LATE MANAGEMENT OF TRUNCUS ARTERIOSUS: 20 YEARS OF HUMANITARIAN EXPERIENCE
Marielle GOUTON, Vincent LUCET, Olivier BICAL, Francine LECA
Paris - FRANCE

OBJECTIVES:
- To analyse if “out-of-date” Truncus arteriosus still take advantage of a late surgery?
- To describe short- and mid-term follow-up of these late operated children
- To discuss the need of prior catheterisation

POPULATION:
- 41 children (23 boys, 18 girls) with Type I-II of the Van Praagh classification
- Mean age at venue: 2 years 11 months (5 months – 11 years)
- Associated anomalies: pulmonary stenosis 4, single coronary artery 2, mitral stenosis 1
- Truncal valve: quadricuspid 16, mild insufficiency 25, moderate 5, tight stenosis 2
- 8 recurred (fixed PAH at catheterisation: 6; no shunt sign: 2), 33 had surgery (mean age 3 years 1 month)

RESULTS:
Type of surgery
- palliative banding: 1
- complete surgical cure: 32
  - RV-PA tube (Hancock® 17, Contegra® 7, Homograft 4, Venpro® 2, Labcor® 2)
  - Mean diameter: 15.6 mm (12-21)

Post-operative course:
- Median stay in ICU: 5 days – 8 children had prolonged stay beyond one week (PAH crisis 4, pulmonary infection 2, other 2)
- Surgical recovery: 3/33 (10%): tamponnade, sternitis, mediastinitis
- Hospital mortality: 1
- Mean stay in France after surgery: 49 days

Evolution of the pulmonary hypertension:

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>Catheterisation</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>9</td>
<td>3 (33%)</td>
<td>8 (89%)</td>
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<tr>
<td>1-2 years</td>
<td>15</td>
<td>7 (47%)</td>
<td>11 (73%)</td>
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<tr>
<td>&gt; 2 years</td>
<td>17</td>
<td>10 (59%)</td>
<td>14 (82%)</td>
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<tr>
<td>TOTAL</td>
<td>41</td>
<td>20</td>
<td>33 (80.5%)</td>
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<thead>
<tr>
<th></th>
<th>n</th>
<th>Saturation (%)</th>
<th>CT index (%)</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>33</td>
<td>90</td>
<td>62</td>
<td>3.00</td>
</tr>
<tr>
<td>Recused</td>
<td>8</td>
<td>84</td>
<td>56</td>
<td>2.66</td>
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<tr>
<td>p</td>
<td>0.002</td>
<td>0.007</td>
<td>NS</td>
<td></td>
</tr>
</tbody>
</table>

MID-TERM RESULTS: mean follow-up 3.5 years
- Non operated children:
  - Lost to follow-up: 2
  - 1 death 6 years after being recused
- Operated children:
  - Late death: 1 (6 months after sternitis)
  - Global survival rate at 1, 5 and 10 years: 93%
  - 2 re-operations, 4 & 6y after initial repair for RV-PA tube change

CONCLUSIONS:
The mid-term prognosis of Truncus arteriosus tardily operated (beyond 2 years) appears to be excellent.

The surgical indication can be retained, without preliminary catheterization, even in children of more than 1 year old, but only if clinical and radiological signs of important left-to-right shunt persist, in association with a high level of cutaneous saturation (above 88%)