A 57-year-old woman had a patent foramen ovale ovale percutaneous closure with an 18 mm Amplatzer™ device for recurrent ischemic strokes. Ten years later, balloon cryoablation of pulmonary veins for paroxysmal atrial fibrillation was indicated. Transeosophageal echocardiography (TEE)-guided puncture of the interatrial septum was achieved at a postero-inferior level of the closure device location (figure). Electrical isolation was successful.

This case shows feasibility of a transeptal approach where a PFO occluder has been previously placed. A larger closure device would probably suppose a more challenging situation. Cardiac magnetic resonance represents the first step approach for this kind of situations, but periprocedural TEE is the essential tool. 3D echo imaging (panel A) yielded much more precision than 2D in order to select the optimal target for the puncture, which should be as much centered as possible avoiding the device.