reoperation was 100% at 1 year, 91% at 10 years and 88% at 20 years. LVSF increased by 20% in the early postoperative course and 36% at late FU. MR improved significantly in most of the cases. Overall mortality was 33% (15 in group I died before day 30, none in group II), decreasing over time from 55% to 11%, and was lower in patients who had direct reimplantation. Q wave disappeared in 82% of the cases; 93% of survivors were asymptomatic at latest evaluation.

Conclusion ALCAPA patients have good long-term survival and outcome. Age > 2 years at diagnosis and direct implantation are factors of favorable prognosis.

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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35 Isolated proximal anomalous connections of the coronary arteries: A prospective observational cohort study of more than 450 patients (ANOCOR study)
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Isolated proximal anomalous connections of the coronary arteries (ANOCOR) are rare congenital abnormalities associated with a wide spectrum of clinical presentations and anatomic patterns (Fig. 1). The prognosis of the ANOCOR depends mainly on the initial course of the ectopic vessel. But our knowledge of pathophysiology and natural history remains poor. Large-scale prospective multicenter registries dedicated to ANOCOR are needed to achieve a better understanding of these congenital coronary abnormalities. The ongoing ANOCOR study began in January 2010 with an inclusion period of 3 years. More than 450 young people (≥ 15 years old) and adults have been included by interventional cardiologists from the Interventional Working Group (GACI) of the French Society of Cardiology. A 5-year follow-up was scheduled. The design of the ANOCOR study will be presented.

Fig. 1 Axial computed tomography image showing an anomalous connection of the left coronary artery (arrow) with the opposite sinus close to the normal connection of the right coronary artery (arrow head).

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36 Tetralogy of Fallot complete repair: Humanitarian chains versus French native children
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Background French humanitarian chains promote surgery for children with congenital heart diseases coming from developing countries. We assessed the results following complete repair of tetralogy of Fallot (TOF) in relation to the origin of patients.

Methods A 4-year retrospective review of 73 consecutive patients with TOF repair was performed. Children were divided into two groups: French children (group A, n = 38) and children from developing countries (group B, n = 35).

Results Preoperative status differed between the two groups. Children from group B were older (0.82 vs 7.18 year-old, P < 0.001), with a lower BMI (16 vs 14 kg/m2, P < 0.001). They were more symptomatic with lower oxygen saturation (90% vs 83%, P = 0.007) combined with a higher level of plasmatic hemoglobin (13.1 vs 16.1 g/dL, P < 0.001). Proportion of preoperative palliative surgery was higher although not significant in group A (18% vs 6%, P = 0.156). There wasn’t any regular form due to coronary abnormality in the two groups. Preoperative echography showed no difference concerning the rate of pulmonary annulus Z Score <—3 (39% vs 43%, P = 0.956). Results of surgery showed no differences in terms of aortic cross-clamping time (65 vs 60 min, P = 0.235) or rate of trans-annular patch insertion (37% vs 31%, P = 0.810). Postoperative course didn’t significantly differ between the two groups. There was no death, two early reoperations (one for bleeding and one for residual VSD) and one late reintervention for residual supra-valvular stenosis in group A after a median follow-up time of 1.8 years. There was one early death (2.8%) and one early reoperation for bleeding in group B after a median follow-up time of 30 days. All were in sinus rhythm.

Conclusion Elective surgery for TOF repair carries low risk of morbi-mortality. Despite worst preoperative status, children from humanitarian chains can be treated safely by complete repair. Palliative surgery must be reserved for children presenting a marked cachexia profile.

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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