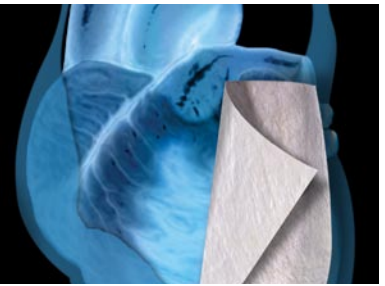


Septal Repair

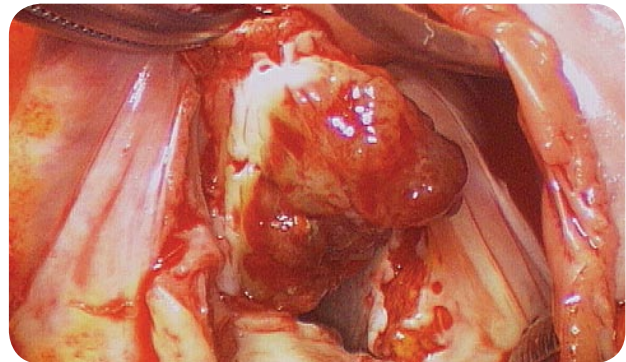
CASE REPORT



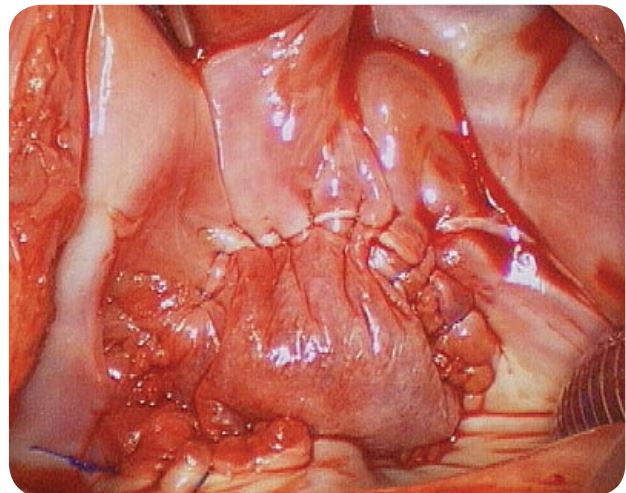
INSTITUTION: St. Francis Heart Center, Indianapolis, Indiana

SURGEON: Dr. Marc Gerdisch

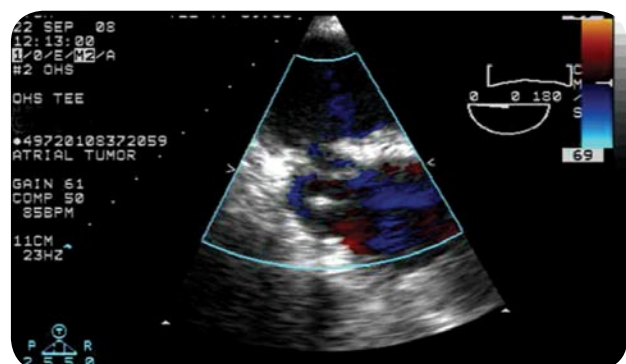
A 79 year old woman was diagnosed in January 2008 with ovarian cancer for which she underwent surgery and chemotherapy. Postoperatively she suffered a non-ST elevation MI. Cardiac catheterization did not reveal significant CAD, but echocardiography showed a 3.5x1.5cm broad-based left atrial mass extending up to the mitral valve and septal hypertrophy with SAM, moderate MR and an outflow gradient of 80mmHg. She was functional class III heart failure and would become dyspnic with walking 30 feet. She had a history of hypertension, CVA, chronic anemia and severe reactive airway disease. At surgery, a broad-based myxoma was resected and the septal repair was performed with the CorMatrix™ ECM for Cardiac Tissue Repair. A septal myomectomy was performed as well. Post-operative echocardiography shows an intact septal patch, mild residual MR with no SAM and no residual LV outflow obstruction. Her post-operative course was complicated by heart block requiring permanent pace-maker implantation. The patient was discharged on POD 8. 6 weeks post-op, she was functional class I-II and the echo was stable.



Atrial Septal Myxoma Prior to Resection



Repair completed using the CorMatrix™ ECM Technology™



Intra-operative TEE shows an intact ECM atrial septal wall

