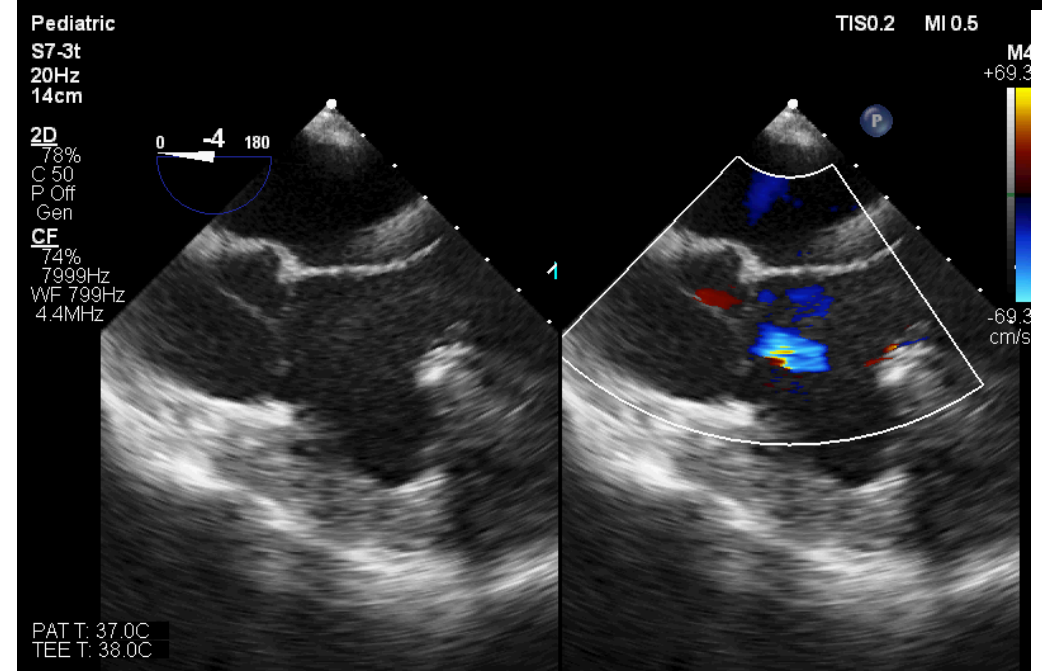
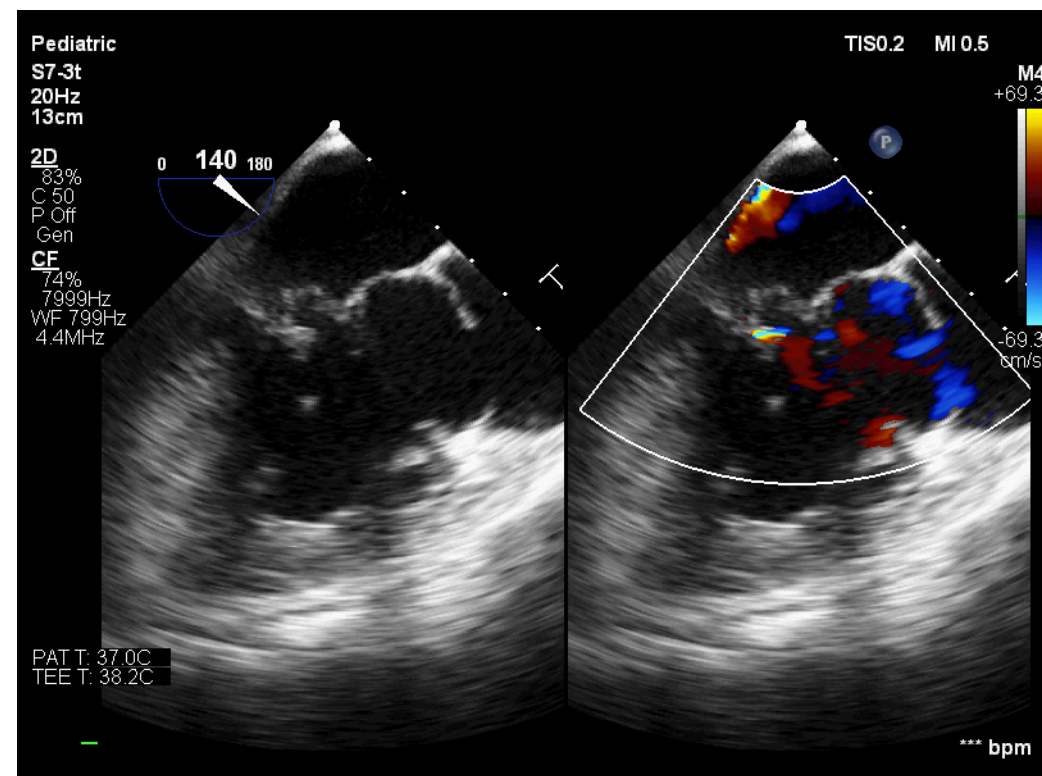
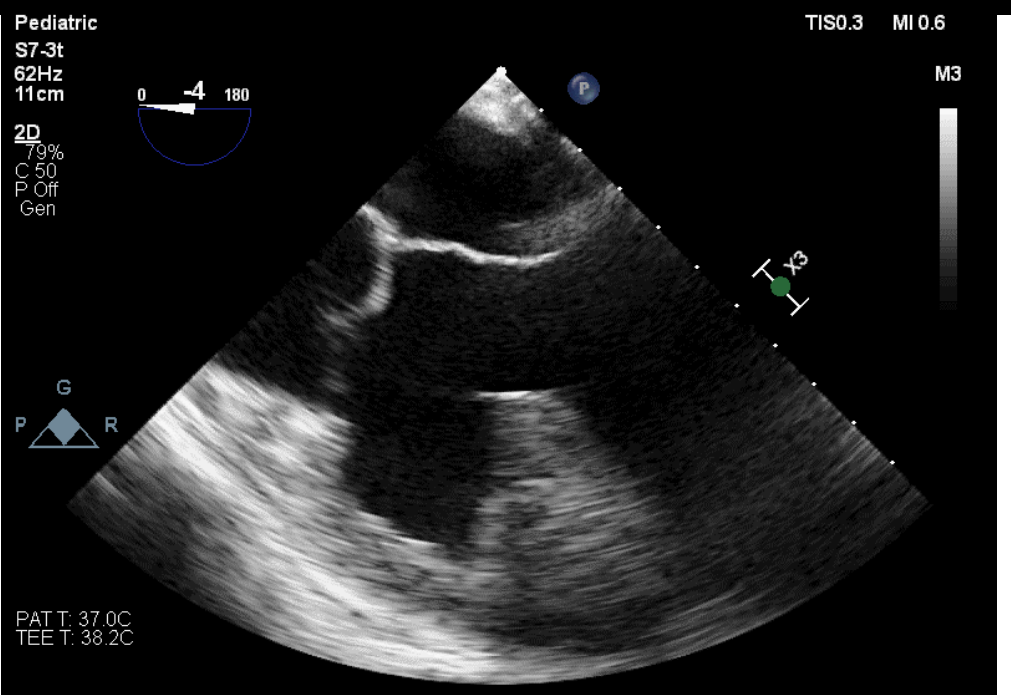
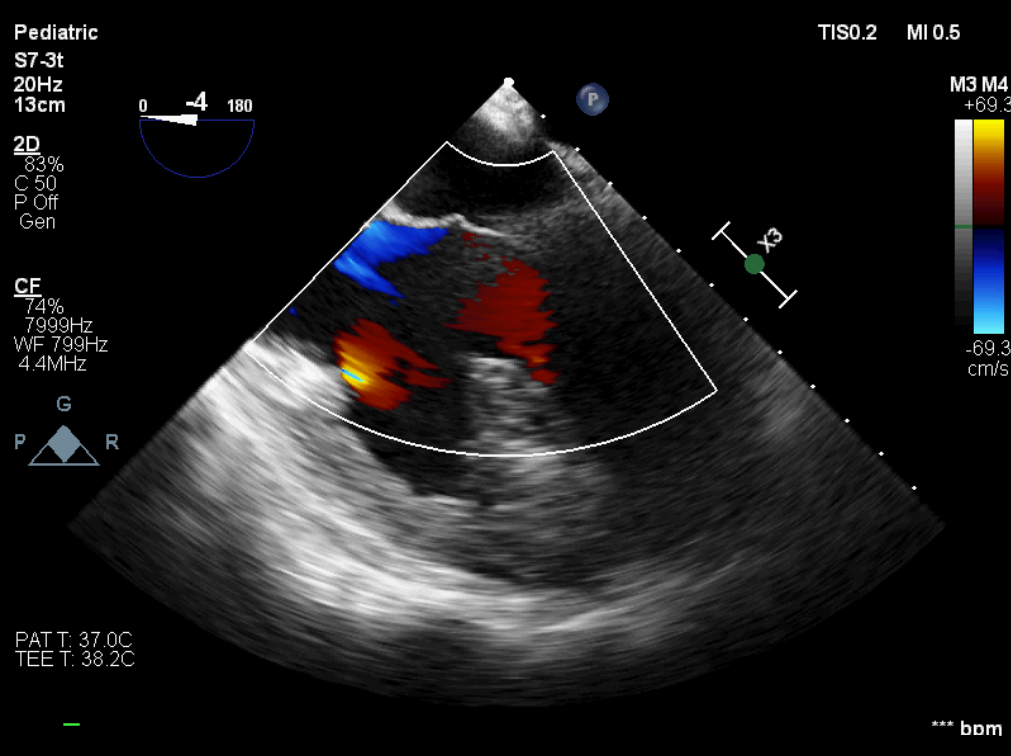


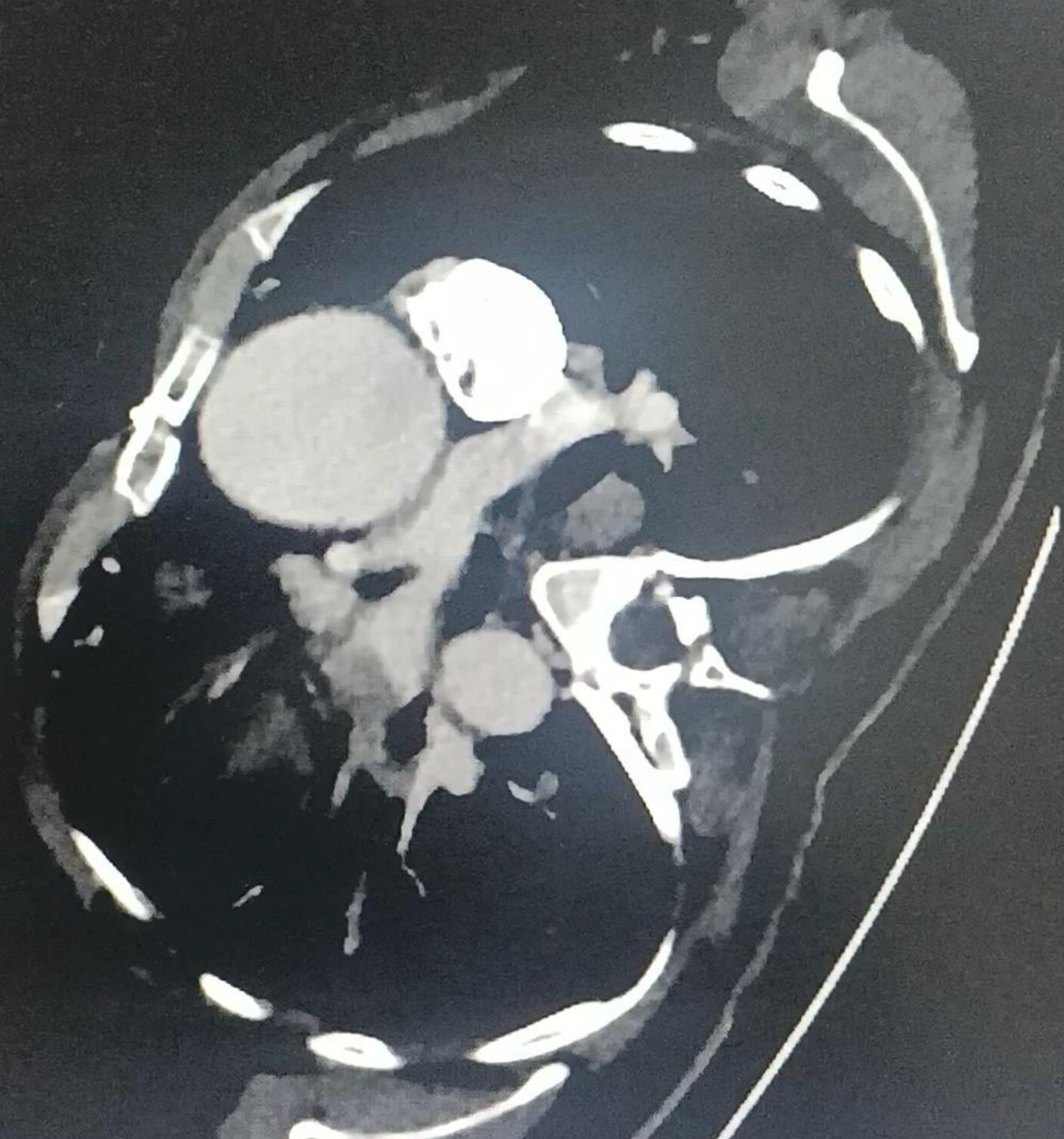
Biventricular repair in Complex AV canal defect in an Adult

*DrBrijesh P Kottayil
Amrita hospital Kochi
India*

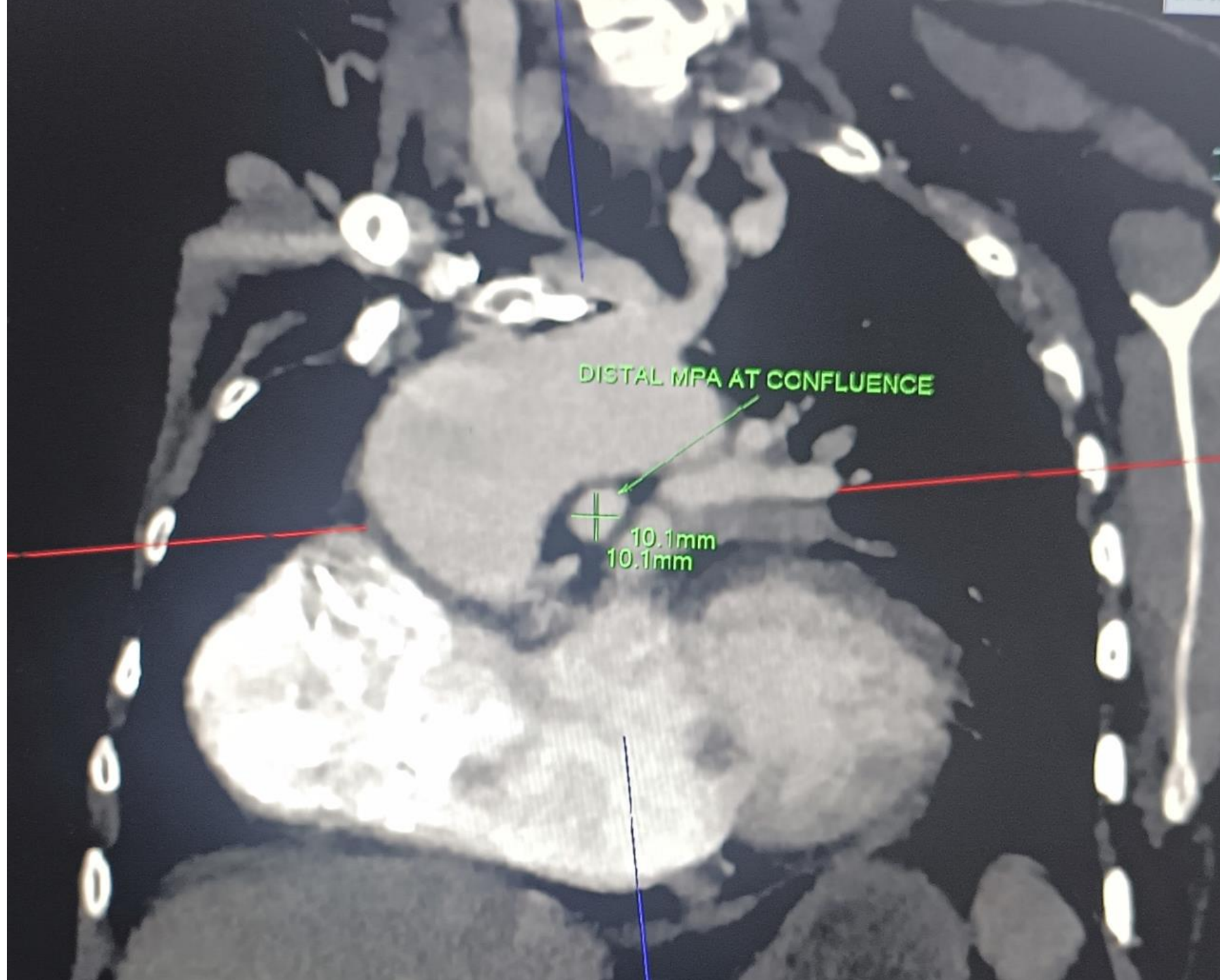
Patient demographics

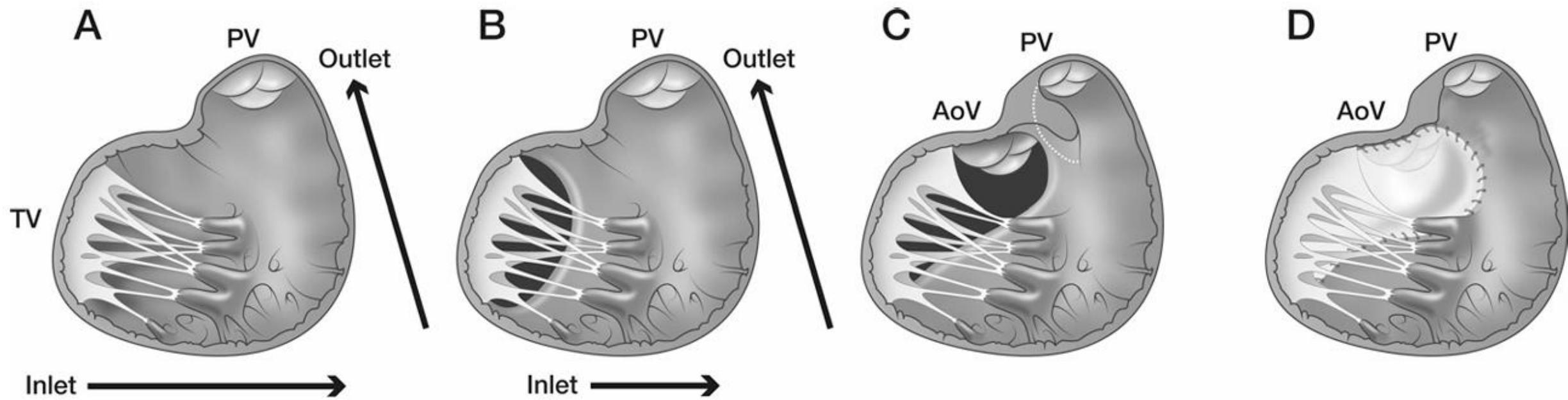
- 28 year old Female
- 53 kg
- Class 111 DOE
- RMBTS to RPA at 10 years of age
- SPO2 70%
- Hb 201g/l



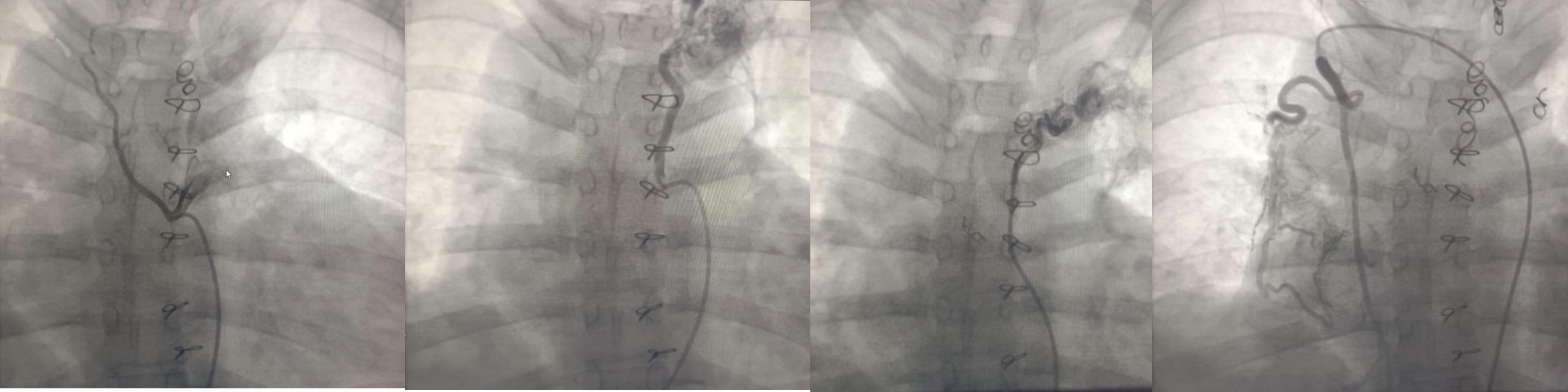


CM: Iodine
GT: 0.00
ImC: Batch 5 obli hrot
w. cro

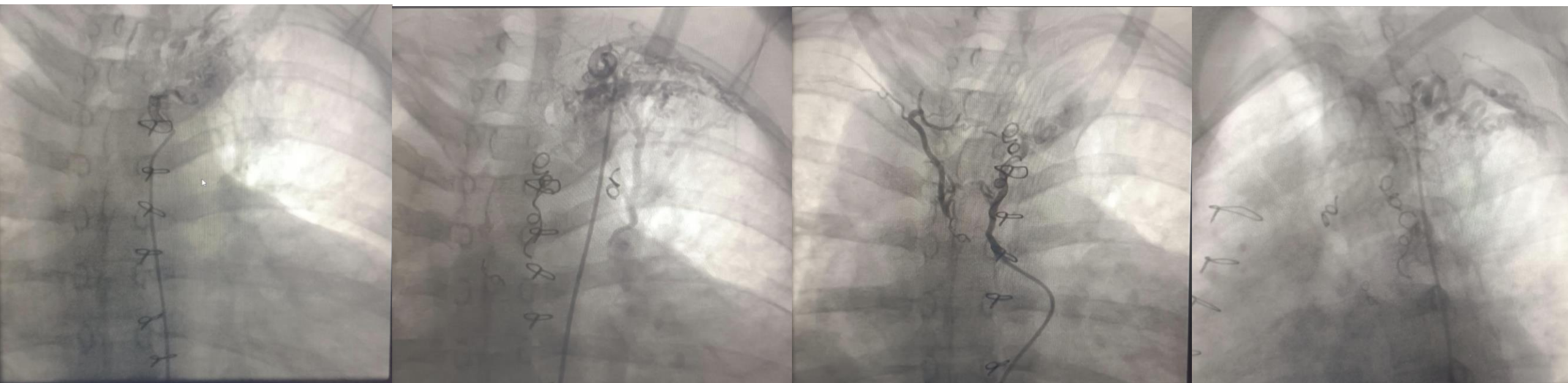


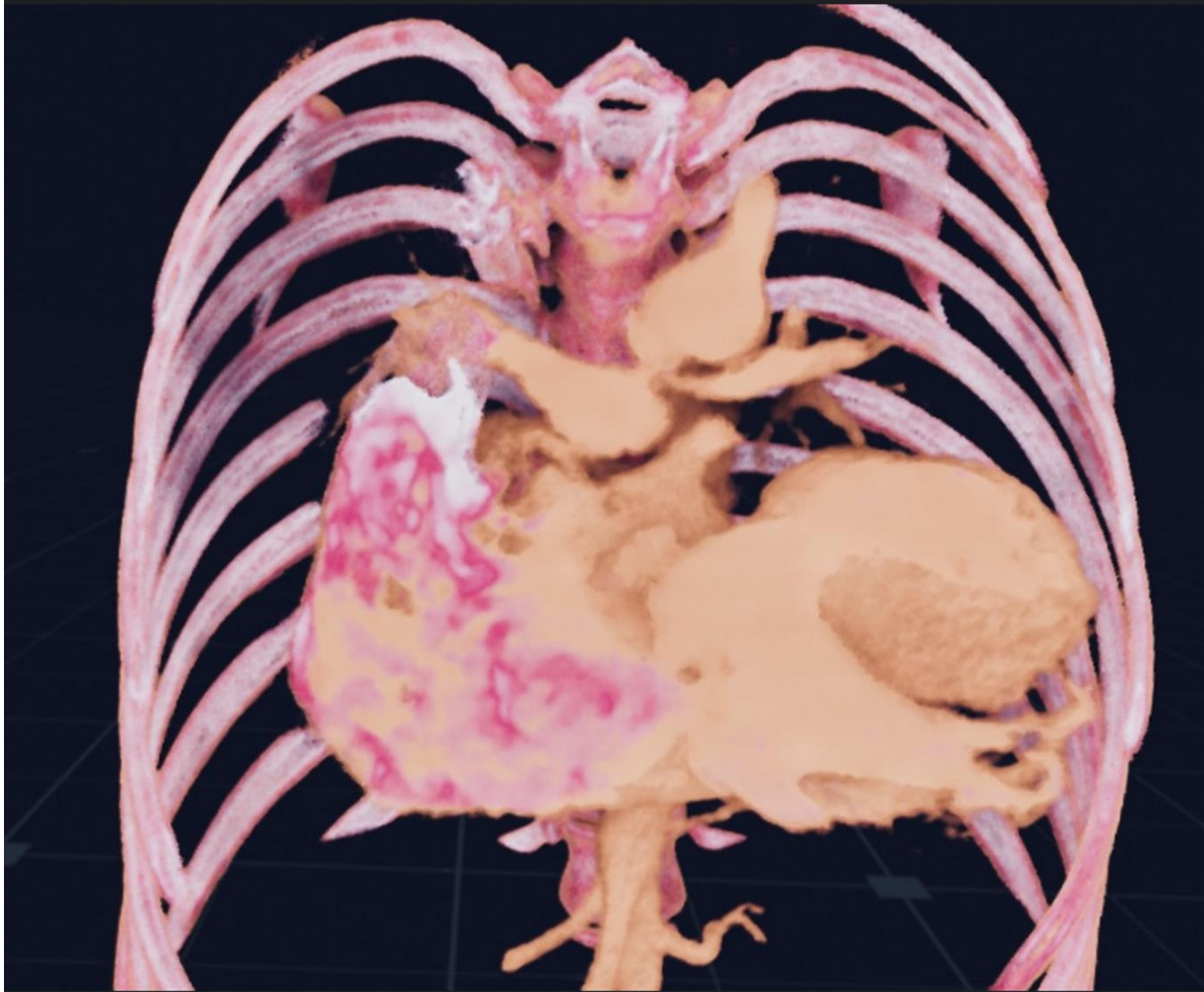


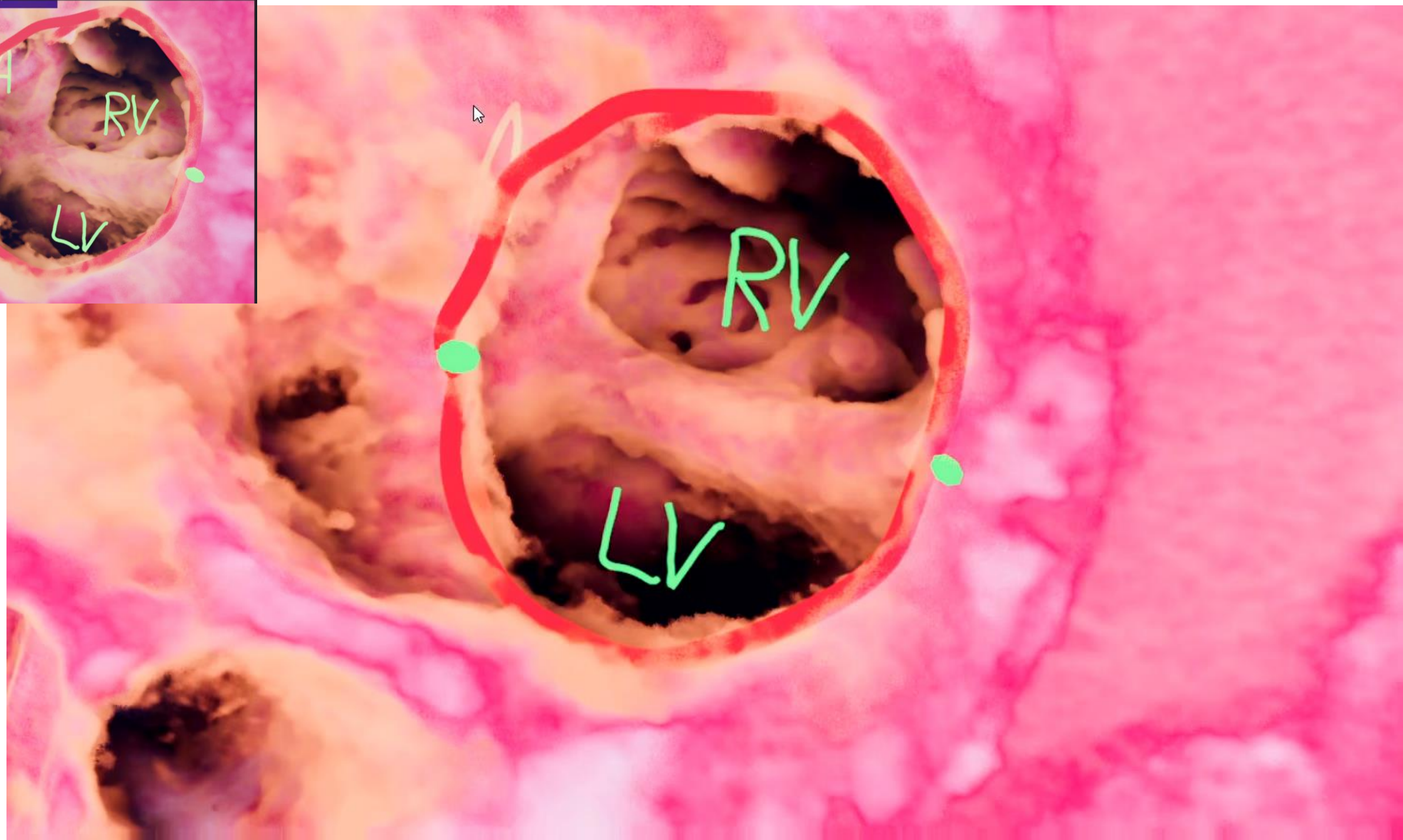
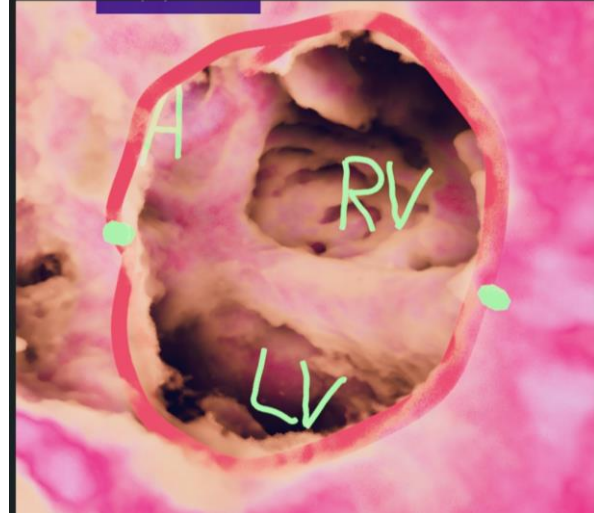
- SA, Single RSVC with IVC interruption
- Common Atrium
- Hepatic veins from left atrium
- Common AV valve with moderate regurgitation
- DORV
- Pulmonary atresia
- BT shunt to RPA at 10 year of age
- MPA continuing as RPA with LPA from Collateral.

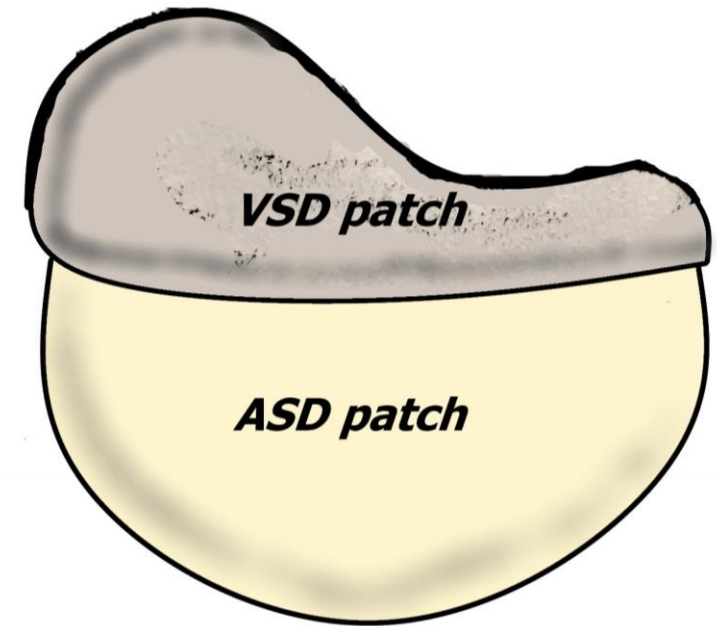
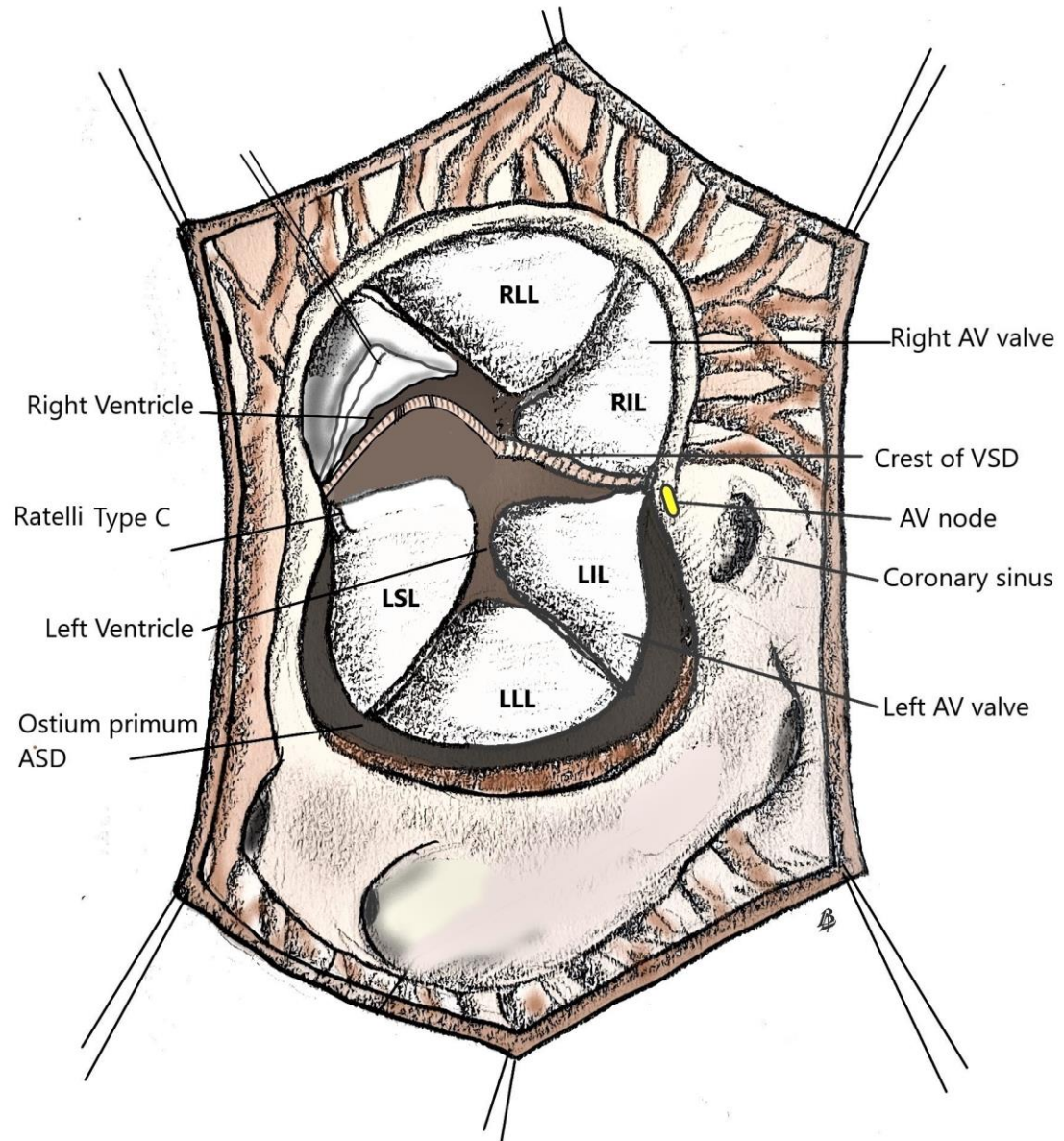


Extensive coiling of collaterals

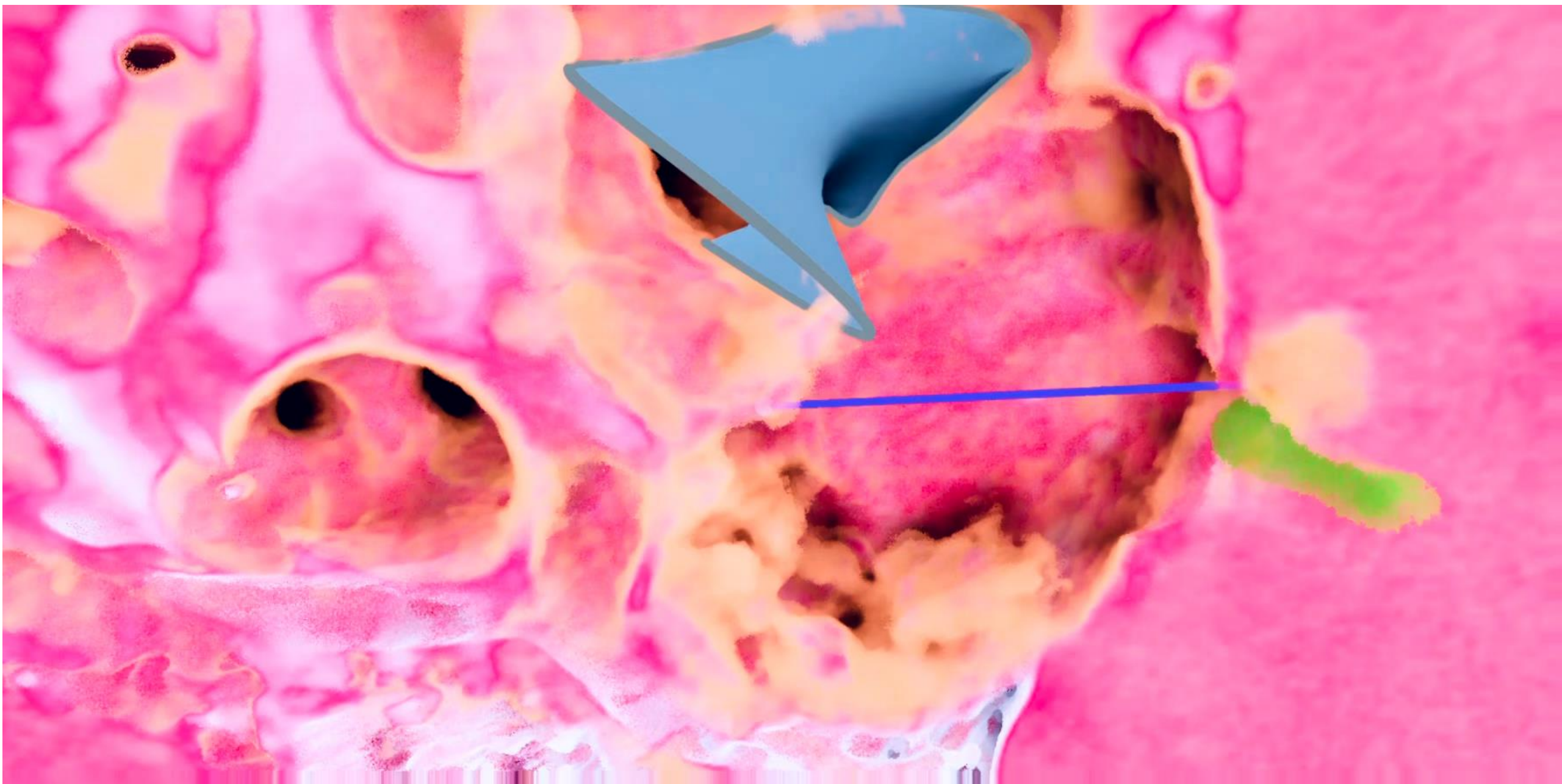


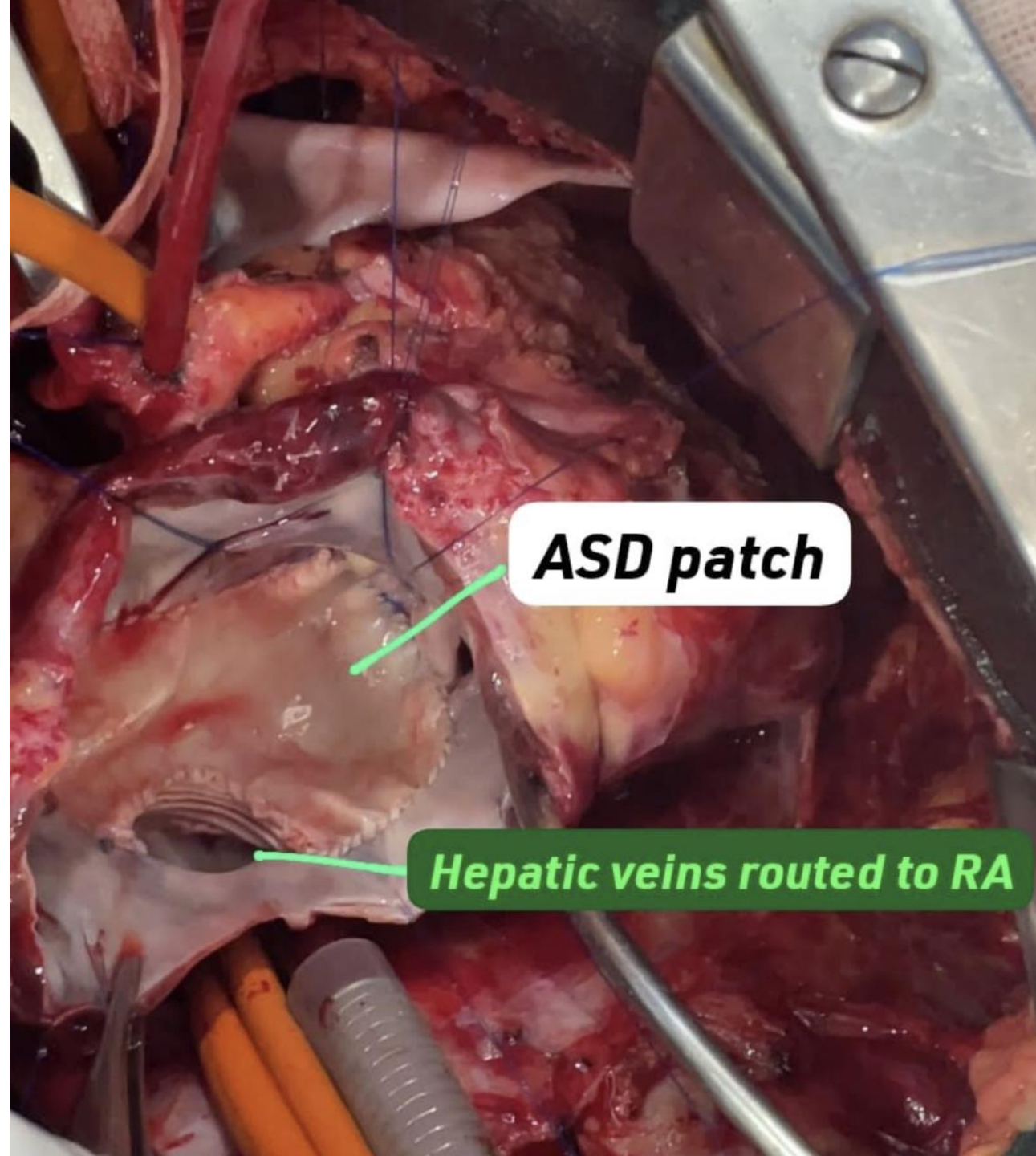
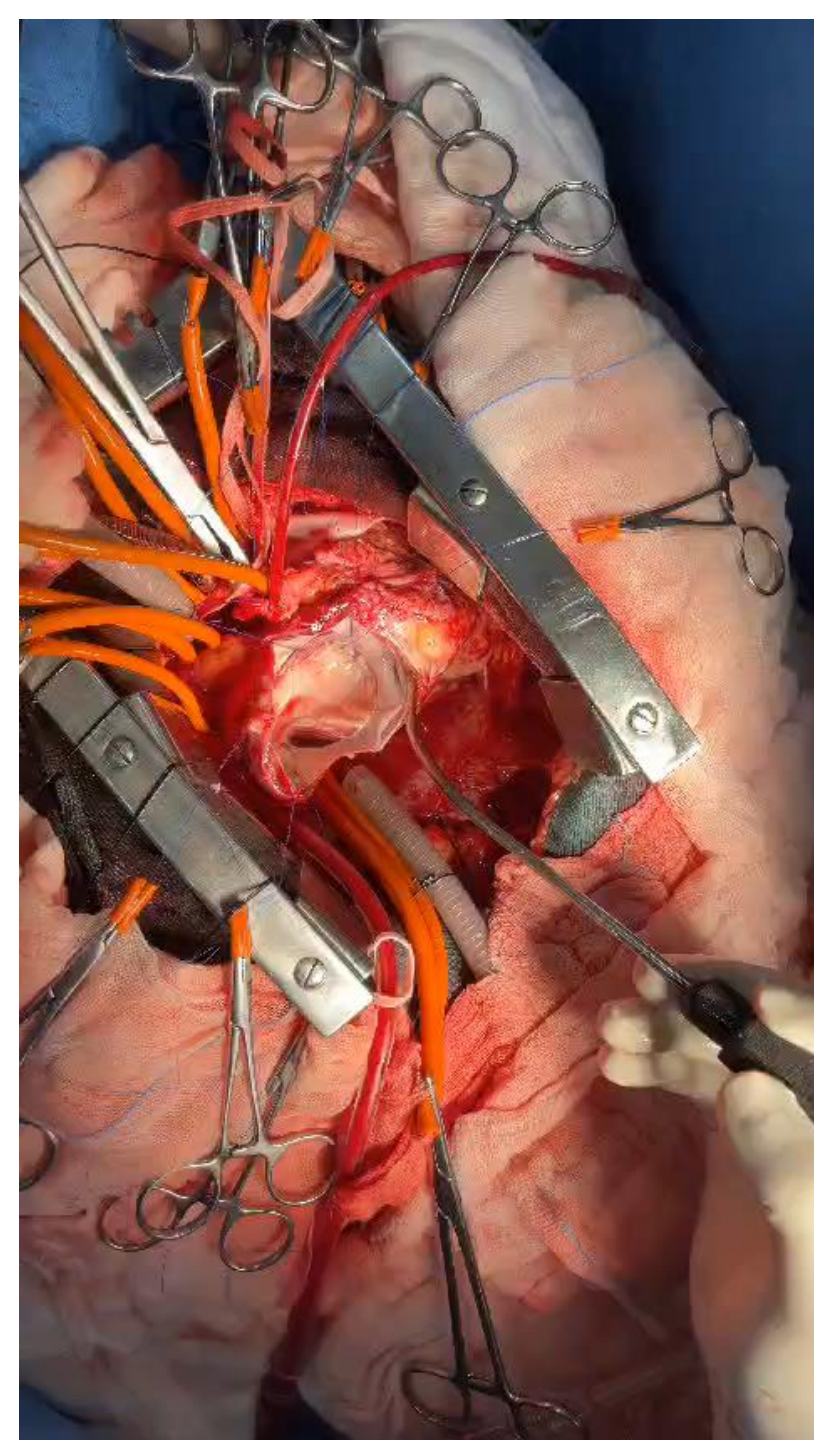


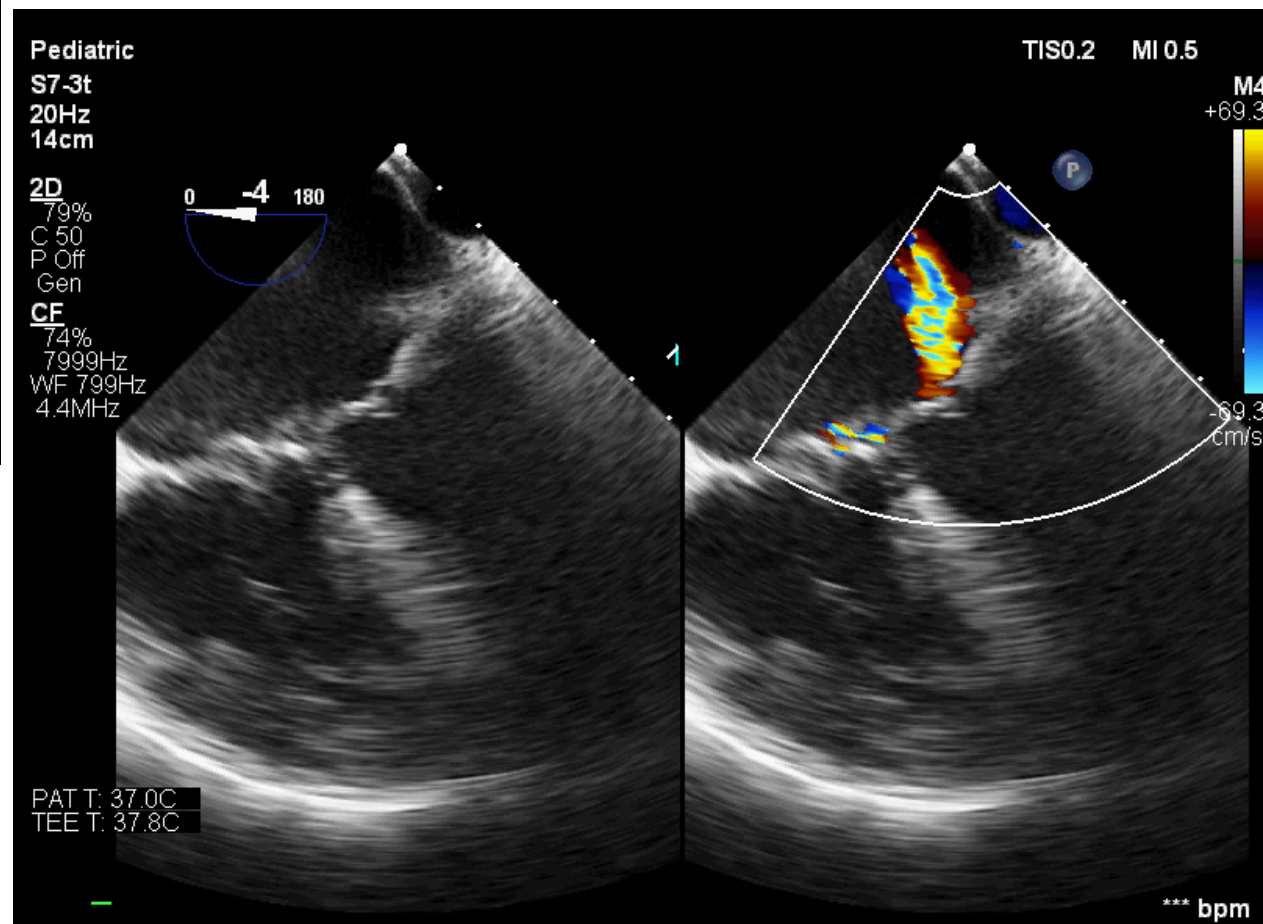
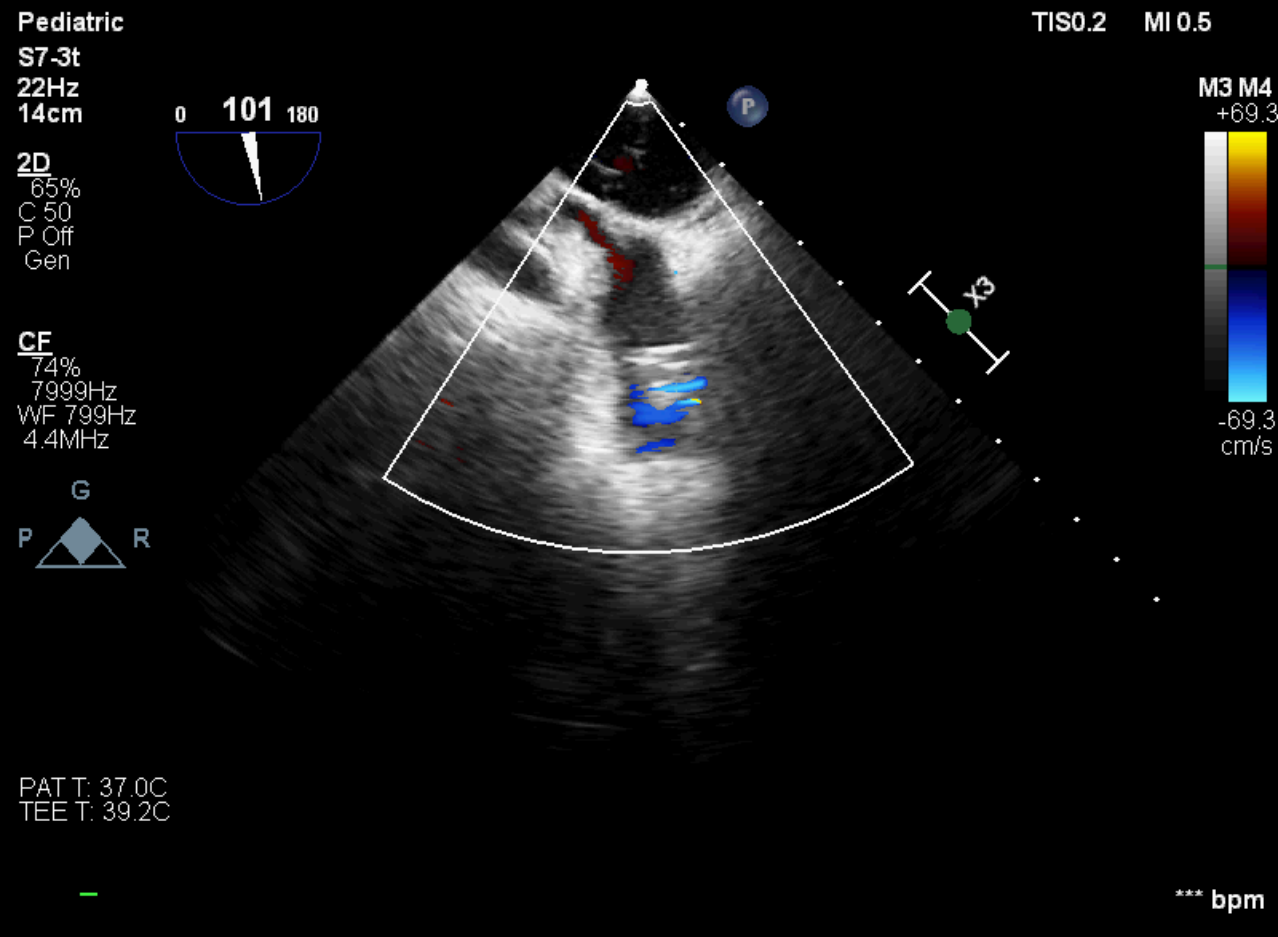




Hepatic vein originating at or below level of pulmonary veins







- Meticulous preoperative evaluation helps especially in complex scenarios
- Residual lesions are poorly tolerated
- Biventricular repair is feasible in selected cases



THANK YOU