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Radiofrequency perforation versus hybrid procedure in the treatment of pulmonary atresia- IVS: Challenges faced in developing countries

Pulmonary atresia with intact ventricular septum is an infrequent but enigmatic disorder with significant morphological heterogeneity. In the absence of a right ventricular-dependent coronary circulation, pulmonary valvotomy is a good choice to save the right heart a biventricular repair instead of univentricular repair currently practiced in our country. The use of percutaneous RF-assisted perforation of the aortic valve and subsequent balloon dilation provides an easy but expensive overall procedure. The procedure, while technically challenging, can be expected to establish ante-grade flow successfully through the pulmonary valve in most of patients. More than 65 patients presenting with PA-IVS presenting to Cairo University Children Hospital (CUCH) were taken for RF perforation using Baylis RFP 100 generator with trials for cost limitations. For example, to minimize expenses: We stopped using the Protrack microcatheter and replaced this in most cases by the “wire tracks a wire” technique. We also replaced the use of the micro snare from the arterial end to mark the pulmonary valve by looping a coronary wire. Telescopic Luma catheter was replaced by using Mullin long sheath 5 or 6F through which the 4F catheter is passed. Fixing the wire and trying to limit the number of balloons used, replacing the Tayshack Mini balloons which was not always available with regular coronary balloons which are readily available. In case of unavailable 4F sheath with special curve we mostly used either 4F VER and reshaped it. We resorted to Hybrid procedure with the surgeon opening the chest and fixing the sheath in RV directed towards the pulmonary valve in case of failed peripheral vascular access. The challenges faced by the operator in the cath lab (especially in countries with less than optimal facilities) and the different solutions to overcome those challenges will be presented.

Biography

Sonia El Saiedi has completed her graduation from Medical School, Cairo University in 1987. She was trained in Boston Children Hospital in 1998. Currently, she is working as Professor of Pediatric Cardiology in Cairo University Children Hospital, Egypt as well as she is the Director of Pediatric Cardiac ICU and Cardiomyopathy Clinic.

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