Abstract 0217 – Figure: Velocity curves with/without heart rate variation

Results Among the 59 included newborns, 47 (79%) had an antenatal diagnosis, 31 (52%) received prostaglandins (median duration: 96 h; range 0-192 h), and 38 (65%) underwent a Rashkind procedure. Mean age at surgery was 5±2 days. The mortality rate was 5% (n=3). Younger age at surgery significantly increased the probability to be extubated within 2 days after surgery, both in univariate analysis (Odd ratio 0.64; confidence interval 0.44-0.92) (p=0.01) and after adjustment for preoperative characteristics and management (OR 0.61; CI 0.39-0.95) (p=0.03). The presence of coronary anomalies tended to increase time to extubation, whereas Rashkind procedure and prostaglandin treatment had no impact.

Conclusion Our study shows that younger age at surgery is associated with lower postoperative morbidity in newborns undergoing an ASO. These findings suggest that early surgery is preferable to delay with palliative management such as Rashkind and/or Prostaglandins.

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Is amiodarone a safe and effective alternative drug in persistent fetal tachycardias?

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Background Persistent fetal tachycardias, especially when complicated with hydrops, are associated with a poor prognosis. Digoxin and flecainae are usually used but not always effective. Amiodarone remains frequently a last choice of treatment because of its known complications.

Aims In this retrospective study, we reviewed the use of amiodarone in patients with resistant fetal tachycardia, to determine the safety of this drug and its efficiency.