PERCUTANEOUS INTERVENTION BY STENT IMPLANTATION IN AORTIC COARCTATION IN CHILDREN UNDER 30 KG

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INTRODUCCIÓN

There is wide experience in percutaneous implantation of stents for aortic coarctation (CoA) treatment in patients over 40kg.

Our aim was to describe results and evolution in younger population under 30 kg with (CoA) and recoarctation treated by stent implantation.

RESULTADOS

<table>
<thead>
<tr>
<th>GROUP I</th>
<th>GROUP II</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>19</td>
</tr>
<tr>
<td>Follow (years)</td>
<td>5.1 [0.16-9.7]</td>
</tr>
<tr>
<td>Age (years)</td>
<td>5.2 [0.02-8.1]</td>
</tr>
<tr>
<td>Sex M : F</td>
<td>3:1</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>17 [3.2-27.4]</td>
</tr>
</tbody>
</table>

CONCLUSION

• Percutaneous treatment of aortic coarctation with stent implantation has proved equally effective in patients <30kg in our series when compared with historical cohort of patients with higher weight.
• Also low weight of these patients was not related with higher rate of complications or percutaneous reintervention.

METODOS

Retrospective review of all patients with native coarctation and recoarctation treated percutaneously by stent implantation in our centre between 2004 and 2015. Patients <30 kg (Group I) were compared with historical cohort of patients >30 kg (Grupo II) in our centre.

No significant differences in residual systolic gradient were found between two groups.

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Coarctation diameter was standardized with the descendent aortic diameter ratio CoA/Dao.

In both groups a significant elevation of this ratio was observed.

• None patient in both groups needed further surgery related to stent implantation.
• No significant differences were found in the rate of percutaneous reintervention (38.5% vs. 32.3%).
• No significant differences were saw between groups in in time until first stent redilatation (3.5 vs. 2.5 years).

Both cases of secondary aneurysm were successfully resolved with covered stent implantation.