pigtail catheter through aortic valve and tried to rotate and support the device for the snaring of the hub on right atrial disc. After snaring of the device, we retrieved the device very carefully with monitoring the mitral valve injury by TEE and succeeded. After, retrieval of the device, we confirmed that there was no mitral valve injury and did percutaneous closure of ASD with 15mm-sized Occlutech Figulla Flex II and succeeded.

Case Summary. In comparison with Amplatzer septal occcluder, the Occlutech Figulla Flex II has only one hub on right atrial disc. However, the Occlutech Figulla Flex II is more soft and flexible. So, we could retrieve the embolized device without injury of mitral valve and succeed the implantation of the device with careful and gentle manipulation.

TCTAP C-123
Two Devices for Multiple or Divided ASD

Jin Young Song

[CLINICAL INFORMATION]
Patient initials or identifier number.
1. KKS
2. LNS
3. KKT
4. PKJ

Relevant clinical history and physical exam
1. 35 F, mild dyspnea. Gr 1 systolic murmur
2. 38 F, mild exercise intolerance. Gr 1-2 systolic murmur was audible
3. 55 M, intermittent palpitation during exercise. His electrocardiography showed atrial flutter and echocardiography showed multiple ASDs. Therefore he underwent RFCA firstly and the results were successful. He didn’t complain any subjective symptoms except mild dyspnea on exercise after RFCA.
4. 50 F, mild dyspnea and Gr 1 systolic murmur

Relevant test results prior to catheterization. Pre cath echocardiography showed ASD 17mm but ICE image showed the other small defect with moderate shunt and intervening septal length was 12mm. Three ASDs were found on echocardiography; 12mm, 8.4mm and 5.3mm with very thin crossing septum.
Relevant catheterization findings. 23mm and 14mm ASDs with 4.1mm intervening septum were found on pre cath echocardiography two ASDs of 10mm and 15mm were found on pre cath echocardiography.
**Case Summary.** Transcatheter closure with two ASO devices for multiple or divided ASD was effective and safe so far.