

## **Successful Closure of Post-Myocardial Infarction Ventricular Septal Defect with Transcatheter Occluder**

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### **Abstract**

A 69-year-old female with hypertension, hyperlipidemia, and ESRD on CAPD was admitted in this hospital for percutaneous coronary intervention due to non-ST elevation myocardial infarction. She was incidentally found to have a postinfarct ventricular septal defect (VSD) with Qp/Qs 2.42. However, repair operation was postponed by a cardiovascular surgeon for concern of edematous weak tissue over defect edge. In the following three months, patient hesitated to receive operation for high associated risks. Thus we planned closing her VSD with a transcatheter occluder under transesophageal echocardiography for guidance. The procedure course was smooth and she was discharged uneventfully. Although the immediate outcome showed residual left to right shunt with Qp/Qs=1.31, a 6month follow-up echocardiography showed minimal residual shunt. We reviewed the whole course and updated the literatures about management of postinfarct VSD.