ポスターセッション（ P51）

成人先天性心疾患3

座長:
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P51-01～P51-05

6:00 PM - 7:00 PM

[P51-04]成人心房中隔欠損症では経皮的閉鎖術で右室容量・機能は正常化しない

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Keywords:心房中隔欠損症、心臓MRI、経皮的心房中隔欠損閉鎖術

Background: Percutaneous atrial septal defect (ASD) closure reportedly improves right ventricular (RV) function in patients with ASD. However, it remains uncertain whether percutaneous closure normalizes enlarged RV and its function in patients with advanced ASD. The aim of this study is to investigate the long-term impact of percutaneous closure on RV volume and functions using cardiac magnetic resonance imaging (CMRI) in adult ASD patients.Methods: CMRI was performed at baseline and one-year after percutaneous ASD closure in 22 patients (Median age; 50 year-old, Qp/Qs=2.6±0.2). Ten age-matched healthy subjects were enrolled. The parameters of RV and LV were the followings: end-diastolic volume index (EDVI) and end-systolic volume index (ESVI) and ejection fraction (EF).Results: In comparison to healthy subjects, ASD patients showed large RV volume (167±10 vs 77±4 mL/m2 in RVEDVI, p＜0.001, 91±6 mL/m2 vs 36±2 mL/m2 in RVESVI, p＜0.001). One-year after ASD closure, RV volume was reduced (101±6 mL/m2 in RVEDVI, p＜0.001, 51±4 mL in RVESVI, p ＜0.01), but was still larger than LV volumes (59±3 and 26±2 mL/m2 in LVEDVI and LVESVI, p＜0.001). RVEF was decreased by ASD closure (51±2 to 46±2 %, p＜0.01).Conclusions: One-year follow up of CMRI indicated that percutaneous ASD closure reduced but not normalized RV volume in adult patients. These results suggest that enlarged RV in ASD patients has some limiting points for normalizing volume after its closure.