



3rd INTERNATIONAL CONFERENCE ON CARDIOLOGY

November 30-01 December, 2023 | Dubai, UAE

TITLE: The case reports on Cardiology

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ABSTRACT (upto 300 words)

A 41-year-old man presented with chest pain and shortness of breath. His only risk factor for ventricular dysfunction was chemotherapy used for treatment his AML-M3 disease. He had not experienced chest trauma or thoracic surgery. Cardiac echocardiography revealed dilated left ventricle with severe left ventricular dysfunction (with EF= 31%). Coronary angiography revealed a fistula originated from the mid LAD connected a huge aneurysm drained into RVOT. Blood was spouting out to the aneurysmal sac and nutrient artery branches (such as diagonal branches) are distal to the ostium of the feeding artery. There is a collateral branch from circumflex artery to perfusion for distal to mid-LAD obstruction. Coronary computed tomography angiography and 3-dimensional reconstruction imaging revealed that the aneurysmal sac can compress the mid-LAD.

We embolized the feeding artery to the aneurysm by transcatheter Amplatz vascular plug I and the exit orifice of the aneurysm by transcatheter Cocoon Duct Occluder. Follow-up echocardiography showed a regressed aneurysmal sac and no blood flow signals inside the fistula ultrasonography. Ejection fraction (EF) increased to 51% . Up to now, the patient has reported no symptoms and has been doing well.

BIOGRAPHY (upto 200 words)

Nguyen Minh Hung has completed his PhD from Hanoi Medical University, Vietnam. He is the program director of ACHD Interventions of Vietnam National Heart Institute, Bachmai Hospital, Vietnam. He is a Pediatrics and Congenital Interventional Cardiovascular Society Founding Fellow (FPICS) and a Fellow of the Society for Cardiovascular Angiography and Interventions (FSCAI).

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Mode of Presentation: Oral/Poster.

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