

Percutaneous transluminal septal myocardial ablation for hypertrophic obstructive cardiomyopathy through the anomalous septal branch

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Introduction Percutaneous transluminal septal myocardial ablation (PTSMA) has become an important treatment for symptomatic patients with hypertrophic obstructive cardiomyopathy (HOCM) despite maximal medical therapy. The target septal artery usually arises from the left ascending artery. However, when we encounter anomalous septal branches, we need to explore the target septal branch arteries including any anomalous branches that feed the hypertrophic septal myocardium causing left ventricular outflow tract obstruction. **Methods and results** Overall, 173 consecutive patients (211 procedure) with PTSMA for HOCM were enrolled. Among them, 13 patients (13 procedures) presented with anomalous branches that feed the hypertrophic septal myocardium. We evaluated the basement characteristics, echocardiography features and angiographic features as well as symptoms and outcomes after procedures in this series case review. **Conclusions** Present study highlights that anomalous septal branches should be sought as an alternative route for PTSMA in cases without an effective septal branch arteries arising from the left anterior descending artery. It may improve response rates and overall outcomes for patients with hypertrophic obstructive cardiomyopathy.