ADULT LIFE REOPERATIONS IN FALLOT PATIENTS WITH CORRECTIVE SURGERY DURING CHILDHOOD.

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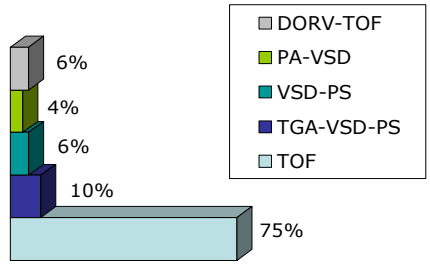
OBJECTIVES: IN OUR GROWN UP CONGENITAL HEART (GUCH) UNIT ARE CURRENTLY FOLLOWED 264 PATIENTS WITH FALLOT CORRECTIVE SURGERY DURING CHILDHOOD. WE ANALYZE LATE REOPERATIONS (REDO) DURING ADULTHOOD IN THIS GROUP AND PRESENT THE LONG TERM EVOLUTION OF THESE PATIENTS.

MATERIAL & METHODS: RETROSPECTIVE STUDY FROM CLINICAL REPORTS OF 51 REDO IN 49 PATIENTS. STATISTICAL ANALYSIS WAS DONE WITH SPSS-15.0.

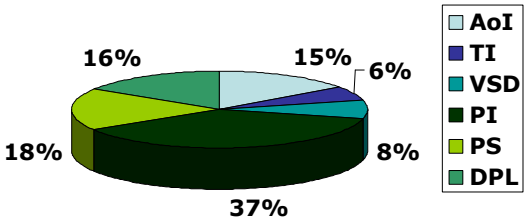
RESULTS:

- MEAN AGE: 30 +/- 9 YEARS (Y), 71% MALES
- NUMBER OF PREVIOUS SURGERIES PER PATIENT: 2 +/- 1 (51% CORRECTION, 49% PALLIATION + CORRECTION)
- MEAN TIME INTERVAL BETWEEN CORRECTIVE SURGERY AND REDO: 23 +/- 9 Y.

CLINICAL DIAGNOSIS

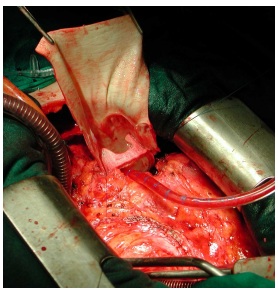


MAIN INDICATIONS FOR SURGERY

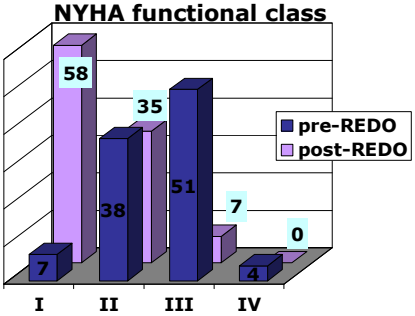


AoI: aortic insufficiency, TI: tricuspid insufficiency, VSD: ventricular septal defect, PI: pulmonary insufficiency, PS: pulmonary stenosis, DLP:double pulmonary lesion

- PREOPERATIVE FUNCTIONAL NYHA CLASS: I (7%), II (38%), III (51%), IV (4%).
- ARRHYTHMIA WAS PRESENT IN 47%.
- REDO WERE DONE WITH EXTRACORPOREAL CIRCULATION AND MODERATE HYPOTHERMIA, FEMORAL CANNULATION WAS USED IN 60%, AORTA WAS NOT CLAMPED IN 29%.
- SURGICAL TECHNIQUES:
  - 75% PATIENTS RECEIVED A PULMONARY PROSTHESES
  - 47% UNDERWENT SEPTAL DEFECT CLOSURE
  - 24% HAD SURGERY ON THE TRICUSPID VALVE
  - 22% RECEIVED AN AORTIC PROSTHESES
  - 12% HAD A MAZE PROCEDURE.



NYHA functional class



- HOSPITAL MORTALITY: 5,9% (3 PATIENTS)
- MEAN POSTOPERATIVE INTUBATION TIME: 16 +/- 22 HOURS
- MEAN INTENSIVE CARE UNIT STAY: 3 +/- 2 DAYS
- MEAN HOSPITAL STAY: 12 +/- 8 DAYS.
- MEAN FOLLOW UP AFTER THE REDO: 4,3 +/- 4,5 Y.
- DURING THIS PERIOD:
  - LATE MORTALITY: 2 PATIENTS (4,3%)
  - PERCUTANEOUS ANGIOPLASTY: 2 PATIENTS (4,5%)
  - NEW SURGICAL REINTERVENTION: 2 PATIENTS (4,5%) .

CONCLUSIONS:

- FALLOT CORRECTIVE SURGERY DURING CHILDHOOD SHOWS GOOD PROGNOSIS IN THE LONG TERM, BUT SOME PATIENTS (18%) WILL NEED REOPERATIONS ALONG THEIR ADULT LIVES.
- PRINCIPAL INDICATIONS FOR REINTERVENTION ARE PULMONARY REGURGITATION AND/OR STENOSIS, NEEDING THE INTERPOSITION OF A BIOPROSTHESES.
- REOPERATIONS IN THESE PATIENTS IN OUR UNIT CAN BE ACHIEVED WITH GOOD RESULTS AND LOW MORTALITY AT SHORT AND LONG TERM.

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