

Postoperative outcomes and type of re-interventions after correction of truncus arteriosus (TA) in children. Long term follow-up.

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Background: TA is an uncommon heart defect with frequent post-operative re-interventions-requiring anomalies. Objective: A retrospective analysis of post-operative abnormalities and type of implemented therapy in post-TA correction pts.

Material/methods. Among 52 TA infants (nine with IAA) operated on in 1989-2012, with the median age of 1.4 months and median body weight of 3.5 kg, there were 11 (21%) early deaths, all in the years 1989-2003. Four other pts died on average 4.8+/-4.3 years post-correction from non-cardiac problems (n=3) and after re-operation (n=1). Follow-up of the remaining 37 pts was 10±6.0 years before discharging to adult cardiologists at 18 years of age. Results: Significant postoperative problems were found in 29 post-cardiac catheterization pts $x=3.2\pm 3.1$ years after correction. Fourteen pts had interventional procedures, such as balloon aortic angioplasty for isthmus stenosis in six (TA and IAA pts) and angioplasty of right/left or both pulmonary arteries stenosis in 12. One patient had obturative pulmonary hypertension. Fourteen further pts underwent re-operations (a hybrid procedure with stent implantation into the stenotic pulmonary arteries-2) on the average 4.1+/-3.8 years post-correction due to conduit failure (stenosis-8, aneurysm-1) in nine subjects, coexisting with left/right or both pulmonary branch stenosis in five, truncal valve dysfunction in two (replacement-1, valvuloplasty-1) and aortic arch stenosis in another two pts.

The 10-year survival in our study was 71.2%. Freedom from reoperation was 70%.

Conclusions. During the last decade, we succeeded in achieving low early mortality; however, in follow-up, we noted a risk of late deaths and the necessity for relatively common re-interventions and re-operations.