

JCK Poster

JCK Poster 4 (III-JCKP4)

Cardiac Surgery

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

1:00 PM - 2:00 PM

[III-JCKP4-01] Extracardiac total cavopulmonary connection for patients with "apicobicaaval" juxtaposition

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Objective: The technical aspects of Fontan completion are complicated in certain situs anomalies such as both (superior and inferior) venae cavae and the apex are on the same side, which we call "apicobicaaval juxtaposition" in the present study.

Methods: Three functional single ventricle patients with "apicobicaaval juxtaposition" were retrospectively reviewed. The situs was inversus with both venae cavae and the apex on the same side (left) in all cases. The four pulmonary veins (PVs) normally drained into the right-sided left atrium. All patients underwent bidirectional Glenn procedure previously.

Results: All patients underwent total cavo-pulmonary connection (TCPC) at 2 years of age. During cardiopulmonary bypass, comprehensive dissection of the heart, especially between left-sided right atrium and the left PVs, reaching the Waterston groove, was performed. TCPC was completed with extracardiac conduit (16mm in size, without reinforced ring) on ipsilateral side in all patients. All patients' postoperative course was uneventful. Postoperative computed tomography and cardiac catheterization demonstrated no obstruction or deformity of the conduit or the PVs. Right atrium became reduction in size and deformed to surround the straight conduit. There was no death and no reoperation.

Conclusions:

In patients with "apicobicaaval" juxtaposition with normal PVs drainage, our technique makes it possible to place a short and straight extracardiac conduit between inferior vena cava to pulmonary artery without compressing the conduit or the PVs.