Double-lung transplantation followed by delayed percutaneous repair for atrial septal defect-associated pulmonary arterial hypertension

Pierre Gazengel[1,2,3], Sébastien Hascoët[2,3,4], Myriam Amsallem[2,3,5], Laurent Savale[2,3,6], David Montani[2,3,6], Olaf Mercier[1,2,3], Marc Humbert[2,3,6], Elie Fadel[1,2,3] and Jérôme Le Pavec[1,2,3]

[1]Service de Chirurgie Thoracique, Vasculaire et Transplantation Cardio-pulmonaire, Hôpital Marie-Lannelongue, Le Plessis-Robinson, France. [2]Université Paris-Saclay, Faculty of Medicine, Le Kremlin-Bicêtre, France. [3]INSERM UMR_S 999, Hôpital Marie Lannelongue, Le Plessis-Robinson, France. [4]Service de cardiopathie congénitale de l'enfant et de l'adulte, Hôpital Marie-Lannelongue, Le Plessis-Robinson, France. [5]Service de cardiologie, Hôpital Marie-Lannelongue, Le Plessis-Robinson, France. [6]Assistance Publique - Hôpitaux de Paris (AP-HP), Dept of Respiratory and Intensive Care Medicine, Hôpital Bicêtre, Le Kremlin-Bicêtre, France.

Corresponding author: Jérôme Le Pavec (lepavec@gmail.com)

Shareable abstract (@ERSpublications)
In pulmonary hypertension with right heart failure due to atrial septal defect, double-lung transplantation then percutaneous defect closure 3–6 months later compared favourably with the standard approach consisting of heart–lung transplantation https://bit.ly/3BjdLzw

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To the Editor:

Pulmonary arterial hypertension (PAH) is a rare but severe complication of unrepaired atrial septal defect (ASD) and appears to be among the strongest predictors of death in adults with Eisenmenger syndrome [1]. For decades, heart–lung transplantation (HLTx) has been considered the best treatment of last resort for patients with ASD-associated PAH and right ventricular failure. Nonetheless, over 25% of patients die within 1 year after the procedure [2]. In addition, severe organ shortages result in long waiting list times, during which the frequency of clinical deterioration or death exceeds 30% [3]. Double-lung transplantation (DLTx) with concomitant surgical cardiac-defect repair has been suggested as an attractive alternative for patients with ASD-associated PAH [4]. However, due to the limited number of patients with ASD-associated PAH treated by HLTx or DLTx, the available scientific evidence is insufficient to define the best strategy.