

シンポジウム

## シンポジウム17

### PA/IVSの治療戦略 これからの小児科・外科のコラボレーション

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### [III-S17-07]Growth of Right-sided Heart Structures is An Important Predictor for Achieving Biventricular or 1+1/2

#### Ventricular Repair in Patients with PA/IVS

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Purpose: To aim a growth of right-sided heart structures, our choice of the first palliation for patients with PA/IVS includes modified BTS with pulmonary valvotomy. We sought to analyze the impact of the first palliation on the growth of right-sided heart and factors associated with a choice of definitive surgical procedure. Methods: 50 patients with PA/IVS who underwent a staged surgical approach were retrospectively reviewed. Results: 6 (12%) patients died after 1st palliation or inter-stage. 30 patients achieved a biventricular repair (BVR group), 6 patients had a 1+1/2 ventricular repair (1+1/2V group), and 5 patients had Fontan completion (Fontan group). After pulmonary modified BTS with pulmonary valvotomy, normalized tricuspid valve diameter did not increase in any of group (BVR: pre 80% vs. post 83%, 1+1/2V: pre 63% vs. post 51%, Fontan: pre 57% vs. post 49%). Normalized RVEDV increased in only BVR group (BVR: pre 32% vs. post 64%, 1+1/2V: pre 43% vs. post 42%, Fontan: pre 29% vs. post 32%). Major coronary artery fistula was a strong factor with proceeding single-ventricle palliation (BVR 4/30 (13%) patients, 1+1/2V 1/6 (17%), and Fontan 4/5 (80%). Conclusions: TV growth was not obtained by modified BTS with pulmonary valvotomy, therefore TV size at birth appeared to be an predictor for achieving BVR. Proportionate RV growth was seen only in patients achieved BVR. However, RV growth was not seen in patients having 1+1/2 ventricular repair. Major coronary artery fistula was a strong predictor for proceeding single-ventricle palliation.