intraoperative aortic clamping time were specific predictors for PO mortality in descending significance. Regression analysis defined high preoperative serum cTnT and CK-MB and old age the most significant specific predictors of PO mortality.
Conclusion: Old age, multiple diseased vessels and low left ventricular ejection fraction in conjunction with high preoperative serum levels of myocardial ischemia biomarkers could predict PO mortality after CABG surgery. However, high preoperative troponin levels were significantly superior predictor for PO mortality than CK-MB.

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78. Coronary bypass using bilateral internal mammary arteries in an achondroplast

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Coronary bypass grafting for ischemic heart disease in achondroplastic dwarfs is very rare. Shortage of veins and sometimes, inadequate vein quality can cause difficulties during surgery. Only two achondroplastic cases were reported in literature that underwent coronary bypass surgery, in which the left internal mammary artery and vein grafts were used. To the best of our knowledge using bilateral internal mammary arteries in such patients was not reported. We report here a 55 years old male achondroplastic dwarf who had triple vessels coronary disease that underwent successful coronary bypass surgery using bilateral mammary arteries. Anatomic and surgical challenges in achondroplasia are highlighted

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79. Heart transplantation in a patient with eosinophilic granulomatosis with polyangitis (Churg–Strauss syndrome)

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Background: Churg–Strauss syndrome, recently renamed eosinophilic granulomatosis with polyangitis (EGPA), was first described in 1951. It is characterized by blood and tissue eosinophilia and disseminated necrotizing vasculitis in asthmatic patients (1).

Heart involvement is the leading cause of death in most of these patients which occurs in approximately 8–20% of EGPA patients and is more frequent in ANCA − patients (2).
Case: We report a 32 years old man with Churg–Strauss syndrome. He presented with a history of bronchial asthma and corticosteroid treatment. The patient developed severe heart failure necessitating heart transplantation in May 2014. His post operative course was uneventful except for tricuspid regurgitation which subsided during the first two months follow-up.

Up till now, the patient has had 5 endomyocardial biopsies with no evidence of acute rejection (grade 0) or recurrence of EGPA.
Conclusion: Only 9 patients with EGPA (Churg–Strauss syndrome) who received heart transplantation have been reported in a retrospective international multicentre study (3).

To our knowledge this is the 10th case of heart transplantation in a patient with EGPA (Churg–Strauss syndrome).

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80. Atrioventricular septal defect and tetralogy of Fallot: A 16-year experience

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Aim: The choice between primary and staged repair of atrioventricular septal defect with tetralogy of Fallot (AVSD/TOF) is still controversial. We report our surgical experience with this lesion.
Methods: Twenty-four patients with AVSD/TOF were repaired between 1997 and 2013. Ten, **group 1** (40%), underwent primary repair at a mean age of 29.4 months. Fourteen, **group 2** (60%), underwent staged repair at a mean-age of 65.2 months. Mean interval between shunt and repair was 26.5 months. Out of 24 patients, 8 (33%) were repaired by transannular patch, 15 (62%) by pulmonary valve preservation and 1 by pulmonary valve replacement.
Results: There was one hospital death in group 2. Mean follow-up period was 70 months. In **group 1**, 8 patients were alive while 2 were lost to follow-up. Three were re-operated, one for mitral valve repair and left diaphragmatic plication, one for thoracic duct ligation and one for pulmonary valve replacement. In **group 2**, 10 patients were alive while 3 were lost to follow-up. One developed biventricular outflow obstruction and is awaiting surgery. One had ventricular septal defect device closure. There were 3 reoperations, one for left atrioventricular valve and pulmonary valve replacement, one for pulmonary valve replacement alone and one for relief of biventricular outflow obstruction. All transannular patch patients had dilated right ventricle with moderate to severe tricuspid valve regurgitation.
Conclusion: Shunt procedure is a reasonable initial option for many of patients with AVSD/TOF but primary repair can be performed in selected patients with low operative mortality and reasonable morbidity.

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