P-230

Series of Cases of Coronary Anomaly with Origin in Pulmonary Artery in Children

Damonte M., Rocchia F., Juaneda E., Juaneda I., Peirone A.
Hospital de Niños, Cordoba, Argentina

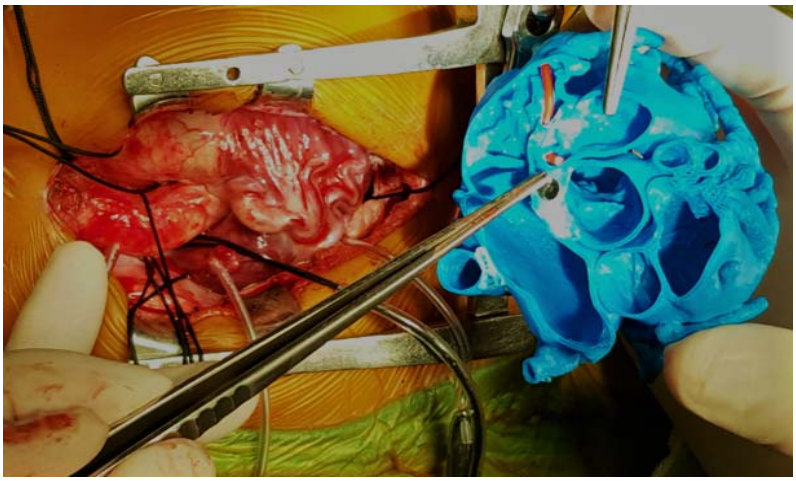
Introduction: Coronary artery anomalies occur in 1.3% of the population. The anomalous origin of the coronary artery from the pulmonary artery is a subtype of these anomalies (ACAPA). The left coronary artery anomaly (ALCAPA) occurs in 0.25-0.5% of congenital heart diseases and the right coronary artery (ARCAPA) occurs in 0.022%.Objectives: Presentation of a series of ACAPA cases in the last two years.
Methods: We retrospectively studied the cases of children from 1 month to 16 years with diagnosis and surgical treatment of ACAPA from 2016-2018 in Children's Hospital of the Santisima Trinidad de Córdoba.

Results: 4 patients, from 5 ms to 11 years of female sex (table 1)

	Patient 1	Patient 2	Patient 3	Patient 4
Age	5 mth	8 mth	8 mth	11 years
Diagnostic	ARCAPA	ALCAPA	ALCAPA	ALCAPA
Clinics findings	Asyntomatc	Asyntomatic	Heart faliure	Heart faliure
ECG	Normal	Normal	HLV	Subendocardal ischemia
Systolic funtion of LV	Normal	Normal	Severe dysfunction	Mild disfuntion
Echocardiogram			Mild MR and fibroeslatosis	Moderate MR y fibroelastosis
TC with 3D reconstructon	yes	yes	No	No

Table 1: Comparison of population and results of patients studied. Angiography: Provided data on collaterals and dilation of the coronary artery of normal origin. All patients underwent surgery with coronary reimplantation, with good results

Conclusions: Given the high mortality of patients with ACAPA in pediatrics and the current good surgical results (83%) (Walsh et al), early diagnosis and high clinical-electro and echocardiographic suspicion are crucial for any patient with symptoms of irritability or dyspnea and continuous murmur or persistence of it after surgical correction of ductus, alterations in the ST and / or presence of heart failure accompanied by dilated cardiomyopathy



3D Anatomy de ALCAPA during the surgery