

AP Target Symposium

AP Target Symposium 3 (II-APT3)

Dealing with congenitally corrected transposition of the great arteries - Efforts to minimize late development of systemic ventricular dysfunction

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Sat. Jul 8, 2017 10:15 AM - 11:45 AM ROOM 3 (Exhibition and Event Hall Room 3)

10:15 AM - 11:45 AM

[II-APT3-02]The late outcome of systemic right ventricle in congenitally corrected transposition of great arteries: Functional repair or anatomical repair

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The poor outcome of systemic right ventricle (RV) in congenitally corrected transposition of great arteries (ccTGA) is a well-known fact. Our strategy for the treatment of ccTGA is to place the left ventricle in a systemic position since 1990. The outcome is compared with the functional repair.

Patients and method: One hundred sixty one ccTGA patients with balanced ventricle were included in this retrospective non-randomized analysis. There were 81 patients with conventional repair including simple VSD closure or complex LV-PA conduit with interventricular rerouting. Seventy patients underwent double switch operation of either Senning/Mustard plus Jatene/Rastelli type operation. Ten patients underwent only pacemaker implantation or palliative surgery. **Results:** Survival rates in the conventional group were poor with 10, 20 and 30 year freedom from death after surgery of 75, 71 and 65%, respectively. The age at initial surgical intervention inversely correlated with the survival (expired 9 ± 16 vs survived 19 ± 20). The survival rate of simple tricuspid valve replacement in 22 patients (average 29 years old) were 91, 91 and 91% in 10, 20 and 30 years after the operation, respectively. Since 1997, the survival rates after double switch operation were 97 and 91.3% at 10 and 20 years, respectively. The median age at the initial surgical intervention was 1.8 year old. **Conclusion:** When earlier surgical intervention is needed, conventional repair only provide poor outcome. Earlier decision of treatment strategy may improve the clinical outcome of patients with ccTGA.