

Thu. Jul 5, 2018

第1会場

海外招請講演

海外招請講演1 (I-IL01)

Transcatheter Treatment of Post Operative
Pulmonary Artery Stenosis & Pulmonary Valve
Dysfunction: development of a novel stent
& transcatheter pulmonary valve

座長: 富田 英 (昭和大学病院 小児循環器・成人先天性心疾患セン
ター)

5:40 PM - 6:20 PM 第1会場 (メインホール)

[I-IL01-01] Transcatheter Treatment of Post Operative
Pulmonary Artery Stenosis & Pulmonary
Valve Dysfunction: development of a novel
stent & transcatheter pulmonary valve
○ John P Cheatham (Nationwide Children's
Hospital)

第4会場

海外招請講演

海外招請講演2 (I-IL02)

座長: 前野 泰樹 (聖マリア病院 新生児科)

6:00 PM - 6:40 PM 第4会場 (303)

[I-IL02-01] TBA
○ Gurleen Sharland (Evelina Children's Hospital)

海外招請講演

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[I-IL01-01] Transcatheter Treatment of Post Operative Pulmonary Artery Stenosis & Pulmonary Valve Dysfunction: development of a novel stent & transcatheter pulmonary valve

○John P Cheatham (Nationwide Children's Hospital)

Pulmonary artery stenosis (PAS) is a relatively common problem after surgical correction of complex CHD, especially Tetralogy of Fallot. Treatment of PAS is performed in the cardiac catheterization laboratory. Balloon angioplasty was the initial treatment 1st performed in 1983. However, elastic recoil and risk of vessel injury made this therapy less satisfactory than balloon expandable stents (BES), which were introduced in 1988. There are basically 2 designs for BES: closed cell and open cell. Stents were composed of 316L stainless steel. However, a "hybrid" design may be more beneficial in patients with PAS. A hybrid cobalt-chromium PAS stent was designed and tested and is awaiting CFDA review. Bioresorbable stents are now being developed to improve results.

Transcatheter Pulmonary Valve (TPV) implant was 1st performed in 2000 and was the 1st transcatheter heart valve implanted in humans. This was initially used for dysfunctional RV-PA conduits and consisted of a bovine jugular vein valve sutured to a BES. However, ~77% of patients have RVOT reconstruction without a conduit and are left with severe PR. The 1st TPV for these patients was performed in 2009 and consisted of a cloth covered self-expandable stent (SES) with a porcine pericardial valve. There are currently clinical trials for TPV to treat severe PR in the US, Asia, and Europe. A new design for this TPV with porcine pericardium covering and valve is being tested in China. Ultimately, a tissue engineered TPV will be designed and may have a longer functional life than the current tissue valves.

海外招請講演

海外招請講演2 (I-IL02)

座長:前野 泰樹 (聖マリア病院 新生児科)

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