JCK Oral

JCK Oral 7 (III-JCKO7)

Kawasaki Disease/General Cardiology 2

Chair: Mamoru Ayusawa (Department of Pediatrics and Child Health Nihon University school of Medicine & nbsp; Itabashi Hospital, Japan)

Chair:Lucy Youngmin Eun(Department of Pediatric Cardiology, Yonsei University, Seoul, Korea) Sun. Jul 9, 2017 10:15 AM - 11:05 AM ROOM 3 (Exhibition and Event Hall Room 3)

10:15 AM - 11:05 AM

[III-JCKO7-04]Coronary Artery Bypass Grafting in Children with Severe Coronary artery lesions after Kawasaki Disease

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Objectives Severe coronary artery lesions (CALs) in affected children after Kawasaki disease (KD) usually need further assessment and coronary artery bypass grafting(CABG). CABG is the most effective procedure for this consequence and essential in preventing premature death and improving the quality of life for children. The aim of this study was to evaluate the efficacy of CABG for the treatment of severe coronary artery lesions in children after KD.

Methods The subject of the study was 9 patients with giant coronary aneurysms after KD who underwent CABG between Aug 2005 and July 2016, including 7 boys and 2 girls, aged from 2y~14y.Body weight at operation ranged from 12.5 to 51 kg, with a media weight of 26kg. CALs were found by echocardiography (ECHO) and coronary artery angiography, all the 9 patients underwent CABG with left radial artery or/and left posterior descending artery.

Results There was only one hospital death. The remaining 8 patients received various combined medications. Dual antiplatelet medication therapy were used in all the 8 patients. There was no late deaths during the follow-up period. All patients can live a normal life and 6 are permitted most physical activities including long-distant swimming and running while other 2 are prohibited from strenuous exercise.

Conclusion CABG should be considered when myocardial ischemia was detected, and the patency rate is acceptable during the follow-up period.