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UPDATED CRITERIA FOR CLOSURE OF PATENT FORAMEN OVALE IN PATIENTS WITH CRYPTOGENIC STROKE - ARE THEY ALSO VALID FOR PILOTS?

CRITERES ACTUALISES POUR LA FERMETURE DU FORAMEN OVALE PERMEABLE CHEZ LES PATIENTS AVEC ACCIDENT VASCULAIRE CEREBRAL - SONT-ILS AUSSI APPLICABLES CHEZ LES PILOTES?

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Background: A patent foramen ovale (PFO) is a risk factor for paradoxical ischemic stroke. Because of a high prevalence of PFO in the general population, it is difficult to prove a causal relationship between PFO and stroke. Percutaneous closure of PFO has been debated for more than a decade in ischemic stroke of unknown etiology, and no significant benefit has been demonstrated until recently. Three long term follow-up trials published in 2017 clarified this issue.

Case report: A 54 year-old man asked for an initial EASA-class 2-Medical. He had multiple examinations four years ago because of a transient ischemic attack. A PFO with a grade III right to left shunt and a mild hereditary thrombophilia were found. A closure of the PFO was not performed. He had annual cardiological examinations. A Swiss Civil Aviation Authority cardiology expert recommended reanalysis. Transesophageal echocardiography confirmed the previous findings. Closure of the PFO was regarded as indicated, considering the newest literature data. The closure was performed by implanting a 25 mm Amplatzer PFO-device. Two months later a medical certificate will be issued after a follow-up without any complications.

Discussion/Conclusion: Newest scientific data show that percutaneous closure of PFO is beneficial and safe for a defined class of patients with cryptogenic stroke. Fitness to fly must not be limited per se in pilots undergoing this procedure.