



Procedural and One-Year Outcome of Right Ventricular Outflow Tract Stenting in Older Children with Tetralogy of Fallot with High-Risk features



Jose Jonas Del Rosario, MD, FPCC, FPSCCI University of the Philippines -Philippine General Hospital Division of Pediatric Cardiology

Abstract/Case authors

J. Del Rosario, PGH | O. Malanyaon, PGH | E. Ty, PGH | A. Valle, PGH | J. Yap, PGH | L.Go, PGH | S. Ubod, PGH | C. Jimenez, PGH J. Coronel, PGH | O. Stumper, Birmingham Children's Hospital **Background:** TOF is routinely repaired in early infancy and childhood in developed countries but in resource limited setting, operation is often delayed and children develop high risk features that preclude safe total repair. RVOT stenting is a possible palliation strategy to improve the surgical risk of these patients.

Methods

Retrospective Descriptive study of initial experience with RVOT stenting in high risk TOF **Objective**

To determine the short term outcomes of RVOT stenting in unrepaired TOF at time of intervention and 1 year post procedure Inclusion criteria

>1 year old

- With 1 or more Indication for RVOT Stenting
 - Hypoplastic PAs 11 (73%)
 - Ventricular dysfunction 8 (53%)
 - Unrepaired imperforate anus 3 (20%)
 - Frequent hypercyanotic spells 9 (60%)

Results

- 15 patients (13 TOF, 2 DORV with PS)
- 1-13 (Mean 4.7)years old, Weight 5-32 Kg
- 100% successful implantation
- 2 reperfusion pulmonary edema treated with diuretics and positive pressure ventilation
- No need for reintervention at 1 year
- 8/15 successfully underwent surgery
- Growth of PA 15/15
- Growth of LV 14/15
- Significant clinical improvement

	Pre-RVOT stenting ¹ (Mean±SD)	Immediate Post RVOT Stenting ² (Mean±SD)	12 months Post RVOT stenting ³ (Mean±SD)	Percent Change (%)	P value	\$
Oxygen Saturation	65.53 ± 12.55	89.6 ± 3.81	86.53 ± 4.45	_{1,2} 36.73	p-value _{1,2} =0.001	- E-POSTER
				2.3 3.42	p-value _{2,3} =0.003	_

	Features	Pre-RVOT stenting (Mean±SD)	12 months Post RVOT stenting (Mean±SD)	Percent Change (%)	P value				
	1. Echocardiogram								
	Pulmonary Valve Annulus								
	Diameter (mm)	8.09 ± 2.58	11.43 ± 3.29	41.3	< 0.001				
A COLOR	Z Score	-3.84 ± 1.40	-1.91 ± 0.97		< 0.001				
	Pulmonary Artery								
	Right Pulmonary Artery								
	Diameter(mm)	6.38 ± 2.52	9.14 ± 2.16	43.3	<0.001				
2	Z score	-2.25 ± 1.65	-0.63 ± 0.91		0.001				
	Left Pulmonary Artery								
No. of Concession, Name	Diameter(mm)	6.16 ± 2.38	8.91 ± 2.09	44.6	0.003				
	Z score	-1.66 ± 1.47	0.07 ± 0.93		< 0.001				
-	Left Ventricle								
	Diameter(mm)	21.54 ± 3.98	28.07 ± 6.38	30.31	0.001				
	Z score	-3.89 ± 1.47	-2.06 ± 1.32		0.001				
Carlos and									
1 24 2 1	2. Angiogram								
3	Pulmonary Valve Anr	nulus							
1 And	Diameter (mm)	8.67 ± 2.41	14.01 ± 4.12	61.5	0.003				
20	Z Score	-3.23 ± 1.33	-0.84 ± 1.39		<0.001				
and the second	Pulmonary Artery								
1000	Right Pulmonary Ar	tery							
	Diameter(mm)	7.21±1.90	10.69±2.75	48.3	0.001				
nfundibulum	Z score	-1.42 ± 1.07	0.39 ± 0.94		0.001				
Stent 7mm x 12mn	Left Pulmonary Artery								
flow across RVOT	Diameter(mm)	7.78 ± 2.38	11.18 ± 2.35	43.7	< 0.001				
	Z score	-0.25 ± 1.13	1.58 ± 1.30		0.001				



A. Pre RVOT stenting, note narrow infundibulum

B. Stent deployment (Cook Formula Stent 7mm x 12n

C. Post RVOT stenting with increased flow across RVO