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# Late Presentation ASO

ASO is a procedure of choice d-transpositions.

Ideal ASO is a neonatal procedure.

Late presentation is a therapeutic dilemma.

# Patient N N

Male patient

First consultation at 4 months of age.

Cyanosis.

Congestive cardiac failure

Failure to thrive.

# Examination

Weight 3.6kg

Cyanosis SATS 70% in RA

Pulses equal and present.

3/6 ESM.

CXR cardiomegaly and plethoric lung fields.

# Echocardiography

Transposition anatomy.

Large subpulmonic VSD

Bilateral conis, possible PS.

AP relation of great vessels.

Marked discrepancy in sizes of great vessels.

No PDA.

No ASD.

# Tentative diagnosis

TGV with VSD and possible mild PS.

Possible Taussig-Bing anomaly.

4 months old.

# Cardiac catheterisation

Aortic SATS 69%.

MPA SATS 83%.

PA pressure 63mmHg.

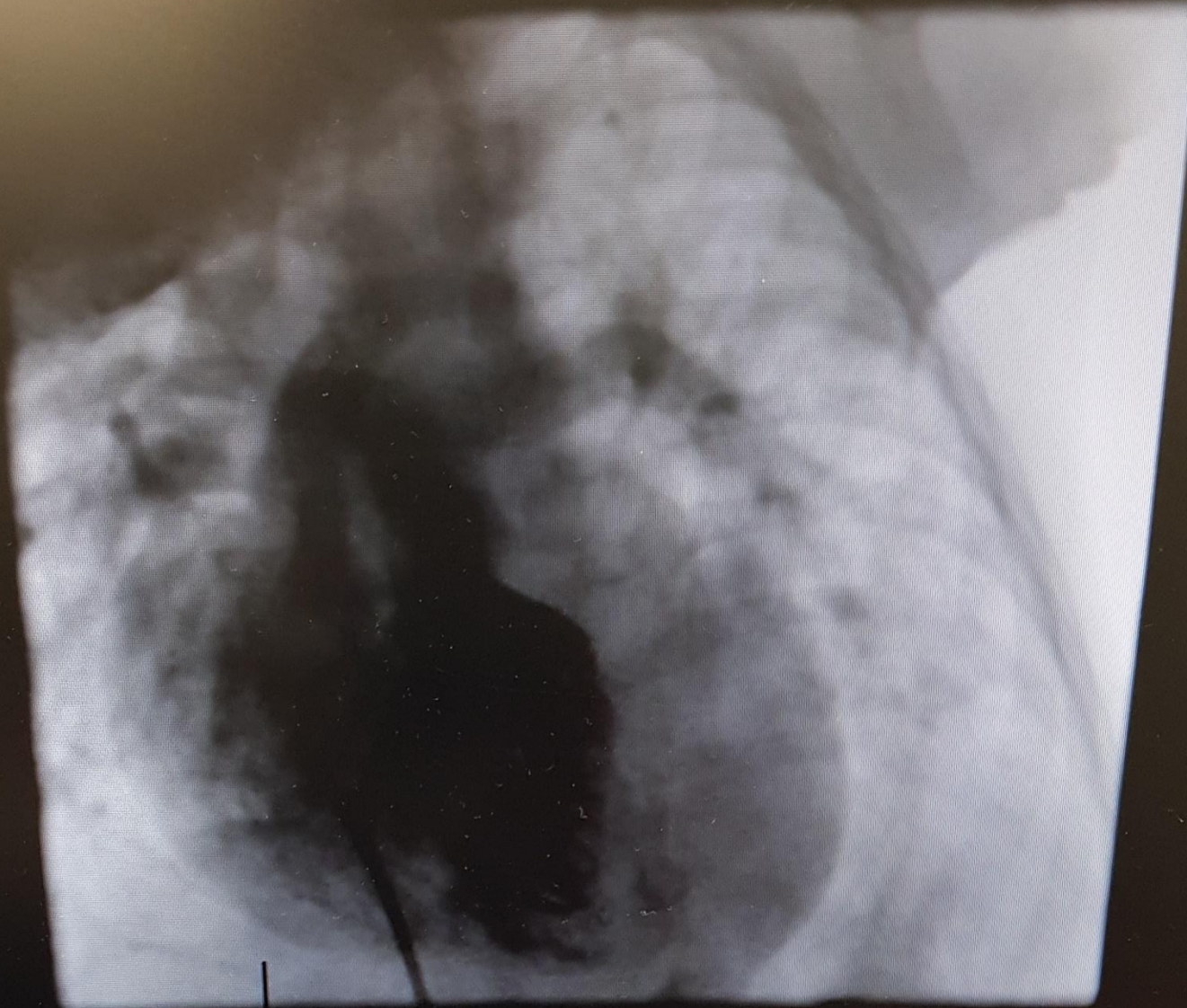
No PS. Balanced ventricular pressures.

Large subpulmonic VSD.

Small ascending aorta. Large MPA

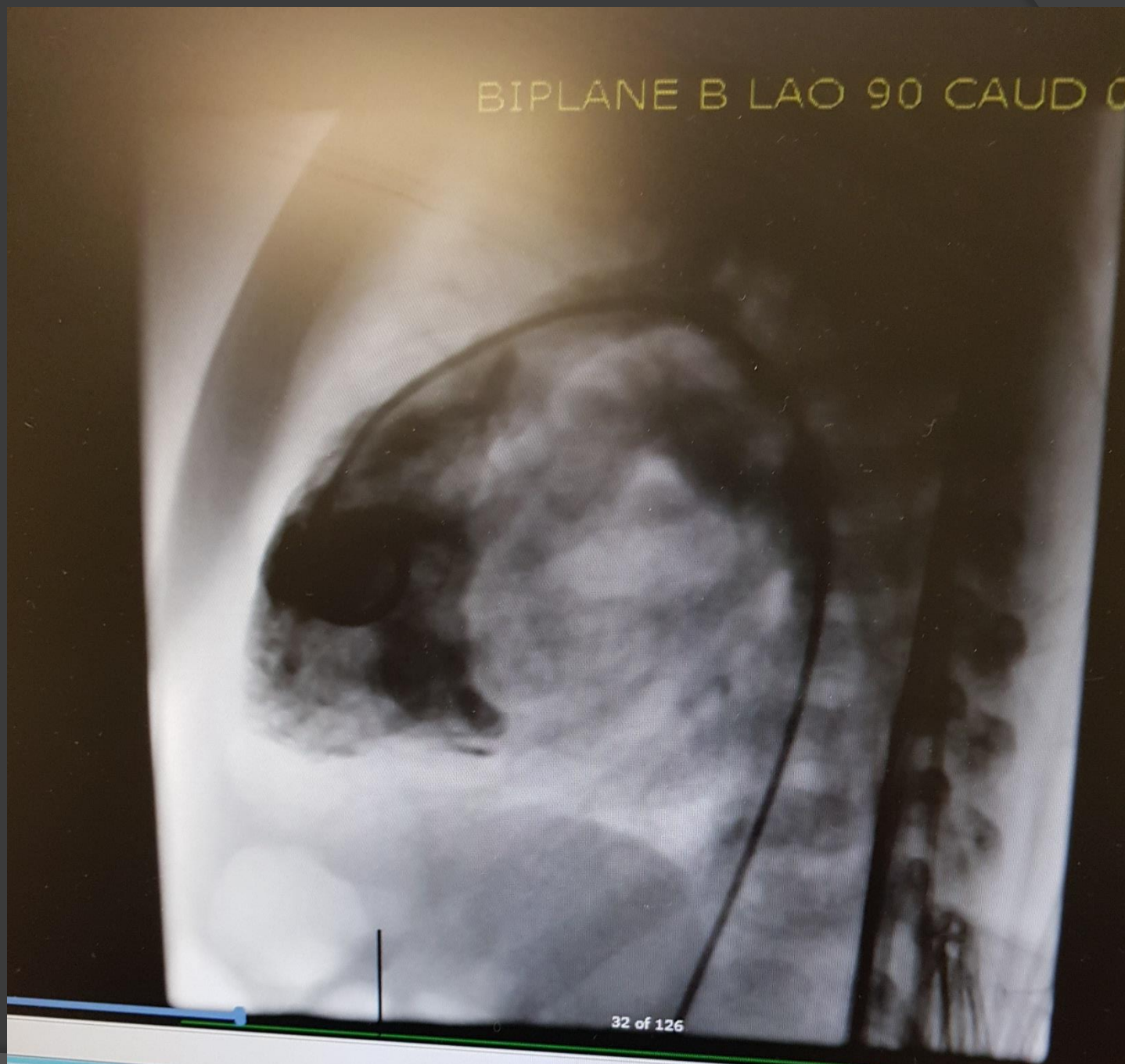
Single coronary origin.

BIPLANE A LAO 0 CRAN 36





BIPLANE B LAO 90 CAUD 0



# Management

ASO.

Aortic reconstruction.

# Operative Findings

Weight 3.6kg Height 59cm.

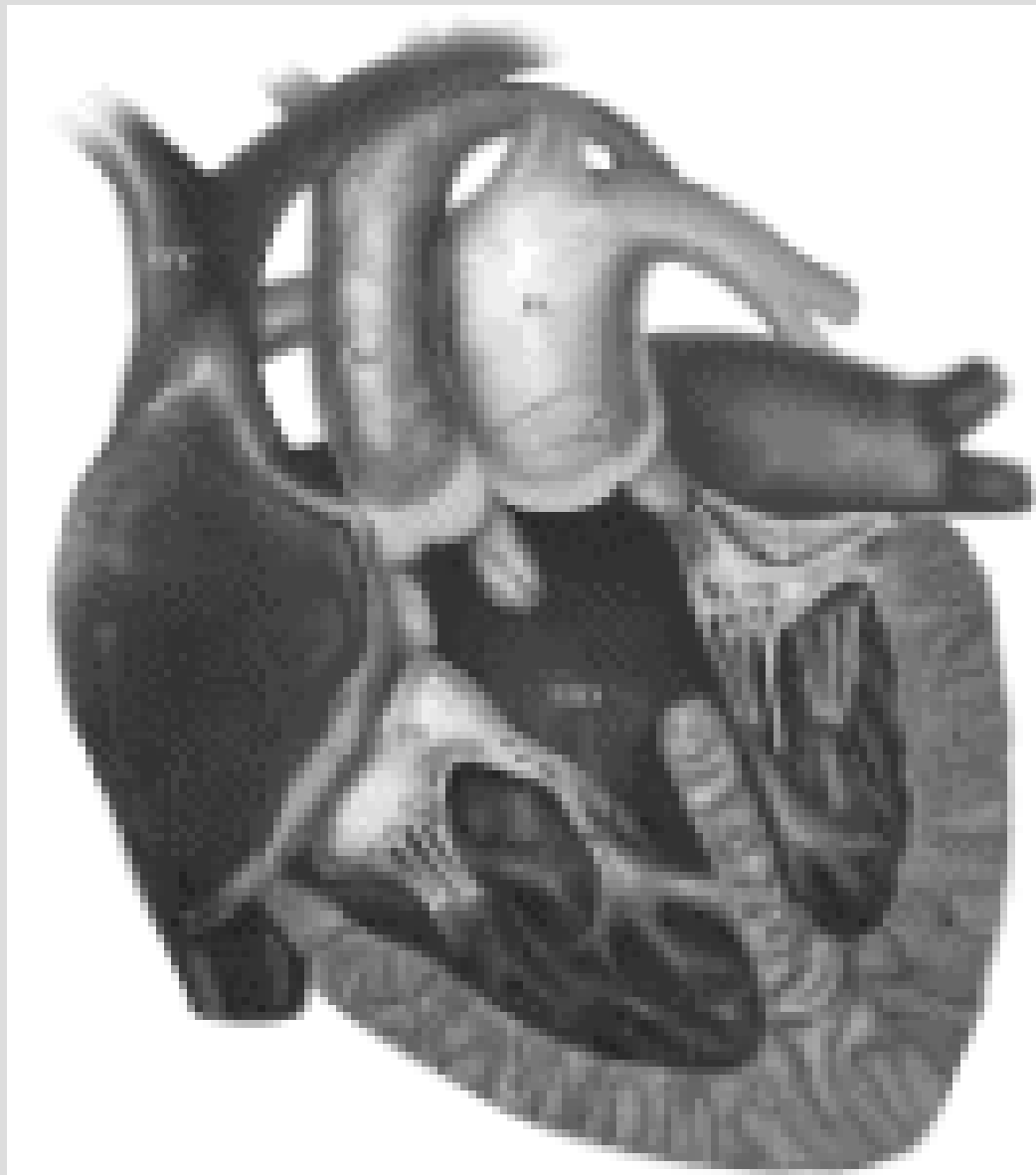
Great vessels in AP position.

Coronaries from sinus 1 and sinus 2.

Marked discrepancy in size of great vessels.

Subpulmonic VSD.

Taussig-Bing anomaly.



# Procedure.

Median sternotomy.

Aorto bi-caval cannulation.

Blood cardioplegia.

Cool to 18°C for aortic reconstruction.

VSD repair.

Coronary transfer.

Lecompte manoeuvre.

Neo aorta.

Neo PA.

Chest left open 48hours.

# Progress

Chest closed uneventfully.

ICU stay 28 days.

Discharged on Lasix and Aldactone

# Cardiological follow up

30/01/2017 On treatment thriving.

29/05/2017 Treatment stopped.

Weight 8.7kg SATS 95

Sitting and crawling

# Last follow up visit

1 year post surgery

No medication

Weight 10kg.

SATS 98%.

Pulses present and equal.

Echo:

PIG of 25mmHg across pulmonary valve

PIG of 10mmHg across aortic valve.



# Challenges

Developing country economics.

Late presentations.

Less than ideal follow up.

Thank you

