

Cone Repair for Tricuspid Valve Dysplasia after Failed Repair

Seung Woo Ryu, Chun Soo Park

Division of Pediatric Cardiac Surgery, Asan Medical Center



서울아산병원
소아청소년병원 심장외과
Asan Medical Center Children's Hospital Cardiac Surgery



The 4th AAPCHS

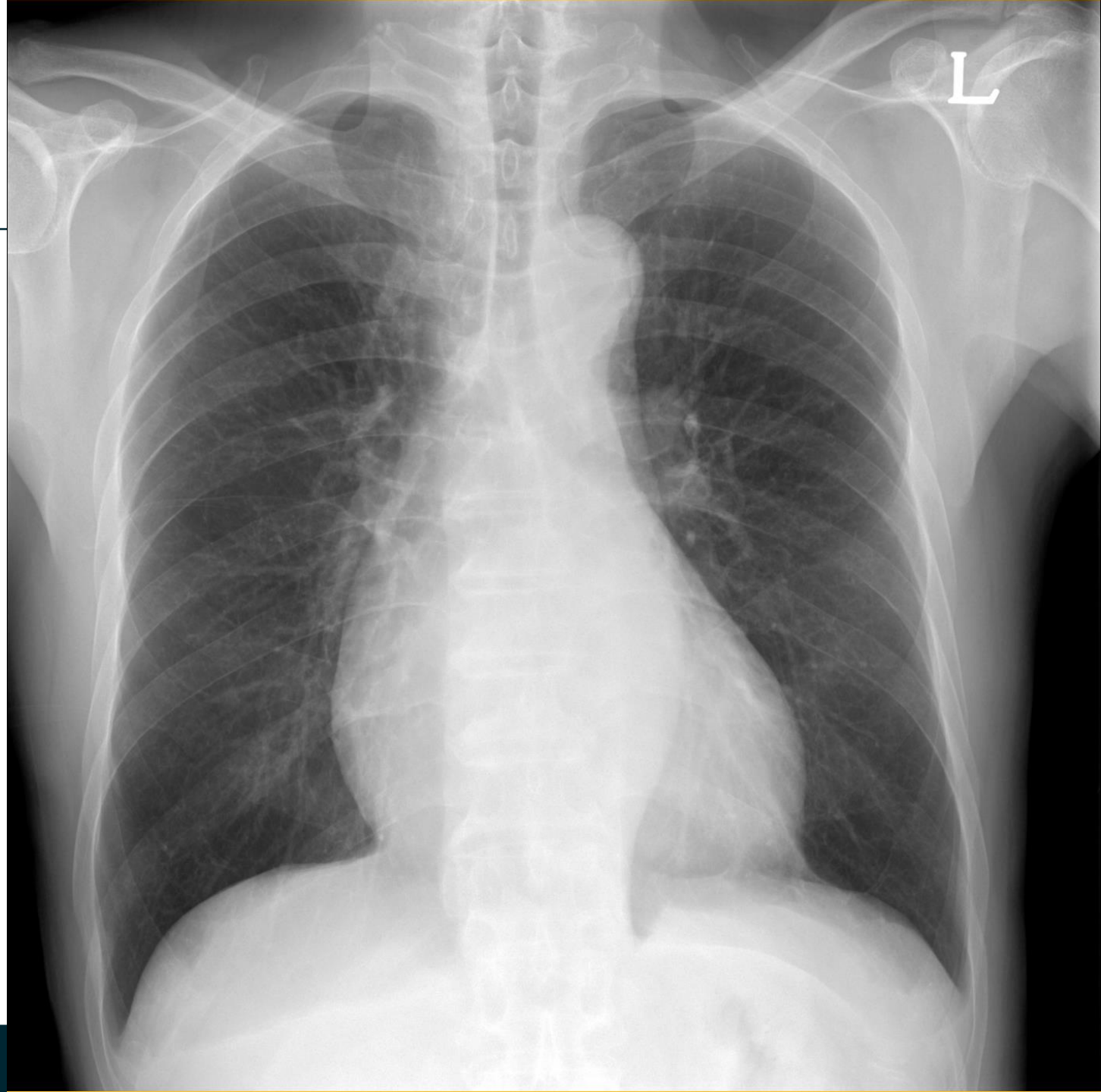
Brief history

- Male/66
- h/o Colon cancer s/p Lt. hemicolectomy (2022.12.14)
- DOE Fc II (onset: 1YA)
- Known AF
 - Medication with DOAC, beta-blocker, and diuretics

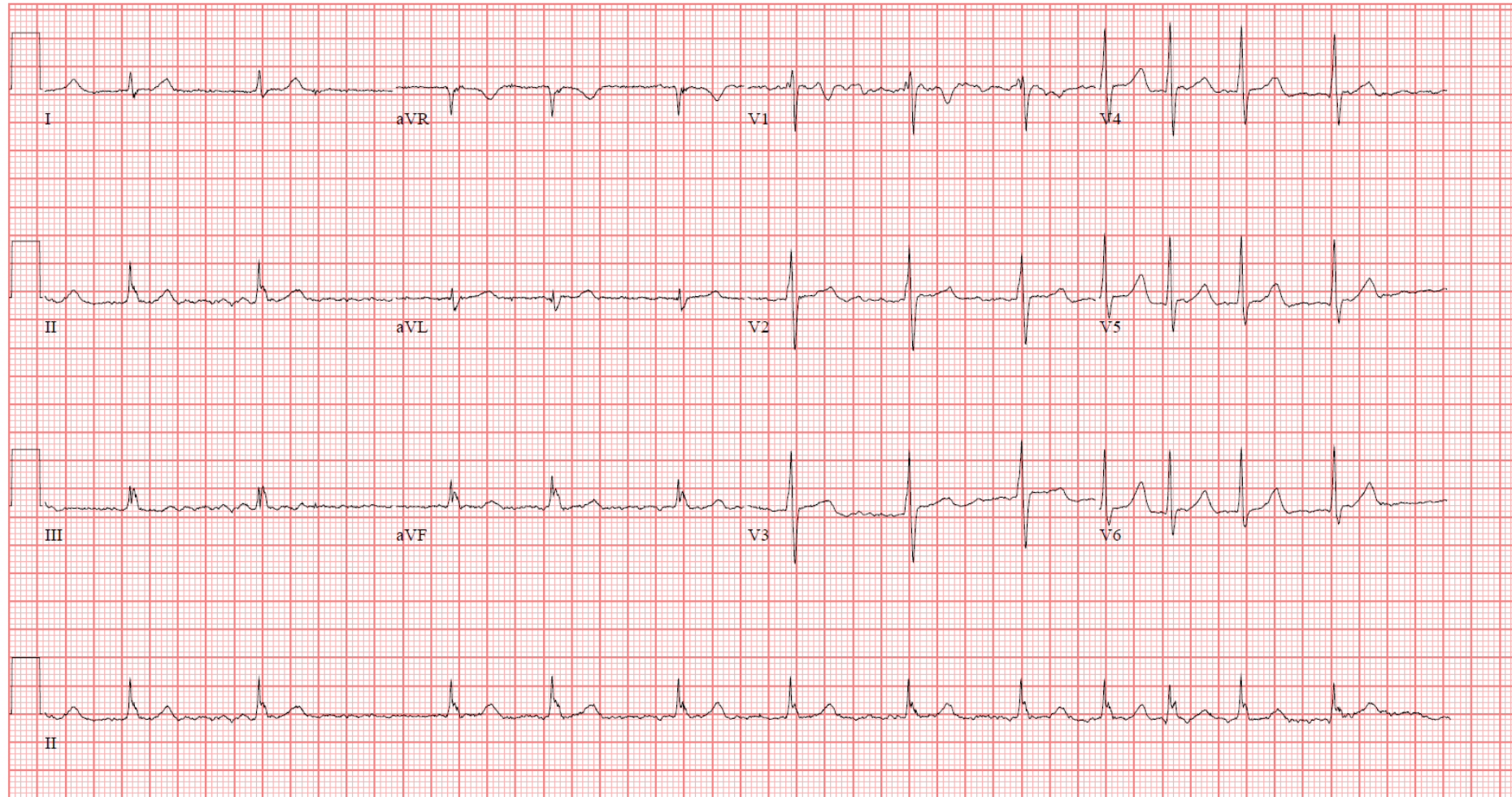
Brief history

- EchoCG
 - Severe TR
 - Dilated RV with preserved RV contractility
 - AF with mild LV dysfunction (LVEF 48%)

Preop CXR



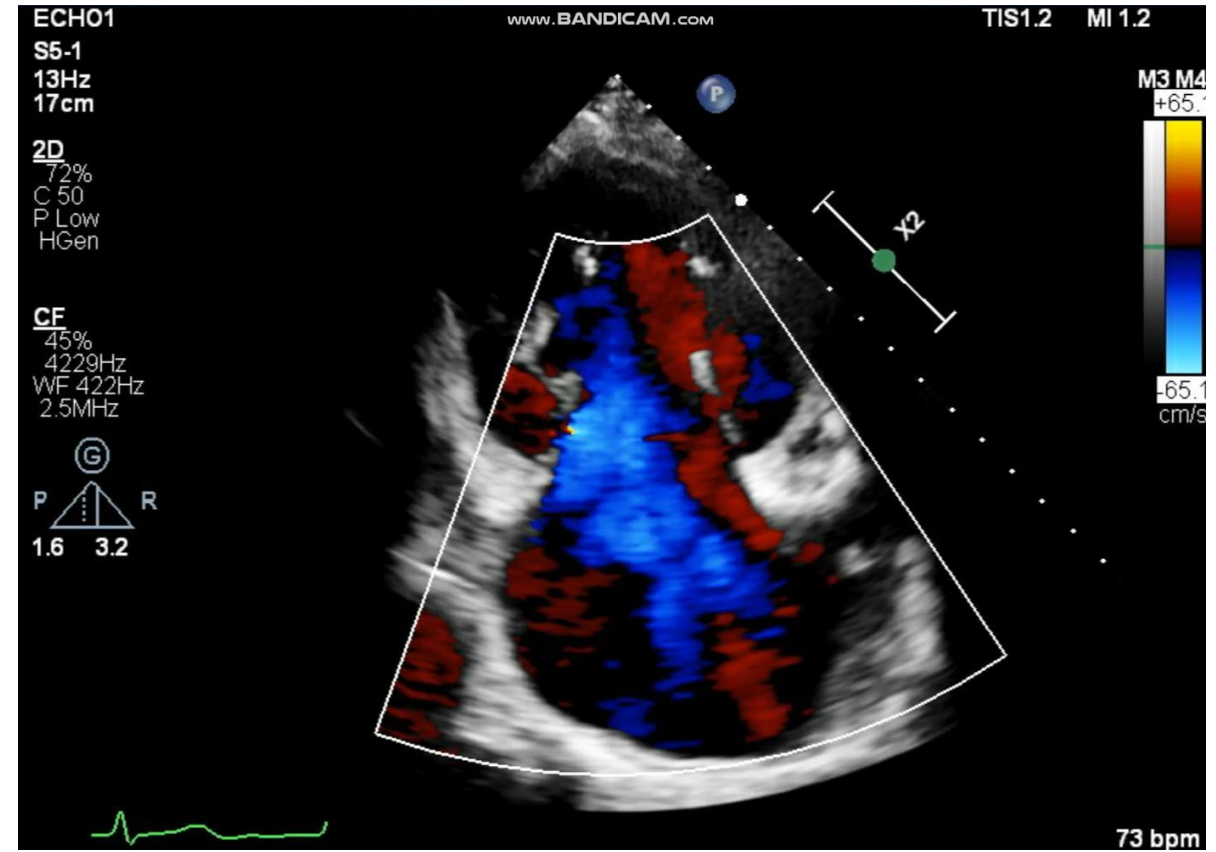
Preop ECG



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 CID: 153

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Preop Echo

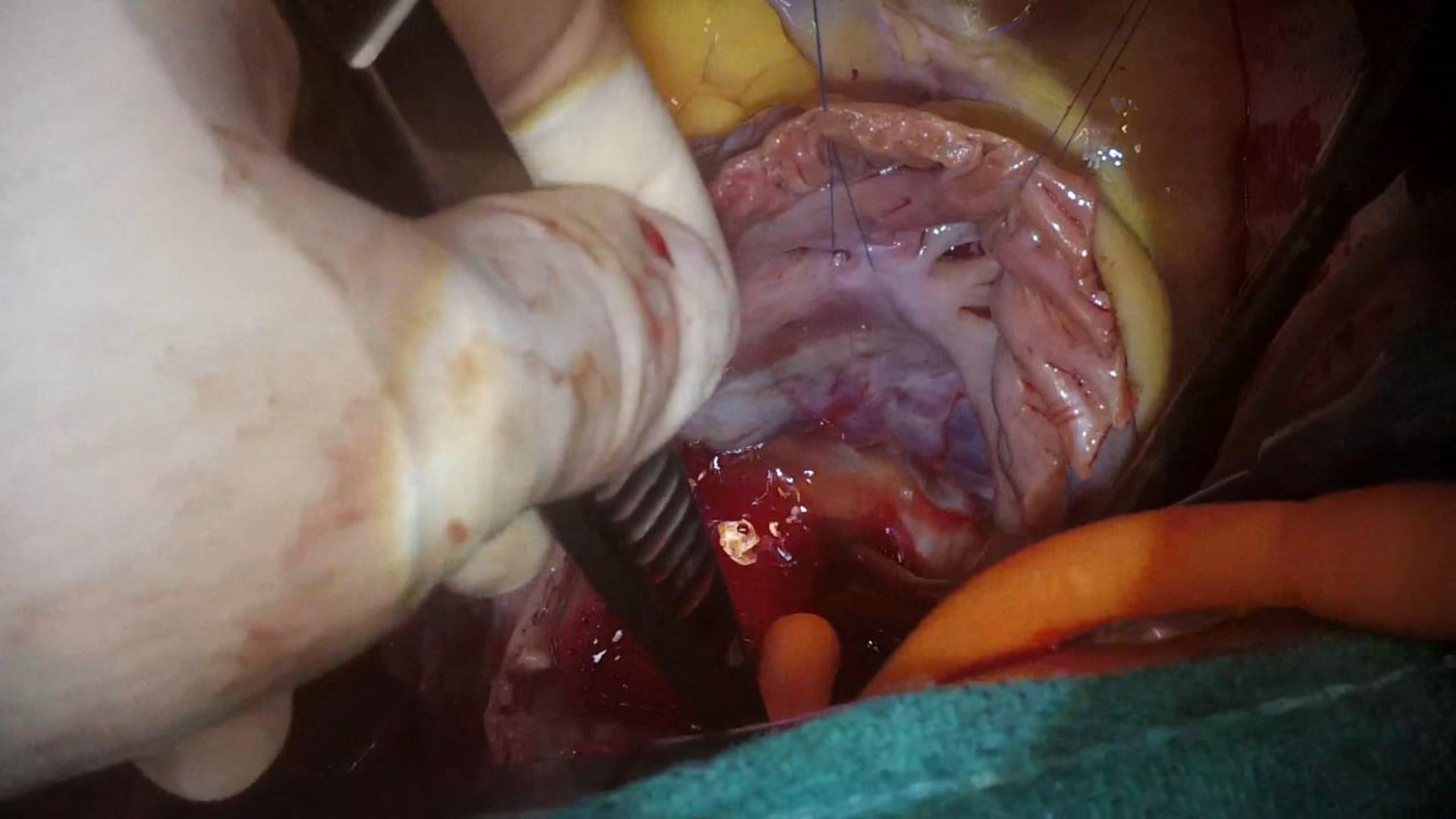


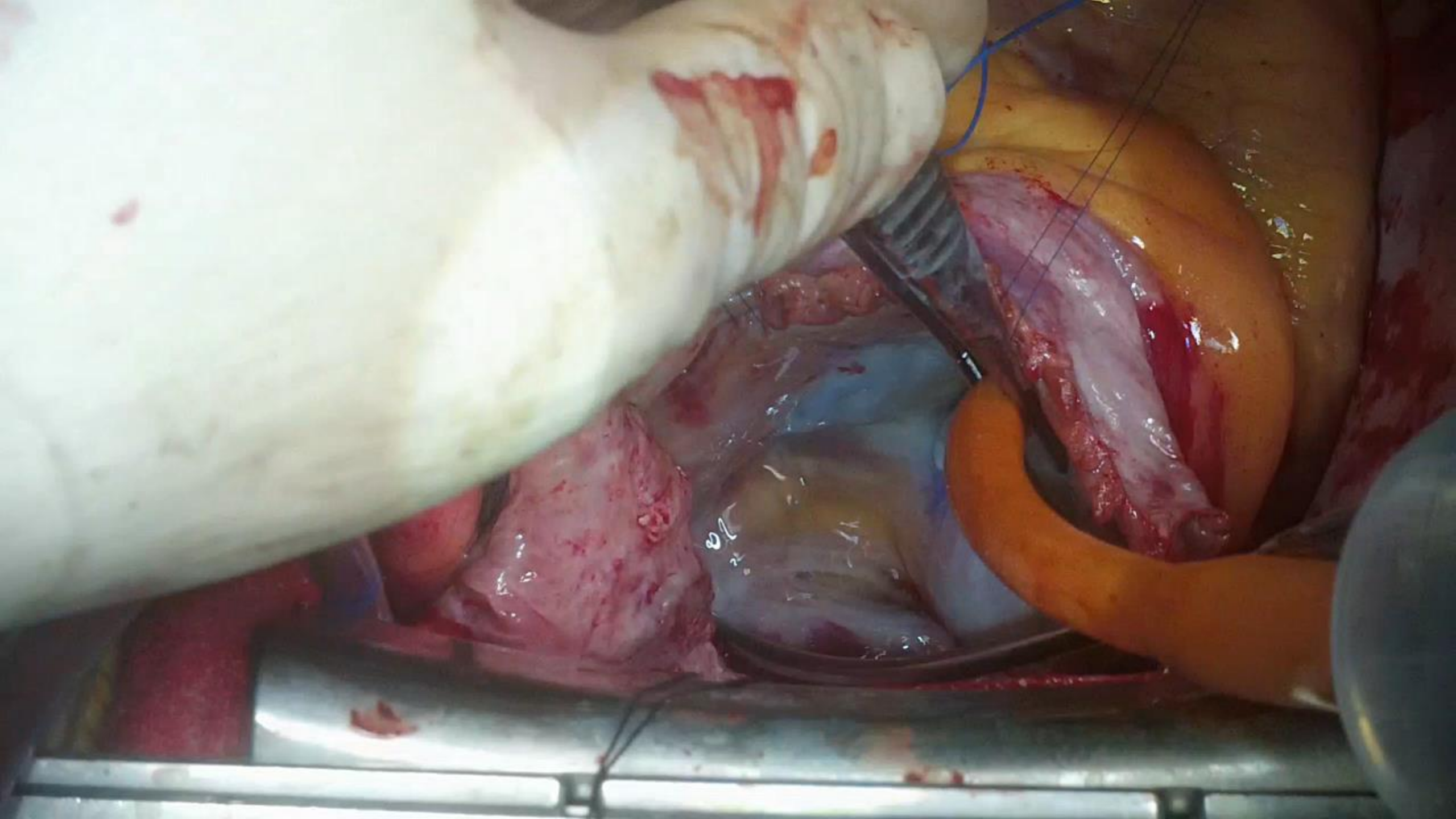
Brief history

- Assessment
 - Tricuspid valve dysplasia (>>Ebstein anomaly)
 - Severe TR
 - persistent AF

Brief history

- Operation plan
 - Maze (biatrial)
 - TVP

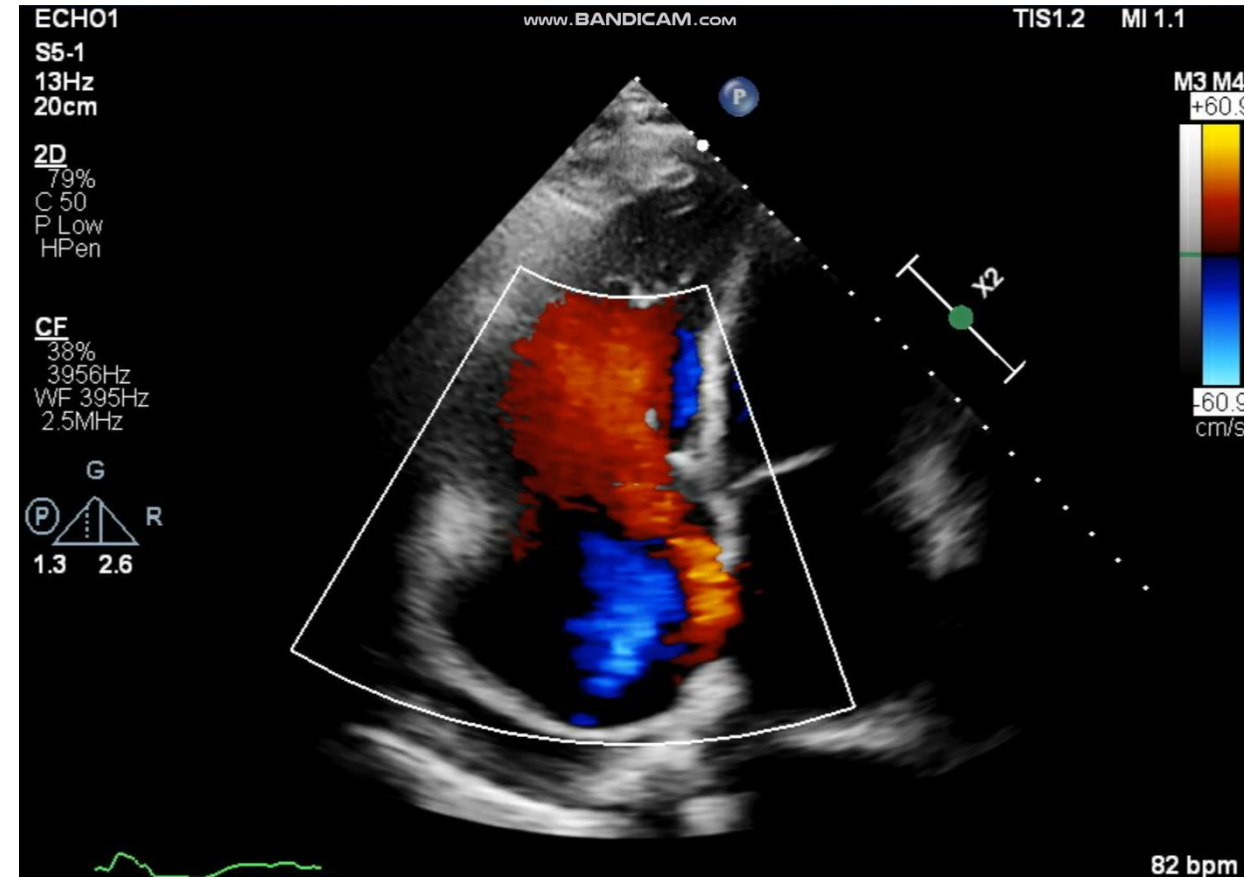
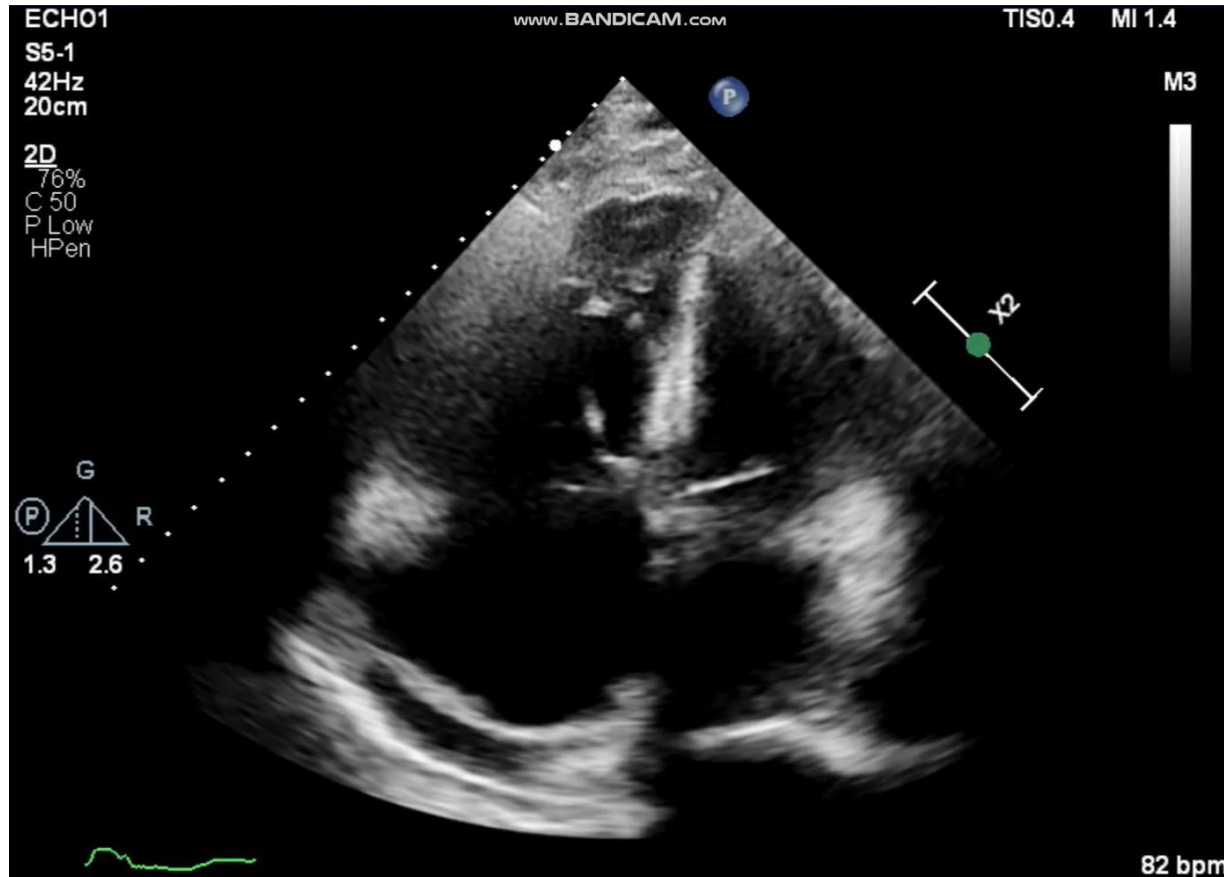


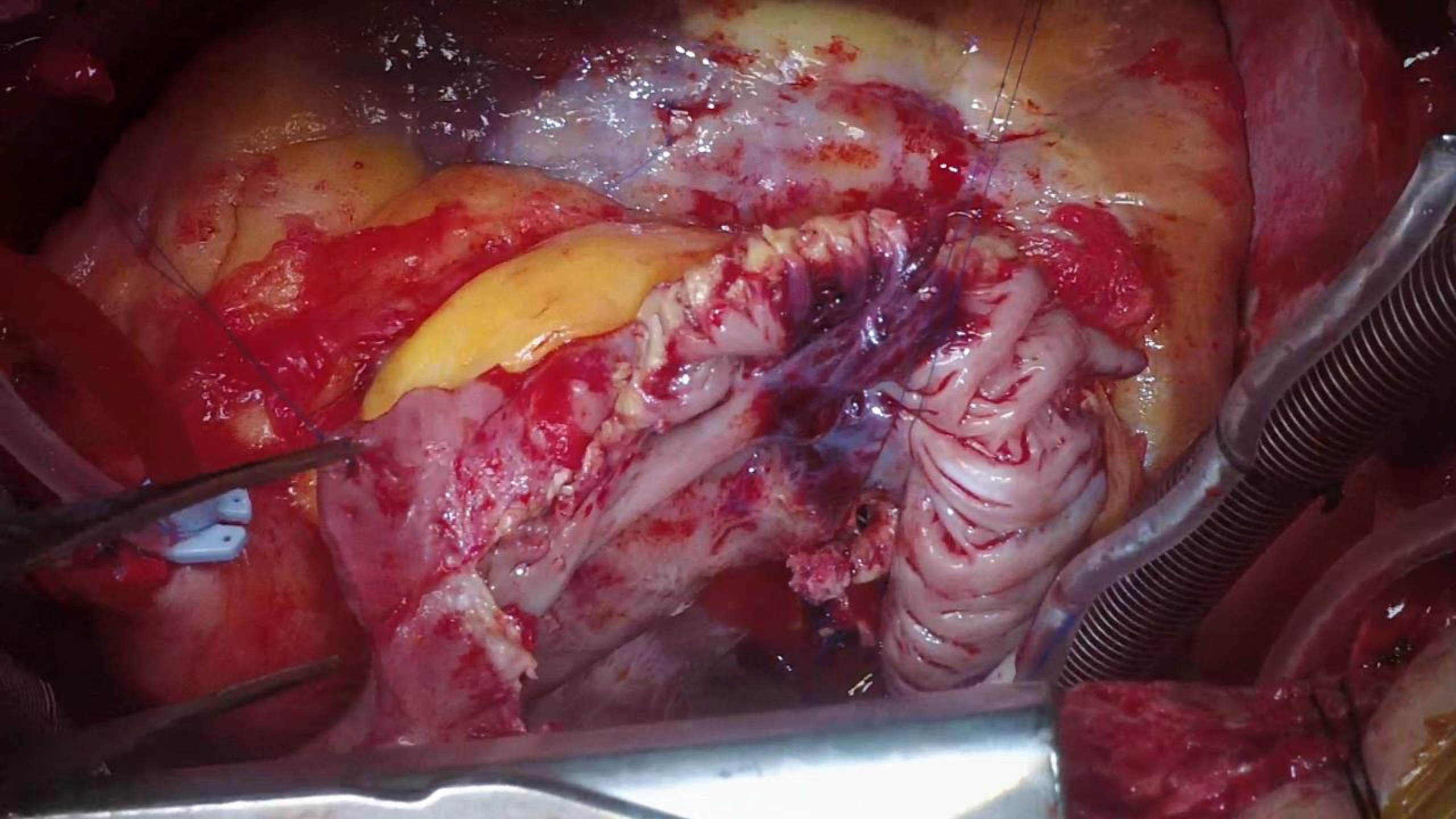


Hospital Course

- POD #1. Extubation
- POD #2. Transfer to GW
- POD #5. CT removal
- POD #7 Postop EchoCG

Postop EchoCG

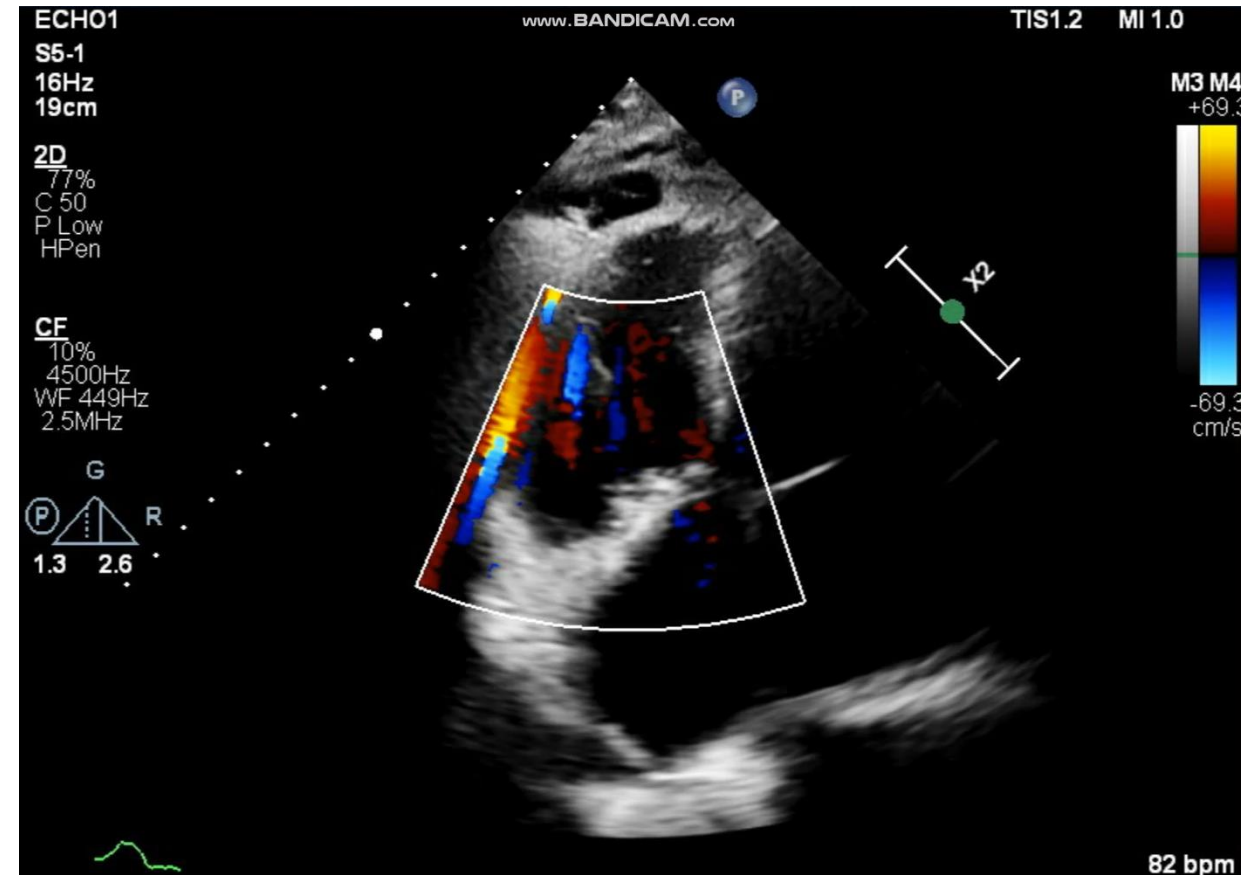
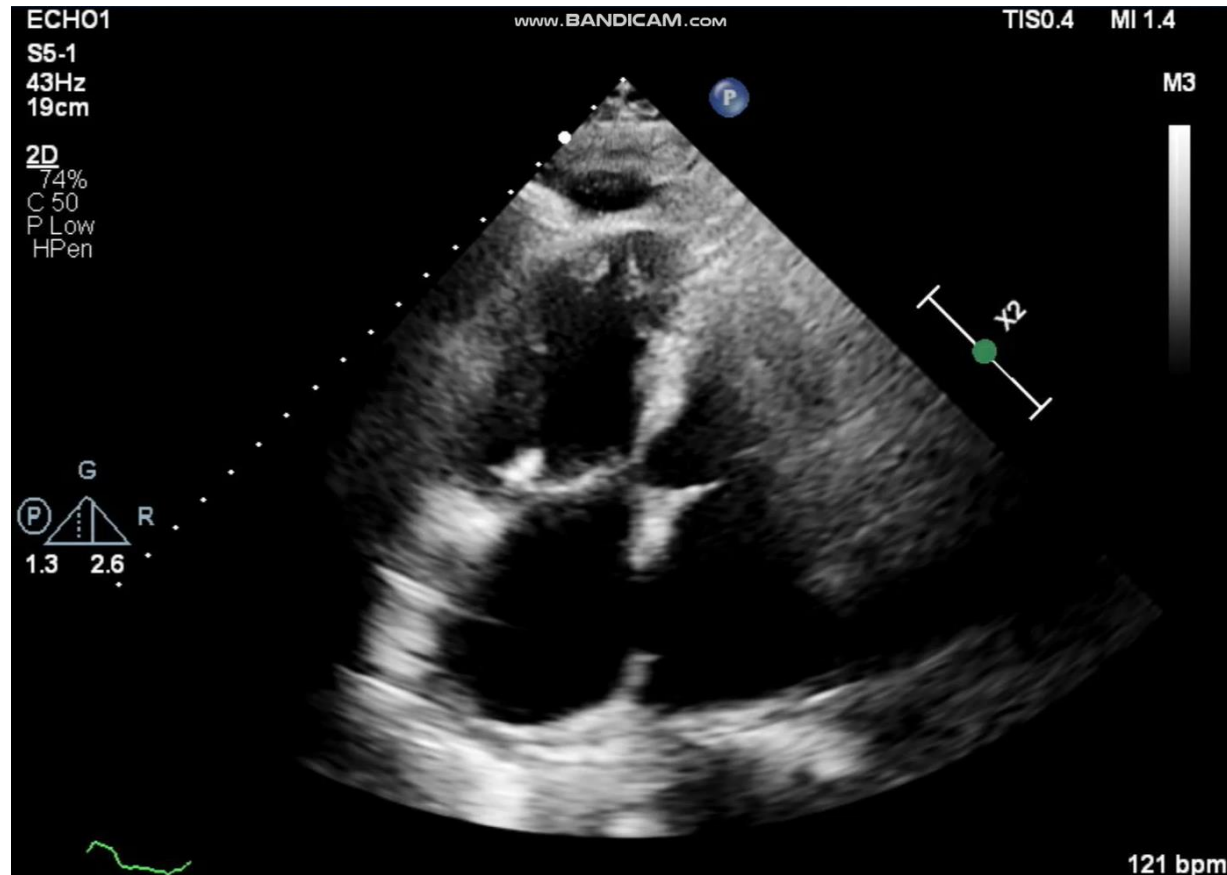




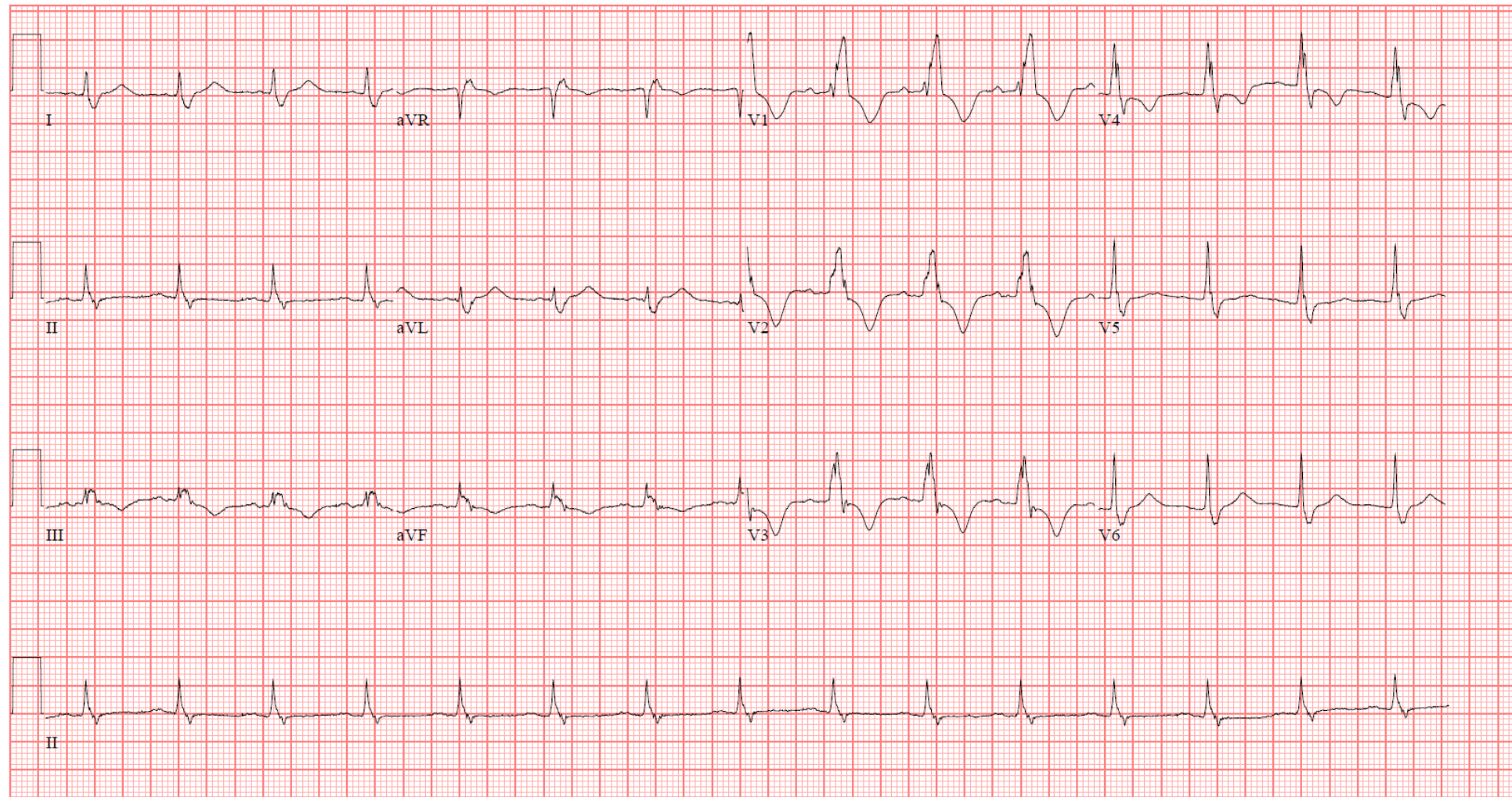
Hospital Course

- POD #1. Extubation
- POD #1. Transfer to GW
- POD #3. CT removal
- POD #5 EchoCG at discharge
- POD #7 Discharge

EchoCG at Discharge



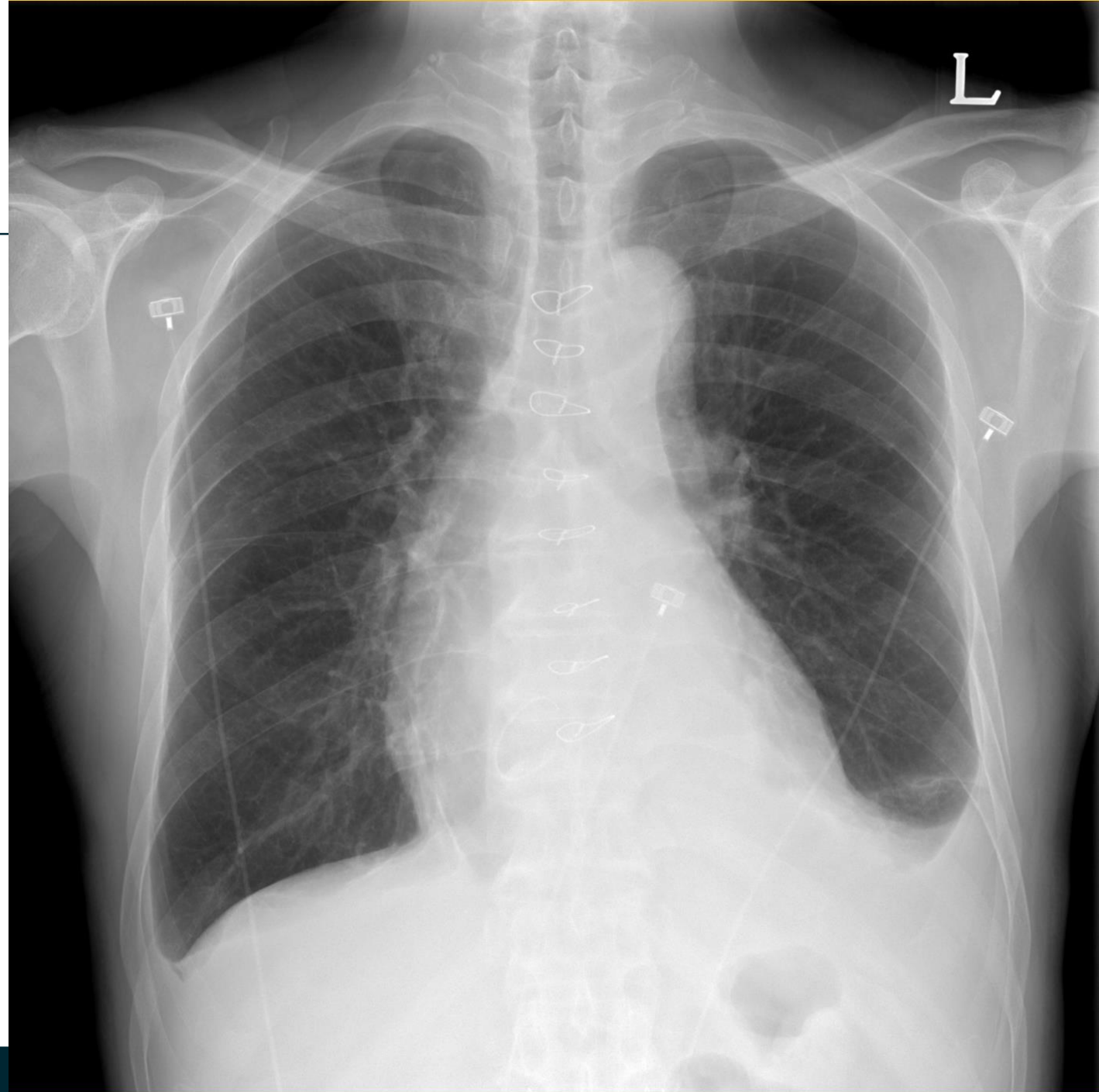
Postop ECG



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Postop CXR



Summary

- Cone repair could be a feasible option for TV dysplasia.

Thank you for your attention



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