Blade Balloon Septostomy to Enlarge a Restrictive Atrial Septal Defect in Infants under 6 Months: Immediate and Medium-Term Outcomes

HORACIO J. FAELLMTSAC

A well-known command used in a popular Argentine comedy show on TV from long ago, “Break it, Pepe!” [(¡Rompé, Pepe!)] has currently become topical with this procedure performed by Alejandro Peirone et al, (1) since it is necessary to cause rupture lines in a resistant septum to obtain an effective diameter that allows proper mixing, and thus achieve patient survival.

Unfortunately, the cutting balloon device has been designed for use in adult patients, since the material we usually use has been manufactured for that age group. The market of congenital heart defects is highly reduced, and therefore, unprofitable. There is only one company –located in the United States– that produces catheters and balloons for procedures in children (NuMed), hence we have to know the products for adults and imagine in what way they may be useful for our pediatric patients.

That is why the paper published by this productive group from Córdoba city has a remarkable importance for the development of interventional cardiology in congenital heart defects. (2-6)

Whenever we have a case of restrictive atrial septal defect that is insufficient to maintain adequate arterial oxygen saturation and cardiac output, we use different techniques, often ineffective, to obtain a non-restrictive orifice that allows for the child survival. (7-11)

The use of blade balloon septostomy is an interesting method to be added to our therapeutic armamentarium.

More than 20 years ago, we drew attention about this group of patients with another type of method, (12) which is mentioned in the work by Peirone et al.

I congratulate the authors, who have got us used to descriptions of creative techniques to solve difficult problems. I also congratulate Dr. Luis Alday, ex President of the Argentine Society of Cardiology (SAC), who has developed a school of international scope in the central region of our country. Thank you to Dr. Peirone, who returned to Córdoba after his training in Toronto, Canada, to provide his expertise to the development of our specialty. My gratitude to the Children’s Hospital in Córdoba, always at the forefront of publications on congenital heart defects.

I wish they will all continue on this successful path.

BIBLIOGRAPHY