# Implantation of Melody Valve in Mitral Position in an Infant: The First Case Report from Korea

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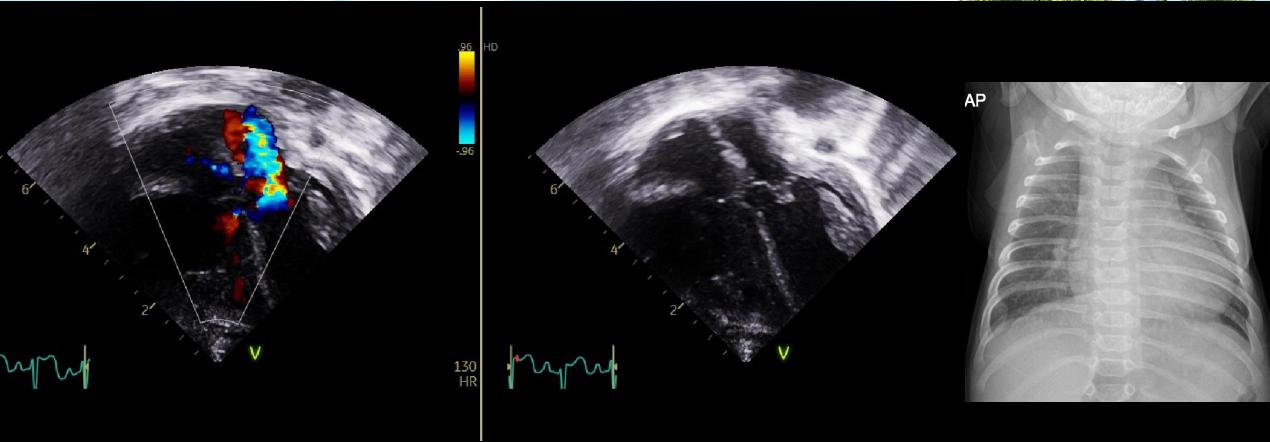


 8 mo girl who had undergone MVR with SJM 19mm presented to ER

- Chief complaints
  - Vomiting
    - 4 times since last night
  - Parents reported absent clicking sound of the valve

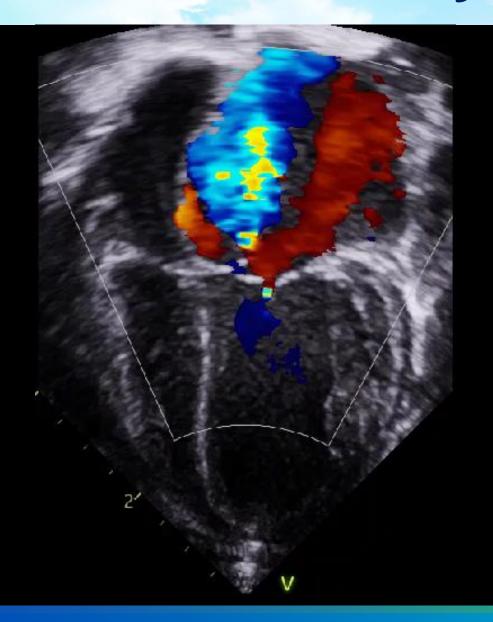
## Past medical history





- Complete AVSD (Rastelli type A)
- → Repair with modified 1-patch technique (2 months of age)





- Lt. AVV Regurgitation
- → Lt. AVVR repair (POD #21)
  - Cleft repair
  - Left superior bridging leaflet augmentation with autologous pericardium
- AVVR recurred (POD #35)
- → Lt. AVV replacement
  - SJM aortic valve 19mm at supraannular position

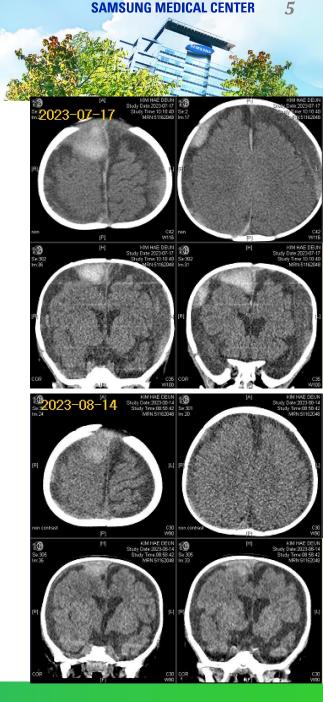
## Past medical history

#### Readmission for SDH

- PT(INR) prolongation
  - PT(INR) 13.15 → Warfarin stop
- Anticoagulation
  - HD #7: Heparin continuous infusion (aPTT target: 55~60s)
  - HD #29: Warfarin restart

### 2<sup>nd</sup> readmission for recurred SDH

- Anticoagulation
  - Heparin continuous infusion
  - HD #8: Warfarin restart

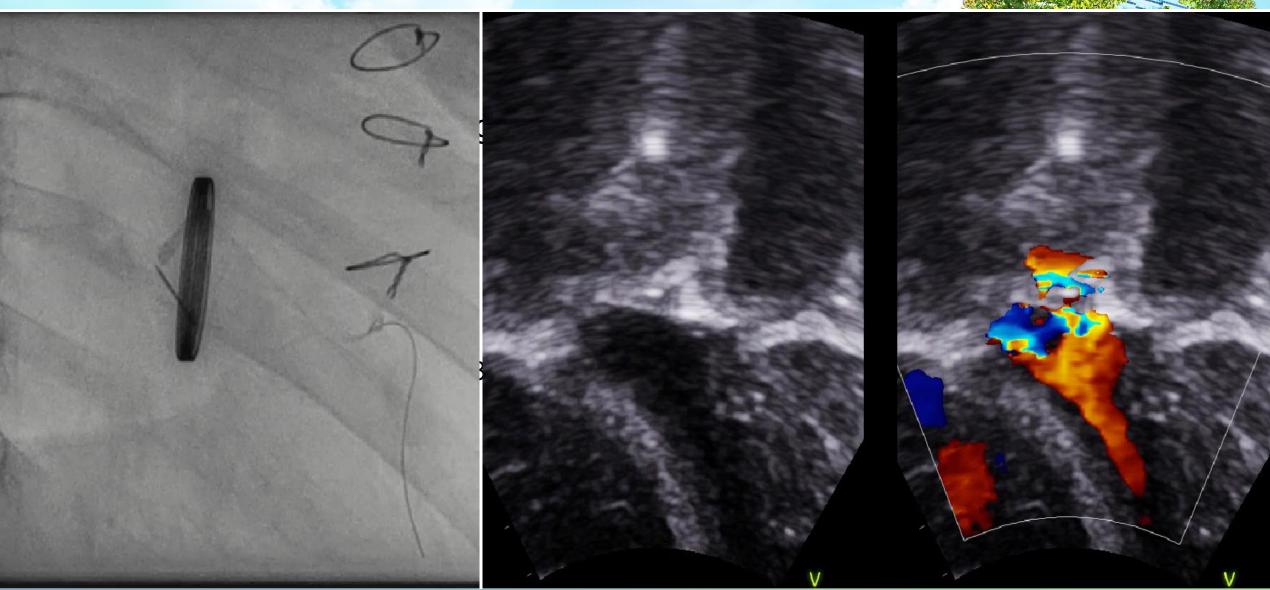




- 8 mo girl
  - 2 days after last discharge
  - Vomiting
  - Absent valve click
  - Coagulation profile
    - aPTT 43.7s / PT(INR) 1.37

## **Case Presentation**

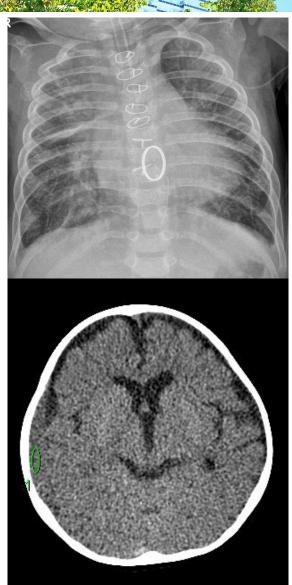






- ICU admission
  - Prosthetic valve failure
  - Cardiogenic shock with pulmonary edema
- ECMO with CRRT
- Deeply sedated
- tPA thrombolysis
- Heparinization

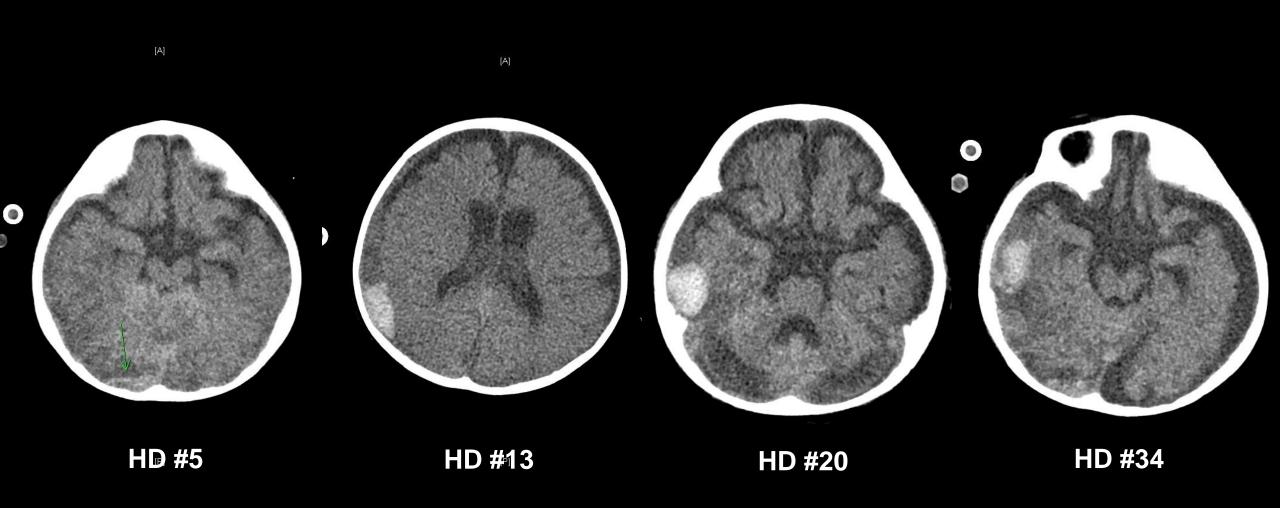






- Brain hemorrhage on HD #5 (SDH, ICH)
  - Epileptiform discharge on EEG
- Alveolar hemorrhage
  - Airway obstruction
- → Redo surgery was delayed
  - Heparinization was stopped
  - Weekly brain CT f/u
  - ECMO circuit changes





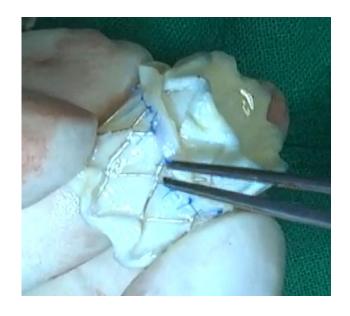
# Breakthrough



- On HD #31, without additional brain hemorrhage, redo MVR with Melody® valve was performed
- Melody® valve (Medtronic, Minneapolis, MN, USA)
  - Bovine Jugular Vein Conduit
  - Advantages
    - Avoid anticoagulation
    - Possibility of further ballooning

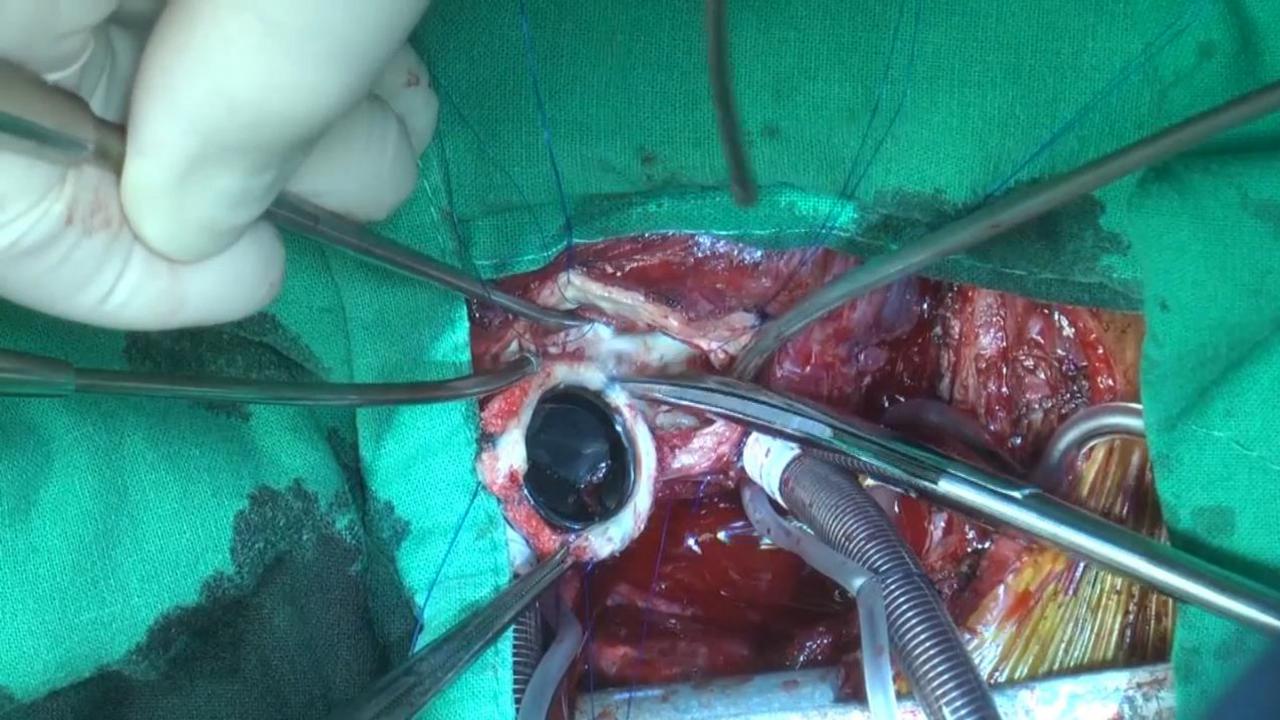


- Folding crowns
- Sewing ring creation
  - Bovine pericardial strip
- No LVOT side incision



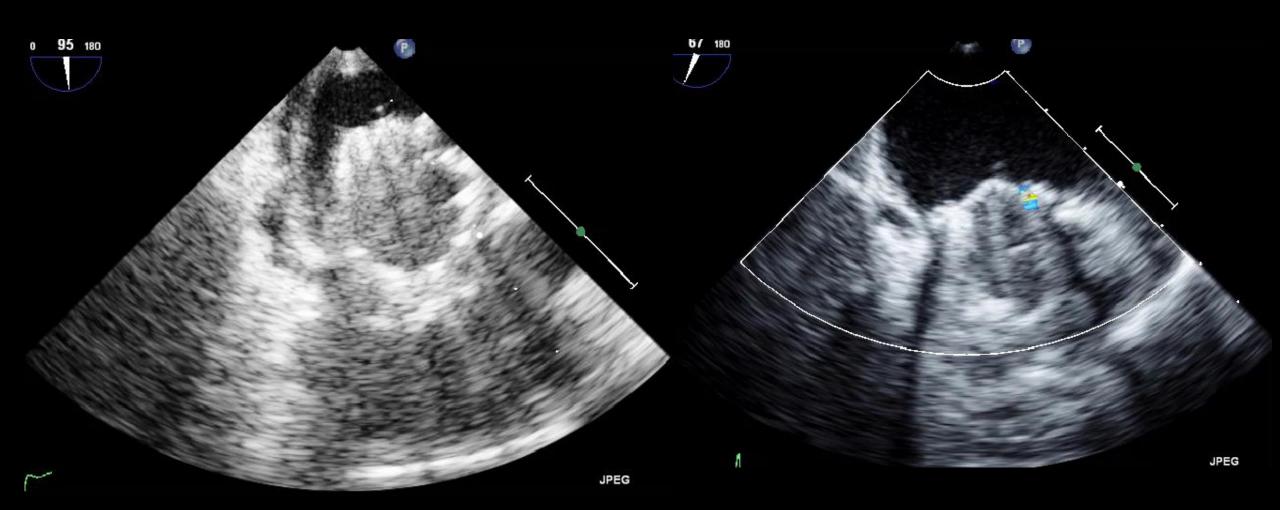


Balloon dilation
3.5mm fenestration



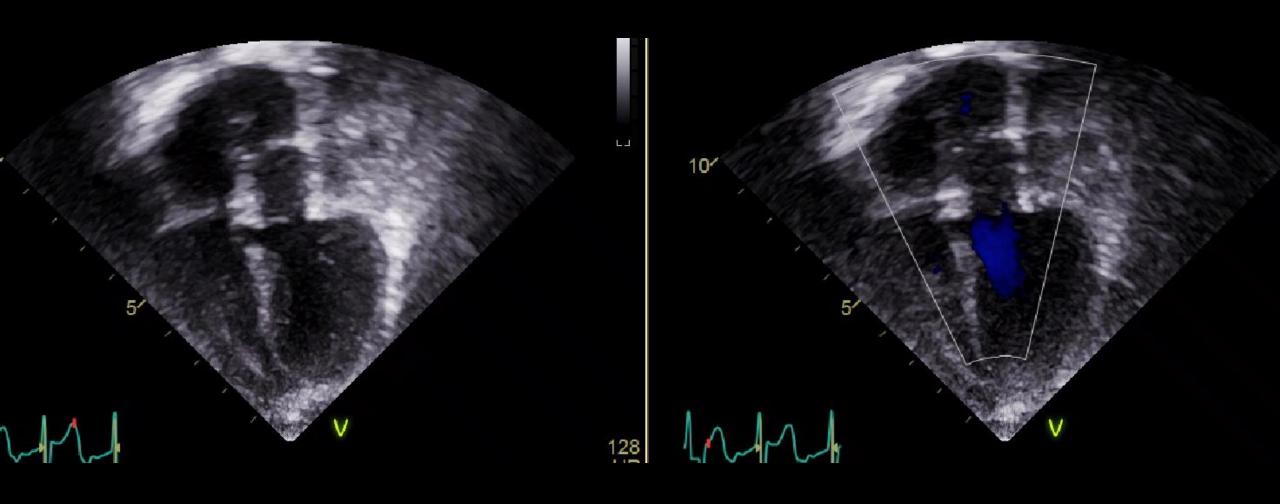
# **Intraoperative TEE**

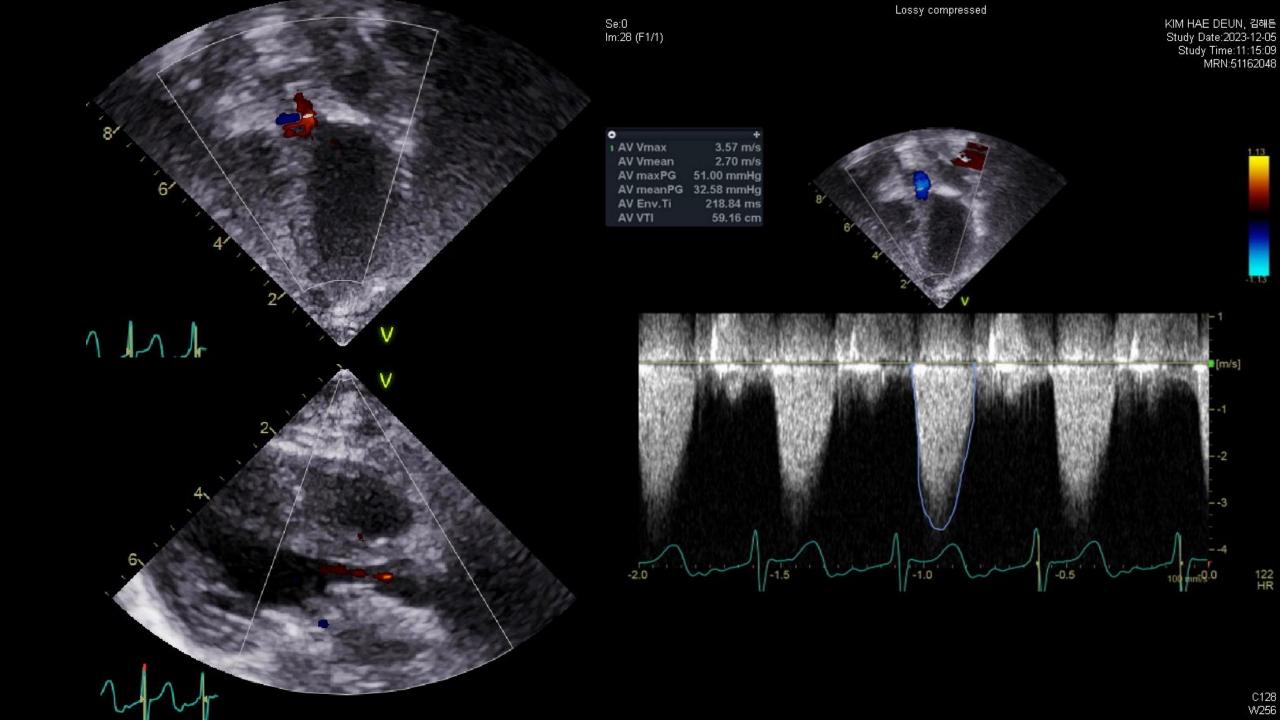




# Postoperative EchoCG











## **MVR** in Infants



## Suboptimal options

- Bio-prosthesis
- Homograft
- Ross Ⅱ (Aurograft)



Unavailable size, Durability ↓, Calcification

Limited experience in infants

## Viable options

- Mechanical valve
- Bovine Jugular Vein Conduit
  - Melody® valve (Medtronic, Minneapolis, MN, USA)



Bovine jugular vein conduit (Melody®)

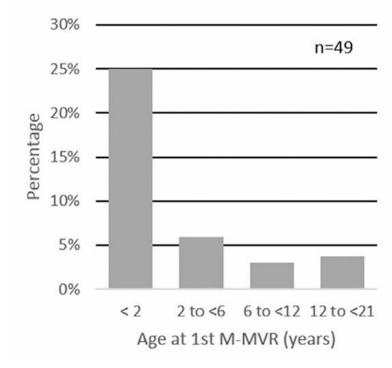
## **MVR** in Infants



## MVR with mechanical valve in Infant

- Inevitable for unrepairable cases
- Early mortality ↑
- Reintervention ↑
- Challenges
  - Limited prosthesis options
    - Especially for annuls size <15mm</li>
  - Younger age is a risk factor





Association of age and mortality after MVR: data from the PCCC

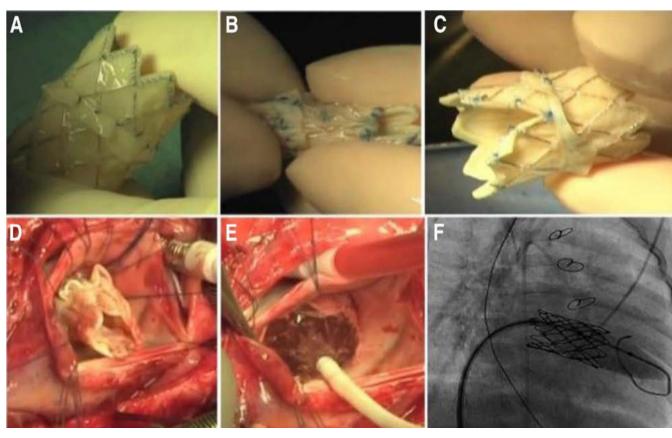
(Ann Thorac Surg 2019;107:143–50)

# Surgical Melody® Valve Implantation

- Since 2012, Boston group
- Advantages
  - Favorable short-term outcomes
  - Possibility of serial ballooning
  - Avoid anticoagulation

#### Risks

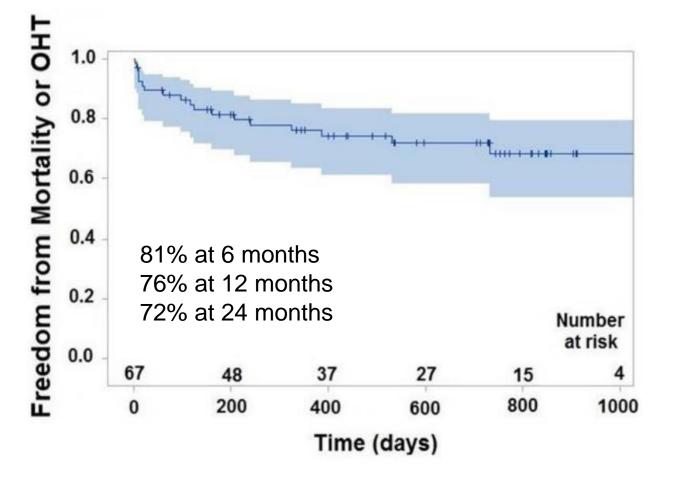
- Paravalvular leakage
- LVOTO
- Pulmonary vein obstruction
- Ventricular pseudoaneurysm



Surgical Melody® Valve Implantation

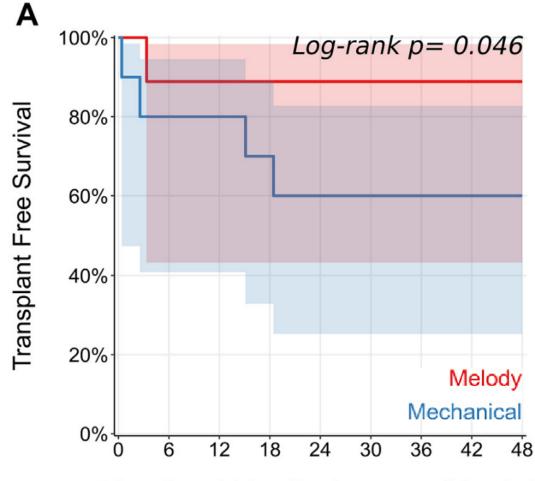
(Circ Cardiovasc Interv. 2018;11:e0071450)

# Surgical Melody® Valve Implantation

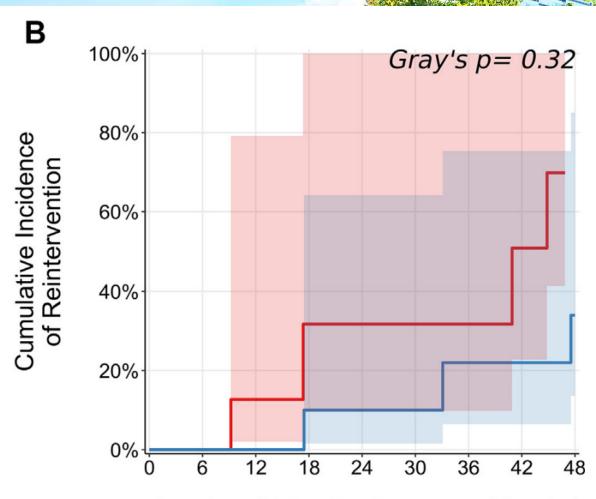


- 68 patients (mitral=59, tricuspid=9)
- Age at implantation: Median 8.6 mo
- Mortality cases
  - Mitral: 9 (n=59) Tricuspid: 4 (n=9)
  - Salvation from ECMO: 5 died (n=6)
- Complications
  - LVOT obstruction: 7/68
    - Re-operation: 2
  - Perforation with central regurgitation: 4

# Surgical Melody® Valve Implantation



Time from Valve Replacement (Months)



Time from Valve Replacement (Months)

For Aged <1

(Ann Thorac Surg 2023;115:778-83)



