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(a): Median Weight at the time of procedure was 1536 g.
(b): Median gestational age (GA) at time of procedure was 27 weeks.
(c): The narrowest PDA diameter by angio range was 1.23-2.94 mm, (correlation coefficient with previous echo measurements of 0.95).
The PDA length range was 3.5-10.6 mm.
(d): The median size of the descendant aorta was 2.77 mm.
(e): Median contrast volume was 25 ml, and Median fluoroscopy time was 14 min.

To describe our institutional experience with transcatheter PDA closure with ADO-II-AS in symptomatic low birth weight pre-term infants.

Methods:
The transcatheter closure of PDA with ADO-II-AS in carefully selected preterm infants is a safe and reliable alternative to surgical ligation.

- Retrospective review
- Population: Low birth weight pre-term infants < 2000 g
- Period: January 2011-December 2012
- Cases selection:
  - Hemodynamic and respiratory repercussion of PDA
  - Medical treatment failure (> 2 cycles of intravenous Ibuprofen)
  - Weight > 1000g.
- All procedures were done under anesthesia and tracheal intubation.
- Immediate results were assessed by echocardiography before the device release.

Results:

Conclusions:
The transcatheter closure of PDA with ADO-II-AS in carefully selected preterm infants is a safe and reliable alternative to surgical ligation.

| Case Nº | Weight(a) | GA(b) | PDA Type | PDA (c) Diameter | ECO Diameter | D-Ao (d) Size | Vein Access | Arterial Access | Contrast Volume | Follow-up (months) | Complications
|---------|-----------|-------|----------|-----------------|--------------|--------------|-------------|----------------|------------------|-------------------|----------------
| 1       | 1730 g    | 37    | A        | 2.4             | 2.6          | 2.68         | 5F          | YES            | 50               | 13                | NO
| 2       | 1300 g    | 29 + 3| A        | 1.5             | 1.5          | 2.94         | 5F          | YES            | 45               | 3                | Device embolization
| 3       | 1700 g    | 27    | A        | 2.5             | 2.3          | 2.77         | 5F          | YES            | 25               | 17                | Residual LPA Stenosis
| 4       | 1600 g    | 36    | C        | 2.94            | 2.9          | 2.93         | 5F          | YES            | 20               | 3                | NO
| 5       | 1000 g    | 30    | A        | 1.23            | 1.5          | 2.7          | 4F          | NO             | 15               | 3                | NO
| 6       | 1250 g    | 26 + 6| A        | 1.6             | 1.7          | 2.7          | 4F          | NO             | 23               | 6                | Residual LPA Stenosis
| 7       | 1300 g    | 28 + 4| A        | 1.83            | 1.9          | 2.65         | 5F          | NO             | 13               | 1                | NO
| 8       | 1900 g    | 32    | C        | 2.2             | 2.4          | 3.60         | 5F          | YES            | 38               | 6                | NO
| 9       | 1800 g    | 34    | A        | 1.42            | 1.19         | 3.17         | 5F          | NO             | 22               | 1                | NO
| 10      | 1850 g    | 36    | A        | 1.60            | 1.70         | 2.70         | 5F          | NO             | 24               | 6                | NO

Intraprocedural review:
- Population: Low birth weight pre-term infants < 2000 g
- Period: January 2011-December 2012
- Cases selection:
  - Hemodynamic and respiratory repercussion of PDA
  - Medical treatment failure (> 2 cycles of intravenous Ibuprofen)
- All procedures were done under anesthesia and tracheal intubation.
- Immediate results were assessed by echocardiography before the device release.

Image 1. Arterial access was obtained in 5 patients inserting a microcatheter (2.7-F) into the femoral artery without sheath for aortic angiography.

Image 2. The occluded device waist was 4 mm in all cases.

Complete occlusion of the duct was instantly achieved in 5 patients, 2 patients had a small residual flow for 24 hours.

Image 3. A major procedure complication arose, device embolization in the left pulmonary artery, successfully removed.

B- Two patients had moderate left pulmonary stenosis post-implantation, resolved during follow-up.