

**Conclusion:** The standard principles for management of PAH for the current group was not followed. It should be started by specialized physicians, after investigation and at specialized tertiary centre.

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### SHA 082. Feasibility and efficacy of real-time 3-D TEE for guiding device closure of interatrial communications: Initial experience

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**Aims:** Our aim was to assess the feasibility and safety of real-time three-dimensional transoesophageal echocardiography (RT 3D TEE) for guiding transcatheter closure of interatrial communications and to evaluate its additional benefit over conventional (2D TEE).

**Methods and results:** Data collected retrospectively between January 2007 and October 2010 at KACC riyadh KSA. 66 patients had device closure of their interatrial defect, 21 patients had the procedure guided by fluoroscopy, 2D TEE, and RT 3D TEE. 11 female and 10 male. Mean age 26.71 ( $\pm$  15.5). The children should be 20 kg and above. The application of RT 3D TEE allowed safe device deployment in 19 patients without any complications, 1 patient with deficient aortic and inferior rim which clearly explored by RT 3D TEE and given atrial of closure but failed, the other patient showed ASD by 2D TEE and by RT 3D TEE showed a PFO with aneurysmal flap and the procedure had quiet.

**Conclusion:** RT 3D TEE as an adjunct to 2D TEE is a feasible and safe tool to guide transcatheter device closure of interatrial communications. These data indicate that RT 3D TEE can be used to safely monitor interatrial defect closure in clinical routine.

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### SHA 083. The use of transannular patch in TOF: 10 years single centre experience and outcome

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**Background:** Trans-annular patch (TAP) repair of Tetralogy of Fallot (TOF) is correlated to poor late outcome, 30% need reoperation due to pulmonary regurgitation (PR). Severe stenosis at pulmonary annulus and at the right ventricle outflow requires TAP. We aim to assess the impact of TAP of TOF during the last 10 years.

**Methods:** 170 patients, between 1999 and 2009, 140(82%) "simple TOF" and 30 had associated anomalies; 11 (AVSD); 9 (DORV); 7 absent pulmonary Valve (APV); 3 (PA). This cohort was divided to TAP and None TAP. The analyzed variables. Age, Gender, weight, associated surgery to TAP PA Z value; pump time (TPT), cross clamp (Cx).

Complications and time in ICU, hospital stay, morbidity and mortality.

**Results:** 122 patients had TAP; 114 "simple TOF", 6 (DORV), 1 (AVSD), 1 (APV) and 1 (PA). Age (5 d–8 y), CX (118–38), TPT (110–64 mts), ICU (1–14) one patient (45 d). Hosp stay (7 d–55). The amount of inotrop support after surgery was not TAP related, morbidity is minimal and mortality is 0%.

**Conclusion:** The Z score value of –2 for the PV annulus was the basic criteria for the TAP repair, associated to right band muscle resection from the RVOT. The majority of our patients were over 6 months age. The postoperative was uneventful regardless type of patch used and long CPB time for some cases. TAP in our practice is considered to be safe.

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### SHA 084. CABG and ROSS in 9 years old

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**Abstract:** Video presentation

**Objectives:** Coronary artery bypass grafting associated with Ross Procedure performed to 9 years old boy. Dr. Imad Naja; Dr. Nani Najm. Department of Cardiac Sciences, King Abdul-Aziz cardiac Centre, Riyadh, Saudi Arabia. This uncommon presentation of this disease at this age, leads u to share our experience. How to do it is the video presentation of CABG + ROSS performed to a 9 years old boy.

**Methods:** 9 years old boy presented at emergency department with severe chest pain, subsequent Echocardiography showed thickened aortic valve with moderate stenosis. The angiogram showed moderate aortic valve stenosis and severely disease ascending aorta.

**Result:** The surgery was uneventful; it was remarkable the atherosclerosis at the level of the ascending aorta, successful outcome, the patient was discharged at the 7th post-operative day.

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### SHA 085. Heart defects in acyanotic pediatric patients referred with heart murmurs

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**Objectives:** The aim of the study is to explore the prevalence of congenital heart disease in pediatric patients referred to our center solely based on the detection of a heart murmur on routine physical examination.

**Study design:** A retrospective database review was performed for all patients referred to KACC from July 2007 to March 2009 for cardiovascular evaluation because of a heart murmur detected during routine physical examination. This study included all pediatric patients from the neonatal period to 12 years of age who underwent echocardiography in our center. Patients with cyanosis, those with a significant difference in blood pressure between the upper and lower limbs, preterm neonates, patients with acquired heart disease, and syndromic or critically ill patients were excluded from this study.

**Results:** Of the patients in the database, 245 met the inclusion criteria. The median age was 7 months (1 day to 12 years old), and the median weight was 7.85 kg (1.9–54 kg). A normal