Mirza-zada Faig Azad et al., J Clin Exp Cardiolog 2016, 7:12(Suppl 1)
http://dx.doi.org/10.4172/2155-9880.C1.060

The results of the operation total cava-pulmonary anastomosis in children of different age groups with atresia of tricuspid valve

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Aim: The general purpose of the study was to examine the course of the early period after surgery, total cava-pulmonary anastomosis in children of different age groups with atresia of the tricuspid valve.

Material & Methods: In the period from 2011 to 2015, scientific research work was carried out in the centre for pediatric cardiac surgery at Scientific Center of Surgery named after academician M. A. Topchibashev, together with the Scientific and Practical Center of Pediatric Surgery of Republic of Belarus. We compared the results of operations of the extra-cardiac modification of total cava-pulmonary anastomosis in 59 children of different age groups. At the time of surgery, patient's average age was 49.4±14.0 months. The average body weight was 15.4±3.0 kg. The patients were divided according to age into two groups. The first group included patients younger than four years, and the second group of patients older than four years. There were 32 patients in the first group. The average body weight of patients was 13.48±2.29 kg. There were 27 patients in the second group. In this group, the average body weight of the patients was 16.3±3.0 kg. All patients were performed extra cardiac modification of the operation of total cavopulmonary anastomosis.

Results: In the early postoperative period, in the first group the mortality rate was of 6.25% and mortality in the second group was 22.2%. In both groups, the most frequent complications were heart failure and paresis of the dome of the diaphragm. Acute heart failure was found in 26% patients of the first group, and 47.6% of patients of the second group. Paresis of the dome of the diaphragm was noted in 30% of patients of the first group and 38.9% of patients of the second group. These two complications significantly influenced the course of the early postoperative period. In the same period between the two groups were compared, the performance factor of inotropic support, duration of ventilation and duration of leakage from the pleural cavity. In patients of the first group factor inotropic support was 8.7 (5.0-10.0) and the average length of transudation from pleural cavities was six (4-8.5) days. In the patients of the second group factor inotropic support was 12 (7.2-12.8), and the average length of transudation from pleural cavities was nine (5.0 to 13.0) days.

Conclusion: It is possible to note that the early, postoperative results were satisfactory in children under four years old.

Biography

Mirza-zada Faig Azad has completed his PhD from Scientific Center of Surgery named after academician M.A. Topchibashev. He was graduated from Azerbaijan Medical University in 2009. He is a Pediatric Cardiac Surgeon in Department of Pediatric Cardiac Surgery of Scientific Center of Surgery named after academician M.A. Topchibashev. He has published more than 10 papers in medicals journals.

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