

Telle mère, telle fille... (?)

Nicolas Amabile, Christelle Diakov

Service de Cardiologie, Institut Mutualiste Montsouris

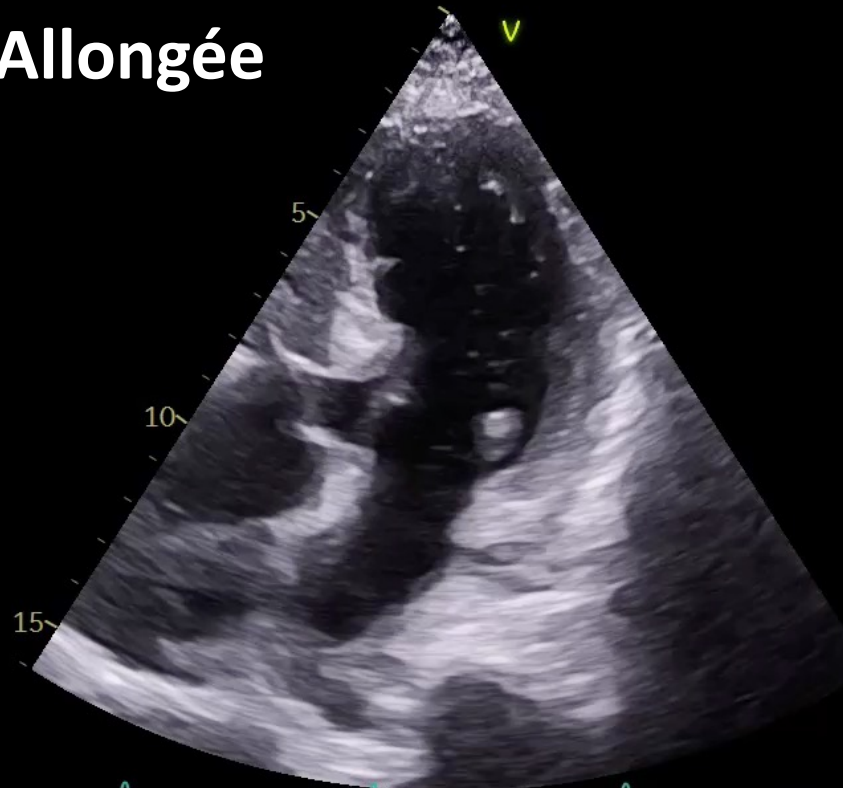
Paris, France



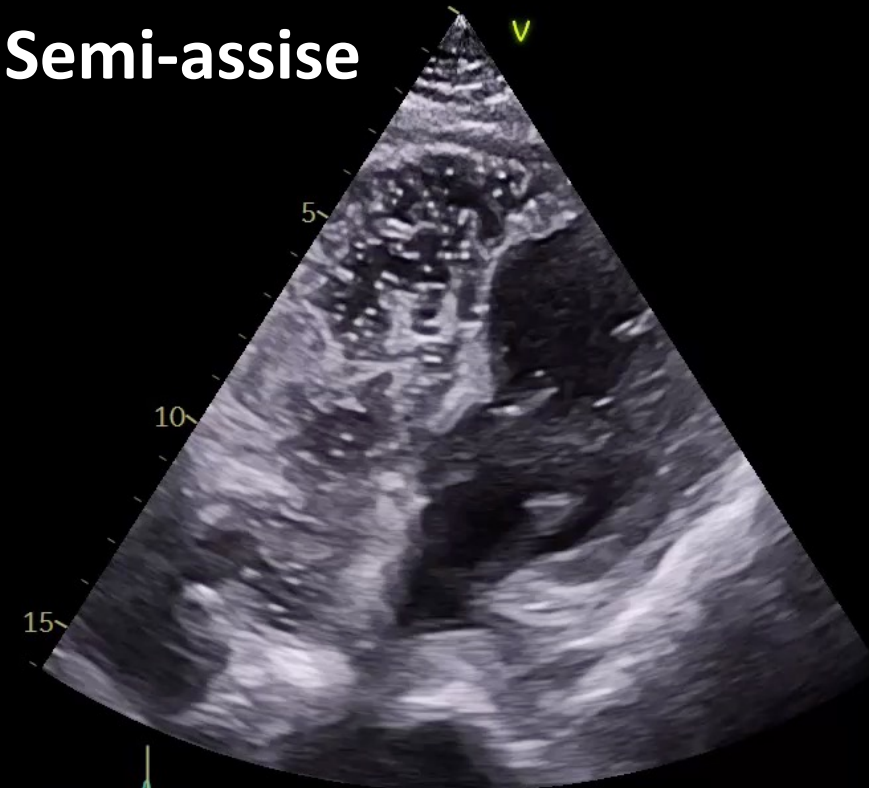
- Mme LF, 82 ans, est adressée pour Fermeture de l'Auricule G
- **ANTC :**
 - FA persistante /CHA₂DS₂-VASC score= 5
 - AVC cérébelleux
 - Hématome capsulothalamique droit sous AOD un mois auparavant
 - Notion de pneumopathie interstitielle fibrosante avec hypoxémie croissante invalidante , depuis 1 an
 - 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

Allongée



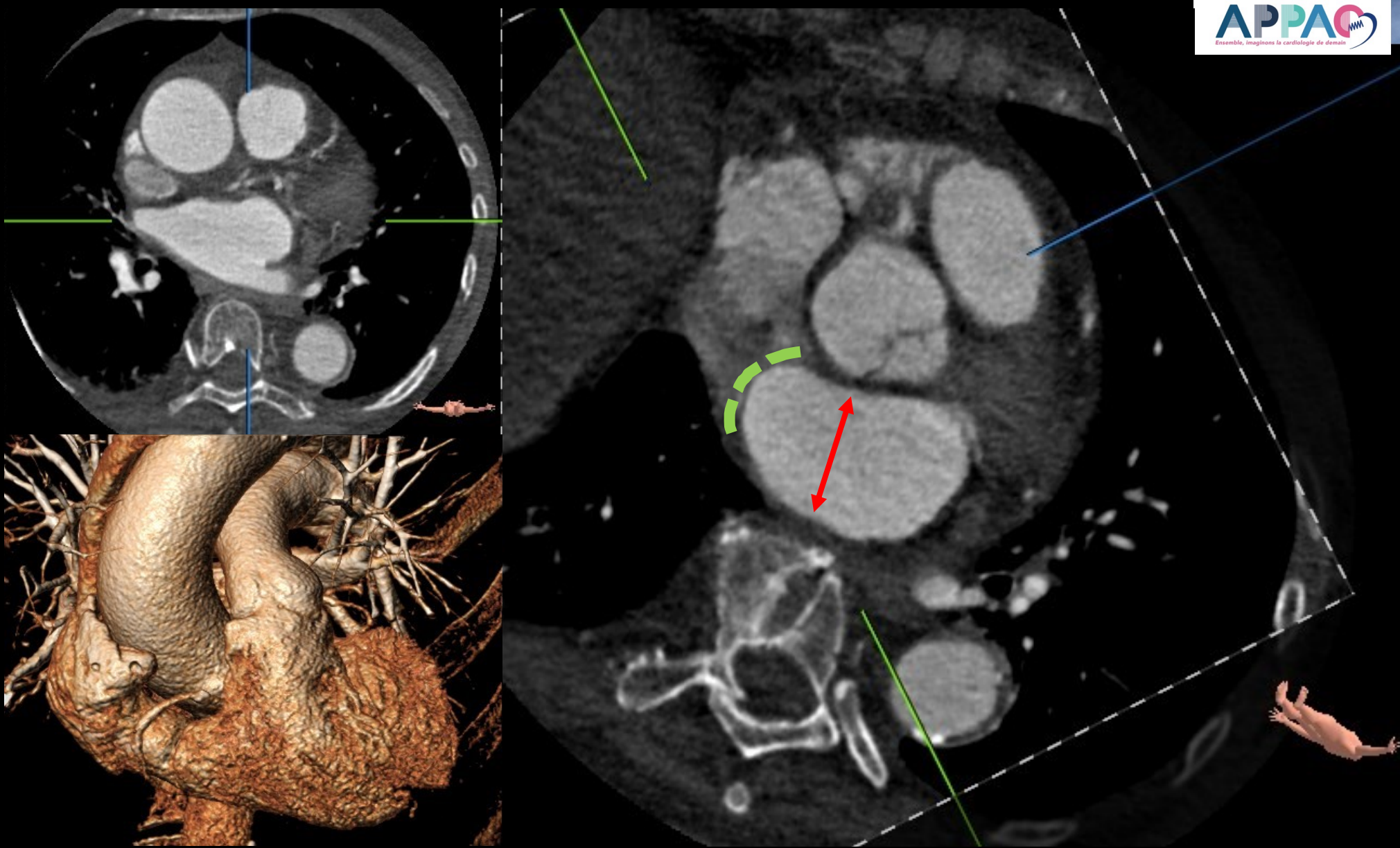
Semi-assise



Syndrome de Platypnée-Orthodéoxie sur FOP sous jacent

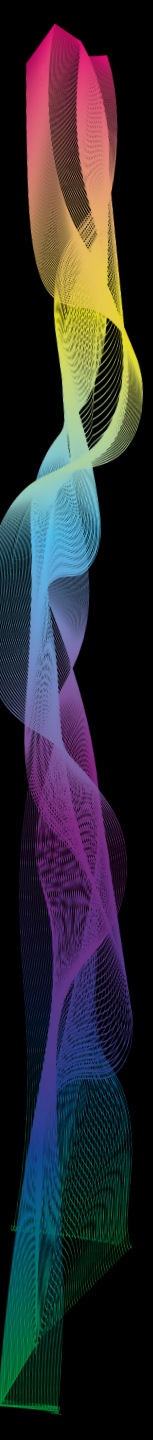
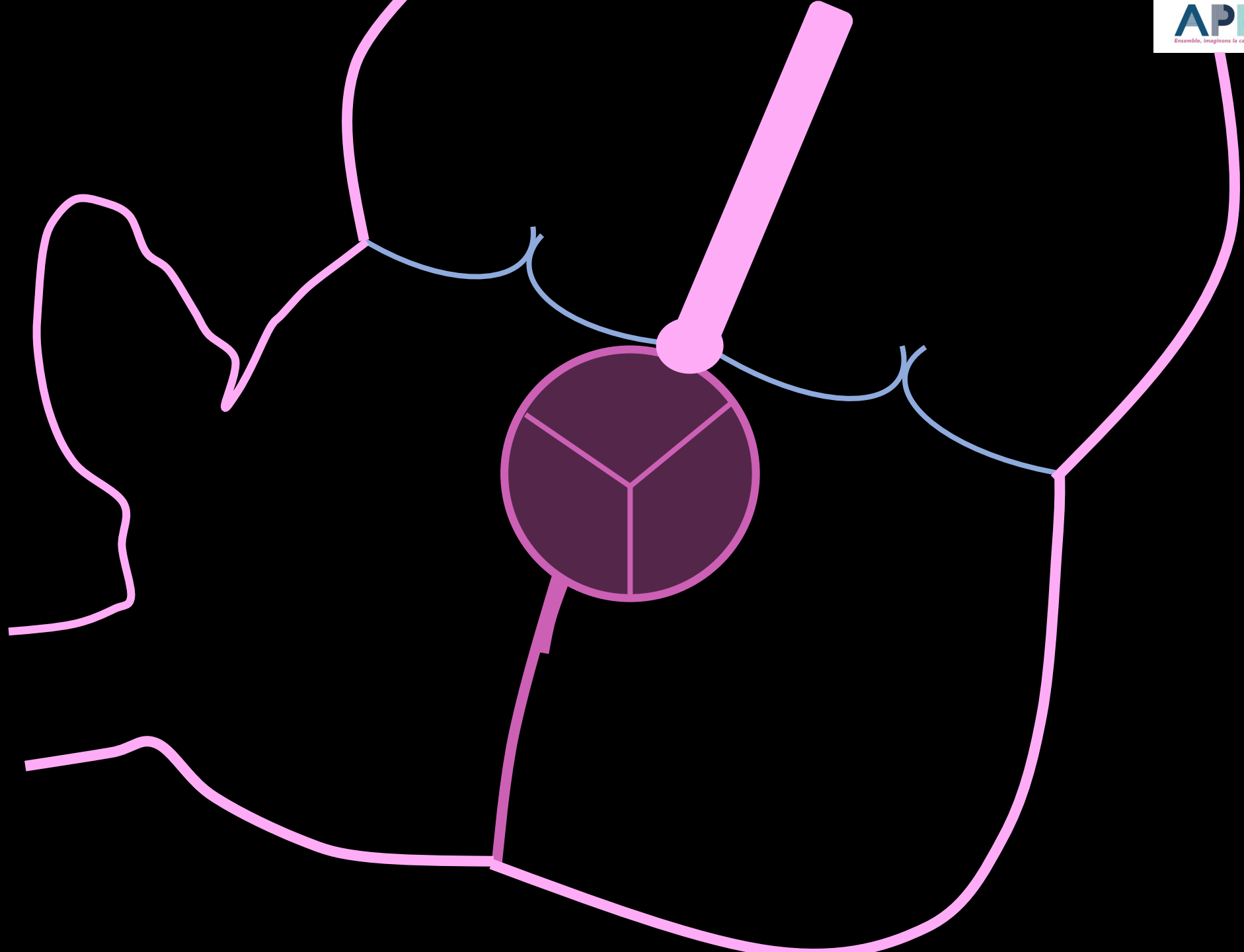
Soft

65
HR

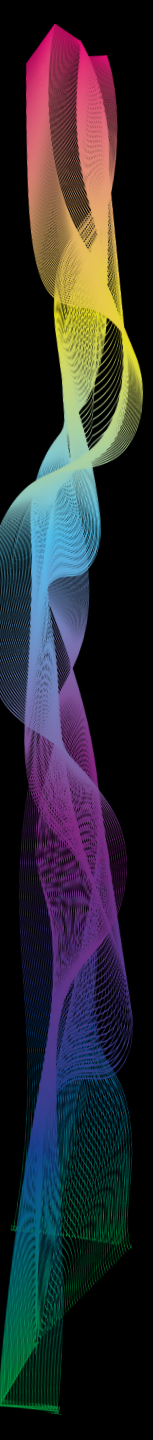
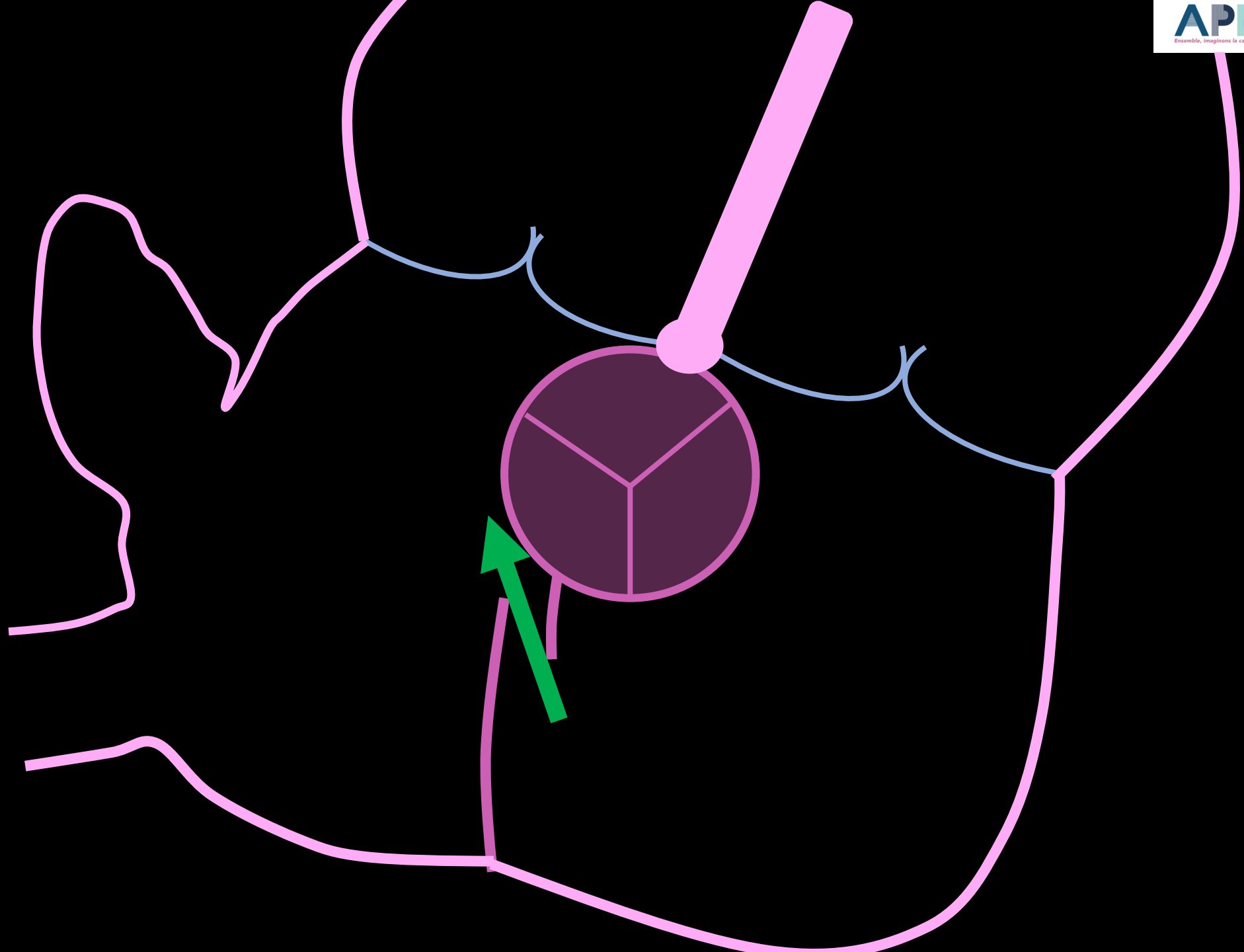


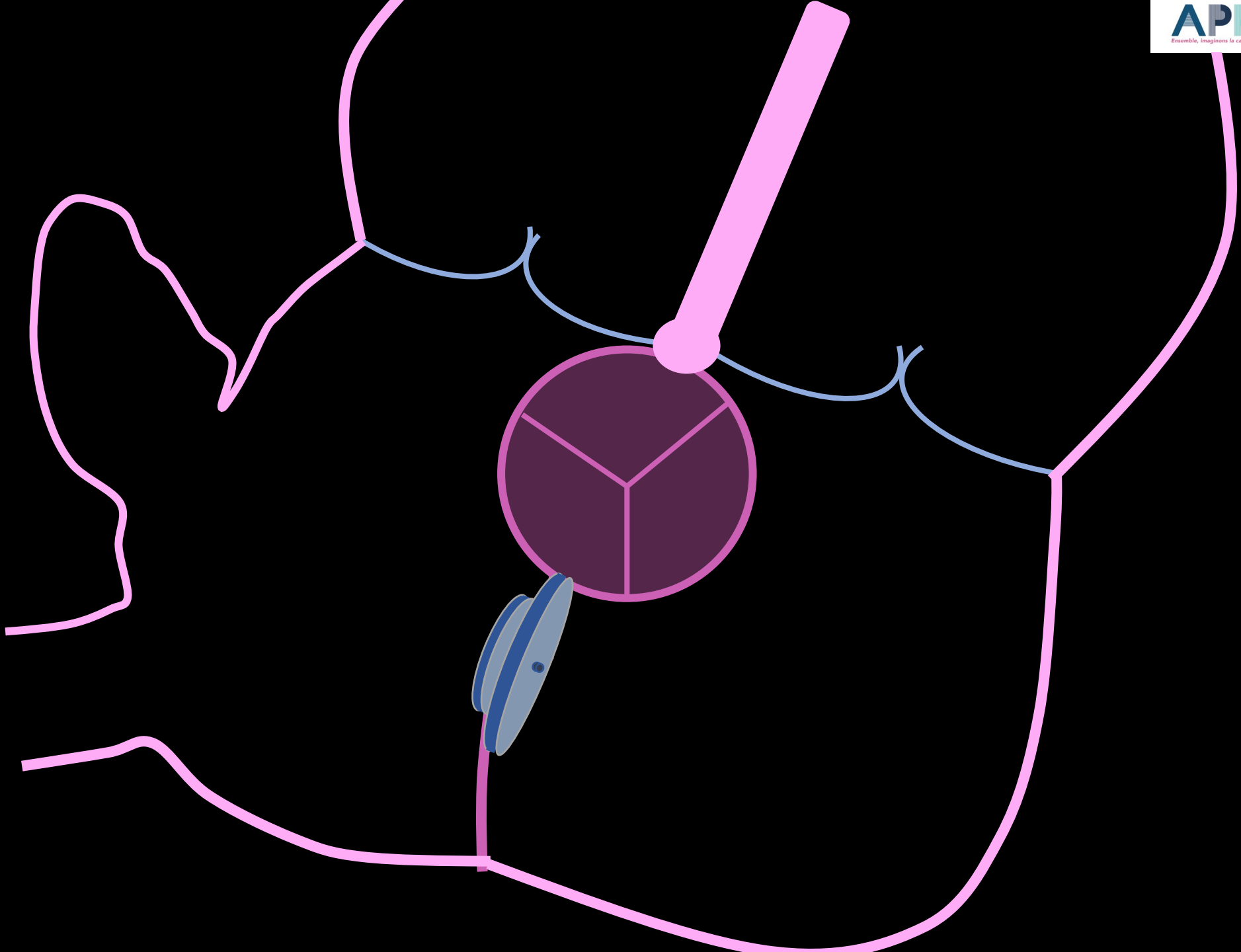
- Dilatation + horizontalisation de l'Aorte
- Raccourcissement de la distance racine aortique – Rachis
- Ecrasement du SIA avec aspect concave et déformation de l'orientation du FOP

ANATOMIE NORMALE

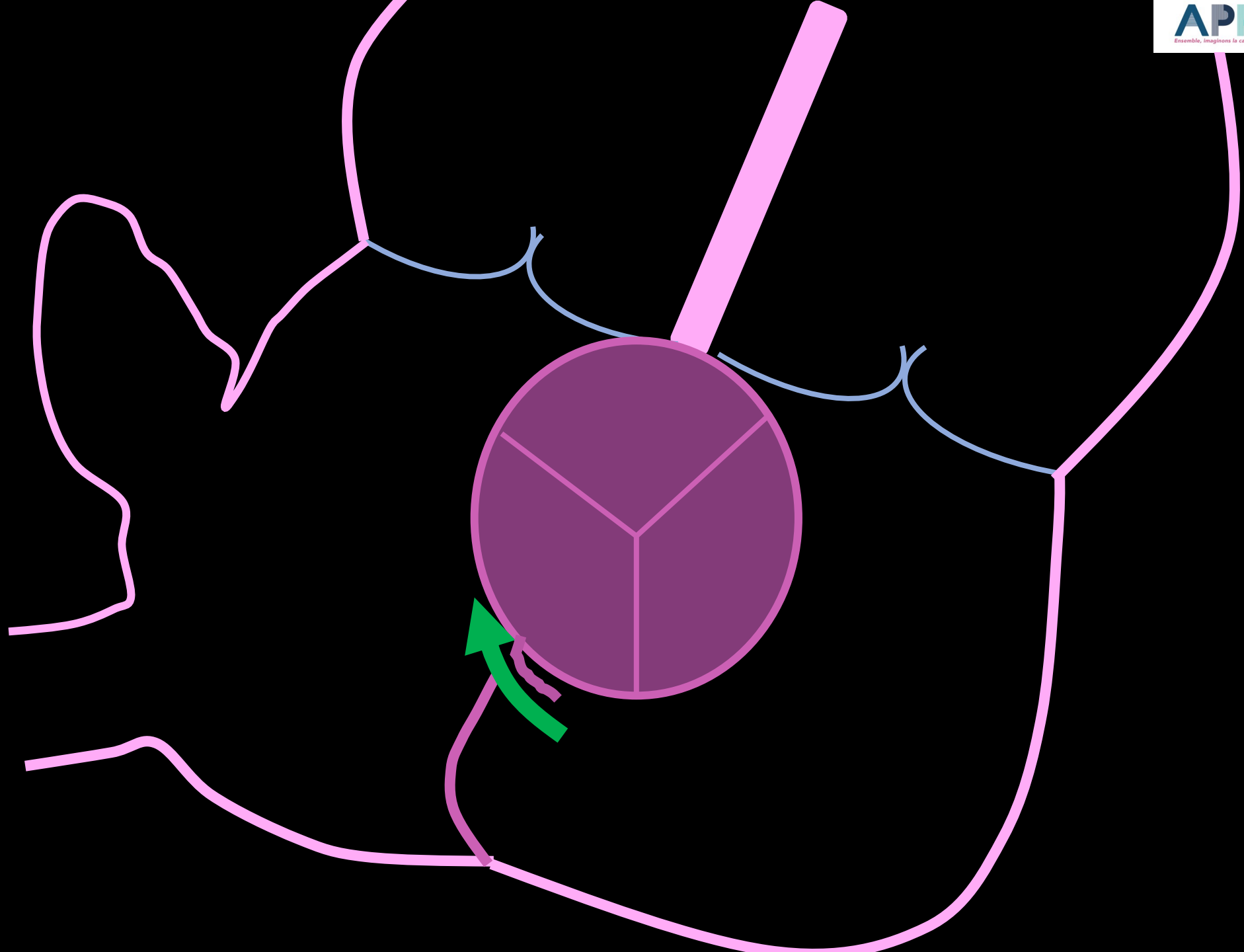


FOP CLASSIQUE / «NEUROLOGIQUE»

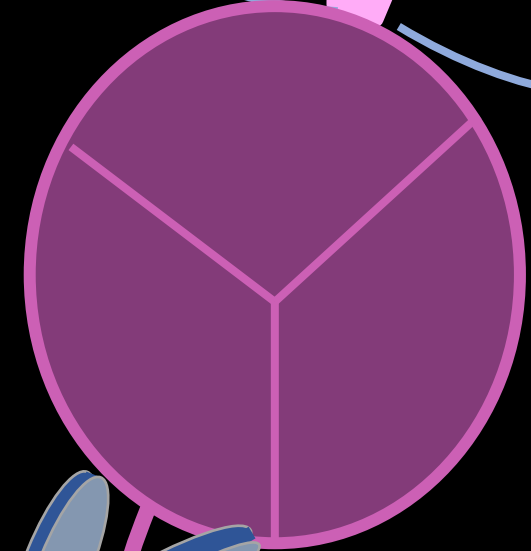


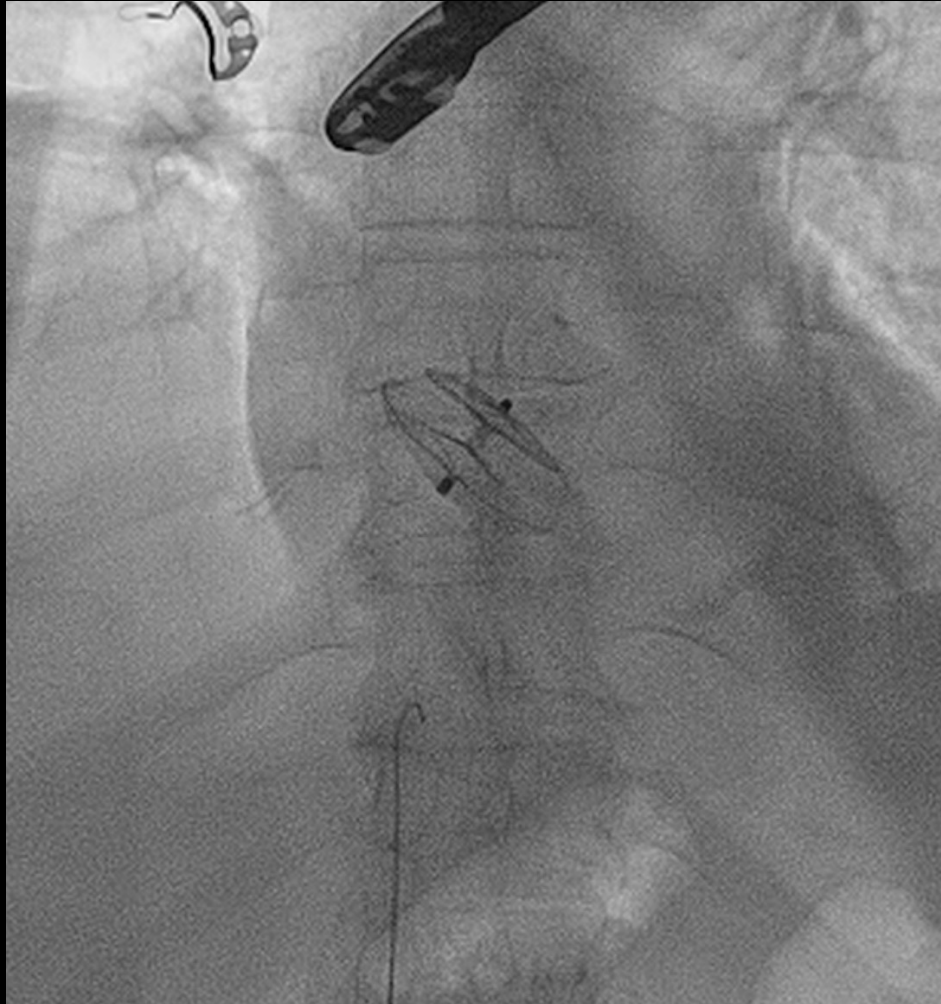


FOP ATYPIQUE / «PNEUMOLOGIQUE»



An abstract graphic design on a black background. In the center is a purple circle divided into three equal segments by three lines meeting at the center. Below the circle is a blue satellite dish with a small antenna. To the left of the circle is a yellow and blue wavy line. A thick yellow line curves around the right side of the circle. In the top right corner, there is a small logo with the text 'API' and 'Ensemble, imaginons le co' below it.





Echo adulte

X7-2t

14Hz

6.0cm

Live 3D

2D / 3D

% 45 / 44

C 50 / 30

Gén

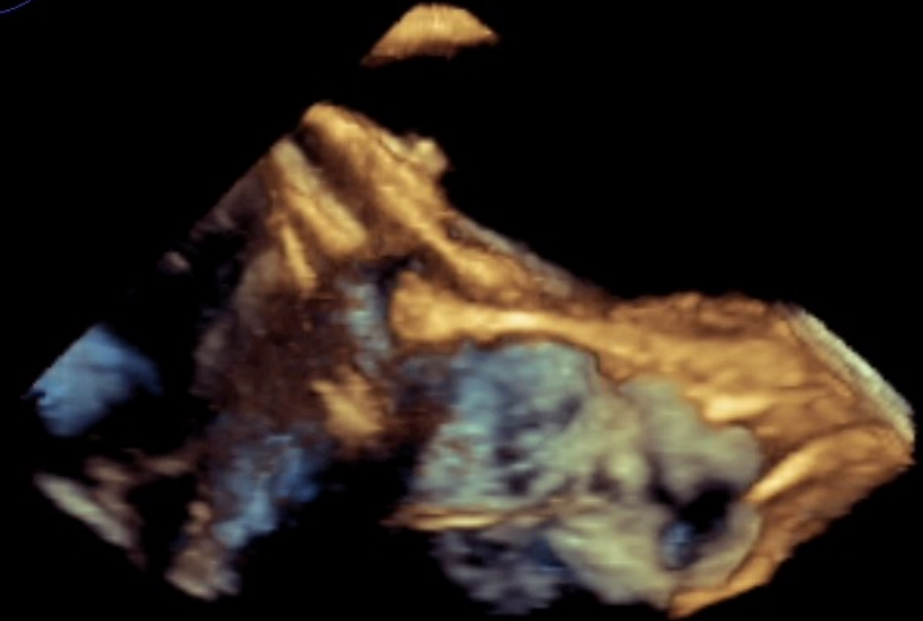
Battem. 3D 1



TIS0.0

MI 0.2

M4

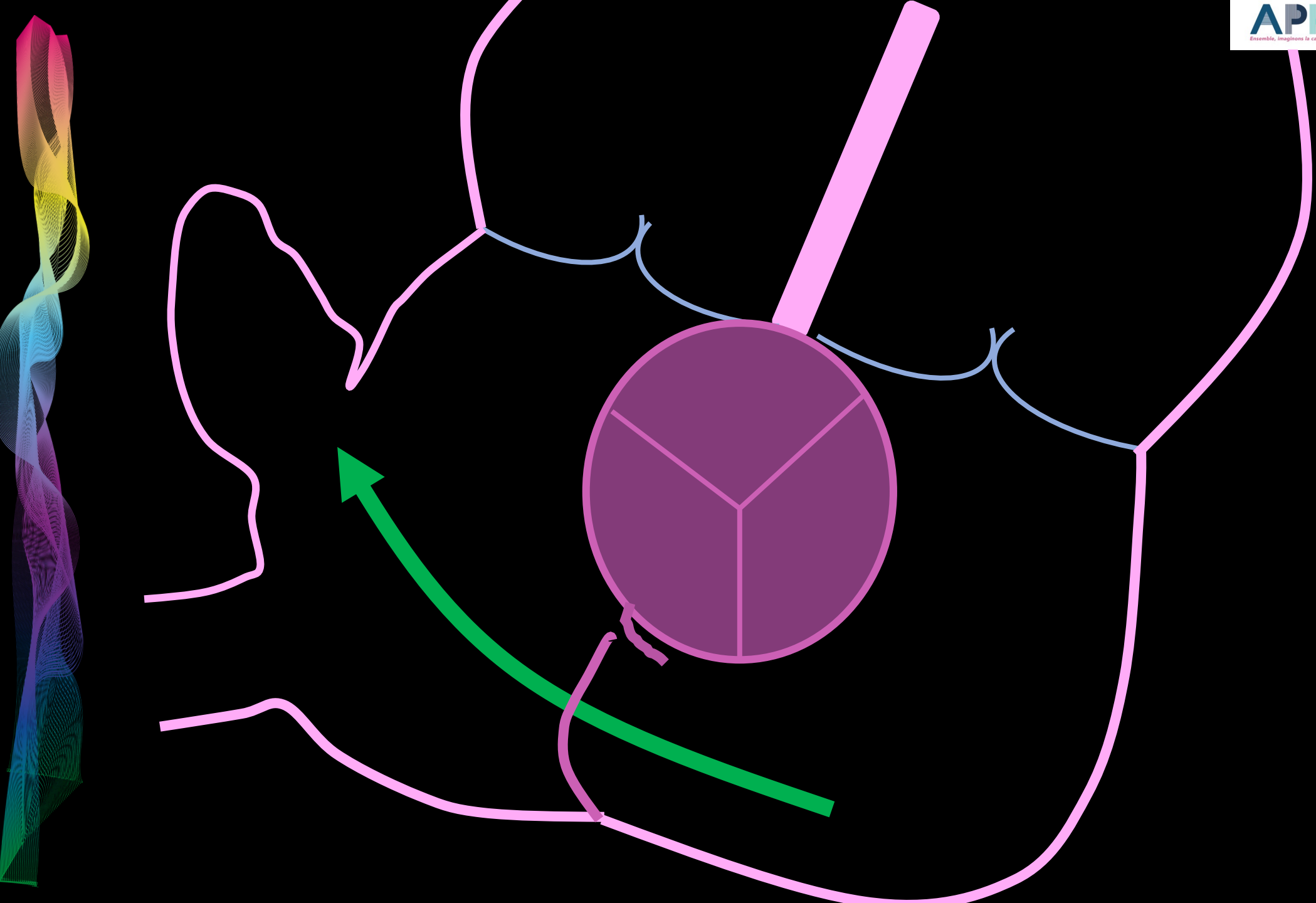


PAT T: 37.0C
TEE T: 40.0C

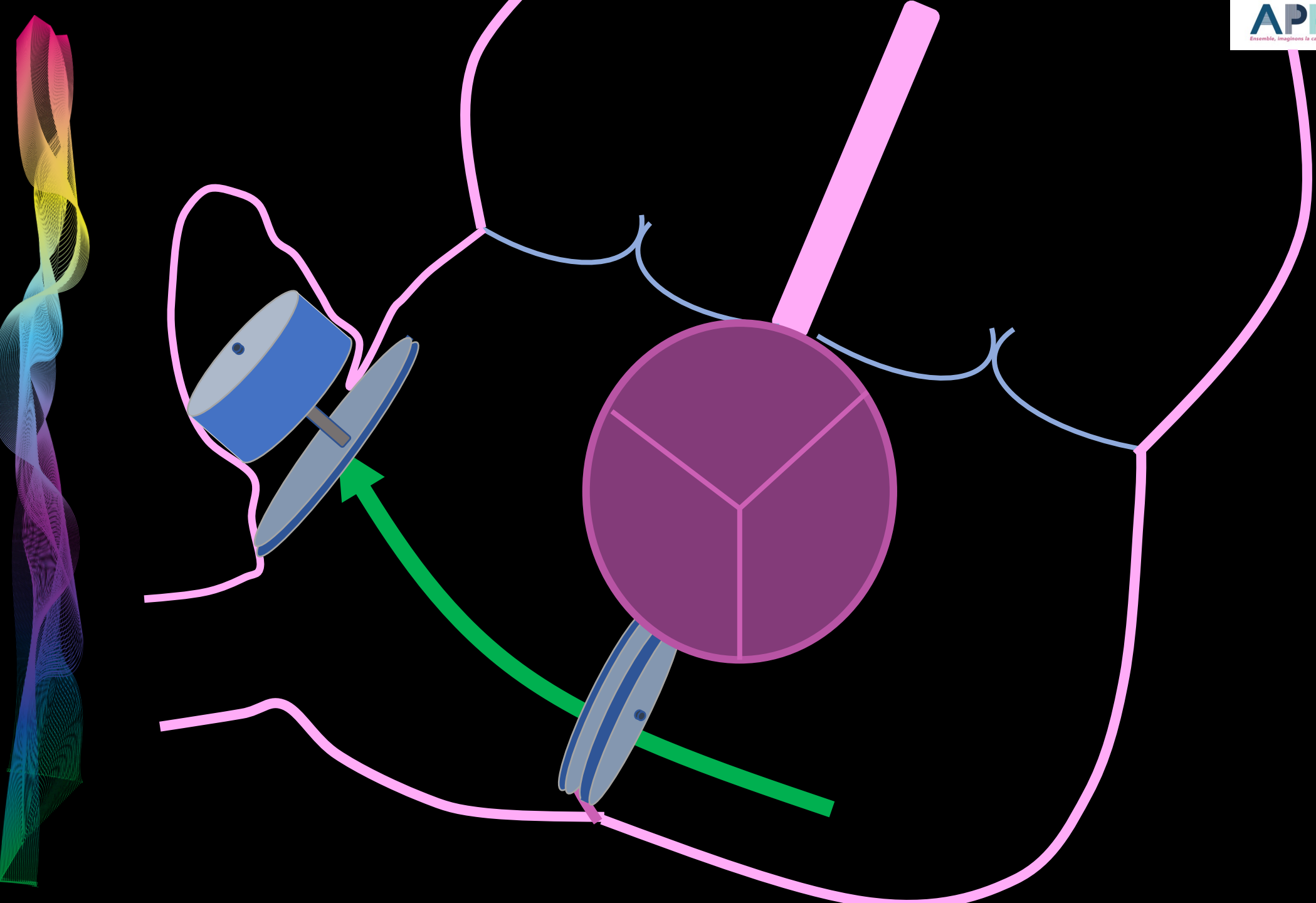


96 bpm

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

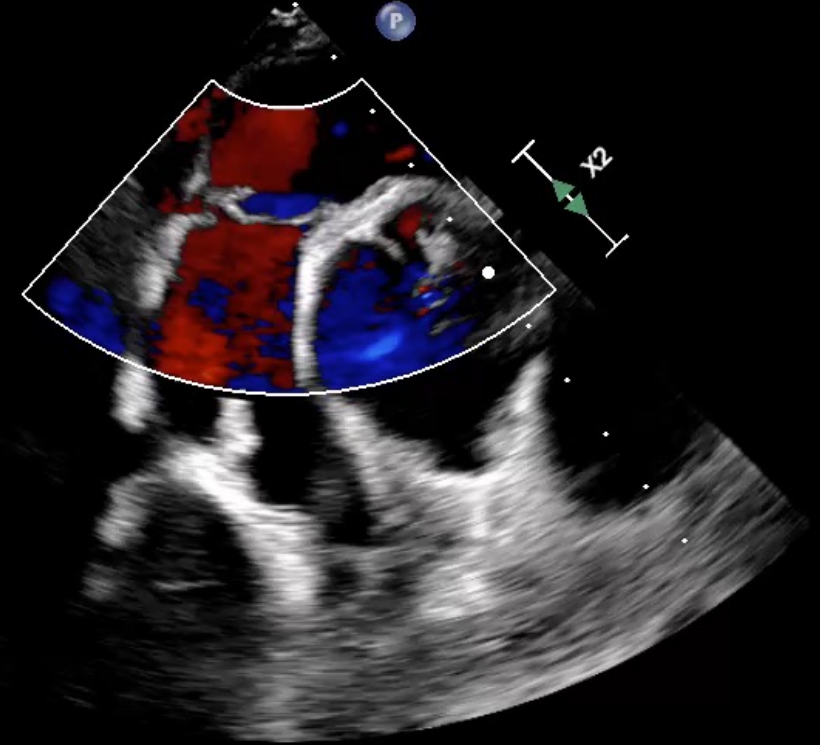


Coul
48%
6216Hz
FP 559Hz
4.4MHz



PAT T: 37.0C
TEE T: 38.7C

TIS0.5 MI 0.7



M4 M4
+53.9
-53.9
cm/s

83 bpm

ECHO INT

X8-2t

11Hz

5.5cm

Zoom 3D

2D / 3D

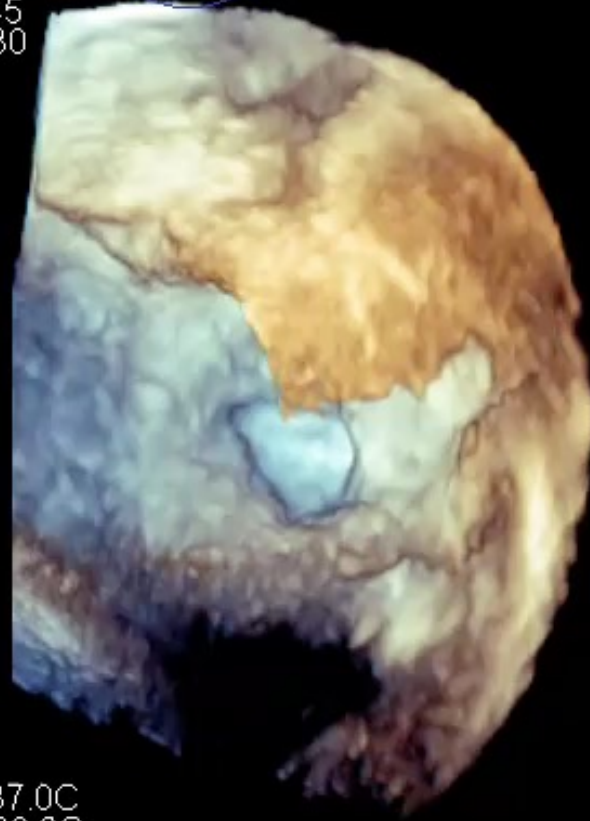
% 63 / 45

C 41 / 30

Gén

Battem. 3D 1

0 155 180

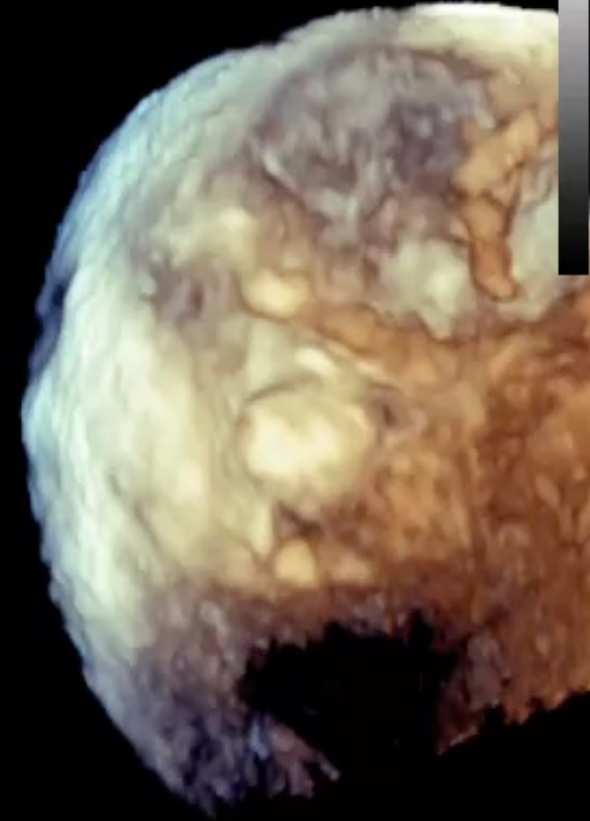


PAT T: 37.0C
TEE T: 39.2C

TIS0.1

MI 0.1

M4



88 bpm

ECHO INT

X8-2t

53Hz

11cm

2D

55%

C 41

P Arrêt

Gén



TIS0.1

MI 0.6

M4



PAT T: 37.0C

TEE T: 38.8C

Ponction transseptale en position médiane « para-FOP »

ECHO INT

X8-2t

53Hz

8.1cm

2D

68%

C 41

P Arrêt

Gén



PAT T: 37.0C
T ETO: 38.6C

✦ Dist 15.8 mm



TIS0.1 MI 0.3

M4



94bpm

ECHO INT

X8-2t

32Hz

8.1cm

xPlane

58%

58%

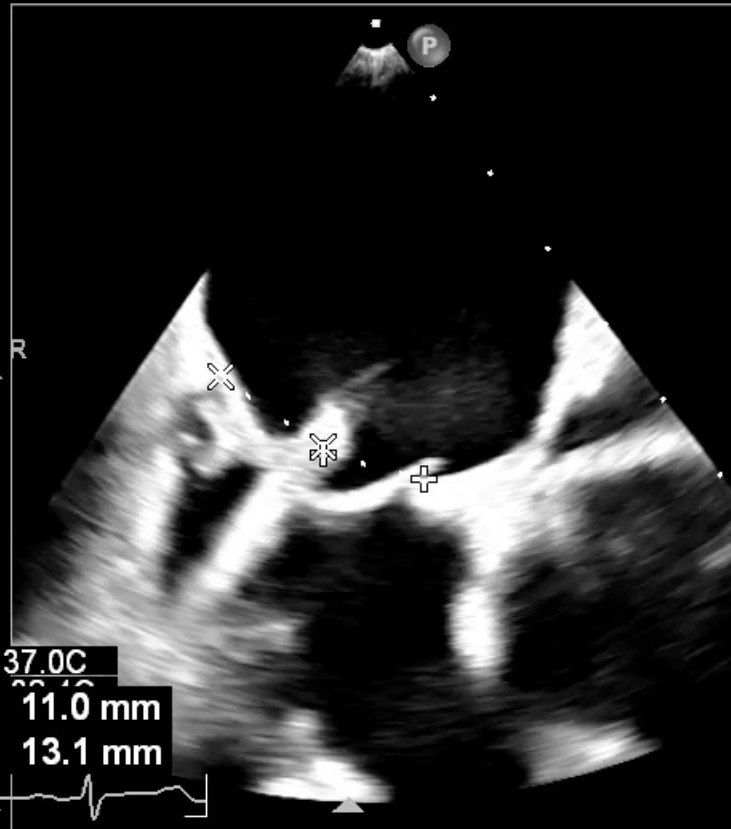
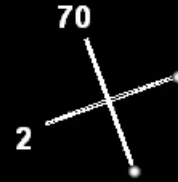
41dB

P Arrêt

Gén

ITm0.1 IM 0.6

M4



T PAT: 37.0C

+ Dist 11.0 mm

x Dist 13.1 mm



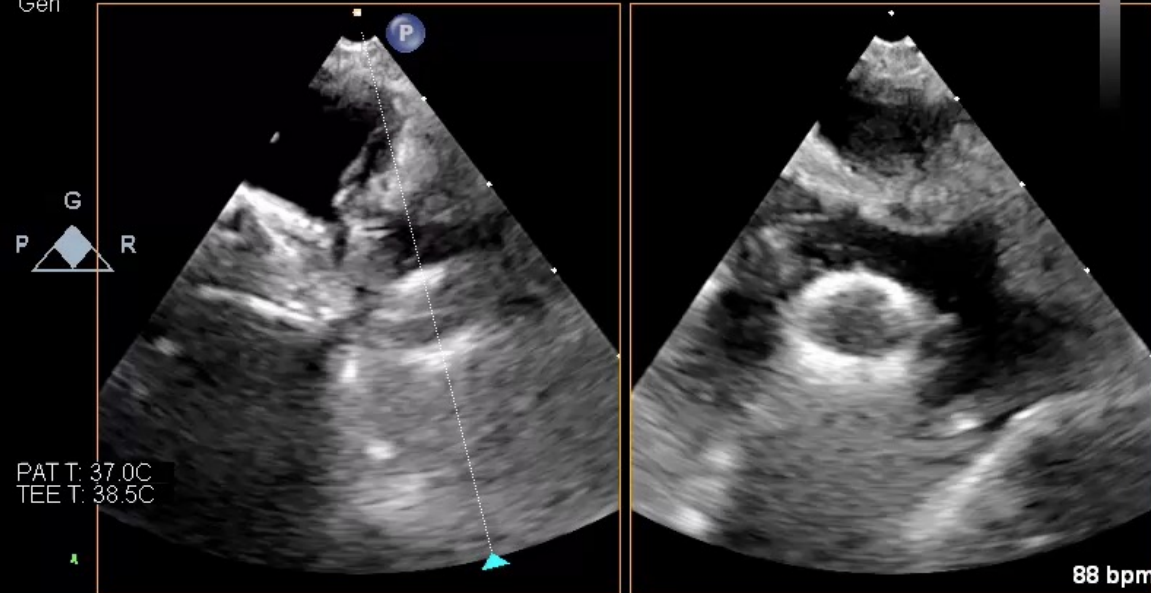
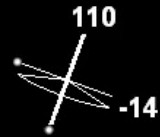
78bpm

ECHO INT
X8-2t
32Hz
5.0cm

xPlane
62%
62%
41dB
P Arrêt
Gén

TIS0.1 MI 0.6

M4

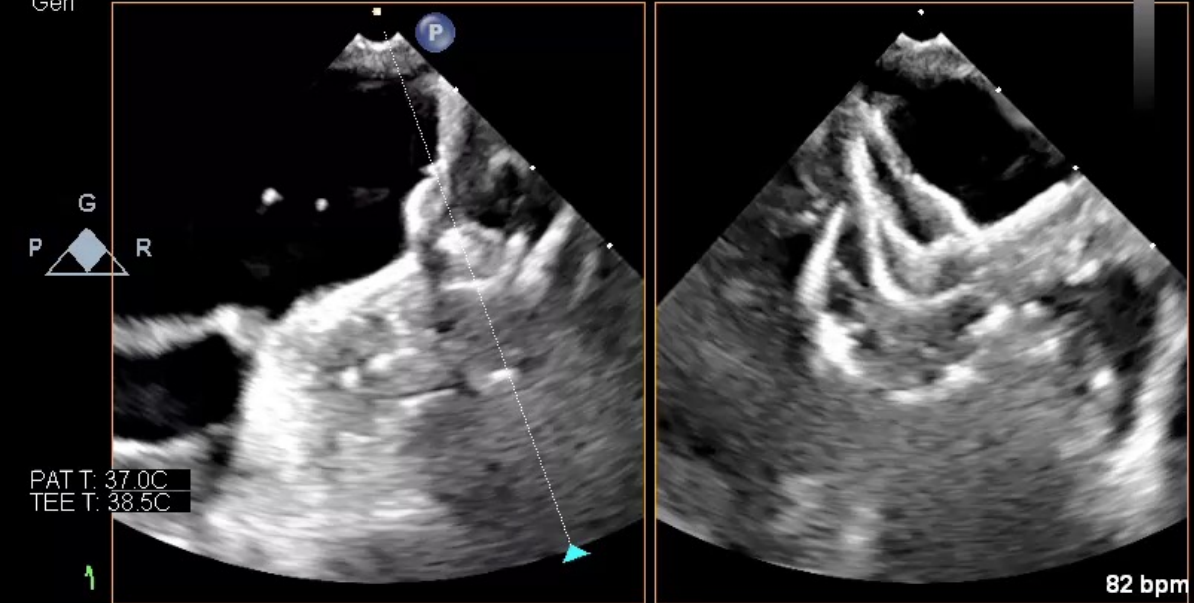
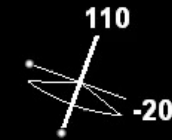


ECHO INT
X8-2t
27Hz
5.0cm

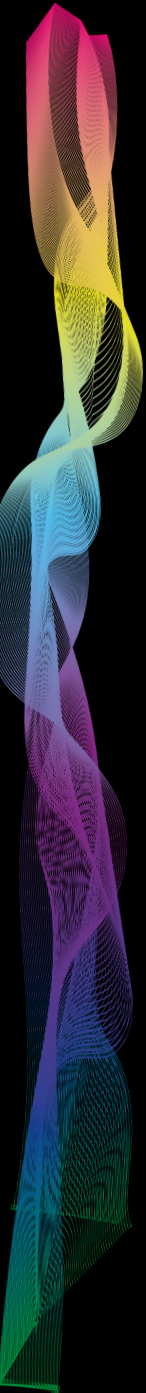
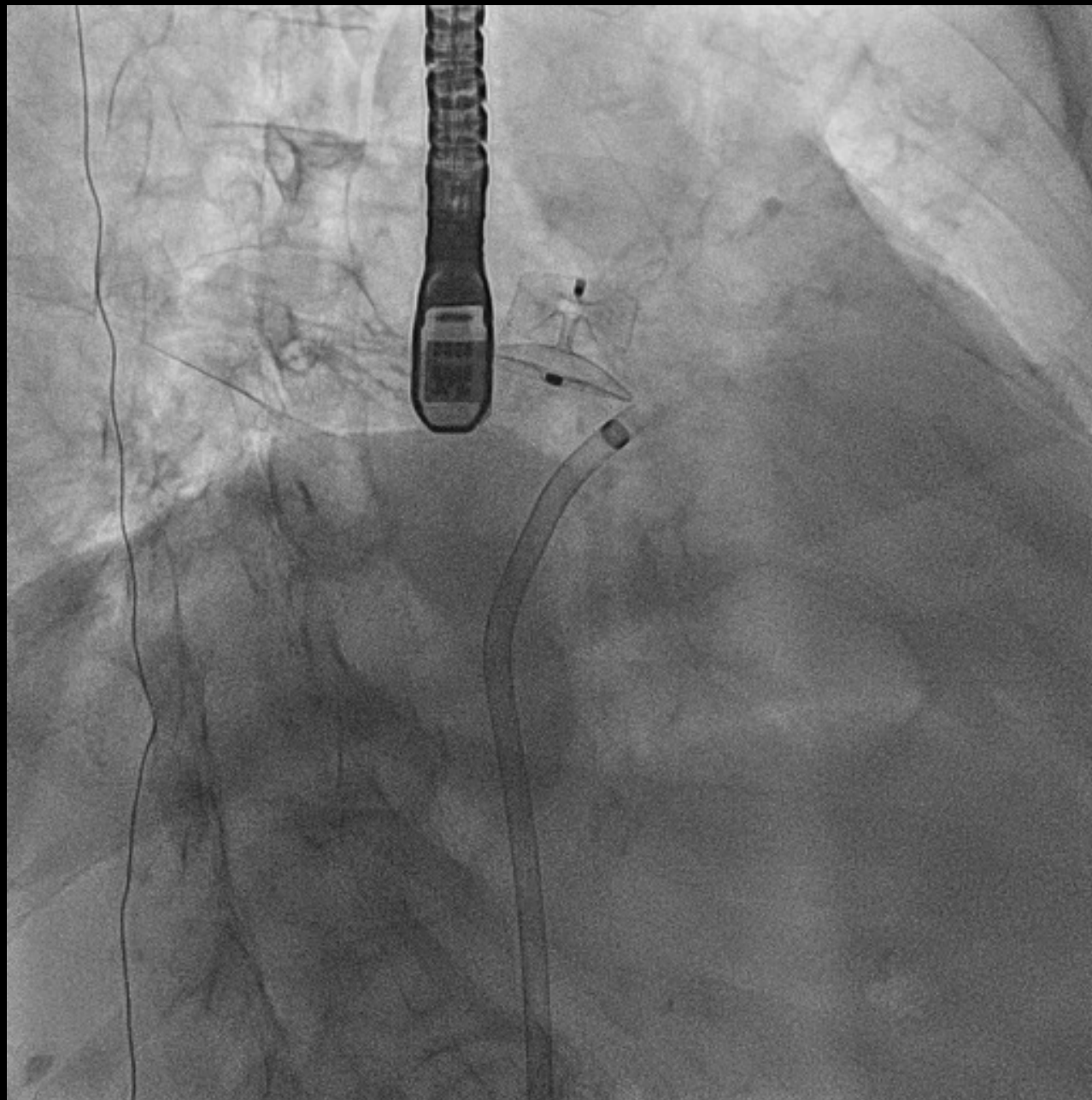
xPlane
62%
62%
41dB
P Arrêt
Gén

TIS0.1 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

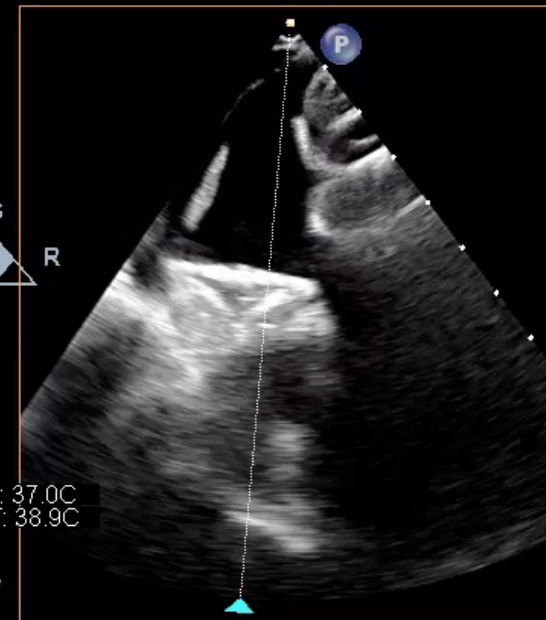
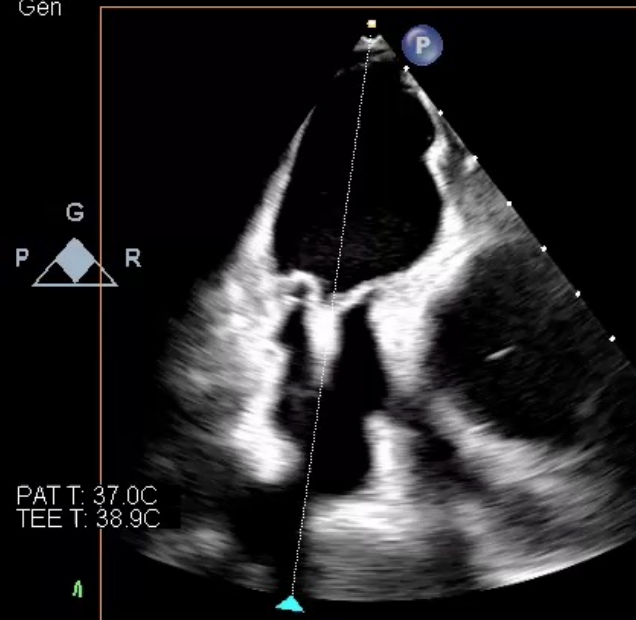
M4

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

Live 3D

2D / 3D

% 47 / 44

C 41 / 30

Gén

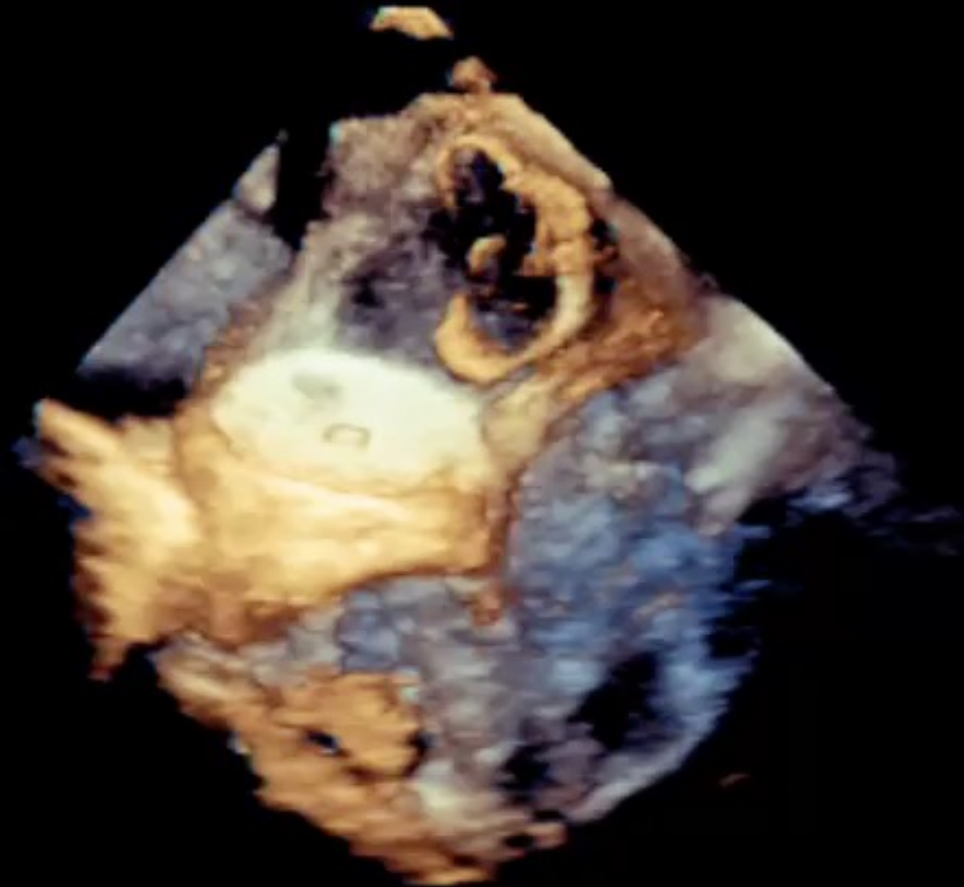
Battem. 3D 1



TIS0.1

MI 0.1

M4



PAT T: 37.0C

TEE T: 39.1C

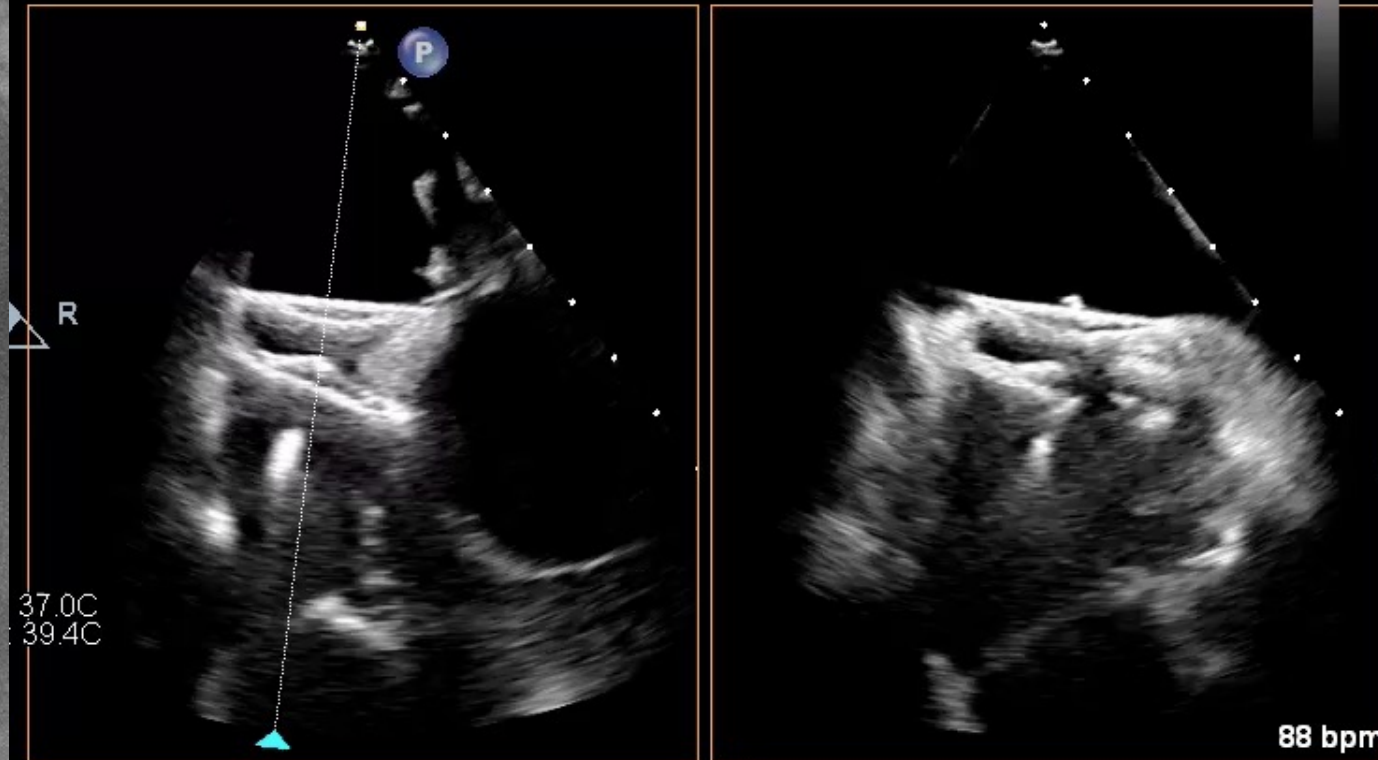
91 bpm

ECHO INT

TIS0.1 MI 0.3

M4

40 7



37.0C
39.4C

R

88 bpm

ECHO INT

X8-2t

53Hz

11cm

2D

53%

C 41

P Arrêt

Gén



TISO.1

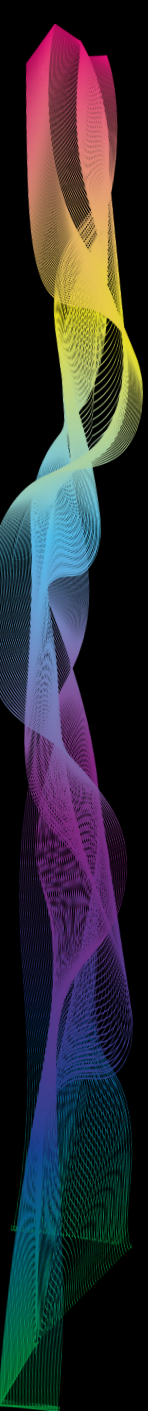
MI 0.6

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

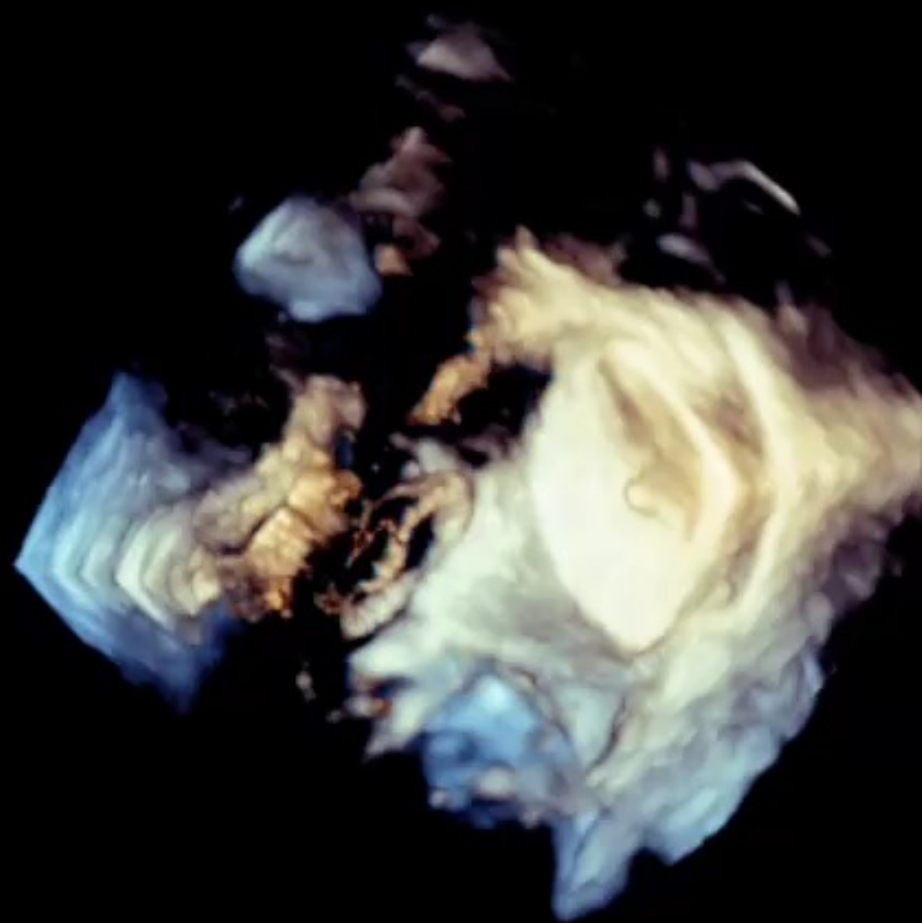
Battem. 3D 1



TIS0.2

MI 0.3

M4

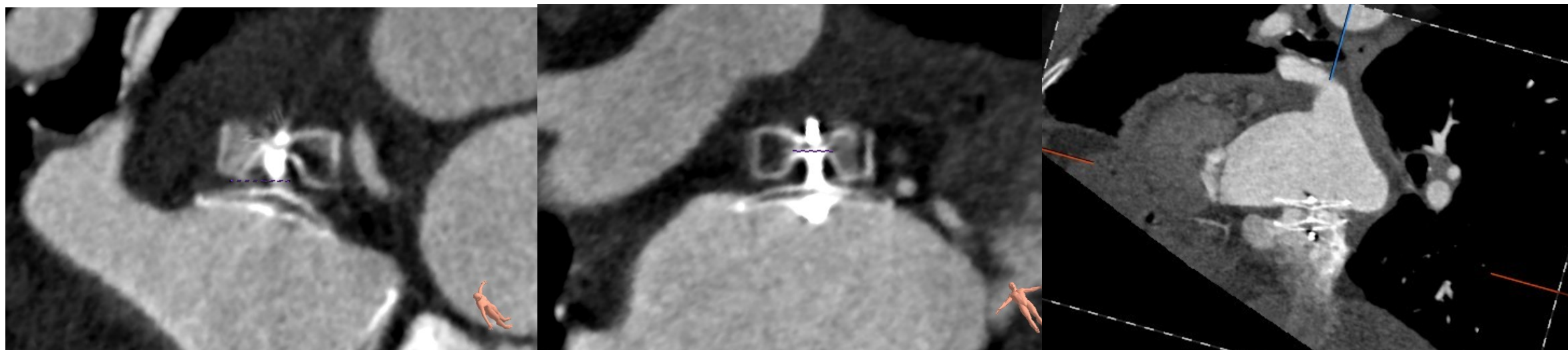


PAT T: 37.0C
TEE T: 40.0C

Traitement de sortie : monothérapie par Aspirine 75 mg/j

Suites

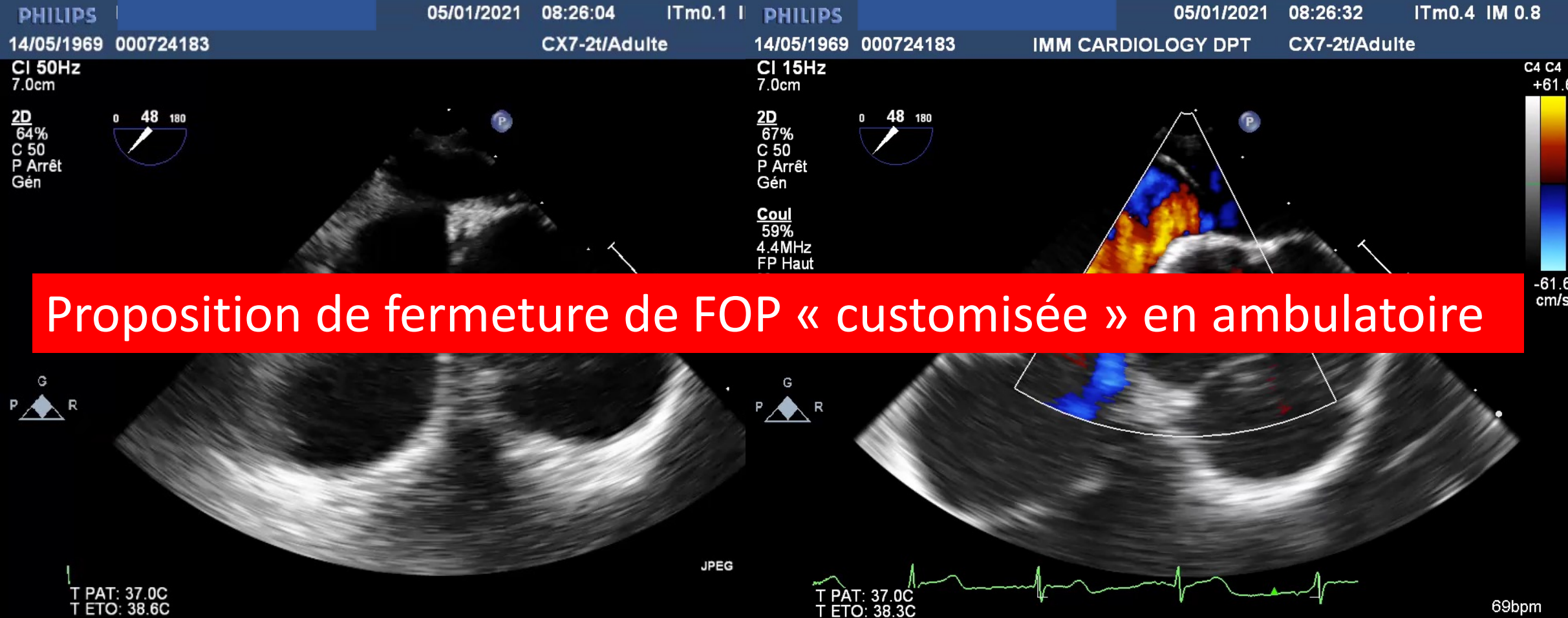
- Amélioration spectaculaire de l'oxymétrie avec sevrage en O₂ et reprise d'une activité
- Pas d'événement hémorragique
- Pas de récurrence ischémique



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

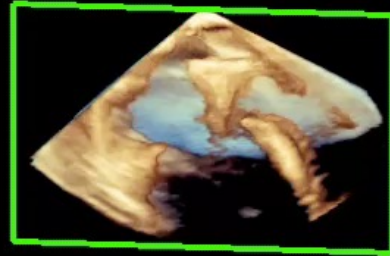
Battem. 3D 6Q

90



Volume total 0

2D / 3D
% 57 / 45
C 41 / 30
Gén



PAT T: 37.0C
TEE T: 38.7C

Délai 0ms

TIS0.1 MI

ECHO INT

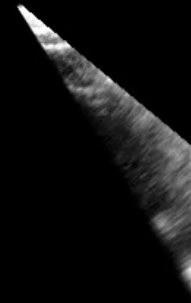
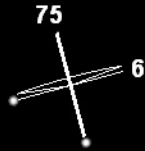
X8-2t
32Hz
8.1cm

xPlane

62%
62%
41dB
P Arrêt
Gén

ITm0.1 IM 0.3

M4



T PAT: 37.0C
T ETO: 38.0C

✦ Dist 15.7 mm

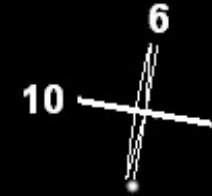
77bpm

ECHO INT
X8-2t
27Hz
8.1cm

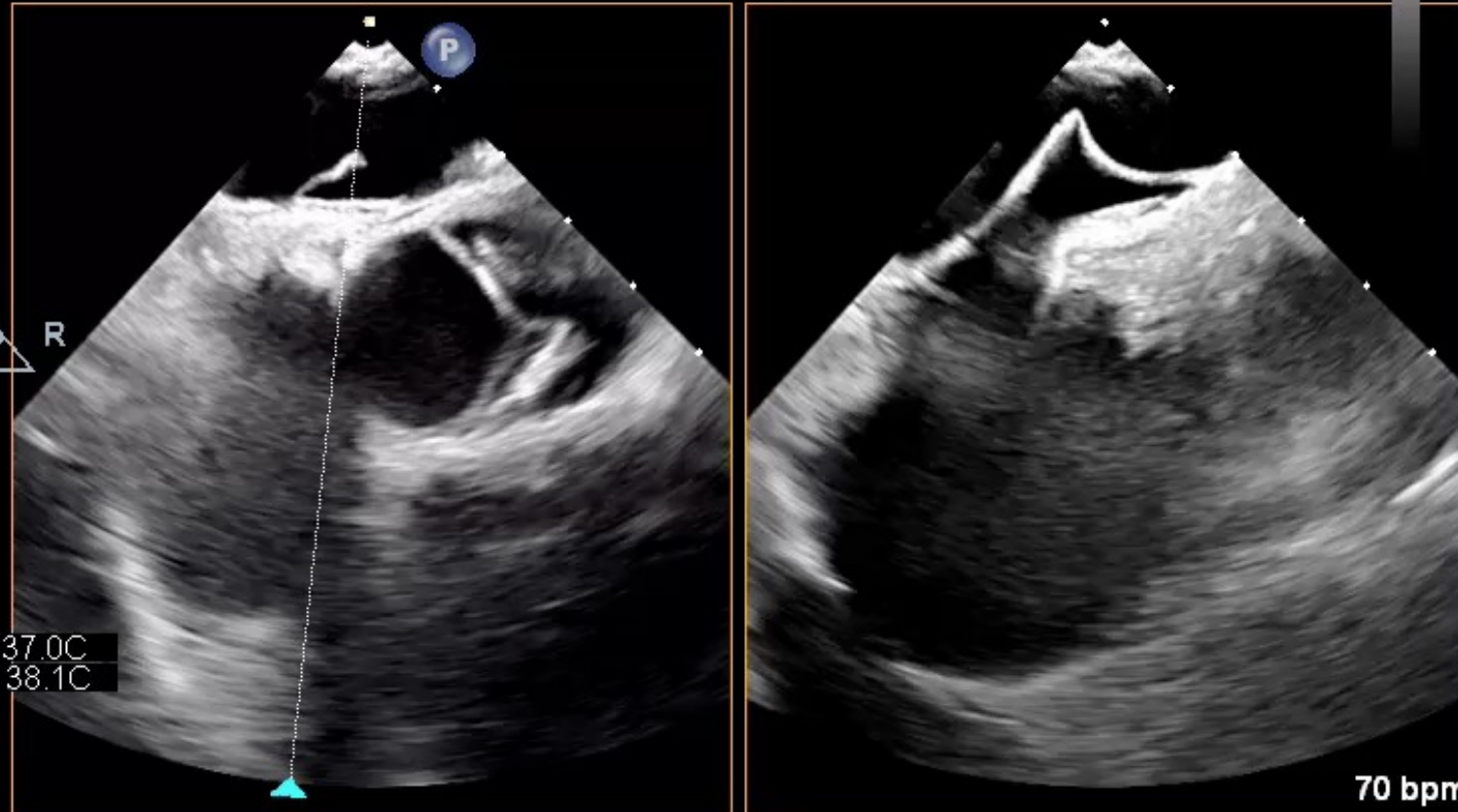
TIS0.0 MI 0.8

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

TIS0.1

MI 0.1

Volume total

2D / 3D

% 54 / 45

C 41 / 30

Gén

M4

PAT T: 37.0C

TEE T: 38.9C

Mise en place d'une gaine Torqvue 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

TIS 0.5 MI 0.9



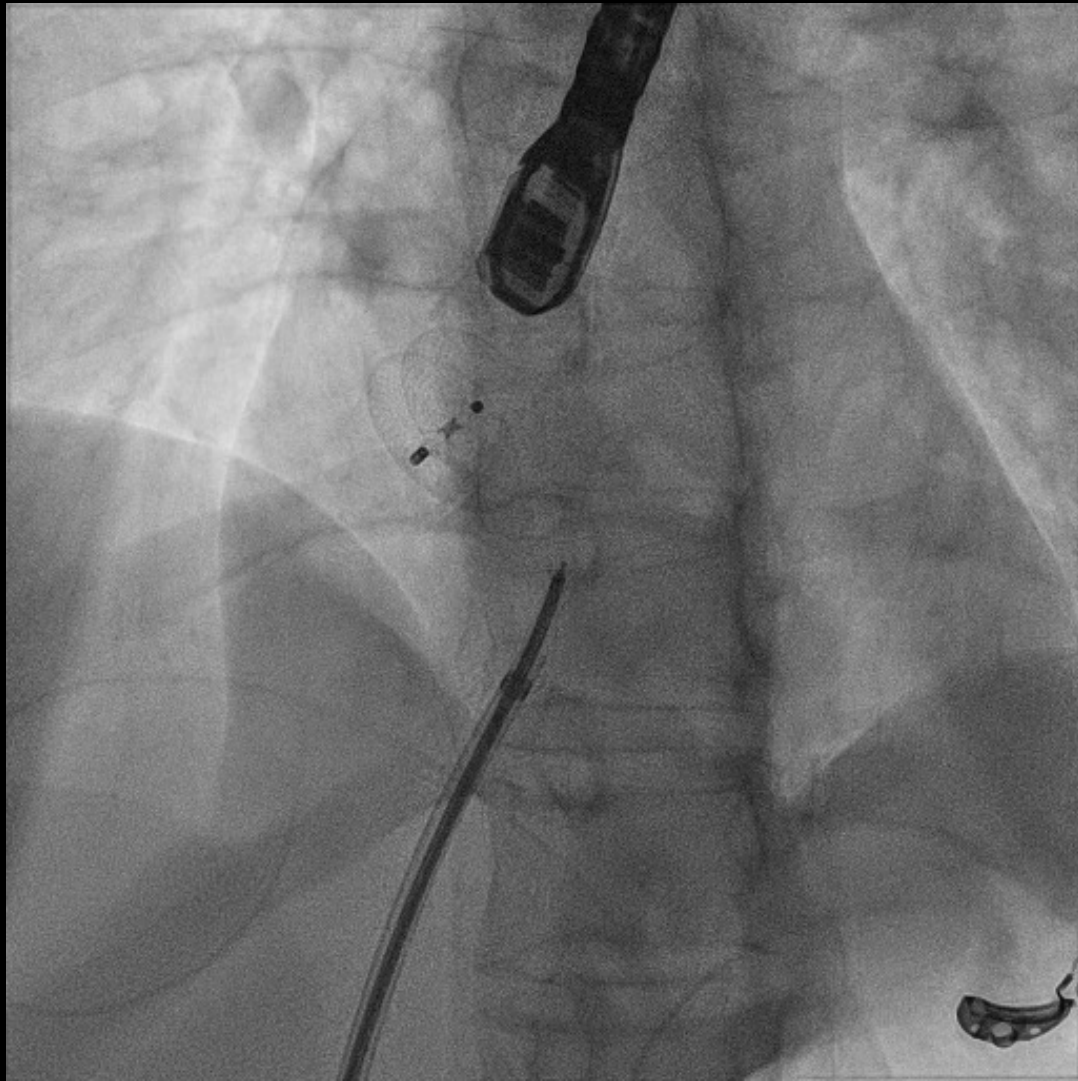
M4M4

+61.6

-61.6
cm/s

59 bpm

Déploiement d'une prothèse Septal Occluder 25 mm cribiform



INT

Battem. 3D 1

0 115 180



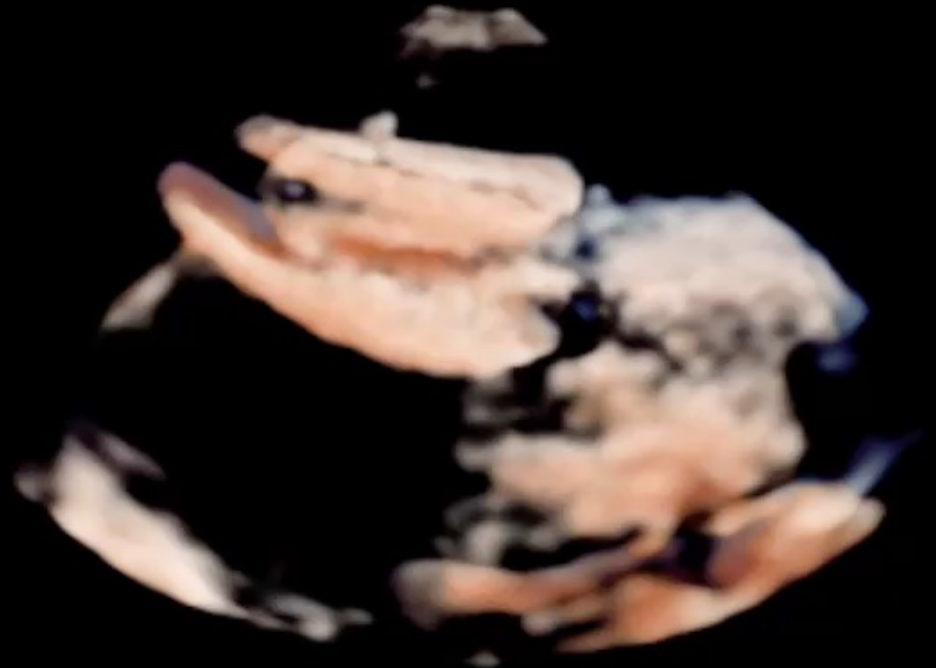
D
3D
45
30

37.0C
38.6C

TIS0.1

MI 0.1

M4



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...

