JCK Oral

JCK Oral 6 (II-JCKO6)

Long-term Outcome/ Heart Failure/Arrhythmia

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Sat. Jul 8, 2017 5:10 PM - 6:00 PM ROOM 3 (Exhibition and Event Hall Room 3)

5:10 PM - 6:00 PM

[II-JCKO6-05]The outcome of junctional ectopic tachycardia following repair of congenital heart defects

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Objective: To analyze the incidence and outcome of postoperative junctional ectopic tachycardia (JET) in children.Methods: We collected demographics and perioperative data in patients undergoing cardiac surgery from January 2015 to December 2016. All the patients with JET received the stepwise treatment beginning with surface cooling and continuous intravenous dexmedetomidine. The continuous intravenous amiodarone will be added if the heart rate was not controlled.Results: There were 26 JET cases (1.86%, 26/1395), including 16 cases of VSD, 6 TOF, 2 CoA+VSD, 1 Taussig - Bing+IAA and 1 TGA+VSD. The age was from 27 days to 8 months (median: 89.5d). The weight was from 3.8kg to 7.5kg (median: 5.7kg). The JET cases occurred most frequently in the infants younger than six months old (24/26, 92.31%), and with no occurrence in the children older than one year. No related death occurred in the JET cases. Four cases were controlled only under the treatment of cooling and continuous intravenous dexmedetomidine. Mean ventilation time increased from 18.5h to 75h amongst the cases without and with JET (P<0.05). Meanwhile, CICU stay increased from 2d to 7.5d when JET occurred (P<0.05). Conclusions: Postoperative JET is particularly frequent in young infants after congenital cardiac surgery and correlates with increased mechanical ventilation time and CICU stay. The strategy of postperative treatment will be beneficial. Aggressive treatment with cooling, dexmedetomidine with/without amiodarone is mandatory.