Conclusion: this small sample size study showed that the absence of RV to PA flow and/or pulmonary valve opening, increased AO to PA ratio, RA and decreased PA diameter and the presence of pericardial effusion might represent prognosis factors in fetus with Ebstein anomaly. These results should be confirmed by large scale prospective study.

0328
Evaluation of coronary artery wall echogenicity in Kawasaki disease acute phase

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Background: Kawasaki Disease (KD) diagnostic is based on clinical, laboratory and echocardiographic criteria. Coronary artery brightness has been proposed as a criterion for diagnosis KD at the acute phase, but it is qualitative and subjective. Evaluation depends on the experience of individual echocardiographers.

Objectives: Diagnostic value of quantitative evaluation of echogenicity of the coronary artery wall (CAW) in KD at the acute phase.

Methods: A retrospective case–control study was performed in Clermont-Ferrand university hospital. Echocardiograms of 0 to 18 years old children between January 2012 to January 2014 was enrolled: 19 KD confirmed, 14 acute febrile illness and 34 apyretic children with congenital heart disease between January 2012 to January 2014 was enrolled: 19 KD confirmed, 14 acute febrile illness and 34 apyretic children with congenital heart disease. The value of echogenicity was evaluated in decibel of the left or right CAW, and 3 ROI at the aorta. Quantitative evaluation of echogenicity of CAW was performed with the measurement differences between ROI. Intraobserver variability was 0.8.

Results: Echogenicity of right CAW was significantly higher in the acute phase of KD than the other groups – p = 0.004, area under curve ROC = 0.8 –. Also it has been observed for left CAW – p = 0.17 –.

Conclusion: BAS is mandatory in VLBW infants with D-TGA and restrictive atrial communication. It should be performed quickly if possible to use the valuable umbilical access, and to avoid the clinical compromise. A hole-end BAS catheter is required for successful procedure. FO balloon dilatation constitutes another life-saving option.

0397
Cardiac remodeling and factors determining occurrence of atrial arrhythmia after surgical closure of atrial septal defect in adults

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Objectives: the purpose of this study was to assess cardiac remodeling and to determine factors predicting the occurrence of atrial arrhythmia after surgical closure of atrial septal defect (ASD) in adults.

Methods: Retrospective study including 33 adult patients (>20 years old, mean age: 34±11 years, 26 women) who underwent surgical closure of secundum or sinus venous ASD. Before operation, all patients had dyspnea and 15% were in NYHA III-IV. Sinus rythm was present in 85% of patients. The ratio of pulmonary to systemic blood flow was calculated, yielding a mean of 2.8±1 and pulmonary artery hypertension (PAH) was observed in 80% of patients with a mean value of 41.3±10 mmHg. The ASD were closed by pericardial or Dacron patch in 97% of cases.

Results: operative death was observed in 2 cases. In survival patient, with a follow-up of 97±57 months, regression of right ventricular dilatation and PAH occurred in the first post-operative month and was maintained at late follow-up. Atrial arrhythmia occurred in 4 patients and were determined by older operative age (p=0.003) and the absence of cardiac remodeling after surgery.