SHA 075. Congenital heart disease in thoraco-omphalopagus conjoined twins
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Objective: Conjoined twins represent a very rare and challenging congenital malformation. The objective is to describe the cardiac involvement in two cases of thoraco-omphalopagus conjoined twins. Our aim is to describe echocardiographic findings in delineating the degree of cardiac fusion in this unusual condition.

Methods: Two conjoined twins presented in our centre between 2009 and 2010 were assessed. Echocardiographic data was analysed together with X-rays.

Twins are classified according to degree of cardiac fusion, and the major site of union as Thoracopagus (joined at the thoracic level), omphalopagus (joined at the abdomen). Other forms are pyopagus (sacral fusion), ischiopagus, and craniopagus.

Results: First twins were premature, born at 32 weeks of gestation with poor APGAR score. Echo study showed single heart with DORV, moderate VSD, ASD primum, severe PVS, hypoplastic PA branches.

Second twins were born at 27 weeks with poor APGAR score through caesarian section. The echo study was done and showed that left sided twin had normal cardiac chambers, but large ASD and many thrombi. Both hearts were fused at the level of atria and ventricles and shared common pericardium. Right sided heart connected through large hole at the atrial level with DORV, hypoplastic left ventricle, and PVS.

Conclusions: Echocardiography describes cardiac fusion, intracardiac, and ventricular function in the majority of twins with thoracic level fusion. It is essential in assessing feasibility of separation and determines outcome. The outcome in twins with fused hearts remains poor.


SHA 076. Iatrogenic diaphragmatic hernia one year after VSD closure in a child
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Abstract: Northwest Armed Forces Hospital Tabuk, Saudi Arabia We present a case of right sided diaphragmatic hernia in a three years old girl. The child had a Ventricular Septal defect (VSD) closure via median sternotomy one year ago. The child also had a permanent pacemaker implanted for heart block after VSD closure on bypass. She presented one year later with some shortness of breath. Chest X-ray at that stage was interpreted as “eversion” of left Hemidiaphragm. In the subsequent months she was readmitted with respiratory symptoms. Herniation of gut loops in left pleural cavity were confirmed on X-rays, and CT with Contrast. The child underwent successful repair of the diaphragmatic hernia via laparotomy. Review of literature showed two previous case reports of Iatrogenic Diaphragmatic Hernia in children after cardiac operations via median sternotomy.

Conclusion: diaphragmatic hernia should be kept in mind while interpreting unusual looking chest x-rays in children after open heart surgery.

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SHA 077. Effect of age of repair of Tetralogy of Fallot on the short term outcome
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Introduction: All patients with Tetralogy of Fallot (TOF) require surgical intervention. Significant advances in the perioperative care, anaesthesia, and cardiopulmonary bypass techniques have spurred earlier correction.

Aim of the study: To study the effect of age of repair on the early post operative course and outcome of children undergoing TOF repair.

Method: A retrospective study of all cases of TOF repair in King Abdulaziz Cardiac Center between March 2002 and December 2007 was conducted. We excluded cases with pulmonary atresia and neonatal repair. Cases were divided into three groups. Group A included cases operated at the age below 6 months, group B included cases operated between 6 and 12 months, while group C included cases operated above 12 months. We compared demographic, risk category, ICU parameters, ECHO data and short-term outcome of both groups.

Results: 83 patients fulfilled the study criteria. We identified 24 Cases (29%) in group A, 32 cases (39%) in group B, and 27 cases (33%) in group C. There was a tendency toward having a smoother course post operatively in the group B which was operated between 6 and 12 months, but We did not appreciate any statistically significant effect for age on the early post operative outcome of Tetralogy of Fallot repair.

Conclusion: In general, children undergoing TOF repair had excellent short-term outcome. Contrary to some previous reports, in our series of TOF repair there was no effect for the age of repair on the early post operative outcome.

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SHA 078. Chylothorax after pediatric cardiovascular surgery
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Background: Chylothorax is the accumulation of chyle in the pleural cavity, usually develops after disruption of the thoracic duct along its intra-thoracic route. In the majority of cases this rupture is secondary to trauma (including cardio thoracic surgeries). Chylothorax is a potentially serious complication after cardiovascular surgeries that require early diagnosis and adequate management.

Methods: A retrospective study of all cases complicated with chylothorax after pediatric cardiac surgery in King Abdulaziz Cardiac Center between January 2007 and December 2009 was conducted. Chylothorax was certainly suspected if milky fluid drainage from the pleura in the post-operative period, it is also suspected if excessive drainage of non-milky fluid, and in all cases the diagnosis was confirmed by laboratory analysis of the pleural fluid. The study aim to determine the risk factors, the impact on