Postgraduate Course Video Session

Postgraduate Course Video Session (III-PCV)

Complex BVR Video Session - Callenges and technical solutions -

Chair:Tadashi Ikeda(Department of Cardiovascular Surgery, Kyoto University Graduate School of Medicine, Japan)
Chair:Shingo Kasahara(Department of Cardiovascular Surgery, Okayama University, Japan)
Sun. Jul 9, 2017 3:10 PM - 5:00 PM ROOM 3 (Exhibition and Event Hall Room 3)

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[III-PCV-01]PA VSD PDA - Neontal Rastelli

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Keywords: tetralogy of Fallot, pulmonary atresia, right ventricle pulmonary artery conduit

Patients with TOF with pulmonary atresia may have an wide spectrum of severity ranging from simple valvar atresia to complete absence of true pulmonary arteries. There is great variability in the anatomy of the true pulmonary arteries in those patients. At mild end of the spectrum, pulmonary blood flow is usually supplied by a PDA. The branch pulmonary arteries are normally developed. Looking at the clinical features, those patients are ductal dependent and will present a profound degree of cyanosis after birth when the ductus closes. Therefore, it is essential that a surgical procedure be undertaken in the newborn period. For those patients, surgical managements include staged and early primary repair. One-stage repair for those include intracardiac repair and RVOT reconstruction. The techniques of RVOT reconstruction are individualized according to the RVOT anatomy. For those with simple valvar atresia, trans-junctional patch reconstruction is possible to maintain the RV- PA continuity. For those with the unfavorable anatomy, however, RVOT reconstruction should be established by interposition of a conduit between the RV and PA. Until recently, the conduit suitable for those has been various homografts. These conduits are limitedly available in our situations. Since 2004, 29 neonates with TOF PA PDA underwent one-stage repair in our hospital and 12 (41%) of whom had valveless autopericardial RV-PA conduit for RVOT reconstruction. In this lecture, I would like introduce our treatment strategy in those neonates and share our experience of this conduit.