Japanese Society of Pediatric Cardiology and Cardiac Surgery The 53rd Annual Meeting of Japanese Society of Pediatric Cardiology and Cardiac Surgery

JCK E-Oral Presentation

## JCK E-Oral Presentation 2 (III-JCKEOP02)

Chair:Atsuko Kato(Division of Cardiology, The Labatt Family Heart Centre, Department of Pediatrics, The Hospital for Sick Children, University of Toronto, Toronto, Canada)

Chair:Takaya Hoashi(Department of Pediatric Cardiovascular Surgery, National Cerebral and Cardiovascular Center, Suita, Japan)

Sun. Jul 9, 2017 1:00 PM - 2:00 PM E-Oral Presentation Area (Exhibition and Event Hall)

1:00 PM - 2:00 PM

## [III-JCKEOP02-08]Successful biventricular conversion late after primary one and one-half ventricle repair

<sup>O</sup>Takaya Hoashi<sup>1</sup>, Masataka Kitano<sup>2</sup>, Masatoshi Shimada<sup>1</sup>, Kenichi Kurosaki<sup>2</sup>, Hajime Ichikawa<sup>1</sup> (1.Department of Pediatric Cardiovascular Surgery, National Cerebral and Cardiovascular Center, Suita, Japan, 2.Department of Pediatric Cardiology, National Cerebral and Cardiovascular Center, Suita, Japan)

A six-year-old girl with unbalanced atrioventricular septal defect, hypoplastic right ventricle and severe common atrioventricular valve regurgitation developed patient-prosthetic mismatch. At six months old, she underwent primary one and one-half ventricle repair and replacement of left side atrioventricular valve. A catheter examination showed that her right ventricular end-diastolic volume increased from 39.4 ml/m<sup>2</sup> one year after the previous surgery, to 70 ml/m<sup>2</sup> at preoperative evaluation. Thus, at the timing of redo left side atrioventricular valve replacement, she was successfully converted to biventricular circulation. The postoperative course was uneventful, and the right atrial pressure was 7 mmHg before discharge.