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Original Report

Outcome of Systemic-to-Pulmonary Shunts in Cyanotic Congenital Heart Disease- A 9-year Experience

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Abstract:

The aim of this study is to evaluate early and late results of surgery in children with congenital heart disease and decreased pulmonary blood flow, who underwent a palliative systemic-to-pulmonary shunt. During the past 9 years, 157 systemic-to-pulmonary artery shunts were performed in 130 patients (69 males, 61 females) with ages from 1 day to 31 years old. They had been evaluated for their clinical effectiveness, the need for a repeat operation and the mortality and morbidity. There were 101 (77.7%) modified Blalock-Tausig (BT) shunts, 19 (14.6%) modified Waterston shunts, 8 (6.2%) Central shunts, 1 Waterston shunt, and 1 Glenn shunt created throughout the study. Tetralogy of Fallot comprised the majority of cases (113; 86.9%) while the remaining 17 (13.1%) included transposition of the great arteries with pulmonary stenosis, tricuspid atresia, pulmonary atresia, atrioventricular septal defect (canal) with pulmonary stenosis, and univentricular heart complex. Early mortality was 12.3% (16 patients). Second shunts were created in 25 (19.2%) patients. Forty patients (30.8%) have undergone subsequent intracardiac repair 37.7 ± 17.8 months after original shunt procedure. There were four (3%) late deaths. Follow-up was achieved in 105 of 114 early survivors for a pe-riod of 3 to 117 months (mean 31.7 ± 19.4 months). Modified BT shunt was performed most frequently in our service; it was associated with less closure and mortality than other types of shunt and had excellent clinical palliation and patency rates.

Keywords:

Congenital heart disease . cardiovascular surgery . shunts

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