JCK Poster

JCK Poster 1 (II-JCKP1)
Basics/New Insights/Others

Chair:Tran Cong Bao Phung(Cardiology Department, Children Hospital 1, Ho Chi Minh City, VietNam)
Sat. Jul 8, 2017 6:15 PM - 7:15 PM Poster Presentation Area (Exhibition and Event Hall)

6:15 PM - 7:15 PM

[II-JCKP1-10]Successful double intraventricular reroutings and Dams Kaye Stansel anastomosis as Rastelli modification for rare formed double outlet right ventricle

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Fetus echocardiography detected her double outlet right ventricle (DORV) with subpulmonary ventricular septal defect (VSD) at the gestational age of 27 weeks. She was born at 38 weeks of gestational age by normal vaginal delivery, and the echocardiography diagnosed doubly committed VSD without pulmonary stenosis, however, multi-slice computed tomography (MSCT) suspected VSD was located at subaortic to subpulmonary area widely, but which was seemed to be divided by conus septum. Blloon atrial septectomy was preceded at the age of 11 days, then which was followed by pulmonary artery banding at the age of 15 days. MSCT was again performed at the age of 12 months, and 3D heart replica was made for surgical simulation. Aorta was located at posterior right side of pulmonary artery, so VSD must be located at subaortic area, but which was restrictive. Interestingly, large subpulmonary VSD was additionally existed and 2 VSDs were clearly divided by well-developed conus septum. After confirmation of sufficient size of both ventricular cavity at the age of 15 moths by cardiac cineangiography, intra-ventricular rerouting (IVR)s from subpulmonary VSD to native pulmonary valve and subaortic VSD to native aortic valve with expanded polytetrafluoroethylene patches, Damus-Kaye Stansel anastomosis, and placement of right ventricle to pulmonary artery conduit with 14mm Contegra® was performed as the complete biventricular repair. Postoperative course was uneventful, and echocardiography showed both ventricular functions were well preserved without both outflow tract obstructions.