

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 postsurgical 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.

Received Date: 23 September 2022

Accepted Date: 27 September 2022

Published Date: 30 September 2022

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 deMexico. He is an assistant professor

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