JCK Poster

JCK Poster 4 (III-JCKP4)

Cardiac Surgery

Chair:Khang Dang Cao(Department of Cardiovascular Surgery, University Medical Center, Vietnam) 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 stenoinsufficiency on the late outcomes after surgical interventions for Persistent Truncus Arteriosus

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Objectives. We sought to determine whether truncal valve stenoinsufficiency (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 (³ II, n=3) or significant TVS (trans-valvar velocity ³ 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.