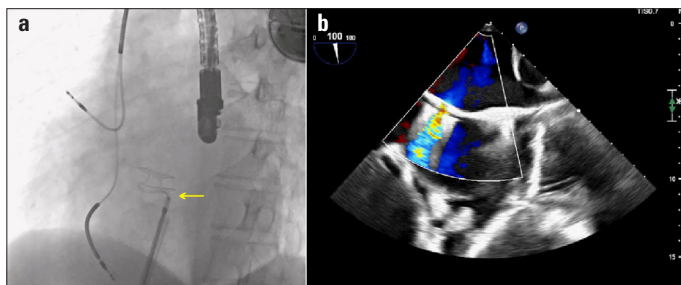
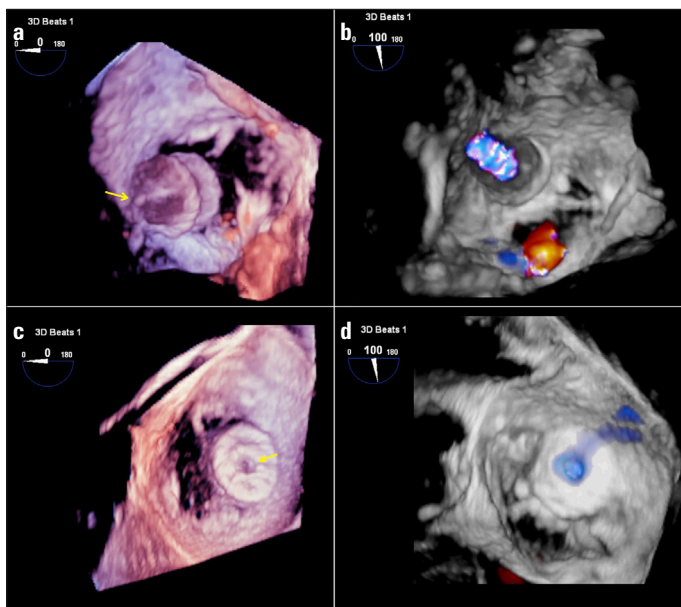


## Decompression of the left heart chambers via atrial flow regulator: A new insight into heart failure treatment 🎬

A 63-year-old male patient was admitted to the intensive care unit due to decompensated [New York Heart Association (NYHA) III-IV] heart failure with reduced ejection fraction (25%) despite optimal medical therapy. Atrial flow regulator (AFR) implantation was decided by the heart team for decompressing the left heart chambers, alleviating the symptoms. Prior to the procedure, the pulmonary capillary wedge pressure (PCWP) and mean pulmonary artery pressure (PAP) by right heart catheter-

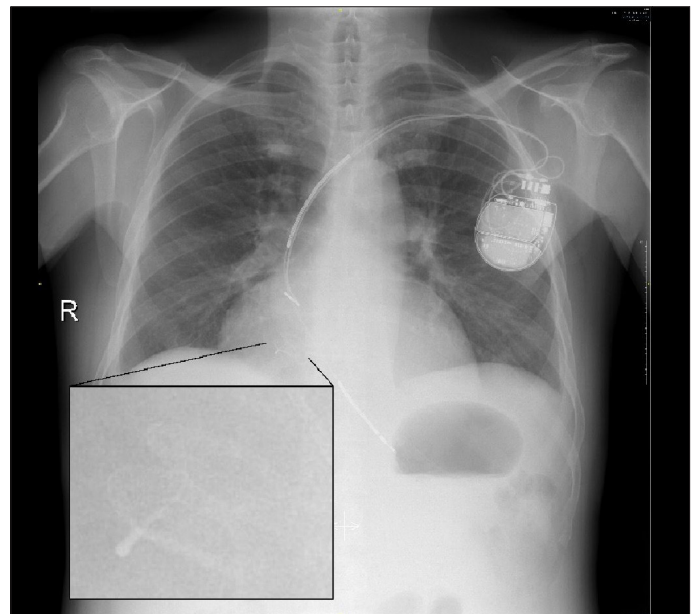


**Figure 1.** A fluoroscopic image of the atrial flow regulator device implantation. The arrow denotes the connection between the delivery wire and loading hub just before withdrawing the system (a). A bicausal view on two-dimensional TEE shows a left-to-right shunt flow through color Doppler imaging (b)

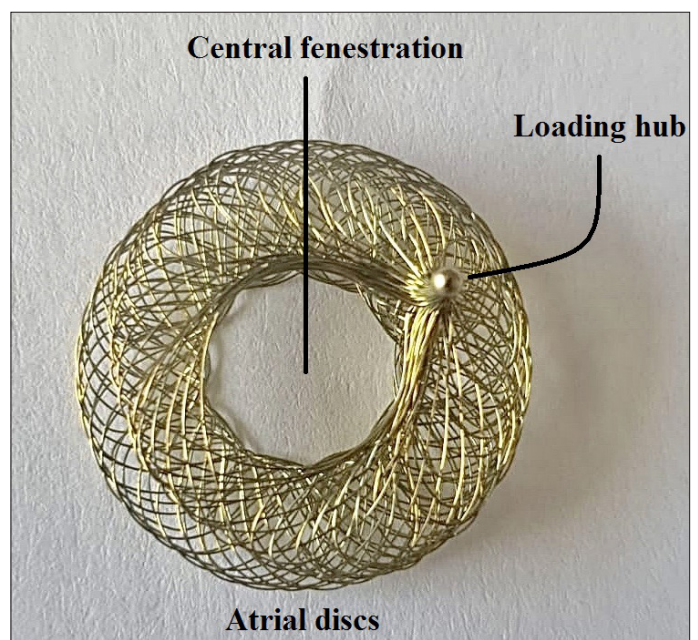


**Figure 2.** A three-dimensional TEE shows the right disk of the device and loading hub (arrow) (a); shows the shunt flow into the right atrium through the fenestration (b); shows the left atrial side and central fenestration (arrow) (c); and shows the shunt flow passing through the central fenestration in the left atrial view (d)

ization were 22 mm Hg and 25 mm Hg, respectively. Under transesophageal echocardiography (TEE) guidance, AFR implantation following interatrial septal puncture was performed by deploying the left and right atrial disks, respectively (Fig. 1a, Video 1). A post-deployment echocardiography showed a well-positioned and well-functioning device creating an interatrial left-to-right shunt (Fig. 1b, Video 2). The patient was discharged without any complications.



**Figure 3.** A chest radiogram shows the localization of the device, disks, and loading hub. A magnified view of the device can be seen at the bottom left



**Figure 4.** The device and its loading hub, central fenestration, and atrial discs

Nine months postoperative, the patient's clinical status improved (NYHA II). The three-dimensional TEE revealed the right atrial disk with loading hub located on its edge (Fig. 2a), the shunt flow into the right atrium (Fig. 2b, Video 3), left atrial disk (Fig. 2c), and shunt flow passing through the central fenestration (Fig. 2d, Video 4). A chest radiograph also revealed the disks and loading hub (Fig. 3).

An AFR (Fig. 4) is an intracardiac device dedicated to creating a communication between the two atria and mainly used in the treatment of drug-resistant pulmonary arterial hypertension (1, 2). However, it can also be used in the treatment of symptomatic heart failure provided PCWP  $\geq$ 15 mm Hg with normal PAP (3, 4).

**Informed consent:** Written informed consent was obtained from the patient.

**Video 1.** A fluoroscopic image of the atrial flow regulator device implantation under TEE guidance

**Video 2.** A bicaval view on two-dimensional TEE shows the left-to-right shunt flow by the color Doppler imaging

**Video 3.** A three-dimensional TEE shows the shunt flow into the right atrium through fenestration

**Video 4.** A three-dimensional TEE shows the shunt flow passing through the central fenestration from the left atrial view

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DOI:10.14744/AnatolJCardiol.2020.05949

