

Intermediate results of the anatomic repair for congenitally corrected transposition

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To evaluate the intermediate results of anatomic repair of congenitally corrected transposition of the great arteries, the data on 12 pts who underwent the procedure between 1/89 and 6/00 were retrospectively reviewed. Associated lesions were ventricular septal defect (VSD) in 12 pts, pulmonary stenosis in 10 pts, and moderate to severe tricuspid valve regurgitation (TVR) in 4 pts. Age at operation ranged between 6-14 mos mean (9 ± 3.6). All patients underwent venous switch Mustard procedure. Tunneling of the morphologic left ventricle (LV) through the VSD to the aorta with insertion of right ventricular to pulmonary artery (RV-PA) conduit was performed in 10 pts, and arterial switch operation in two. Concomitant tricuspid valvuloplasty was done in 2 patients and VSD enlargement in one. There was one hospital death (9 %) in a patient who needed VSD enlargement. Complications included AV block requiring pacemaker insertion in 1 patient (9 %), and superior vena caval obstruction in 1 patient (9 %). Clinical and echocardiographic follow-up is available on all patients 0.5-10 yrs (mean 7.6 ± 3.1 yrs). All patients are asymptomatic. Exercise test on the three oldest patients was normal. Bradytachyarrhythmias developed in 4 pts (36 %) and required pacemaker insertion in 1. Mild-moderate TVR persisted in 2 patients. Systemic LV fractional shortening was 36-47 % (mean 39 ± 4.6 %), and ejection fraction 49-70 % (mean 60.8 ± 7.9 %). The double switch operation can be performed safely with minimal intermediate/long term complications. It provides the patient with excellent systemic ventricular function.