Panel Discussion

Panel Discussion 1 (I-PD1)

Current Topics of Adult Congenital Heart Disease

Chair:Masahiro Kamada(Department of Pediatric Cardiology, Hiroshima City Hiroshima Citizen's Hospital, Japan)
Chair:Masaaki Kawada(Pediatric and Congenital Cardiovascular Surgery, Jichi Children's Medical Center Tochigi, Japan)
Fri. Jul 7, 2017 4:00 PM - 5:45 PM ROOM 1 (Exhibition and Event Hall Room 1)

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[I-PD1-06【Keynote Lecture】]Up to ten years experience with percutaneous pulmonary valve implantation

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Since the initial percutaneous pulmonary valve implantation in the year 2000, this catheter intervention has become the first line treatment option for suitable patients with right ventricular outflow tract (RVOT) dysfunction in many centres. We report on our >ten year experience with PPVI.
Since 12/2006 a total of 243 patients (female 87) were treated with percutaneous valves at various positions: pulmonic (220), tricuspid/mitral (21), TCPC (1), IVC in severe tricuspid regurgitation (1). A total of 220 Medtronic Melody valves and 23 Edwards Sapien valves (23 mm 4, 26 mm 12, 29 mm 7) were used. Median patient age was 19 years (range 4.1-78.9y), weight was 59 kg(18-176 kg). Diagnoses: TOF/PA+VSD 108, common arterial trunc 39, TGA after Rastelli 20, AoS after Ross 25, and miscellansous 51. The valves were placed in a bioprosthesis in 220 patients. A so called " native" RVOT was present in 21 pts. Nearly all patients had prestenting of the RVOT with a variety of stents. Periprocedural mortality was 2/220 (0.9%); one patient died after coronary arterial occlusion after successful resuscitation waiting for a cardiac transplantation and one patient died after rupture of a calcified homograft conduit rupture. During follow-up of 922 patient years 90% of all patients still live with the implanted valve; 15 valves had to be explanted due to endocarditis (8), outgrowth (7) and in six patients a valve in valve procedure was performed.
In conclusion PPVI can be performed after careful patients selection with a low periprocedural morbidity and mortality. Coronary compression and conduit rupture are the procedural hazards. Long-term results are promising.