

AP Target Symposium

AP Target Symposium 1 (I-APT1)

Dealing with the borderline Left Ventricle - What are the requirements for biventricular circulation, and how to get there?

Chair: Kim Sung-Hae (Pediatric Cardiology, Shizuoka Children's Hospital, Japan)

Chair: Bing Jia (Department of Pediatric Cardiology, Fudan University, Shanghai, China)

Fri. Jul 7, 2017 2:35 PM - 4:05 PM ROOM 3 (Exhibition and Event Hall Room 3)

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[I-APT1-05] Role of Norwood procedure or bilateral pulmonary artery banding for biventricular repair in hypoplastic left heart complex

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Background: Hypoplastic left heart syndrome (HLHS) is a spectrum of structural cardiac malformations characterized by variable underdevelopment of the left heart syndrome.

Hypoplastic left heart complex (HLHC) is widely understood as the structural milder cardiac malformations than HLHS. These patients may be candidates for biventricular repair. Objective of this study was to assess the outcome of the biventricular approach in HLHC.

Method: Retrospective study of 9 HLHC patients who underwent biventricular repair. The cardiac dimensions (mitral and aortic valve annulus, left ventricular internal diastolic dimension) were measured before and after biventricular repair.

Results: There was no early and late mortality. Six cases were underwent Norwood procedure as a first palliation and three cases were underwent bilateral pulmonary artery banding as a first palliation.

Conclusions: Biventricular repair is successful in HLHC patients, even with preoperative mitral and LVEDd of 80 % of normal respectively. Inflow augmentation strategy (regulate ASD size, TAPVC repair etc.) makes LV grow. Norwood procedure or bilateral pulmonary artery banding as first palliation for HLHC attributes biventricular repair in selected cases.