
Expert Special Lecture

Expert Special Lecture (II-AEPCJS-S)

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[II-AEPCJS-S]Initial palliation of cyanotic right heart lesions - a European perspective

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Over the past 3 decades there have been very significant advances in the surgical management of cyanotic right heart lesions. Although surgical single stage complete repair would be the desired option, this is currently not widespread practice in Europe. Recent multicenter studies suggested that staged repair of Fallot remains associated with better short and long-term outcome. Management of pulmonary atresia, VSD and MAPCAs is mostly a staged surgical procedure leading to a biventricular circulation, whereas a great number of patients with cyanotic right heart lesions are on a staged univentricular pathway.

Thus, the initial surgical or catheter palliation of a large proportion of patients born with cyanotic right heart lesions remains essential. The Blalock-Taussig shunt has been the mainstay of surgical palliation over the past 70 years. Still, it continues to have very high mortality and morbidity rates. This, is largely due to the haemodynamic changes after creation of a systemic arterial shunt. Newer catheter interventional techniques such as pulmonary valve perforation, ductus or right ventricular outflow tract stenting have evolved dramatically over the last 30 years. These techniques are now frequently being used as an alternative to systemic shunts, representing the current first choice approach in Europe. At the same time, there has been the introduction of newer surgical procedures, such as patch augmentation of the atretic right ventricular outflow tract or the insertion of a limited RV-PA conduit.

Many developments originated initially in Europe and then were perfected in Asia, with its much higher incidence of cyanotic right heart lesions and different access to health care resources.

This has been an exciting journey!

We now have longitudinal and comparative outcome data on these various surgical and catheter palliative procedures to discuss changing clinical practice and current best approach.