

JCK Session

Session 04 (II-JCK04)

Adult Congenital Heart Disease

Chair:Teiji Akagi (Okayama University, Japan)

Chair:Maoping Chu (Pediatric Cardiology, Second Clinical Medical School, China)

Chair:June Huh (Pediatrics, Samsung Medical Center, Sungkyunkwan University School of Medicine, Korea)

Sat. Jul 10, 2021 4:40 PM - 6:40 PM Track5 (Web開催会場)

[II-JCK04-5]Surgical management in adults with congenital heart diseases

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Basically, surgical treatments per se for heart failure in adults with congenital heart diseases (ACHD) seem not different from usual acquired heart disease patients; 1. Corrective surgeries for structural (obstruction, regurgitation, etc.) or pathophysiological (rhythm disturbance, ventricular synchrony, etc.) problems causing heart failure, 2. Mechanical cardiac support using extracorporeal membranous oxygenator (ECMO) or ventricular assist device (VAD) until recovery or heart transplantation (TPL), 3. Eventual heart TPL. However, in terms of the timing, indications or even surgical approaches for aforementioned each surgical option, it seems much more difficult to apply general indications which are applied to usual adult heart disease patients for our patients' group, because our ACHD patients have various anatomical and pathophysiologic features that must be associated unique hemodynamical problems causing heart failure.

Now, I am going to share a couple of nightmare cases associated with heart failure in ACHD that required corrective surgeries, mechanical supports or even all of these surgical options within one admission, and I eventually emphasize more meticulous and cautious approach are mandatory for surgical treatment of heart failure in ACHD.