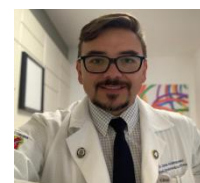


Total Anomalous Pulmonary Venous Connection: Fifty-Five Years Of Surgical Treatment, Experience And Complications.

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Abstract

Background: Total anomalous pulmonary venous connection (TAPVC) is a rare form of congenital heart disease. The incidence is 1% to 3% off all Congenital Heart Diseases. This study describes current surgical treatment strategies and experiences in a cohort of patients from congenital cardiac centers in Mexico City.

Methods: Although all patients underwent conventional repair. This is a descriptive cross-sectional study of patients operated on with a single diagnosis of CATVP between the period of April 9, 1964 to February 28, 2020, at the Hospital Infantil de México Federico Gómez. A total of 754 cases of CATVP were operated on, of which the following variables were collected: type of drainage, age in months, weight in kilograms (kg), postoperative complications, and immediate and late post-surgical mortality (immediate and post-30-day post-surgical). The analysis was based on descriptive statistical techniques. Absolute frequency distributions were made. Percent measures were used as summary measures.

Results: The mean surgical age weight were 14.5 months (1-180 months). Reintervention was 52 patients (6.8%), Obstructed TAPVC (PVO) was documented in 34 cases (4.5%) of the 754 patients. There were 131 deaths and the last 10 days was 10 patients , There were 109 early int deaths(< 30 days) and 22 late deaths. The median follow-up was 23.2 months (range; 1–112 months). The type of TAPVC was Supracardiac 353 cases (46.8 %), Intracardiac 293 cases (38.8 %). Infracardiac 54 cases (7.1 %), Mixed 54 cases 7.1 %. The function of most survivors was classified according to the New York Heart Association as functional class I or II.

Conclusions: Surgical correction in patients with TAPVC with a biventricular anatomy can achieve an acceptable outcome. Is still a challenge in the surgical treatment of newborns and young infants, presenting high mortality in the postoperative period. Our hospital results have significantly improved over time, decreasing mortality, however, obstruction remains a major late complication despite the surgical technique.

Biography:

Dr. Carlos Alcántara , he earned his medical degree at Universidad Nacional Autonoma de México. He completed his first residency in Pediatrician (2006-2009), at Universidad del Estado de Mexico, Pediatric Surgery (2009-2013) at

Universidad de Guadalajara and Pediatric Cardiovascular Surgery (2013-2016) at Universidad Nacional Autonoma de Mexico. He is an assistant professor of Cardiothoracic Surgery at the Universidad Nacional Autonoma de Mexico. His clinical practice includes all aspects of pediatric cardiac surgery. Dr. Alcantara sees patients at Hospital Infantil de México Federico Gomez of UNAM, in Mexico City. He has presented numerous abstracts at national meetings.

[34th Global Summit On Pediatrics](#); September 14-15, 2020.

Abstract Citation:

Carlos Alcántara, Total Anomalous Pulmonary Venous Connection: Fifty-Five Years Of Surgical Treatment, Experience And Complications, Global Pediatrics Summit 2020, 34th Global Summit On Pediatrics; September 14-15, 2020.