

Topic 11 – Surgery

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358

Management of aortic valve regurgitation in Lubry Pezzi syndrome's patients: long term results

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Background: The Laubry-Pezzi syndrome is characterized by the association of a ventricular septal defect and an aortic regurgitation. The management of this rare pathology is still conflicted regarding indications, operative techniques and timing.

We aim to report our experience and evaluate the short and long term results of this kind of surgery.

Material and methods: This is a retrospective study including 18 patients (10 males and 8 females) with laubry pezzi syndrome who were operated between 1994 to 2009. The mean age was years 13 years [2-30 years]. In echocardiography, the ventricular septal defect was usually located in a sub-aortic position. The aortic regurgitation was moderate to severe in 83% of cases. In spite of its dilatation, left ventricle showed good systolic function in almost all patients.

The mean duration of follow up was 7.2 years [1 to 16 years]

Results: Ventricular septal defect closure was done by a synthetic patch in 16 cases. 5 patients underwent aortic valve replacement whereas others had aortic valve repair. The most common conservative techniques used were: Free margin plating (9cases), commissural plating (7 cases) and aortic ring remodelling (4 cases).

The mean cross clamping time was 100 min [56 min to 141 min]

No operative mortality was observed. One patient presented a transient auriculo-ventricular block. Echocardiographically, no ventricular septal defect was noted. Prosthesis showed good function in all patients. Aortic repair failure was observed in one case (he was re operated with a good evolution), all other patients had trivial to mild aortic regurgitation.

During the follow up, one patient died in the following of an emergency cardiac surgery for an aortic valve abscess.

Conclusion: Surgery of laubry pezzi syndrome provides good outcomes. Regarding the young age of patients, aortic valve repair must be preferred when feasible.

359

Comparison of P wave variables after off-pump versus on-pump aorto-coronary grafting

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Introduction: Postoperative atrial fibrillation (POAF) is common after cardiac surgery resulting in many complications and increased healthcare costs. Recent studies suggested the advantages of off pump coronary artery by pass graft (CABG) over on pump CABG in reducing the rate of POAF. P wave duration and dispersion reflect atrial conduction abnormalities and have been reported to be predictors of atrial fibrillation.

Aim: The aim of this study is to compare p wave variables (P wave duration and P wave dispersion) before and 24 hours after on pump and off pump CABG.

Material and methods: The study population consisted of 100 patients with a mean age of 62±10 years. Twenty-five patients undergoing off-pump CABG (group 1) were matched to twenty-nine patients undergoing on-pump CABG (group 2) regarding demographic variables and left ventricular ejection fraction. We evaluated on a 12 lead ECG, P wave duration and P wave dispersion (P max – P min) before and after surgery.

Results: There was no significant difference between p wave variables before and after off pump CABG where as in patients who underwent on pump CABG there was a significant increase in P wave maximal and minimal duration.

Table – Results

	Group 1 Off-pump CABG			Group 2 On-pump CABG		
	Before	After	p	Before	After	p
P max	83±18	76±18	0.2	83±16	99±18	0.001
P min	62±21	61±18	0.8	65±17	76±20	0.03
P dispersion	20±7	14±5	0.2	22±9	23±7	0.87

Conclusion: Our results suggest that after on pump CABG atrial abnormalities are more frequent than in off pump CABG suggesting that off pump CABG may protect against post surgery supra ventricular arrhythmia.