FOR IMMEDIATE RELEASE

New Guideline Aims to Optimize Imaging Strategies for “Holes in the Heart”

Morrisville, NC, July 31, 2015 – One of the most common types of congenital heart defects is a “hole in the heart.” In fact, nearly one in four adults have one type of defect called a patent foramen ovale (PFO), a small hole between chambers which does not close fully after birth. In many cases, PFOs and other types of atrial septal defects (ASDs), or “holes in the heart,” are small and may not cause symptoms for years, if ever. But when these defects are larger, they may cause problems and often need to be repaired, either in childhood or adulthood. For instance, star NHL athlete Kris Letang was featured in a recent USA Today insert focused on cardiovascular health after suffering a stroke in 2014 at the age of 26, likely caused by a previously undiagnosed PFO.

In such cases, echocardiographic imaging is essential to make the diagnosis, determine the severity of the defect, determine the need for intervention, and in many cases guide the intervention as it is performed. A new document, Guidelines for the Echocardiographic Assessment of Atrial Septal Defect and Patent Foramen Ovale: From the American Society of Echocardiography and Society for Cardiac Angiography and Interventions, which describes the various defects, the modalities used to evaluate them, and clearly lays out strategies for optimal imaging, will appear in the August 2015 issue of the Journal of the American Society of Echocardiography (JASE).

The writing group for this guideline was chaired by Frank E. Silvestry, MD, FASE, Associate Professor of Medicine, and Director of the Cardiovascular Disease Fellowship at the University of Pennsylvania, in Philadelphia, Pennsylvania. Dr. Silvestry noted, “This collaboration between the ASE and SCAI represents a tremendous step forward in defining and standardizing the echocardiographic imaging of patients with atrial septal abnormalities. It represents a unique collaborative effort between adult and pediatric cardiologists, including both imagers and interventionalists, and will serve as a tremendous resource for all interested in this area.”

The paper describes the different types of atrial septal abnormalities in detail, and also fully outlines the advantages and disadvantages for each type of echocardiography that may be employed: transthoracic echo (TTE), transesophageal echo (TEE), three-dimensional echo (3DE), intracardiac echo (ICE), Doppler echo, and transcranial Doppler (TCD). The document contains over 50 figures, 10 tables, and 28 videos, which include imaging protocols, strategies for overall evaluation, and recommendations for guidance and follow-up imaging after various interventions.

In conjunction with the publication of the guideline document, Dr. Silvestry will conduct a live webinar, including a question and answer section, on September 30, 2015 at 5:00 pm ET, which will be available for free to all ASE members and open to all other clinicians for the low fee of $25. This webinar, and all ASE-hosted web sessions, are archived on www.ASEUniversity.org to facilitate education for those who cannot attend the live webcast.
The full guideline document is available on the Journal of American Society of Echocardiography (JASE) website (www.onlinejase.com). This document and all ASE Guideline documents are also available to the medical community at www.asecho.org/guidelines.

As the largest global organization for cardiovascular ultrasound imaging, the American Society of Echocardiography (ASE) is the leader and advocate, setting practice standards and guidelines. Comprised of over 16,000 physicians, sonographers, nurses, and scientists, ASE is a strong voice providing guidance, expertise, and education to its members with a commitment to improving the practice of ultrasound and imaging of the heart and cardiovascular system for better patient outcomes. For more information about ASE, visit www.asecho.org or ASE's public information site, www.SeeMyHeart.org.

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