fig 1 - c ; 1 - c’) leading to severe coarctation (Fig 1 - d). It was surgically resolved.

N 2: (6.9 kg; type C; 2mm large; 8.4mm long) (Fig 2 - a). The aortic disc of a 3-6 ADO II, anterogradely delivered, immediately bulged in the aorta after detachment (Fig 2 - b). This was recovered by aortic balloon inflation (Fig 2 - c ; 2 - d).

N 3: (7Kg; type A; 3mm large; 8mm long) (Fig 3 - a). The aortic disc of a 4-4 ADO II, arterially delivered, immediately kinked in the aorta after detachment (Fig 3 - b). It was snared, retrieved (Fig 3 - c) and successfully replaced by a 5-4 ADO I (Fig 3 - d).

CONCLUSION: the ADO II is not the device of choice in type A PDA. Discs are bulky and highly articulated. Immediate or even late aortic protrusion may occur leading to severe obstruction especially in small infants.