accurate assessment of right ventricle (RV) size is important in treatment and follow up of congenital heart disease. The aim of the study was to assess the predictive value of RV Z-score diameters in identifying enlarged RV in postoperated Tetralogy of Fallot patients (PTF) according to indexed end-diastolic volumes (RVDVi) from cardiac magnetic resonance (CMR).

METHODS:
50 PTF were enrolled (24 patients with RVDVi ≤110 ml/m², 16 had 111-150 and 10 were ≥150). RV end-diastolic diameters (basal, medial and longitudinal) were measured. These parameters were tested against RV diameter’s Z-score made with a 641 healthy pediatric patients cohort (0-18 years), using body surface area (BSA, Haycock formula) and satisfying the assumption of homoscedasticity and normality of residuals, also considering confounders as gender and inter/intraobserver variability when computed.

RESULTS:
PTF mean age was 11 ± 5 years, mean BSA was 1.1 ± 0.4 m², mean RVDV was 118 ± 38 ml/m², mean Z-score for basal diameter was 36 ± 7.6 mm, for midcavity was 34 ± 6.7 mm and for longitudinal diameter 70 ± 12 mm. There was weak correlation between diameters and VDVDi (Rho Spearman < 33%). But Z-scores diameters in ROC curves showed a very good discriminating capacity with AUC >0.8, able to determine which RV were normal sized and which were not (dilated PTF).

A cut-off point of > +2 z-score provided high specificity (> 97%).

CONCLUSIONS:
diagnostic validity of RV diameters Z score to discriminate between normal and dilated RV was significant. RV diameters Z score can accurately predict RV enlargement in PTF patients. As therapeutic decisions may depend on RV progressive dilatation, we offer an easy tool to guide follow up and decision making in PTF children.

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