

Telle mère, telle fille... (?)

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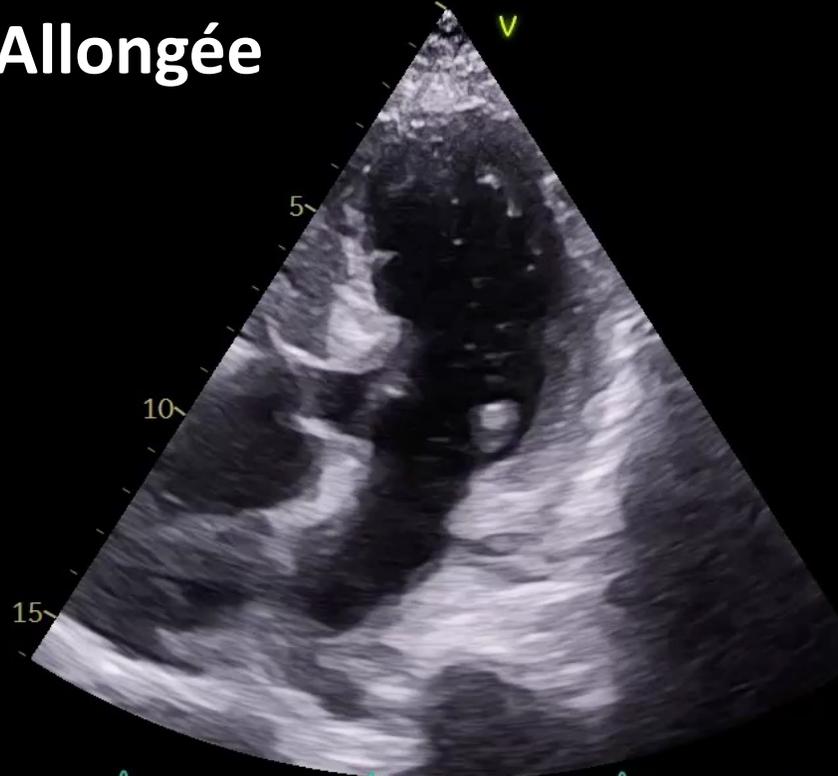


- Mme LF, 82 ans, est adressée pour Fermeture de l'Auricule G
- **ANTC :**
 - FA persistante /CHA₂DS₂-VASC score= 5
 - AVC cérébelleux
 - Hématome capsulothalamique droit sous AOD un mois auparavant
 - Notion de pneumopathie interstitielle fibrosante avec hypoxémie croissante invalidante , depuis 1 an
 - Cyphoscoliose
- **Bilan :**
 - AG vide de thrombus/ Windsock / Dimension 19x 14 mm sur landing zone
 - Objectivation d'une hypoxémie sévère, positionnelle , maximum en position assise / pas d'affection pulmonaire sous jacente

ETT & test aux bulles

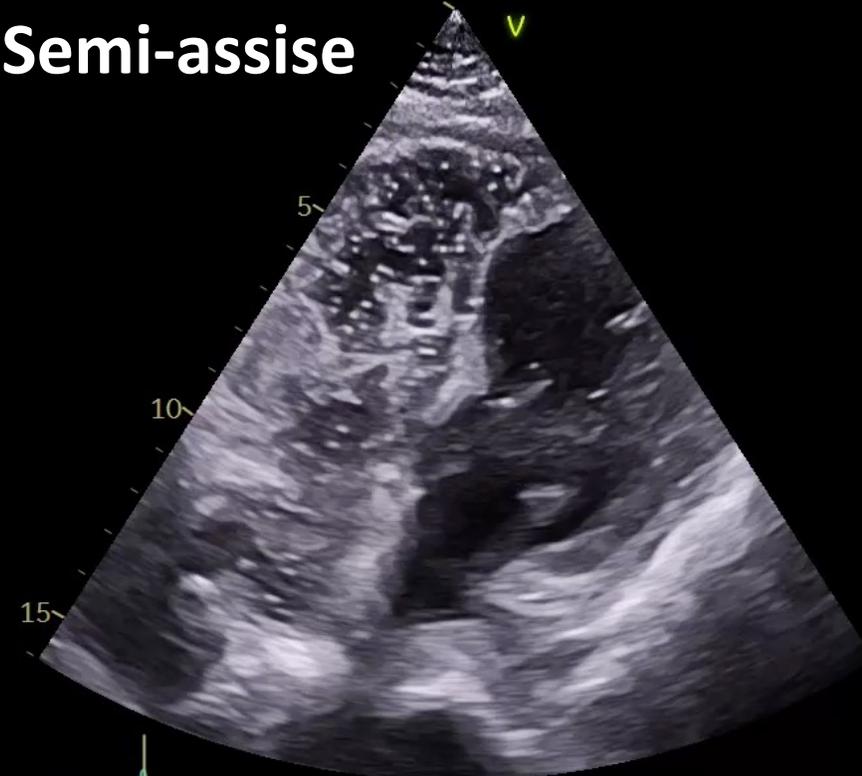
ACE

Allongée



ACE

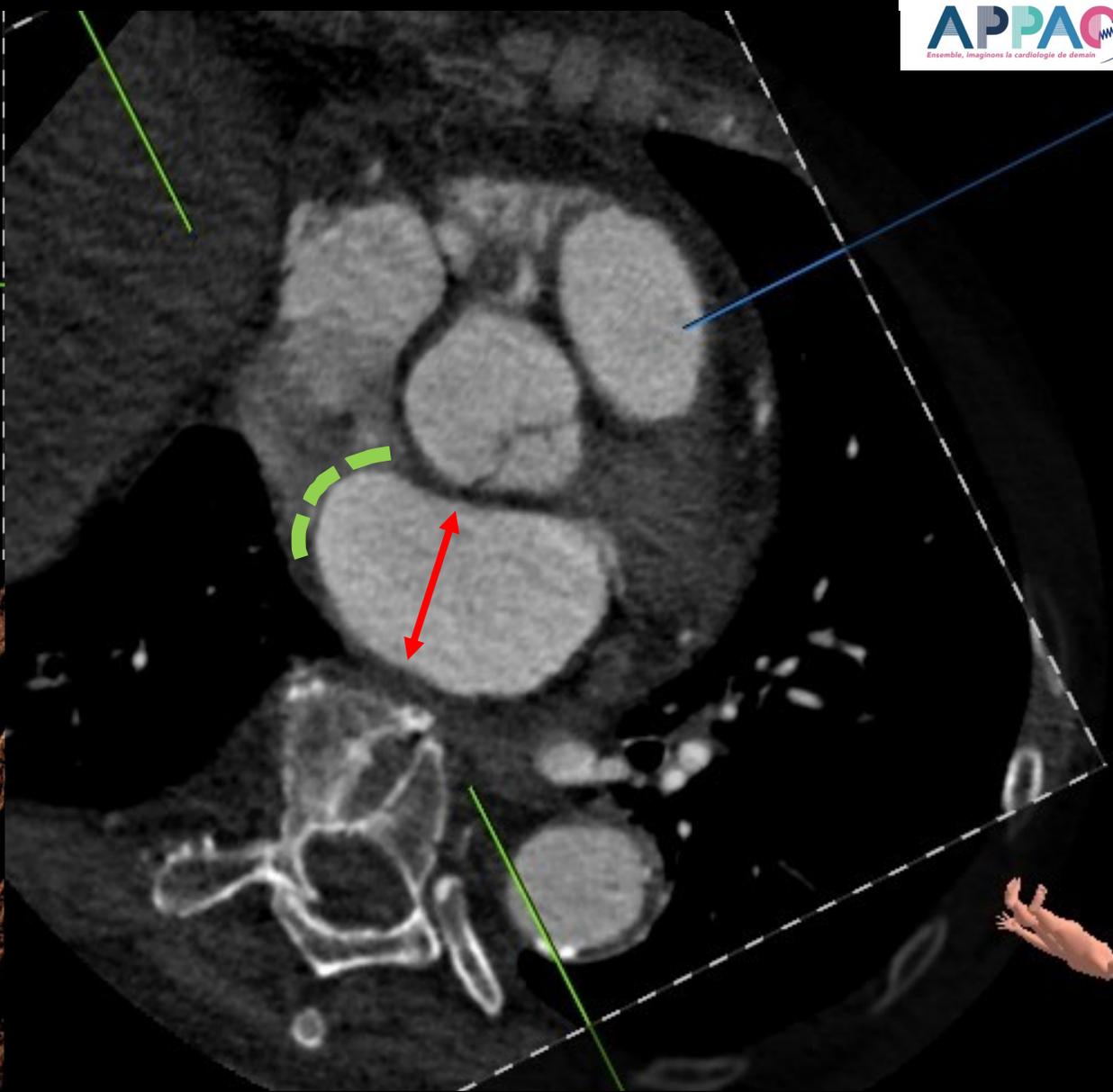
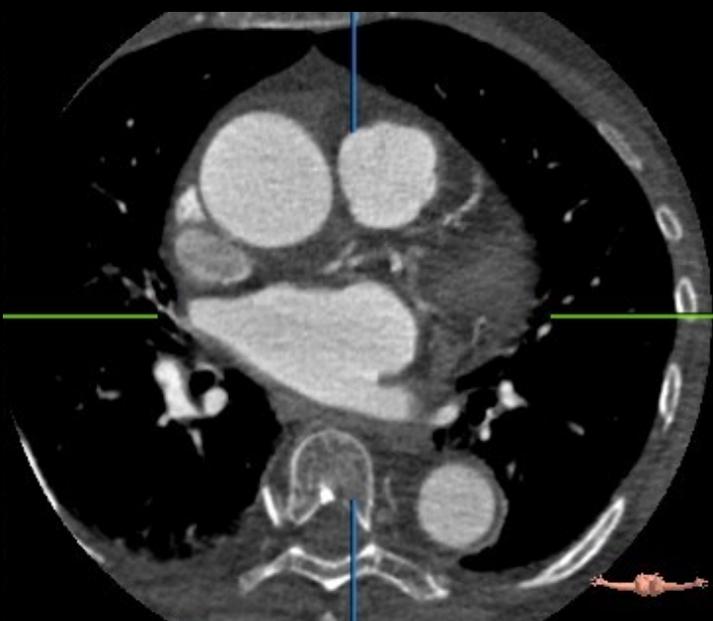
Semi-assise



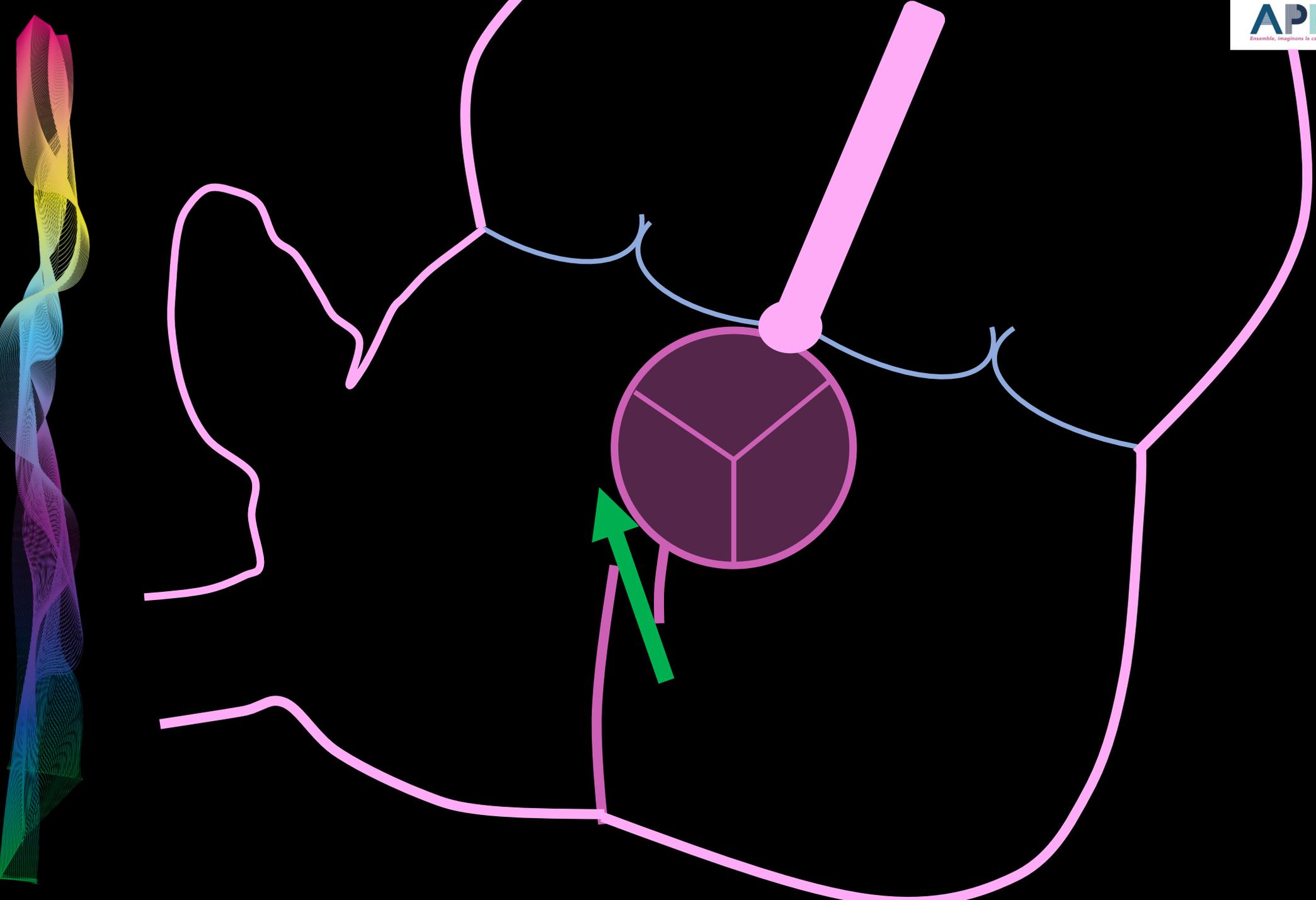
Soft

65
HR

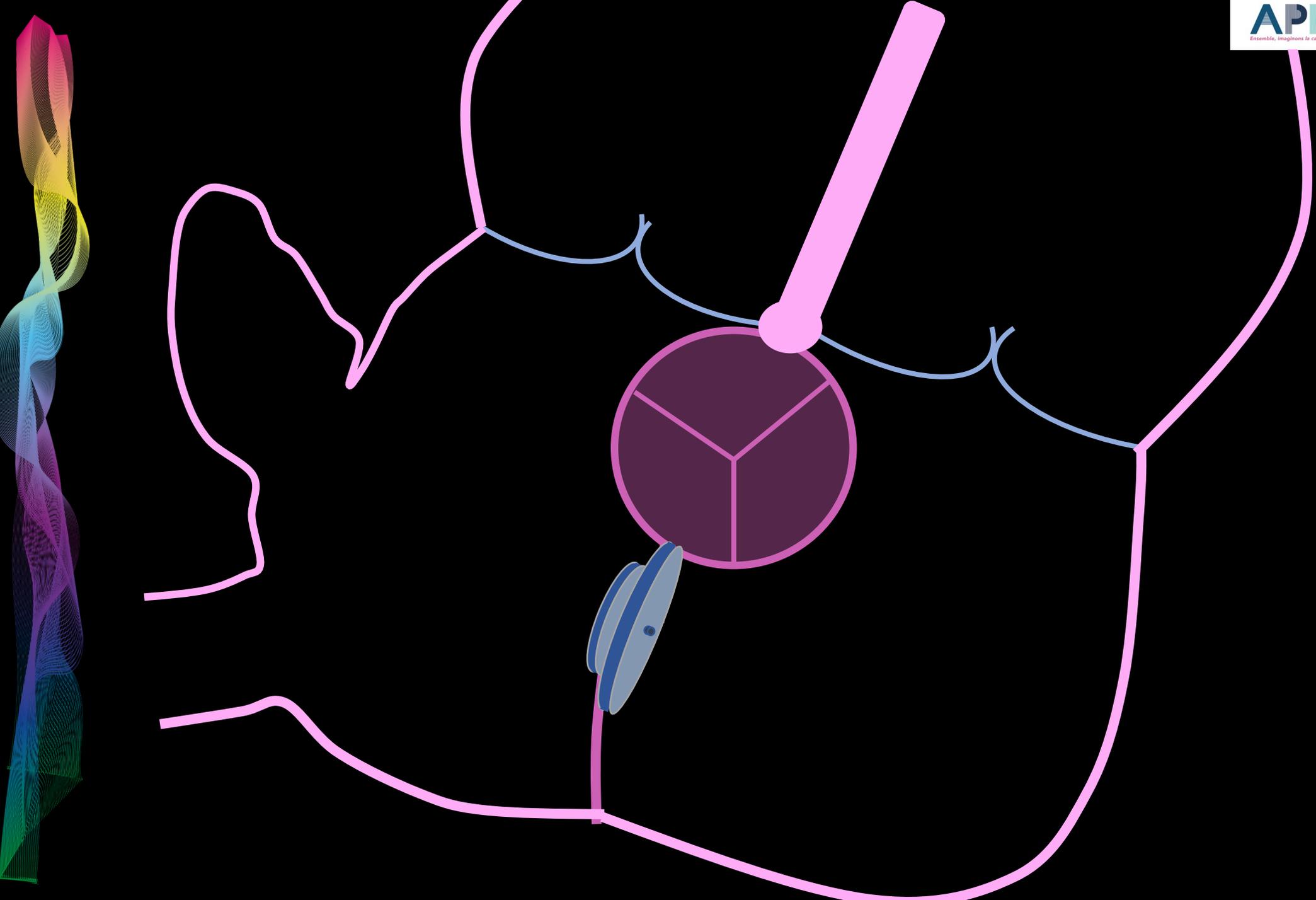
Syndrome de Platypnée-Orthodéoxie sur FOP sous jacent



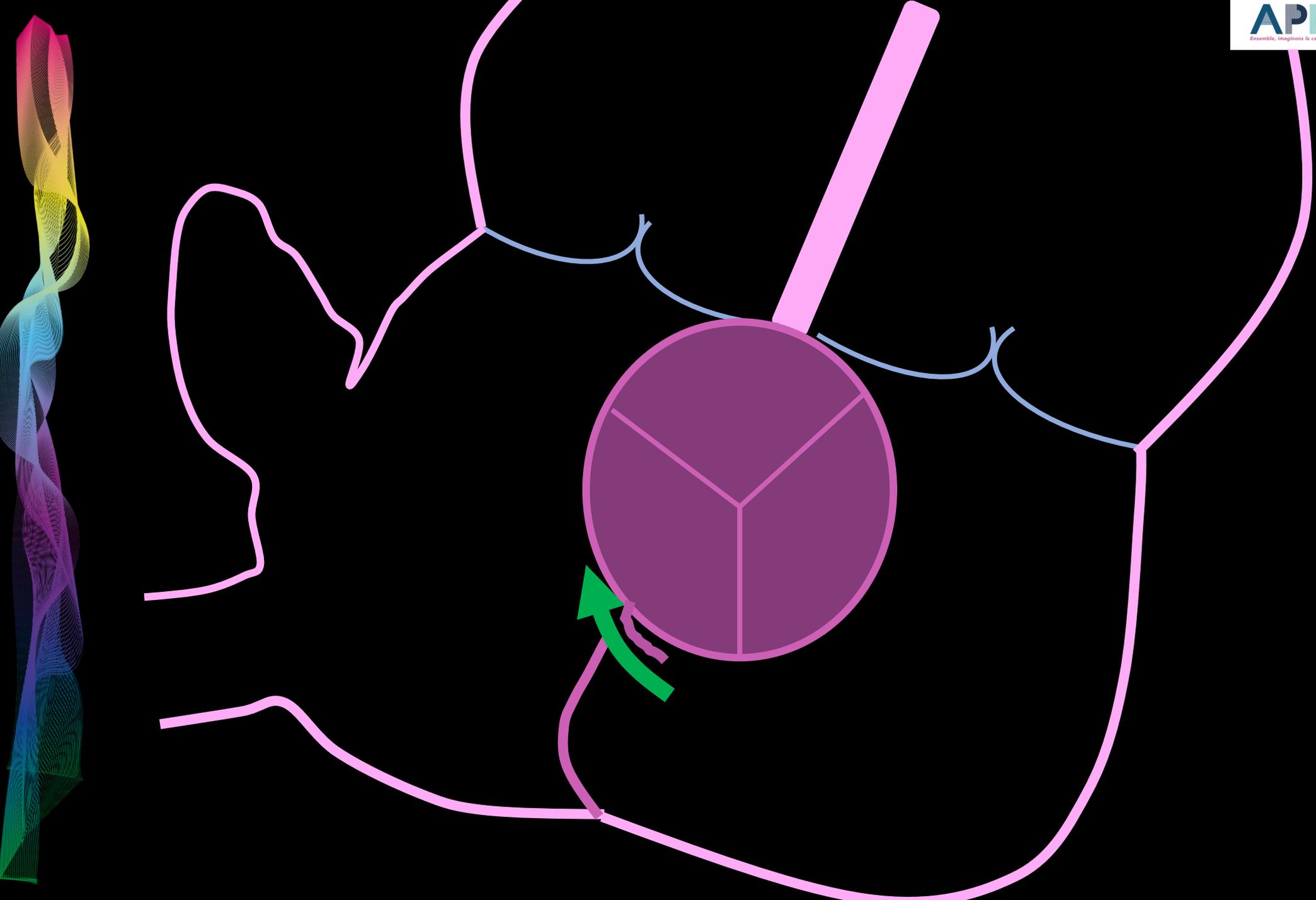
- Dilatation + horizontalisation de l'Aorte
- Raccourcissement de la distance racine aortique – Rachis
- Ecrasement du SIA avec aspect concave et déformation de l'orientation du FOP



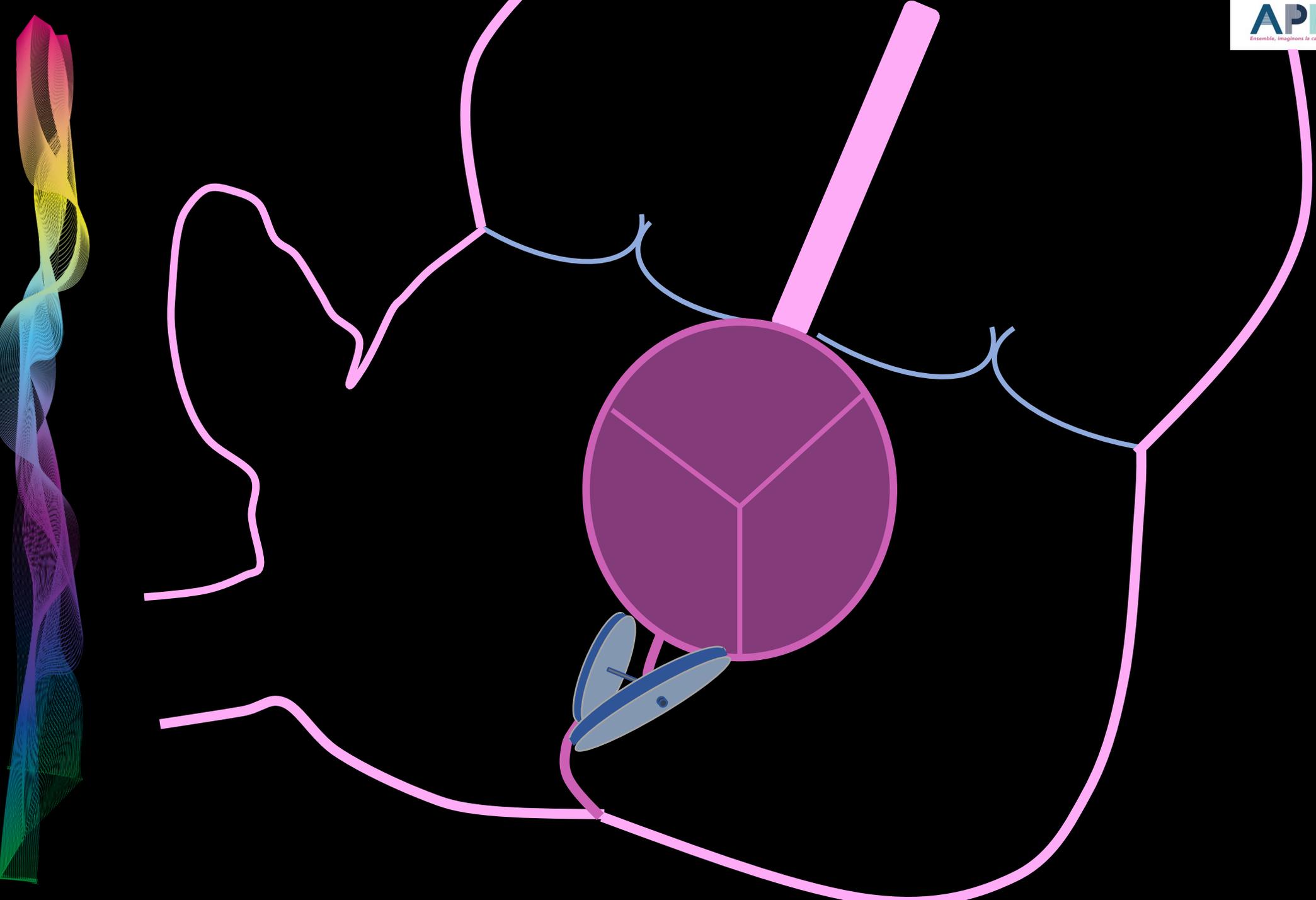
FOP CLASSIQUE / «NEUROLOGIQUE»



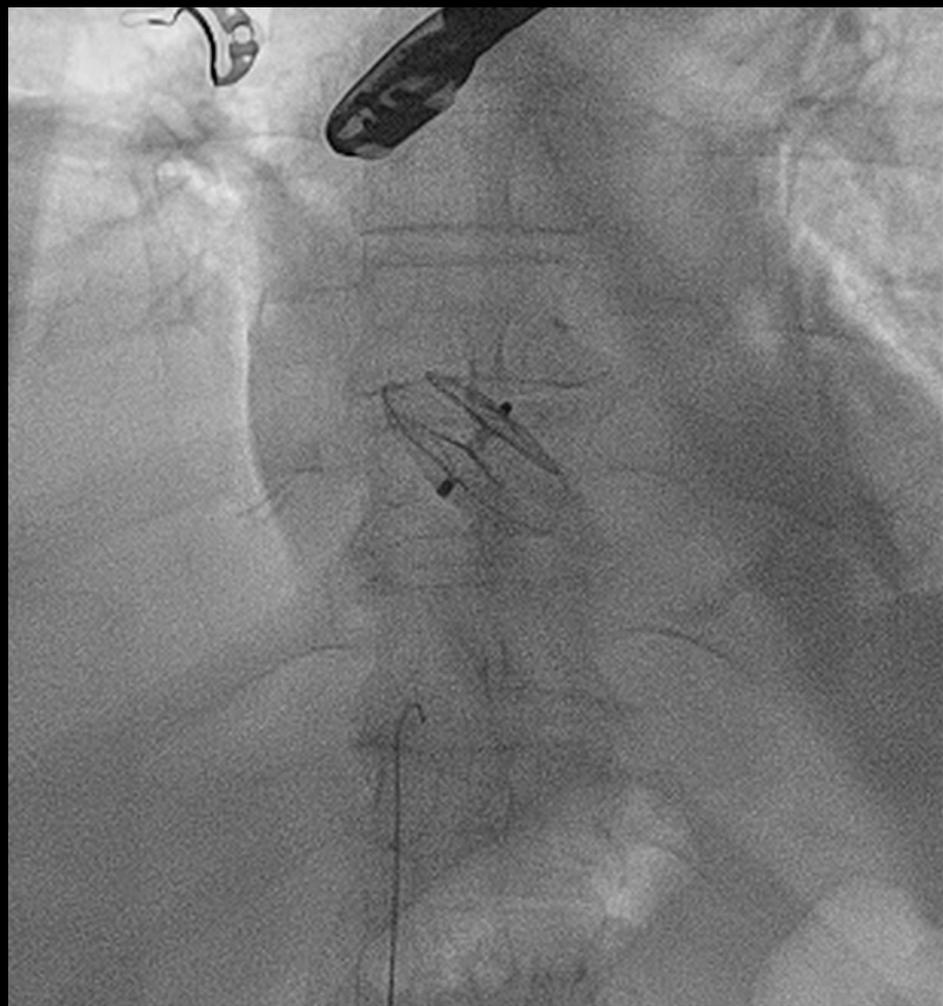
FOP CLASSIQUE / «NEUROLOGIQUE»



FOP ATYPIQUE / «PNEUMOLOGIQUE»

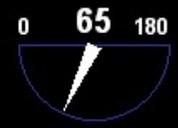


FOP ATYPIQUE / «PNEUMOLOGIQUE»



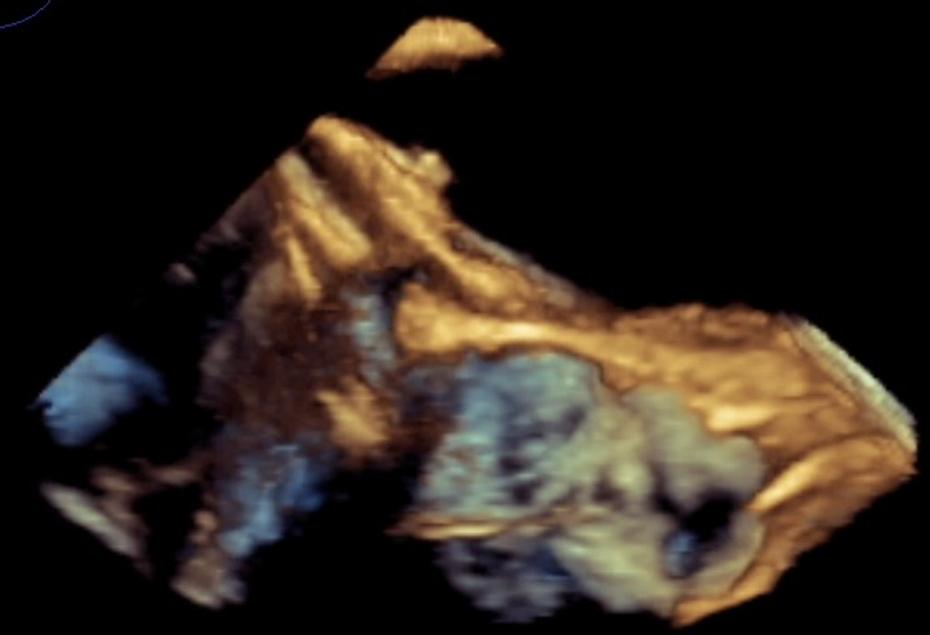
Echo adulte
X7-2t
14Hz
6.0cm
Live 3D
2D / 3D
% 45 / 44
C 50 / 30
Gén

Batter. 3D 1



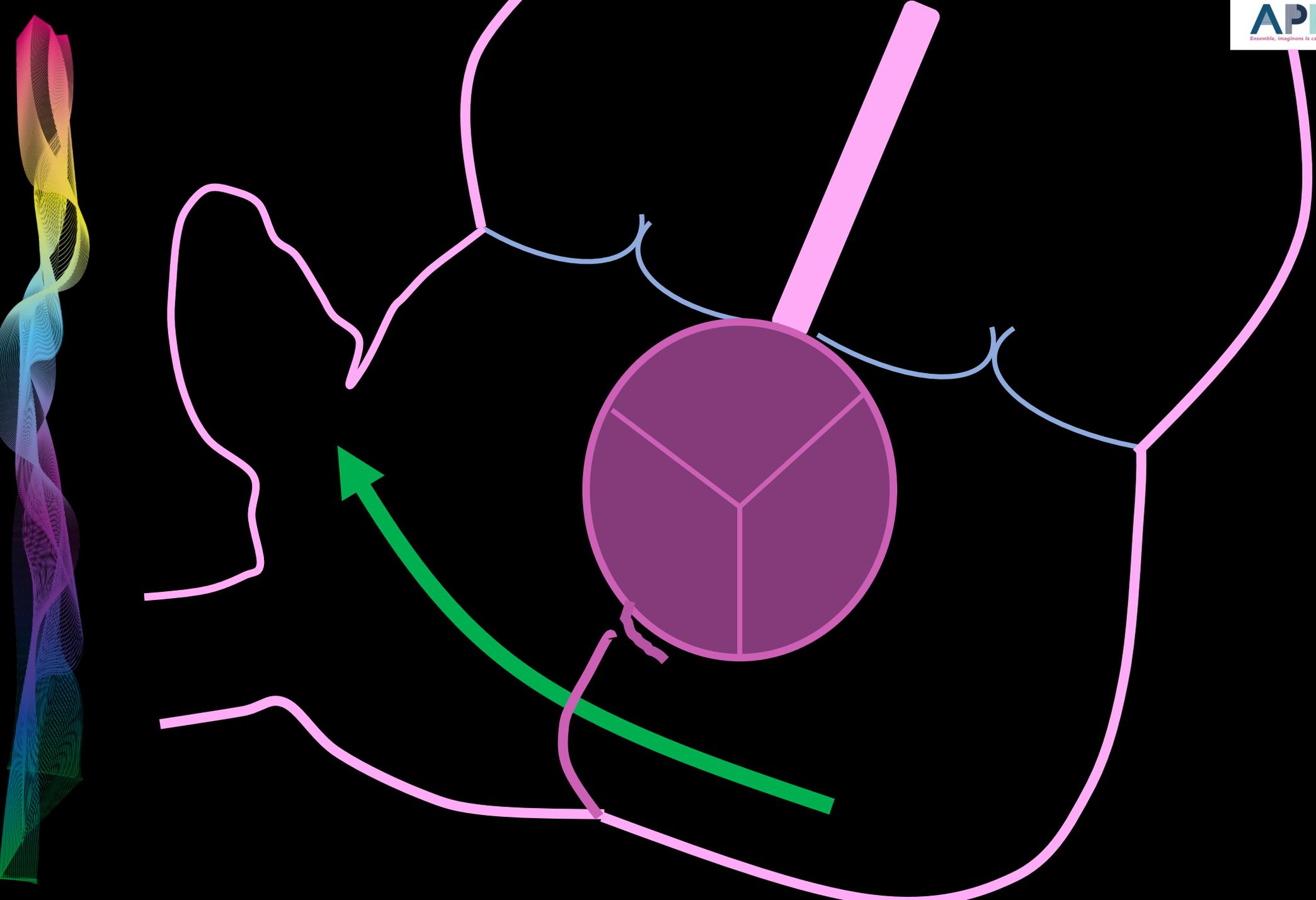
TIS0.0 MI 0.2

M4

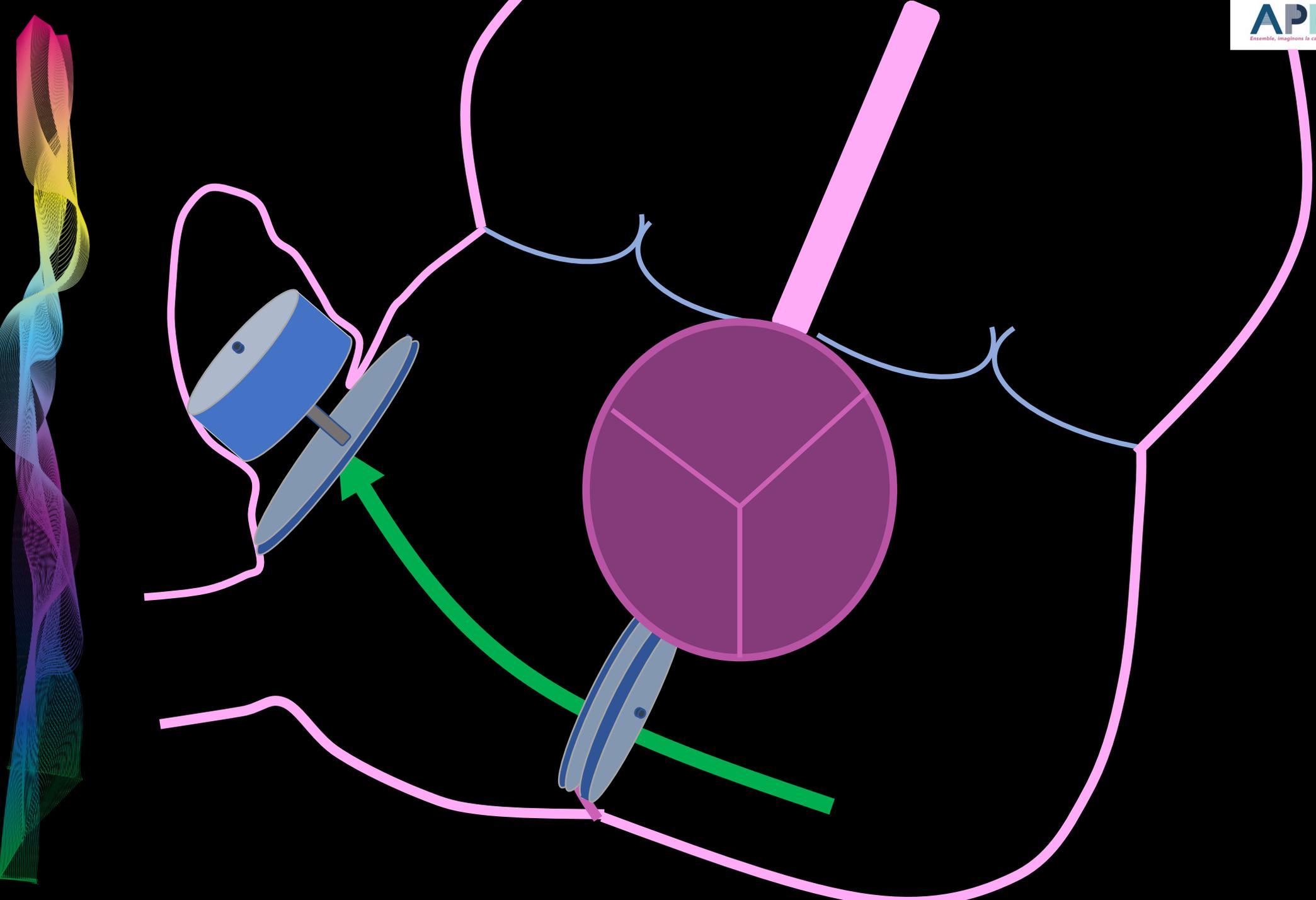


PAT T: 37.0C
TEE T: 40.0C

96 bpm



FOP ATYPIQUE / «PNEUMOLOGIQUE»

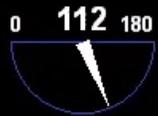


FOP ATYPIQUE / «PNEUMOLOGIQUE»



ECHO INT

X8-2t
53Hz
11cm



2D
55%
C 41
P Arrêt
Gén



PAT T: 37.0C
TEE T: 38.6C



TIS0.1

ECHO INT

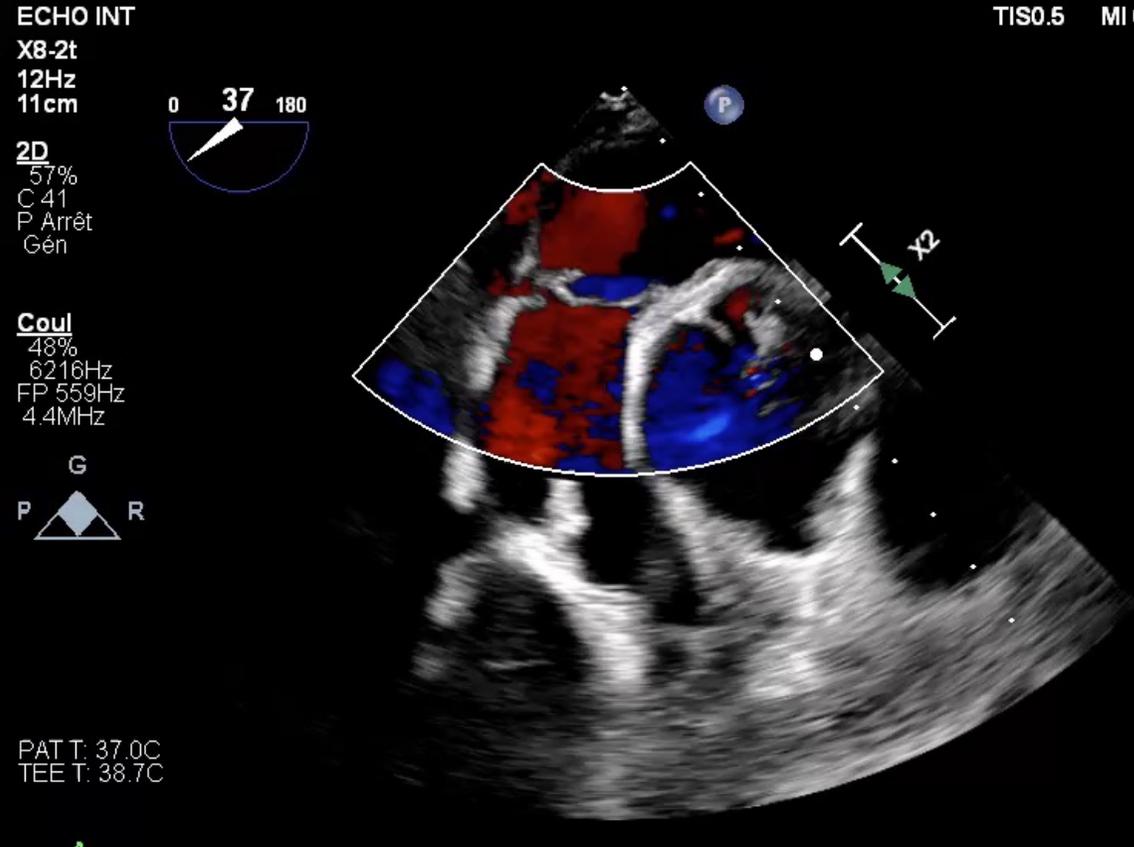
X8-2t
12Hz
11cm



2D
57%
C 41
P Arrêt
Gén



PAT T: 37.0C
TEE T: 38.7C



TIS0.5 MI 0.7

M4 M4
+53.9



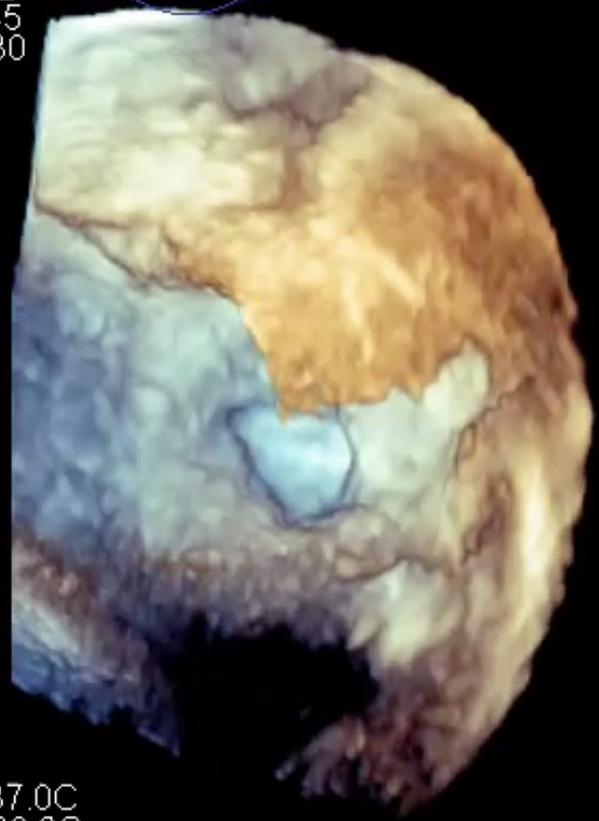
83 bpm

ECHO INT
X8-2t
11Hz
5.5cm

Battem. 3D 1

0 155 180

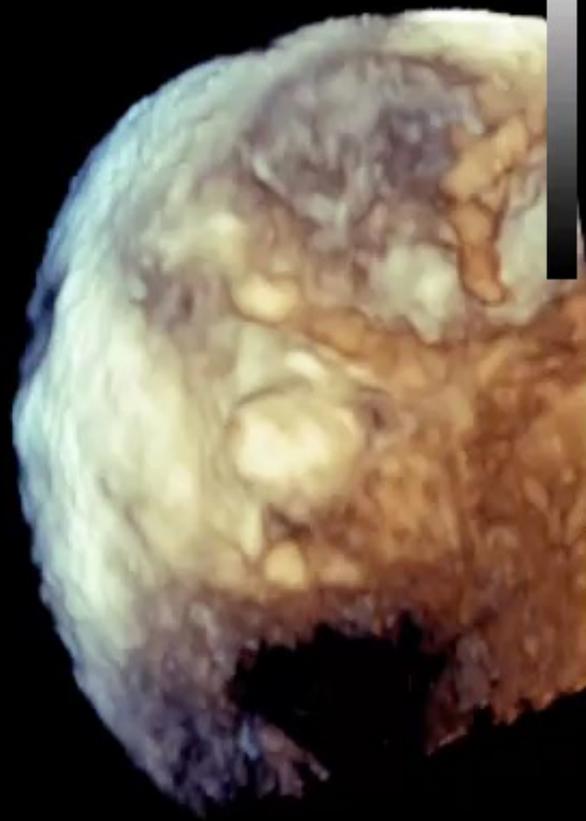
Zoom 3D
2D / 3D
% 63 / 45
C 41 / 30
Gén



PAT T: 37.0C
TEE T: 39.2C

TIS0.1 MI 0.1

M4



88 bpm



ECHO INT

X8-2t
53Hz
11cm

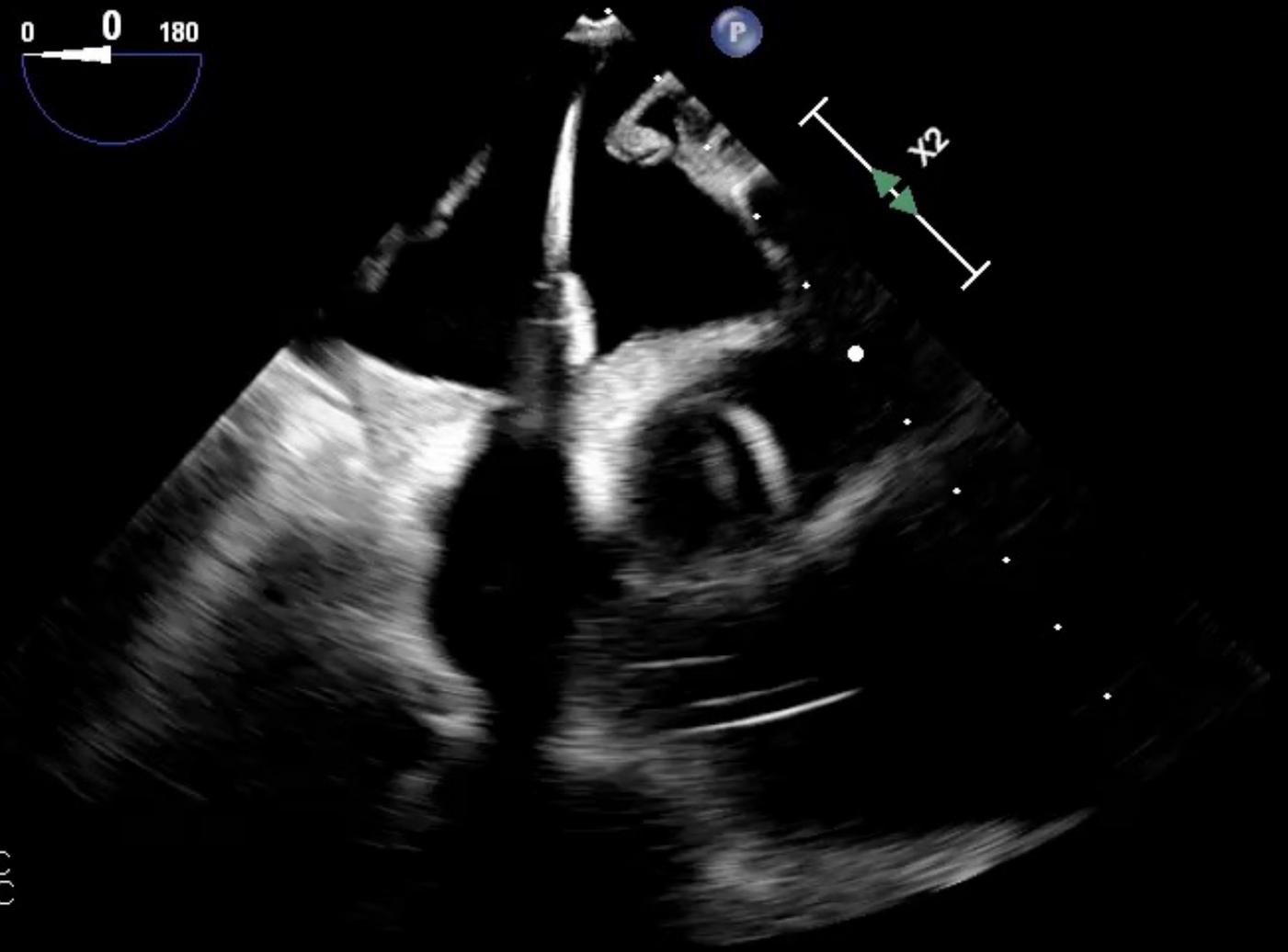
2D
55%
C 41
P Arrêt
Gén



PAT T: 37.0C
TEE T: 38.8C

TIS0.1 MI 0.6

M4



Ponction transseptale en position médiane « para-FOP »

ECHO INT

X8-2t
53Hz
8.1cm



2D
68%
C 41
P Arrêt
Gén



TISO.1 MI 0.3

M4



PAT T: 37.0C
T ETO: 38.6C

✦ Dist 15.8 mm



94bpm



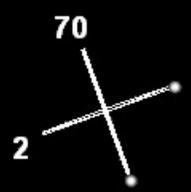


ECHO INT

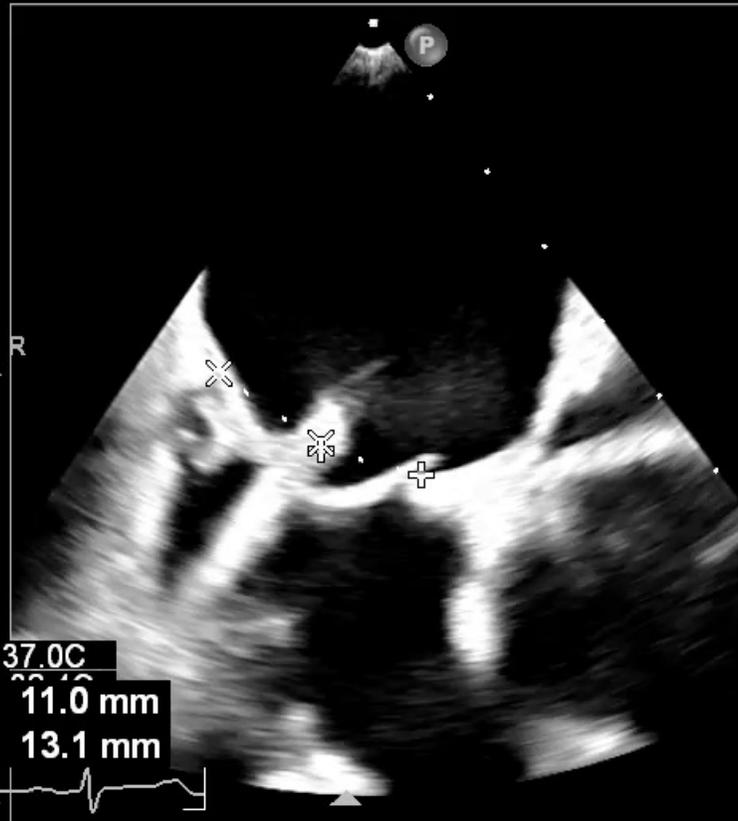
X8-2t
32Hz
8.1cm

xPlane
58%
58%
41dB
P Arrêt
Gén

ITm0.1 IM 0.6



M4



T PAT: 37.0C
+ Dist 11.0 mm
x Dist 13.1 mm



78bpm

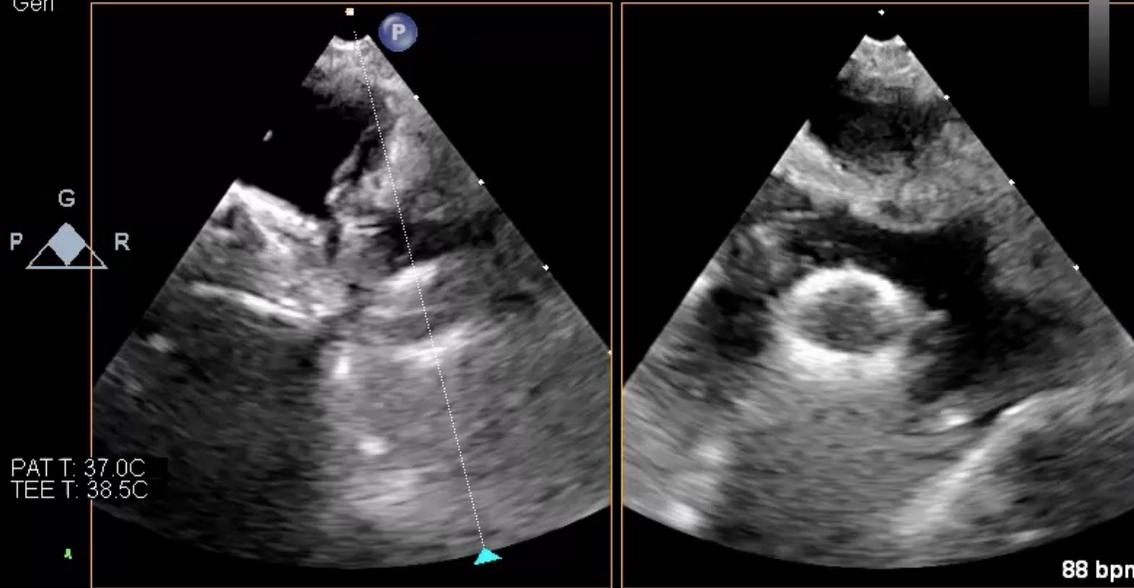
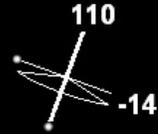


ECHO INT
X8-2t
32Hz
5.0cm

xPlane
62%
62%
41dB
P Arrêt
Gén

TISO.1 MI 0.6

M4

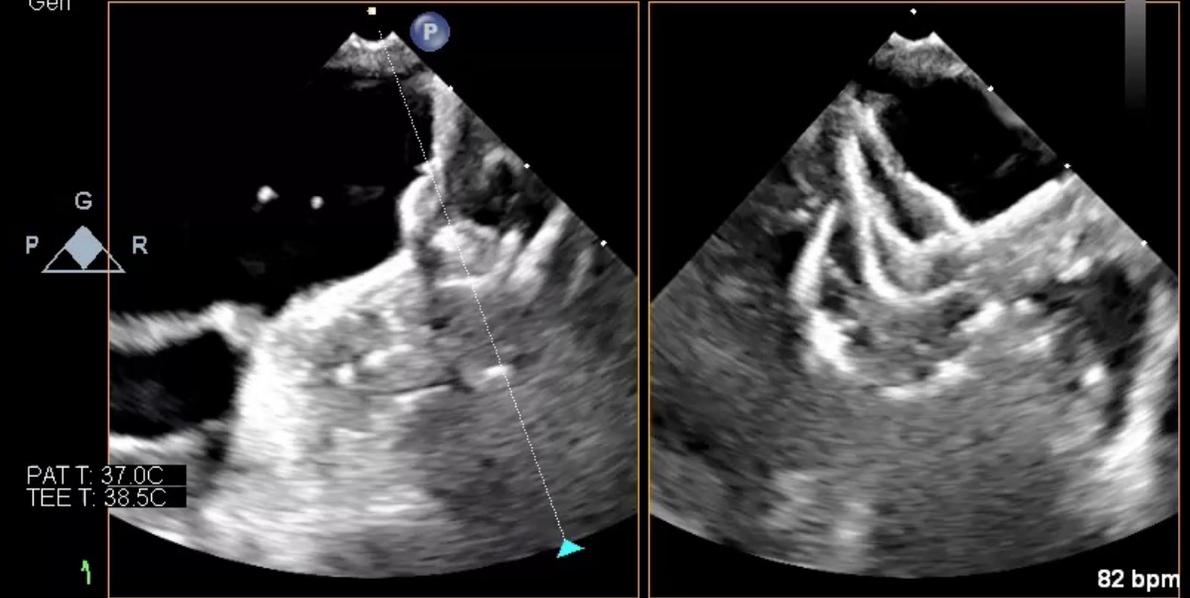
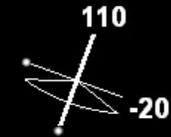


ECHO INT
X8-2t
27Hz
5.0cm

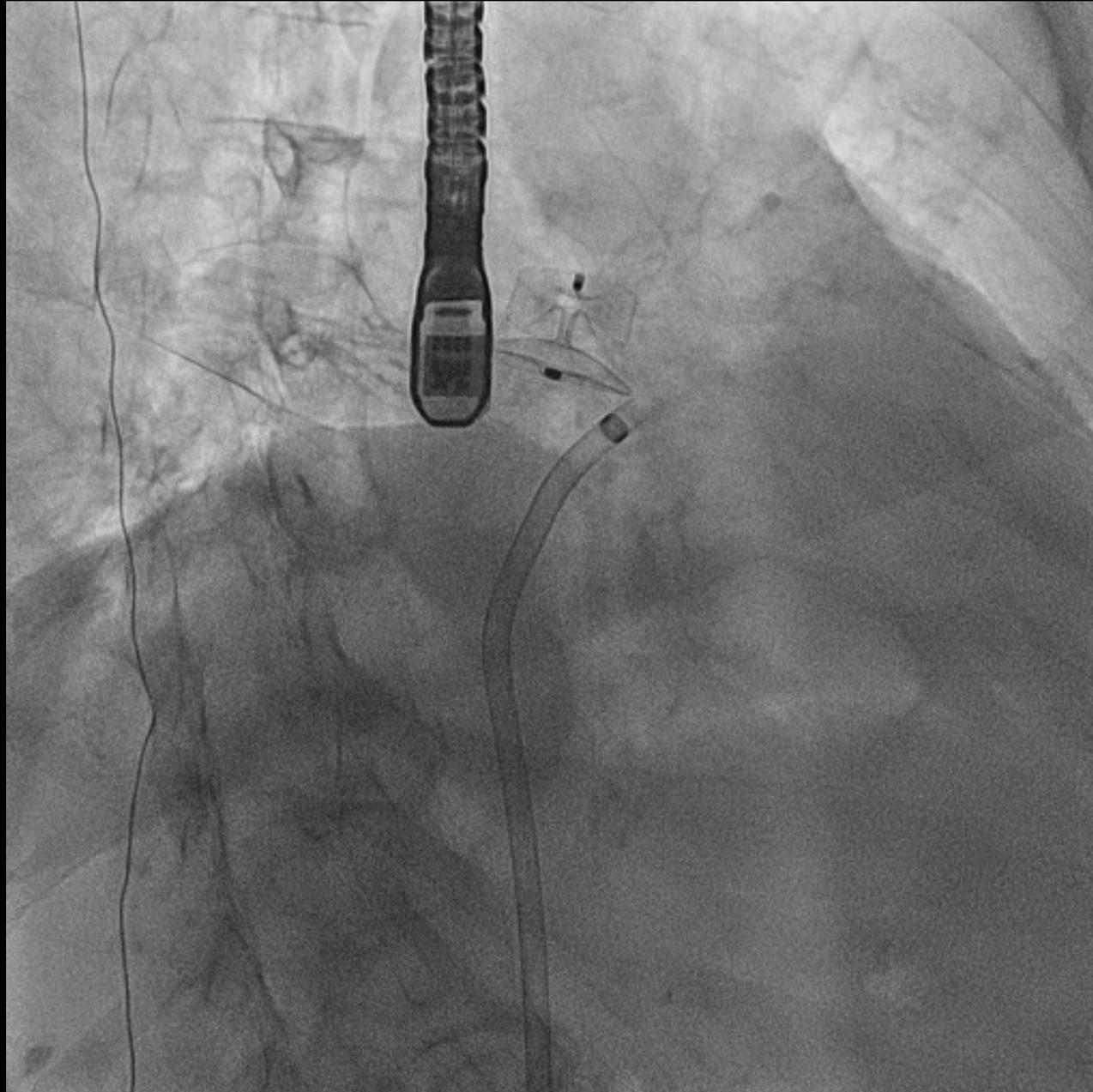
xPlane
62%
62%
41dB
P Arrêt
Gén

TISO.1 MI 0.6

M4

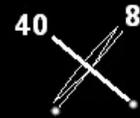


Mise en place d'une gaine 12 Fr dans AG
Déploiement d'une prothèse AMULET 20 mm



ECHO INT
X8-2t
32Hz
10cm

xPlane
60%
60%
41dB
P Arrêt
Gén

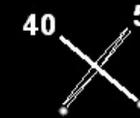


TIS0.1 MI 0.6

M4

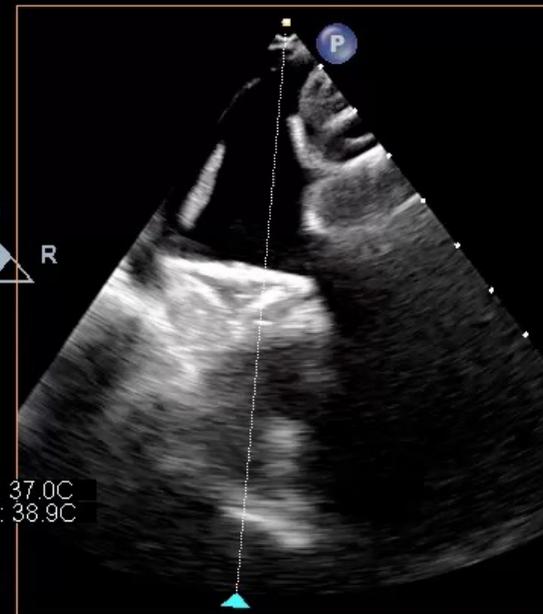
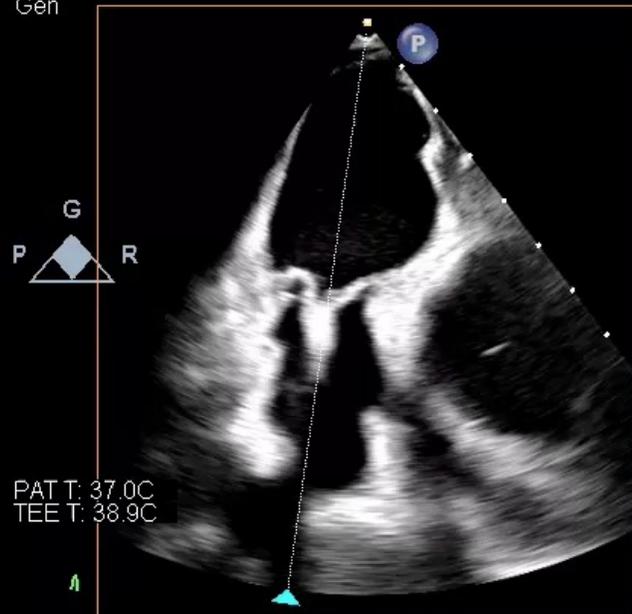
ECHO INT
X8-2t
32Hz
10cm

xPlane
60%
60%
41dB
P Arrêt
Gén



TIS0.1 MI 0.6

M4



Echange pour une gaine Torqvue 9Fr sur guide rigide (dans la VPSG)
Déploiement d'une prothèse Septal Occluder 30 mm cribiform

ECHO INT
X8-2t
19Hz
9.1cm

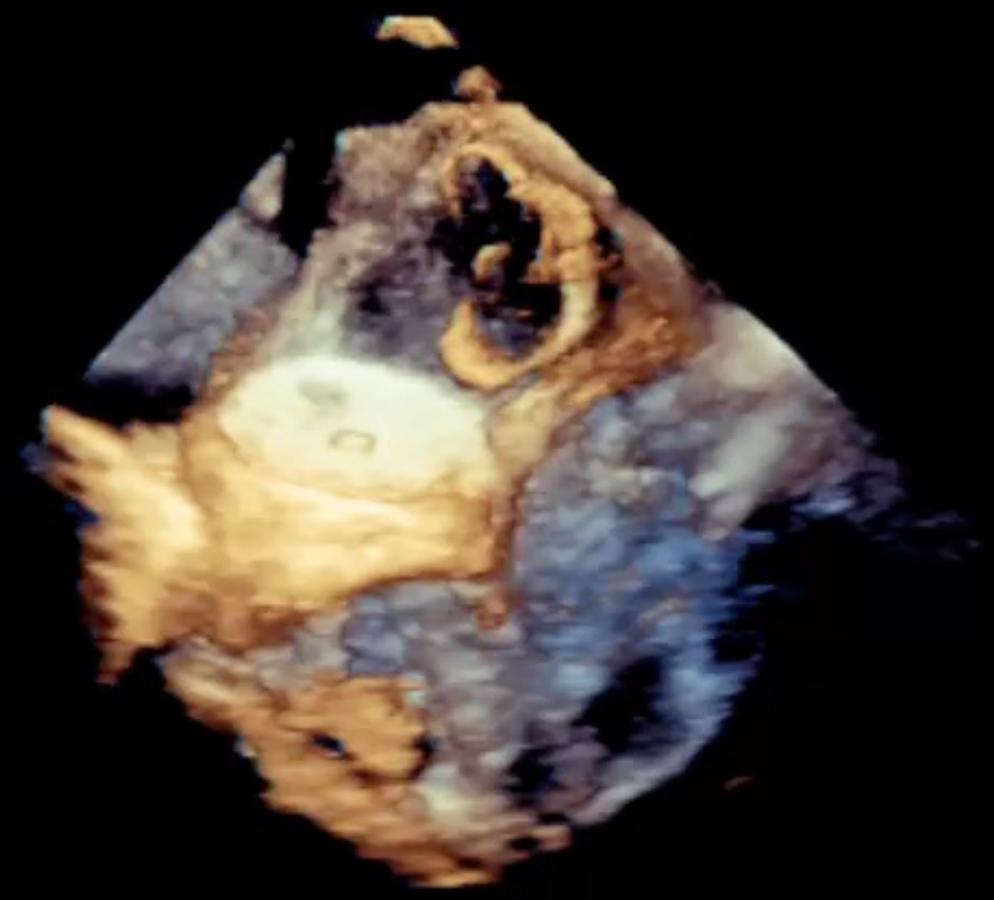
Battem. 3D 1



Live 3D
2D / 3D
% 47 / 44
C 41 / 30
Gén

TIS0.1 MI 0.1

M4



PAT T: 37.0C
TEE T: 39.1C

91 bpm

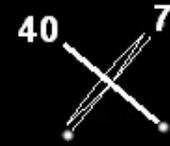
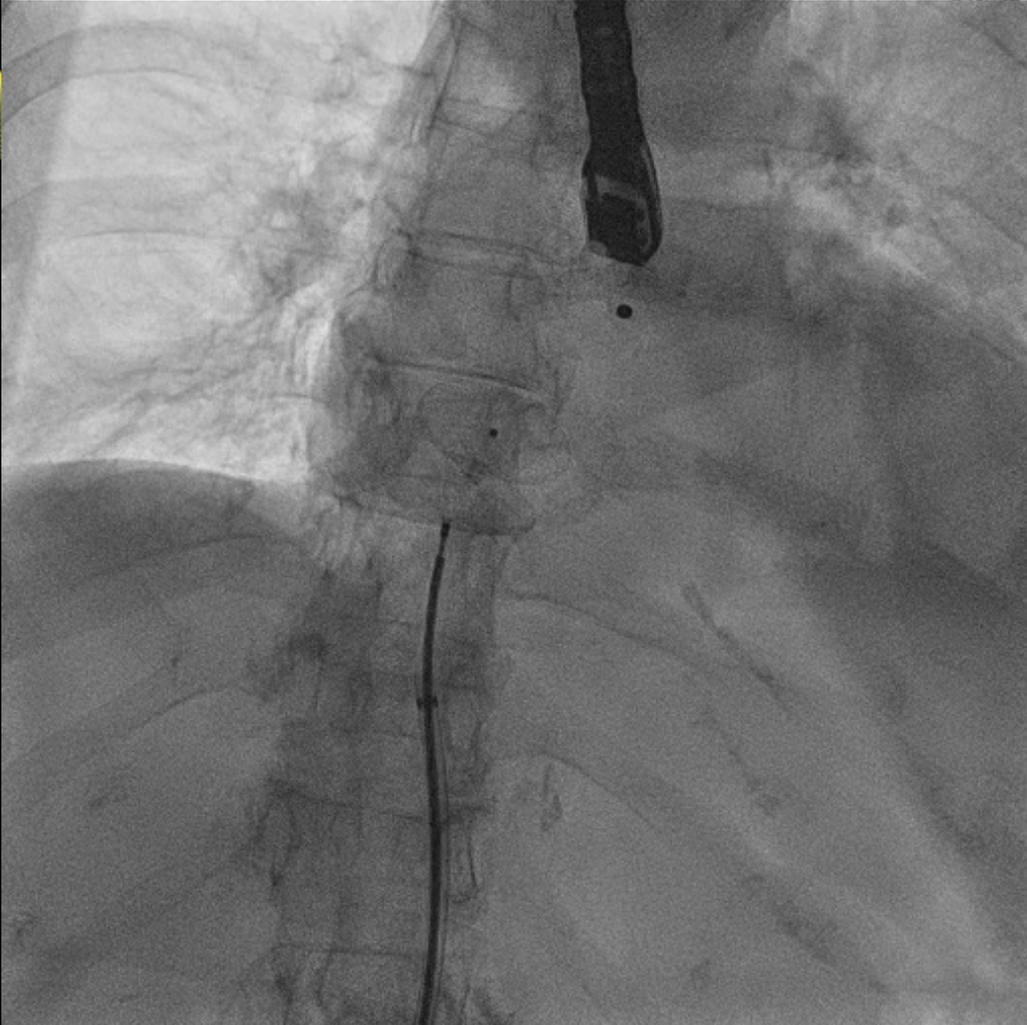




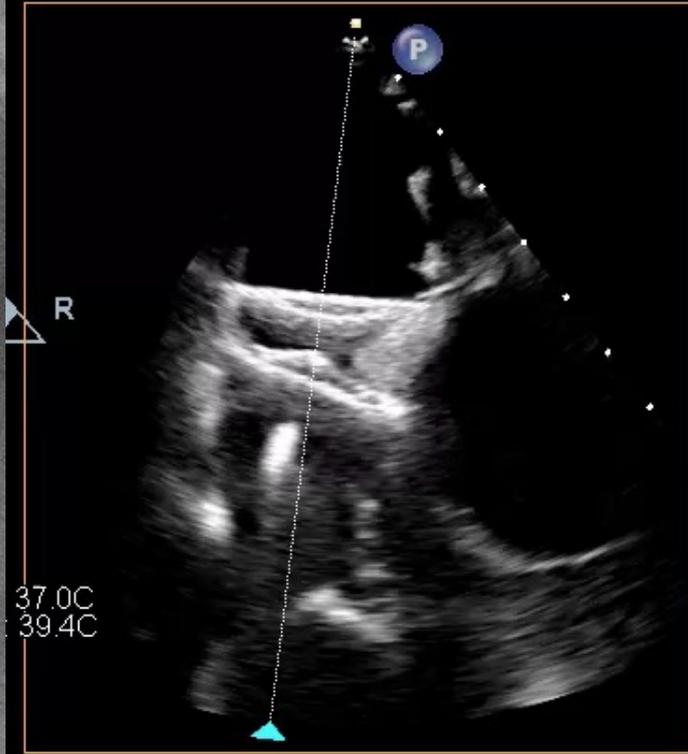
ECHO INT

X8.0x

TIS0.1 MI 0.3



M4



88 bpm

ECHO INT

X8-2t

53Hz

11cm

2D

53%

C 41

P Arrêt

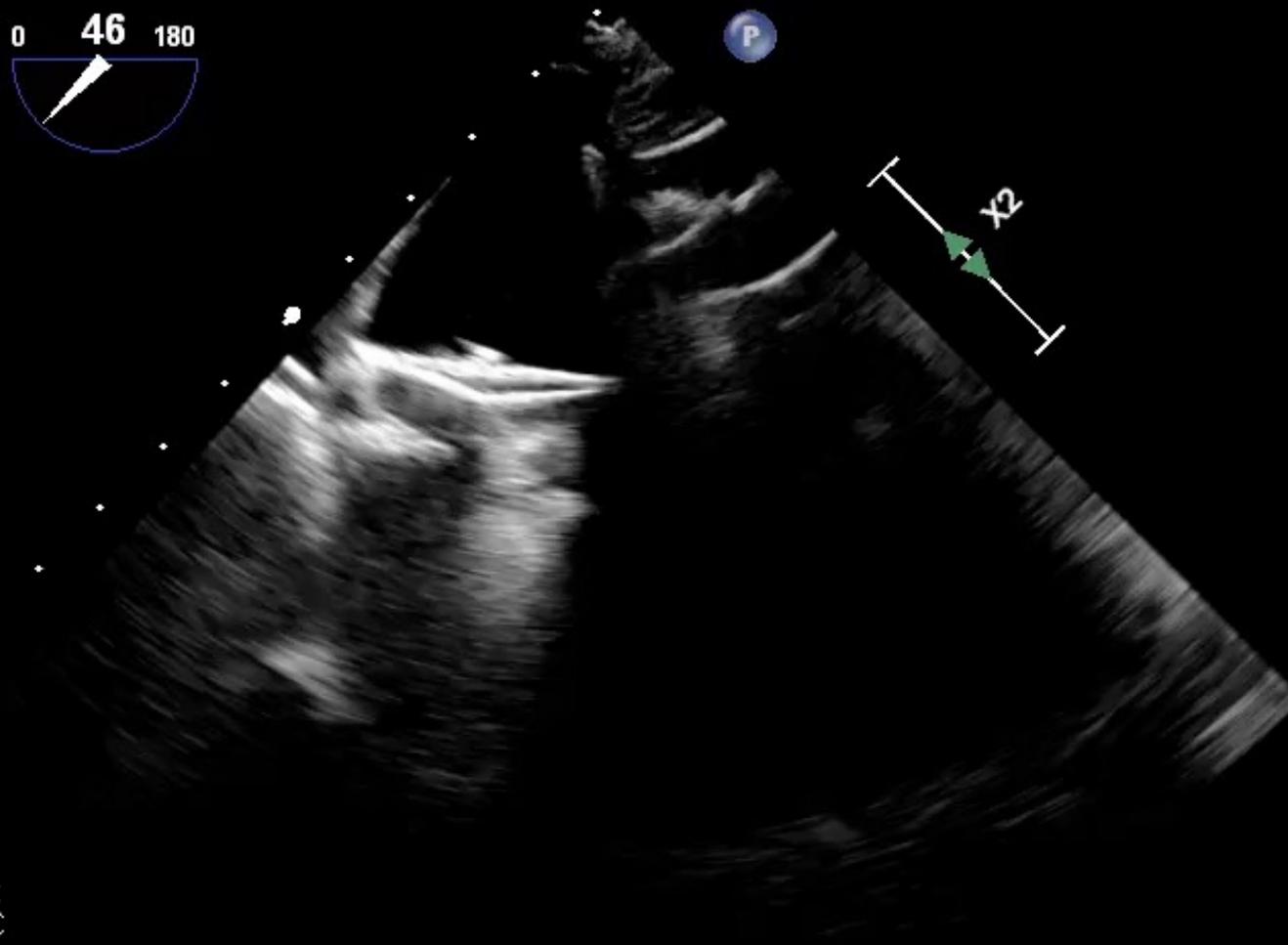
Gén



TISO.1

MI 0.6

M4



PAT T: 37.0C
TEE T: 39.1C

81 bpm

ECHO INT

X8-2t

14Hz

6.9cm

Zoom 3D

2D / 3D

% 49 / 44

C 36 / 30

Gén

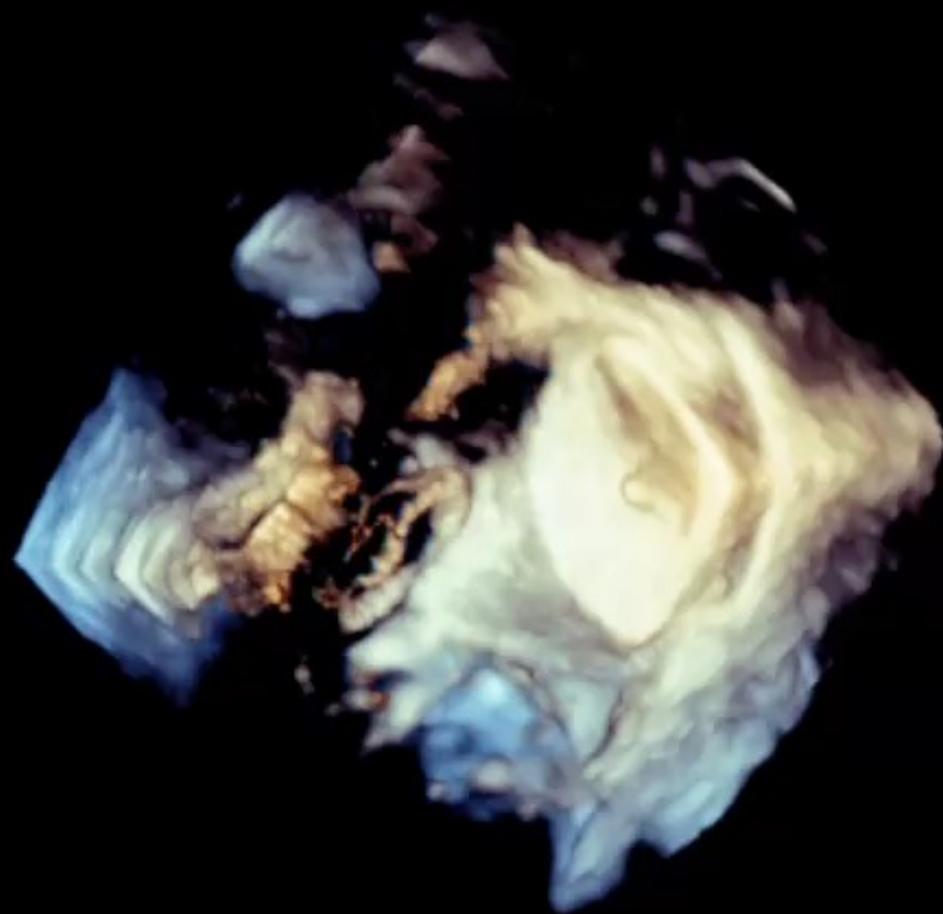
Battem. 3D 1



TIS0.2

MI 0.3

M4



PAT T: 37.0C
TEE T: 40.0C

Traitement de sortie : monothérapie par Aspirine 75 mg/j

Suites

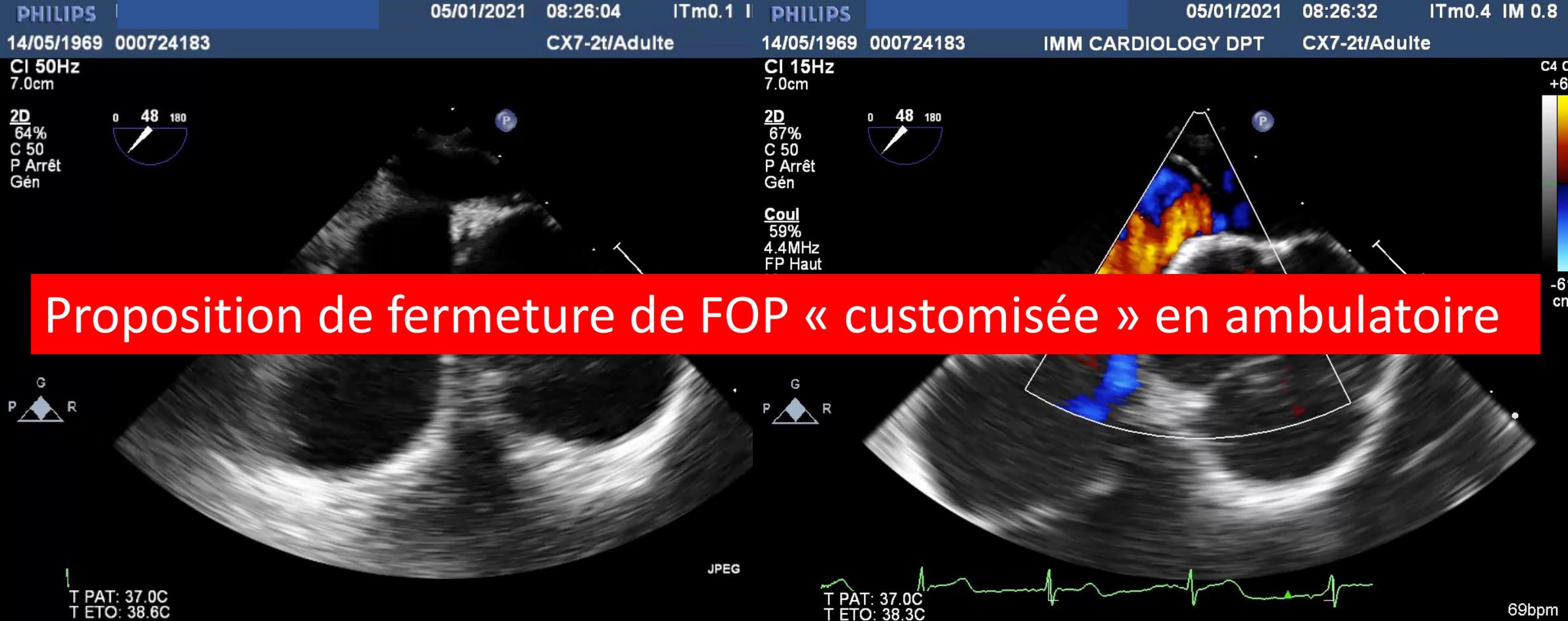
- Amélioration spectaculaire de l'oxymétrie avec sevrage en O₂ et reprise d'une activité
- Pas d'événement hémorragique
- Pas de récurrence ischémique



Suites (2)

- Cs de Mme P, fille de Mme LF , médecin gériatre, 52 ans pour avis sur FOP
- ANTC:
 - 1997: AVC cryptogénique–Découverte FOP + ASIA : Trt Médical
 - 2009 : Nouvel épisode d'AIT sous aspirine
 - 2015 : épisodes de dysesthésie mal précisés par neurologue
 - 2018 : début d'épisodes migraineux
 - 2020 : apparition d'une dyspnée effort et repos sine materia

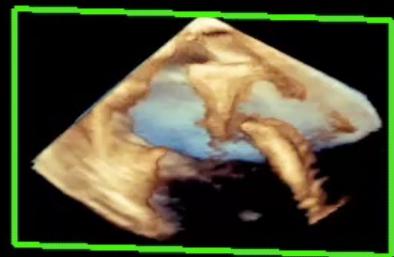
Bilan échographique



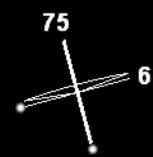
Existence d'un large FOP avec ASIA + shunt D > G spontané
Pas d'HTAP – Dilatation modérée de l'aorte ascendante (Diamètre max : 39 mm)



ECHO INT
X8-2t
40Hz
8.1cm
Battem. 3D 6Q
90
Volume total 0
2D / 3D
% 57 / 45
C 41 / 30
Gén

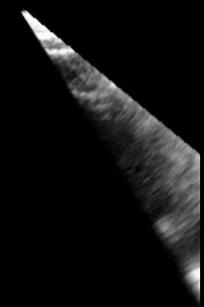


TIS0.1 MI ECHO INT
X8-2t
32Hz
8.1cm
xPlane
62%
62%
41dB
P Arrêt
Gén



ITm0.1 IM 0.3

M4



PAT T: 37.0C
TEE T: 38.7C

Délai 0ms

T PAT: 37.0C
T ETO: 38.0C

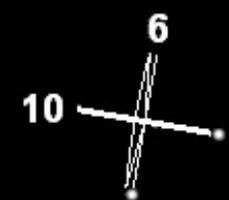
Dist 15.7 mm

77bpm

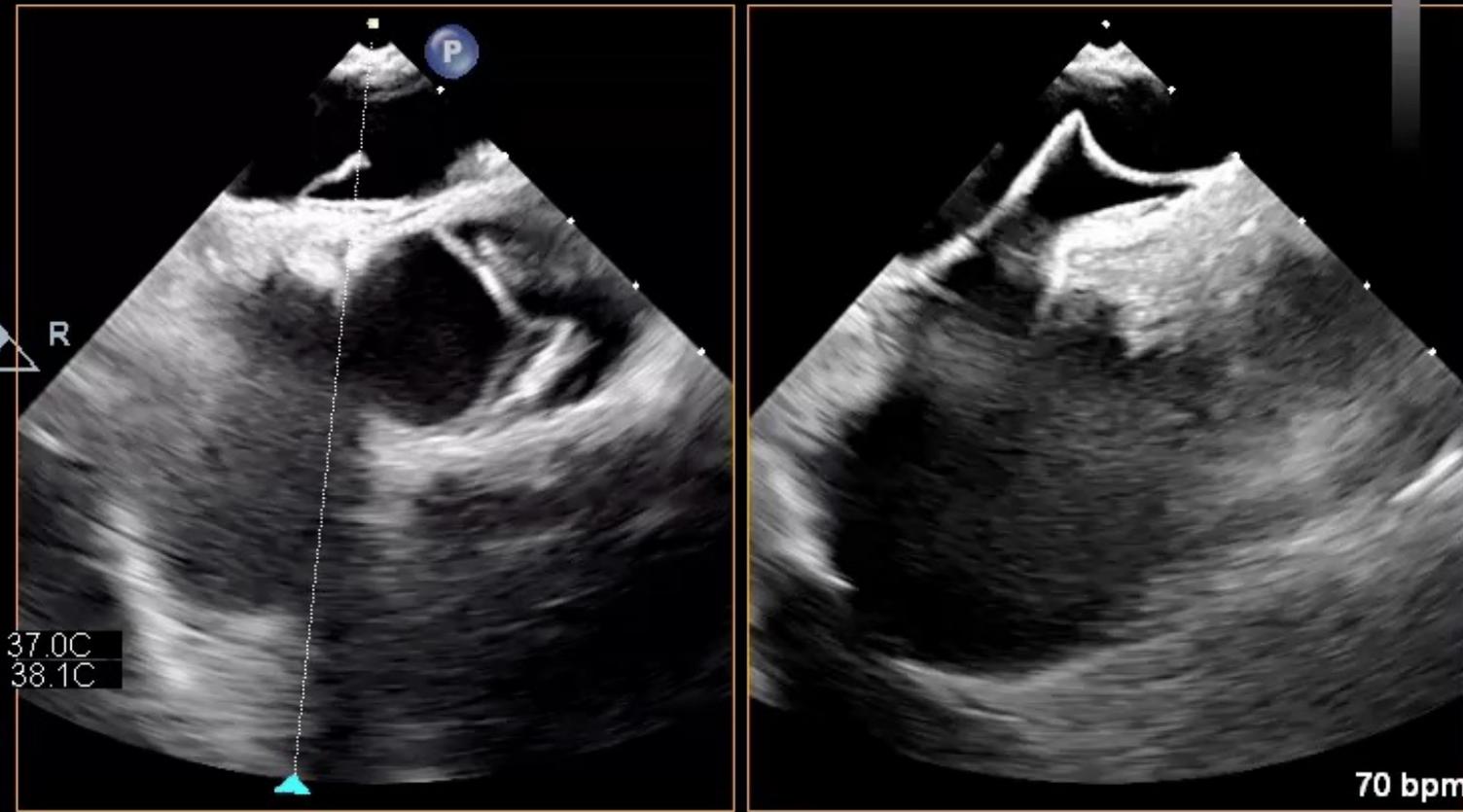
ECHO INT
X8-2t
27Hz
8.1cm

TIS0.0 MI 0.8

xPlane
62%
62%
41dB
P Arrêt
Gén



M4



PAT T: 37.0C
TEE T: 38.1C

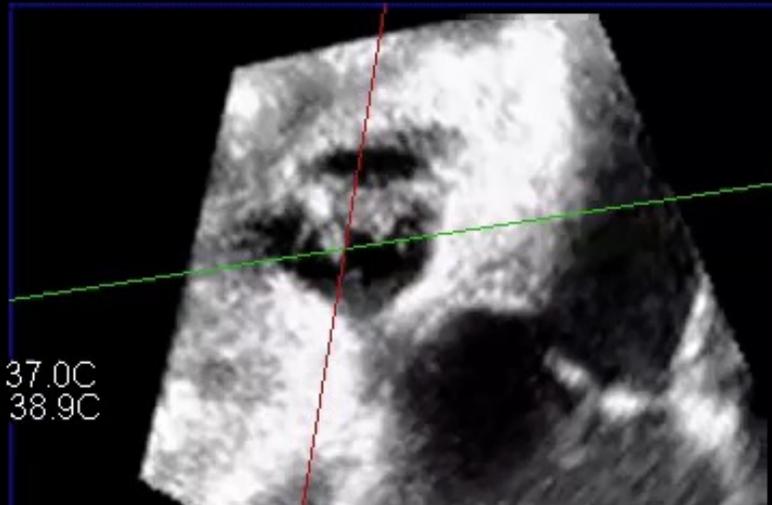
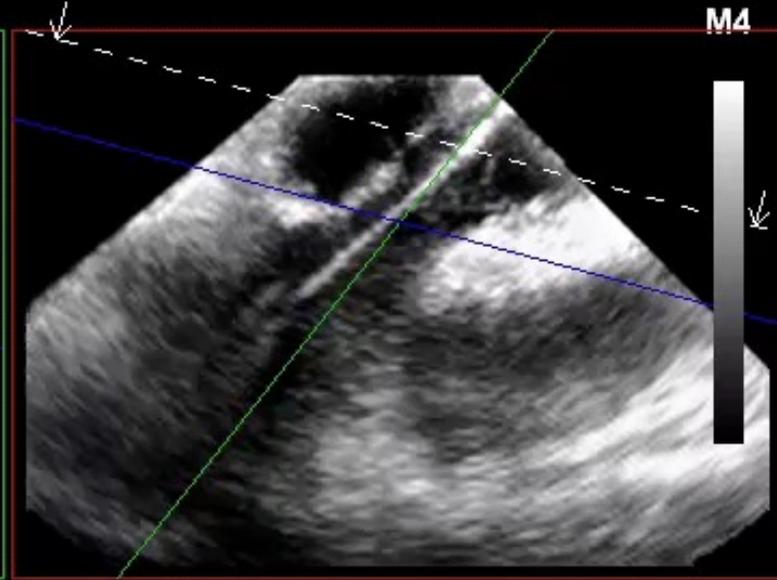
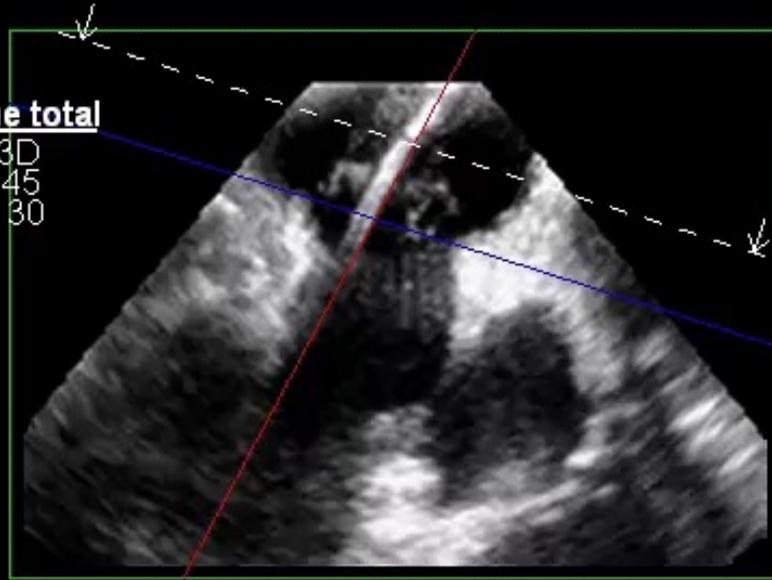
Ponction transseptale en position médiane « para-FOP »

ECHO INT
X8-2t
41Hz
6.0cm

Battem. 3D 6Q

TISO.1 MI 0.1

Volume total
2D / 3D
% 54 / 45
C 41 / 30
Gén



PAT T: 37.0C
TEE T: 38.9C

Mise en place d'une gaine Torque 9 Fr

ECHO INT

X8-2t
53Hz
6.0cm



2D

54%
C 41
P Arrêt
Gén



PAT T: 37.0C
TEE T: 37.6C

ECHO INT

X8-2t
13Hz
6.0cm

xPlane

56%
56%
41dB
P Arrêt
Gén

Coul

48%
7104Hz
FP 639Hz
4.4MHz



PAT T: 37.0C
TEE T: 38.5C

TIS0.5 MI 0.9



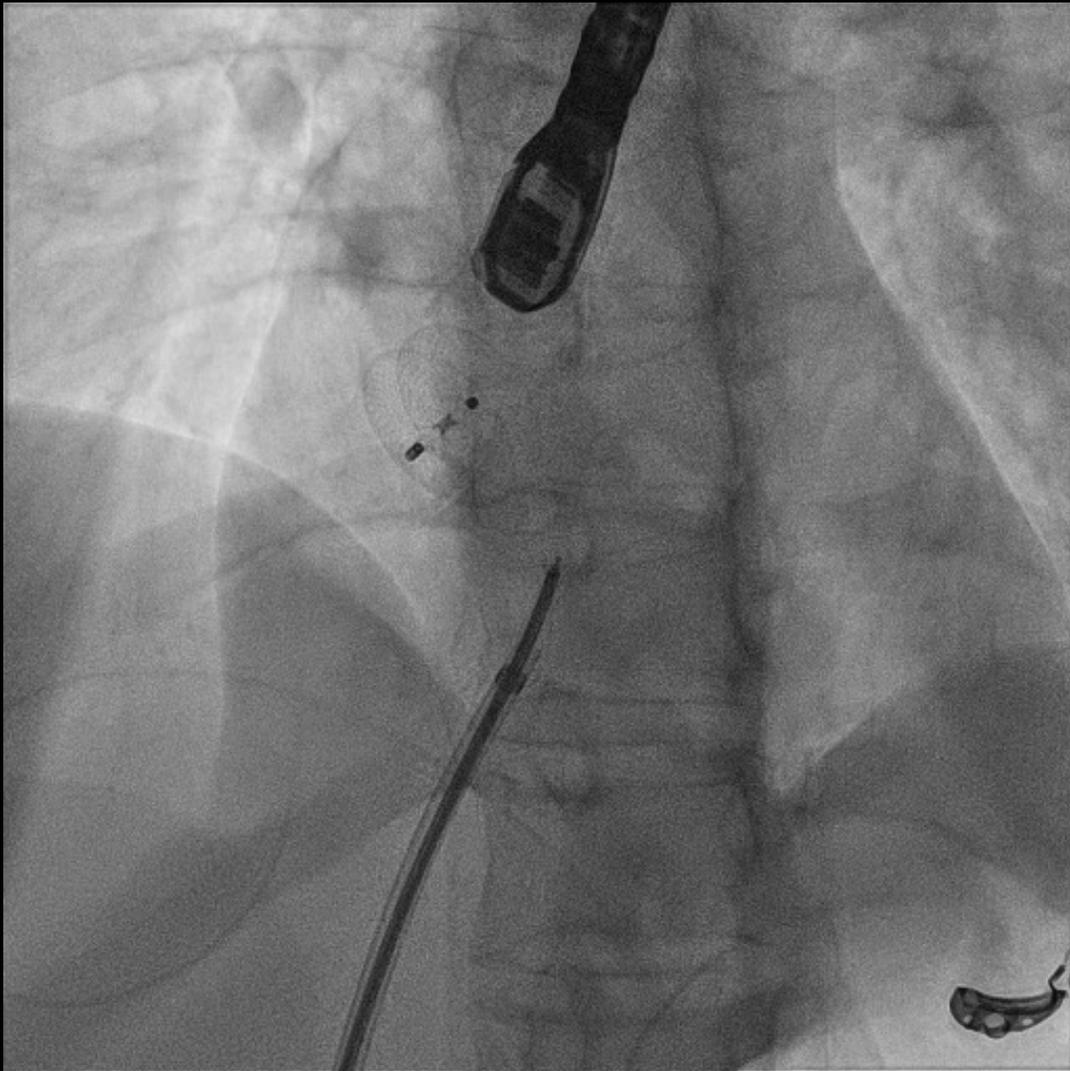
M4M4

+61.6

-61.6
cm/s

59 bpm

Déploiement d'une prothèse Septal Occluder 25 mm cribiform



INT

Battem. 3D 1

TIS0.1

MI 0.1

0 115 180



M4

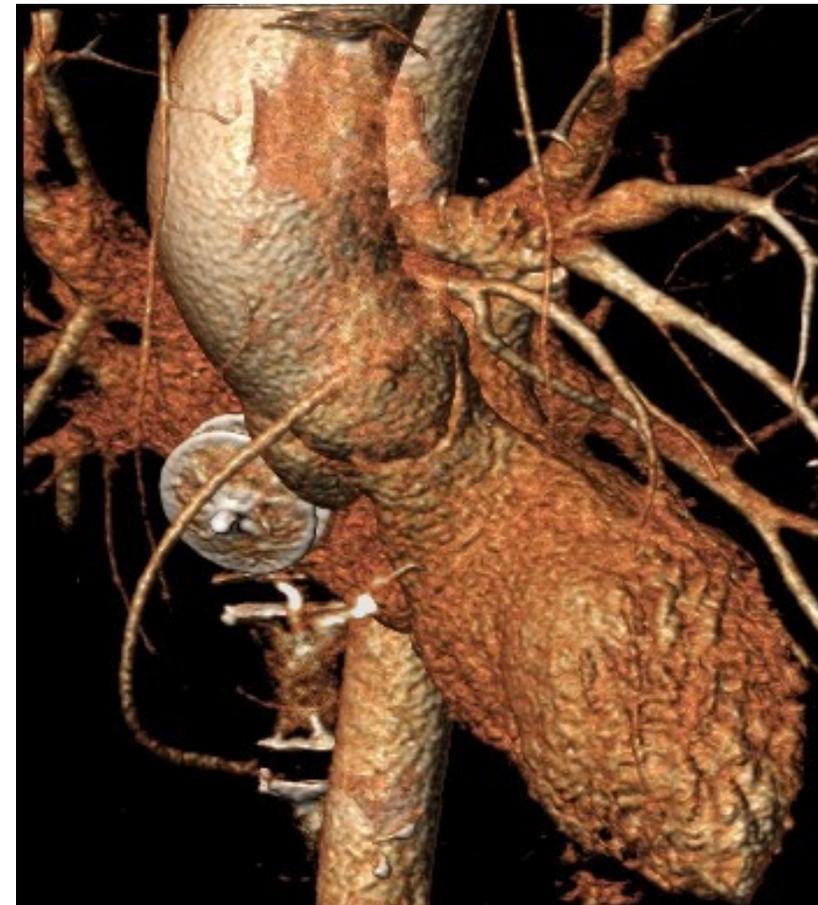
D
3D
45
30

37.0C
38.6C

60 bpm

Suites

- Suites simples
- Amélioration de la dyspnée
- Disparition des migraines
- Pas de complications ischémiques



Telle mère, telle fille ?

- FOP «pneumologiques » et « neurologiques » sont différents
- Indications & techniques de fermeture particulières.
- Savoir reconnaître la situation anatomique et anticiper les difficultés
- Intérêt de la ponction Trans septale dans ce cas

- Mme P a sollicité une consultation pour sa fille de 17 ans...

