A 37-year-old woman was referred for evaluation of a cardiac murmur. On physical examination, a continuous machinery murmur (grade 5/6) was heard at the left-upper side of the sternal border. An echocardiogram showed continuous flow between the descending aorta and pulmonary artery. Cardiac catheterization showed no pulmonary hypertension. The left anterior oblique (LAO)-cranial view...
Figure 2. Intravascular ultrasound images of the PDA. The longest diameter of the PDA measured 7.7 mm (C).

of the aortogram showed a patent ductus arteriosus (PDA) (arrow in Fig. 1) between the descending aorta (Ao) and main pulmonary artery (MPA). For accurate sizing of the PDA, intravascular ultrasound (IVUS) was performed using an EagleEye Gold® (Volcano) catheter over a standard 0.014" percutaneous transluminal coronary angioplasty (PTCA) guidewire and a 5 French straight-type Heartrail™ (Terumo) guiding catheter (Fig. 2). The longest diameter of the PDA measured 7.7 mm (Fig. 2C), so percutaneous closure of the PDA was performed using an Amplatzer Duct Occluder® (AGA Medical) 12-10 mm. The final aortogram showed complete occlusion of the PDA (Fig. 3).
Figure 3. (A) An Amplatzer Duct Occluder (arrow) was positioned at the origin of the patent ductus arteriosus (PDA). (B) The final aortogram showed complete occlusion of the PDA.

REFERENCES