

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-JCKP4-04]Impact of Truncal valve stenoin sufficiency on the late outcomes after surgical interventions for Persistent Truncus Arteriosus

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Objectives. We sought to determine whether truncal valve stenoin sufficiency (TVS, TVI) at initial presentation is a significant risk factor for adverse outcomes after various surgical interventions for persistent truncus arteriosus (PTA). **Methods.** Retrospective review was performed for 34 patients with PTA who underwent surgery between June 1989 and March 2017. There were 14 patients who had either significant TVI (\geq II, n=3) or significant TVS (trans-valvar velocity \geq 3.0 m/s, n=9), or both (n=2). Initial surgical interventions were palliation in 13 and primary Rastelli-type repair (RTR) in 21. **Results.** Early mortality after initial operations occurred in 7 patients. Six patients underwent surgical interventions for TVI. Overall survival and freedom from death or surgical intervention for TVI at 5 years were $64.9 \pm 8.8\%$ and $48.4 \pm 9.2\%$, respectively. On Cox proportional Hazards model, TVI at initial presentation (HR: 4.23, 95% CI: 1.22-14.88 P=0.023) was a significant risk factor for adverse outcomes. Median flow velocity across the truncal valve decreased after RTR in patients with initial TVS (3.4 m/s to 1.8 m/s, P=0.001). Among the patients with significant TVI or TVS, 5-year-survival rate seemed higher in patients with initial palliation (83%) compared to the patients with initial RTR (50%) without statistical significance (P= 0.228). **Conclusions.** While TVS regresses after RTR, TVI at initial presentation leads to adverse composite outcome. Patients with significant TVI or TVS at initial presentation may benefit from initial palliation.