

## P-151

### Fallot repair in adulthood. Surgical results and medium follow-up.

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Objectives: Evaluate the surgical risk and late benefits in Fallot patients repaired at age >18 years.

Material and Methods: 27 patients operated in 2 hospitals, between 1993 and 2010. Retrospective study of the patient's clinical reports. The statistical analysis was done with SPSS-15.0.

Results: 55% males, 30% right aortic arch, 48% had ASD. The diagnoses were PE+VSD: 3;

DCRV+VSD: 10; Fallot: 11, DORV Fallot type: 2; PA+VSD: 1. Prior palliative surgery 26%.

Preoperative NYHA status  $\geq$  III 59%. Preoperative arrhythmias 26%. SaO<sub>2</sub>: 91% +/- 7; hematocrit 50 +/- 11. Ten patients were cyanotic.

RV-PA preoperative ECO gradient: 95 mmHg +/- 34. PR and TR is absent or mild in 96%. RV function: normal 74%, mild dysfunction 15%, moderate 7%, severe 4%. Catheterization in 23 patients: RV-PA gradient 81 +/- 33 mmHg. Mean systolic and diastolic RV pressure were 116/12 mmHg; systolic pulmonary pressure 33 +/- 15 mmHg. Cardio MR in 10 patients.

Indication for surgery: in asymptomatic patients peak/mean ECO gradients > 60/40 mmHg and in symptomatic > 50/30. CPB and aortic cross-clamp time were 121 +/- 40 and 88 +/- 39 minutes. The VSD was closed in 52% via RA, 41% via RV and 7% via the aorta. Pulmonary annulus was preserved in 68%, pulmonary bioprosthesis 18%, 11% transannular patch. Associated surgery: 2 aortic prostheses and 3 valvuloplasty (1 aortic, 1 mitral, 1 tricuspid)

No hospital mortality. Intubation time: 16 hours +/- 49, intensive care stay 3 +/- 2 days, hospital stay 14 +/- 7 days. Mean follow-up was 7 years (0.5 to 17). There has not been late mortality. One patient required interventional catheterization for stenting RPA and 3 needed reoperation: residual VSD, pulmonary bioprosthesis + residual VSD and tricuspid bioprosthesis.

Actual functional class is  $\leq$  II: 96%; 52% have no medical treatment. PA-RV ECO gradient: 21 +/- 14 mmHg.

Conclusions: Fallot repair in adulthood is performed in our hospitals without hospital mortality. The long-term survival is excellent, with 11% reoperation in late follow-up. In DORV Fallot type and TOF the percentage of pulmonary annulus conservation is superior to the children's series. Pulmonary bioprosthesis improve postoperative course when transannular surgery is required