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Ductal stenting as an alternative to the modified Blalock-Taussig shunt

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The modified Blalock-Taussig systemic-to-pulmonary Shunt (mBTS) is the most commonly used palliative procedure for infants with ductal-dependent pulmonary blood flow in different cyanotic pathologies. Although the mBTS generally provides a reliable and regulated source of pulmonary blood flow, patients remain at risk of early and late shunt occlusion. In addition, the hospital stay increases due to an increase in morbidity and mortality. Locally, it can distort the pulmonary branches and not provide an even flow to the pulmonary tree. In recent years, percutaneous trans-catheter placement of a stent to maintain ductal patency has been used by some centers as an alternative method to provide a source of pulmonary blood flow. Our approach is through the left carotid artery frequently. The potential advantages of ductal stenting include reduced procedure-related risks, avoidance of cardiopulmonary bypass and improved distribution of pulmonary artery blood flow among others benefits. We reviewed our initial experience with ductal stenting as an alternative to mBTS in selected patients to determine the safety and effectiveness of this novel approach.

Biography

Gabriel Castillo Casati is the Head of Pediatric Cardiovascular Surgery at the Roberto del Rio Children's Hospital in Santiago de Chile, Specialized in Neonatal Cardiovascular Pathology and Circulatory Support. He also works in the American Heart Center as a Consulting Pediatric Cardiac Surgeon in Uruguay. He has been an invited lecturer at numerous pediatric cardiovascular surgery meetings both nationally and internationally.

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