Late surgical retrieval of a nitinol occluder system embolized in the aortic arch

Alina Gallo*, Stefano Cisicoa, Bernhard Reimersb and Salvatore Saccab

a Department of Cardiac Surgery, Mirano Hospital, Mirano, Italy
b Department of Cardiology, Mirano Hospital, Mirano, Italy

* Corresponding author. Department of Cardiac Surgery, Mirano Hospital, via L.Mariutto 76, Mirano 30035, Venice, Italy. Tel: +39-041-5794191; fax: +39-041-5794199; e-mail: alina.gallo@libero.it (A. Gallo).

Received 25 March 2015; accepted 13 May 2015

Keywords: Patent foramen ovale • Aortic arch • Nitinol occluder device

A 30-year-old woman presented with neurological symptoms and a patent foramen ovale (PFO) that was closed with a Nit-Occlud® PFO. At the 6-month follow-up, the device was found in the aortic arch (Fig. 1A and B) and all efforts to retrieve it percutaneously were unsuccessful. Surgical intervention was indicated, the PFO directly closed (Fig. 1C) and the device removed under hypothermic circulatory arrest (Fig. 1D–F).

Figure 1: (A and B) Angiogram showing the nitinol occluder system stuck in the aortic arch. (C) PFO. (D and E) Partially endothelialized nitinol occluder device in the aortic arch. (F) Nitinol occluder system (Nit-Occlud® PFO 30 mm). PFO: patent foramen ovale