

MP3-13

Is it really worthy an early complete repair in a Fallot situation?

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Objectives:The precise moment of surgery of a Fallot situation (FS) is still nowadays a controversy. We compare 2 groups of patients who underwent complete repair (CR) before/after 90 days (90d) of life. Differences in mortality, morbidity and need of redo were analysed.

Methods: A retrospective study of all patients under 18 years with CR of FS in our centre was held, between January 2007 and October 2016, dividing them in \geq / $<$ 90d. SPSS 20.2 was used.

Results: 130 CR, 27 (21%) \leq 90d (10 newborn). No differences between genders. Median age in CR: 1,5 (0,8-2,4) months versus 6 (5-9). Median weights: 3,9 \pm 1,2kg versus 7,3 \pm 2,8. Diagnoses in **Table 1**. Prenatal diagnosis: 37% in \leq 90d versus 11% $>$ 90d ($p=0,002$). Patent ductus: 40% in \leq 90d (63% prostaglandins dependence) versus 10% $>$ 90d ($p<0,001$). Previous palliation: 21 (9 modified Blalock-Taussig, 12 hemicorrections). Previous palliation in \leq 90d 4%, versus 19% in $>$ 90d. There has been no palliation in the last 3 years. Type of surgery in **Table 2**. Cardiopulmonary bypass times (minutes): 122 \pm 24 in \leq 90d versus 136 \pm 31 in $>$ 90d ($p=0,03$) and aortic cross clamp time (minutes): 86 \pm 18 in \leq 90d versus 99 \pm 22 in $>$ 90d ($p=0,005$). Differences in intubation times (hours), 107(77-217) in \leq 90d versus 24(5-108) in $>$ 90d ($p=0,003$); intensive care unit (ICU) (days), 11(7-22) in \leq 90d versus 7(5-12) in $>$ 90d ($p<0,001$) and hospitalization (days), 19(14-38) in \leq 90d versus 12(8-20) in $>$ 90d ($p<0,001$). Overall mortality: 2(1,5%). 1(3,7%) in \leq 90d versus 1(1%) in $>$ 90d, without statistical differences. No newborn mortality. Complications: 70% in \leq 90d versus 43% in $>$ 90d ($p=0,01$). Type of complications, **Table 3**. Follow up (years): 3,9 \pm 2,5 in \leq 90d versus 3,7 \pm 2,7 in $>$ 90d. No differences in late mortality: 1(3,8%) in \leq 90d versus 0% $>$ 90d, or need of redo during follow-up: 1(3,8%) in \leq 90d versus 8(7,8%) in $>$ 90d.

Conclusions: In our experience, CR in FS before and after 90d (newborn included) has no differences regarding inhospital mortality; however it does in intubation times, ICU days and hospital stay, as well as complications. There are no differences in mortality or need of redo during follow-up. We will postpone elective CR until $>$ 90d, keeping early CR for symptomatic patients.

Table 1. DIAGNOSES	RC \leq 90 days (n = 27)	RC > 90 days (n = 103)
TOF	78 %	79%
TOF AVP	0%	3%
DORV TOF	11%	5%
VSD+PA	7%	8%
VSD+PS	4%	2%
DCRV+VSD	0%	3%

Table 2. TYPE OF SURGERY.	RC \leq 90 days (n = 27)	RC > 90 days (n = 103)
Transannular	90%	78%
Infraannular	7%	9%
RA-PA Surgery	4%	11%
Conduit	0%	2%

Table 3. COMPLICATIONS.	RC \leq 90 d	RC > 90 d	p value
Delayed sternum closure	30%	7%	$p=0,004$
ECMO	4%	2%	n.s
JET	22%	15%	n.s
Pacemaker	4%	2%	n.s
Pleural/peritoneal effusion	22%	22%	n.s
Dialysis	22%	10%	n.s
Inhospital infection	22%	10%	n.s
Inhospital redo	26%	11%	$p=0,041$