Patent Foramen Ovale
Take home message

- The diagnosis of PFO should be made during the pre-operative evaluation of lung transplantation and reassessed on TEE immediately after anesthetic induction (under positive pressure ventilation), before ECMO is started. The test is sensitized by the Valsalva maneuver
  - Ultrasound tools to detect a PFO include TTE, TEE, and transcranial doppler.
- The presence of a PFO depends, among other things, on the loading conditions of the right cavities and the right/left gradient. Thus, a PFO may appear secondarily in the event of elevated pressures in the right cavities, and in the opposite disappear in case of decreased pressure.
- The PFO should be considered as a valve for right cavity pressures, especially if there is pulmonary hypertension.
- In exceptional cases, PFO requires surgical or percutaneous closure before lung transplantation. It can be proposed in case of refractory hypoxemia, or a deep venous thrombosis.
- The significant advantage of knowing that PFO exists lies in its implication in the hypoxemia it causes. It is a differential diagnosis in the event of collapsed PaO2/FiO2. Decreased intrathoracic pressures will eventually allow it to close, thereby increasing oxygenation.