

Abstract

Long Term Outcome After Total Correction of Truncus Arteriosus: 20 Years Siriraj Experience.
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Background: Incidence of truncus arteriosus is 1.1-2.5% of overall congenital heart disease.

There is an increased in incidence of DiGeorge syndrome with truncus arteriosus. First operation was conducted by McGoon in 1967. After that, there were many surgical techniques and materials to apply in total repair operation. But some patients had unoperable conditions (high PVRi), so they were prescribed anti-heart failure drugs instead.

Objectives: To analyzed early and long term outcomes after total repair in a single institution. And to compare mortality between total correction and palliative groups.

Methods: Medical records were analyzed retrospectively in 51 patients (from total 77 patients) who underwent the Rastelli procedure for total repair between 1999 to 2018.

Results: Total 77 patients, 51 patients who underwent total repair and 16 patient were palliative. The actuarial survival rate in total repair group was 70.6% at 1 year and 66.7% at 2 years compare with palliative group was 72% at 1 year and 2 years. But no statistically significant between surgical and palliative groups. 14/51(31.4%) were dead after initial surgery, the common cause was pulmonary hypertensive crisis. 17/34 survival patients had undergone reoperation. The freedom from intervention time at 1, 2, 5 and 10 years was 82.4%, 76.5%, 23.5% and 23.5% respectively. Risk factors for overall mortality was age at surgery \geq 6 months and conduit size \geq 15 mm.

Conclusions: Long term survival and outcome were acceptable. Half of the patient undergone multiple interventions for RV outflow and PA stenosis. No patient requirement for conduit replacement.