STS/EACTS Latin America Cardiovascular Surgery Conference September 21-22, 2017 | Cartagena, Colombia

info@cardiovascularsurgeryconference.org www.CardiovascularSurgeryConference.org

Cone Operation And Other Procedures for Ebstein's Anomaly

Sandoval N., Pineda I., Carreño M., Guerrero A., Obando C, Sandoval P. Camacho J., Umaña JB., Umaña JP

Department of Cardiac Surgery

Fundación Cardioinfantil-IC

Bogotá, Colombia

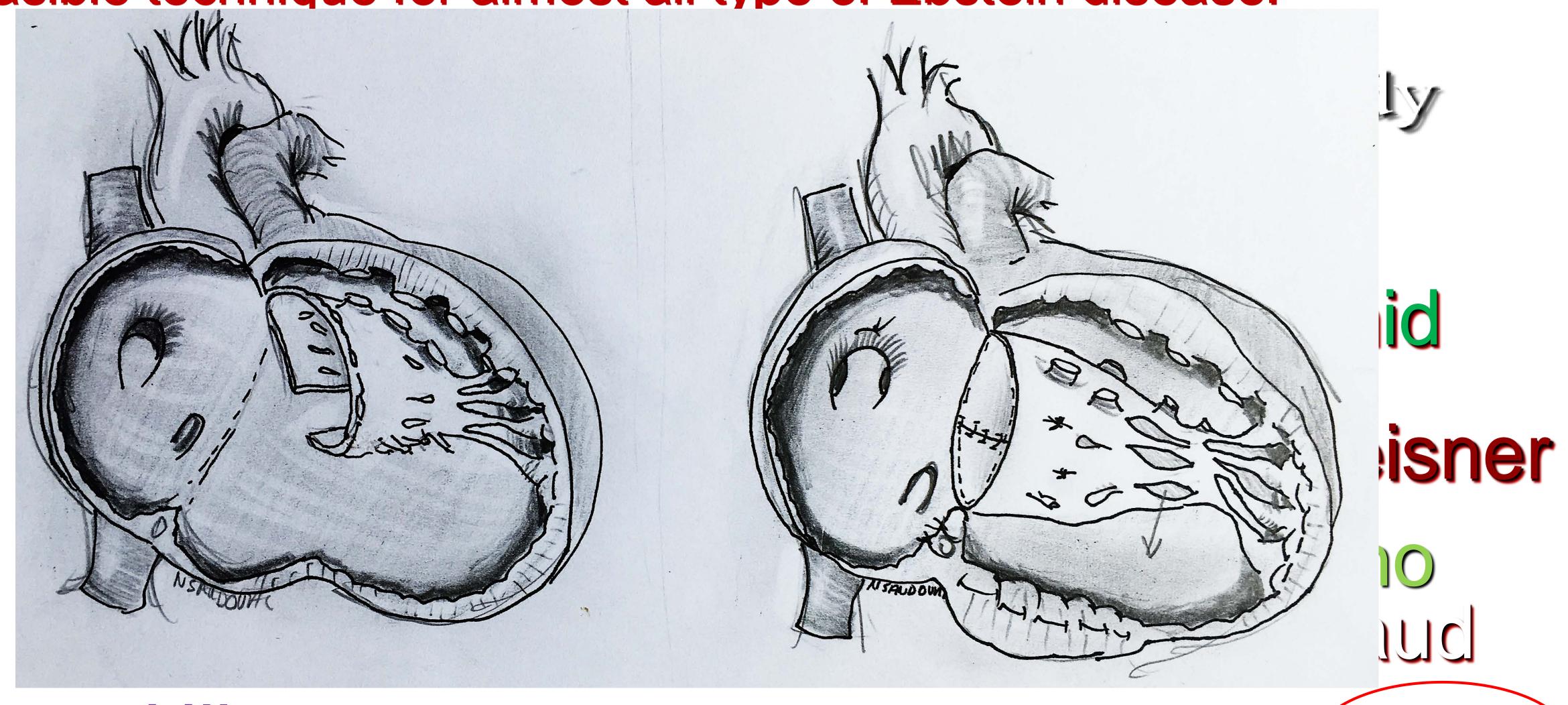
No conflict of interest







The "Cone" operation for tricuspid repair has become the most feasible technique for almost all type of Ebstein disease.



Ullmann

Kaneko

Wu



Objective

The aim of the study is to compare outcomes using Cone operation and others techniques.

Methods

From Jan 2003 to May 2017

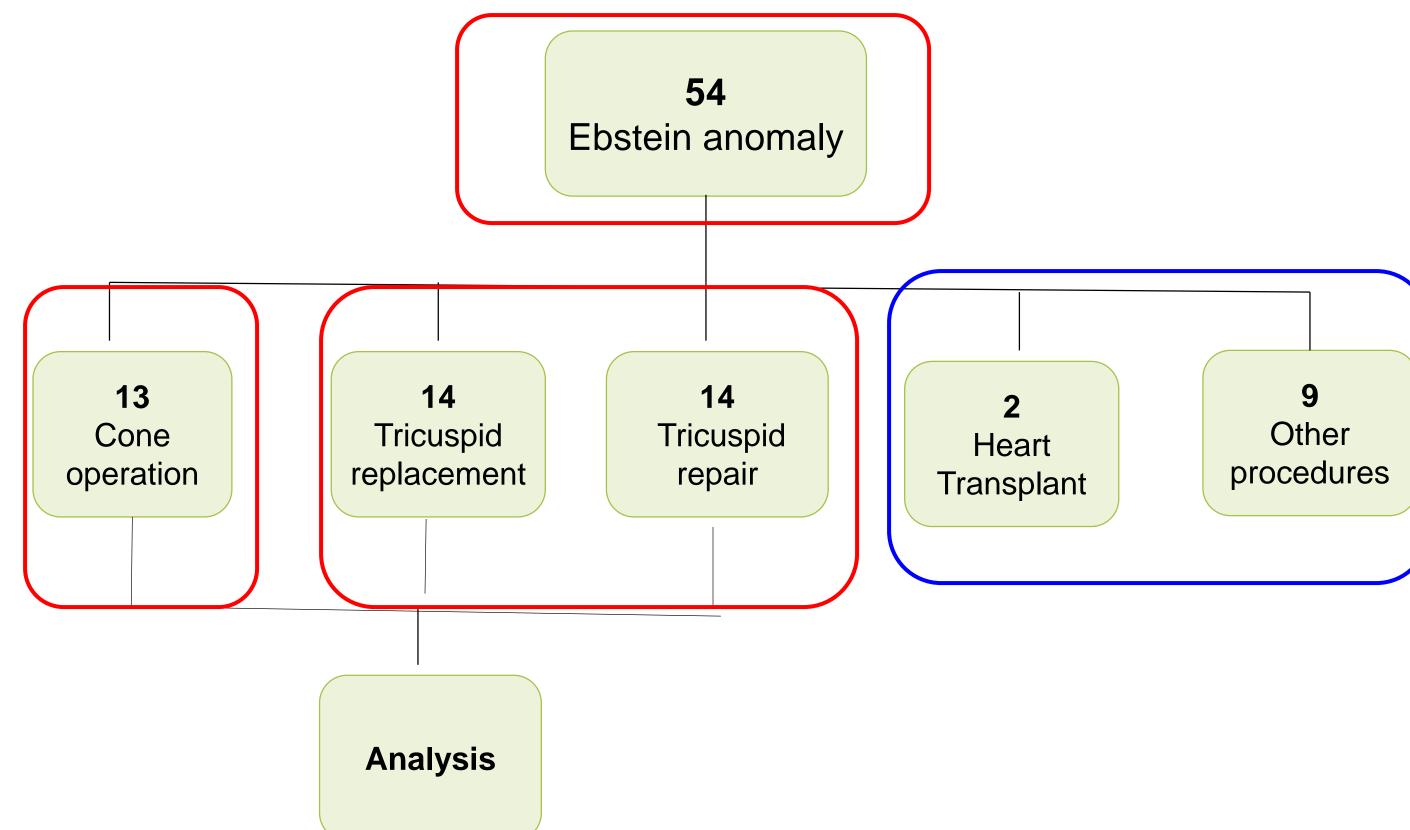
Two different strategies of treatment were analyzed

Cone Vs others

Descriptive analysis.

Continuous variables are expressed as mean ± standard deviation or median with interquartile range.

Categorical variables are presented as absolute frequencies and proportions.



Results

Characteristics of Patients

	Tricuspid			
	Cone opreation	Tricuspid repair	Replacement	P value
Variable	N 13	N 14	N 14	
✓ Age Median (IQR)	14 (13-15)	14 (7.8-16)	11.3 (11-14)	0.73
✓ Male n (%)	7 (53.8)	5 (35.7)	5 (35.7)	0.54
✓ Sat. % Median (IQR)	90 (78-95)	92 (82-94)	88 (84-89)	0.88
✓ Pre op Arrhythmia n (%)	2 (15.3)	4 (28,4)	3 (21.4)	0.71
✓ Funct. Class IV n (%)		1 (7.14)		1
✓ Syncope n (%)	1 (7.7)		1 (7.1)	0.58
Other symptoms n (%)	1 (7.6)	5 (16,1)	6 (13,9)	0.43

IQR: Intercuartile range

Severity of the Lesion (Classification) and performance of a bidirectional Glenn

	Cone opreation	Tricuspid repair	Tricuspid Replacement
Ebstein classification	N 13	N 14	N 14
A	2 (14,4)	8(57.1)	1 (7,1)
В	3 (23,1)	1 (7.1)	3 (21,4)
C	7 (53,8)	5 (35.7)	9 (64,3)
D	1 (7,7)	0	1 (7,1)

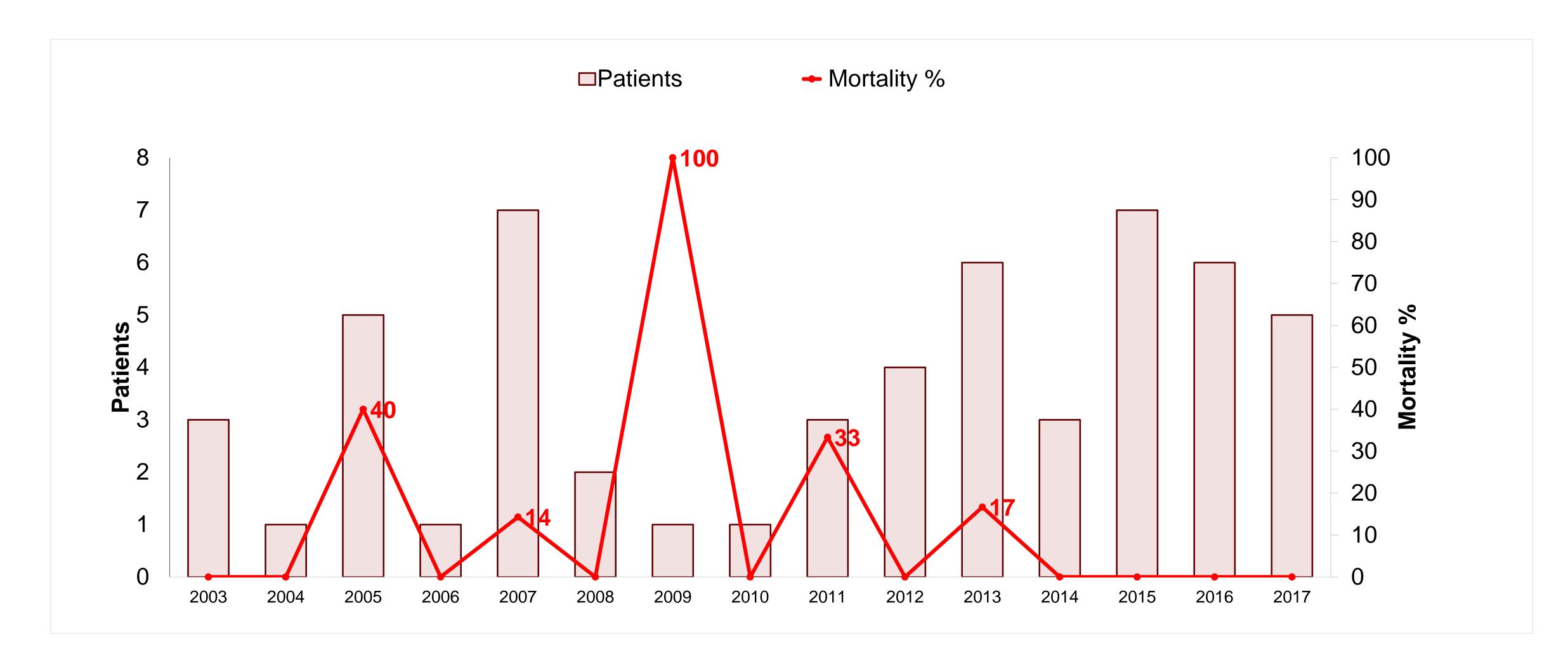
Glenn procedure

Results

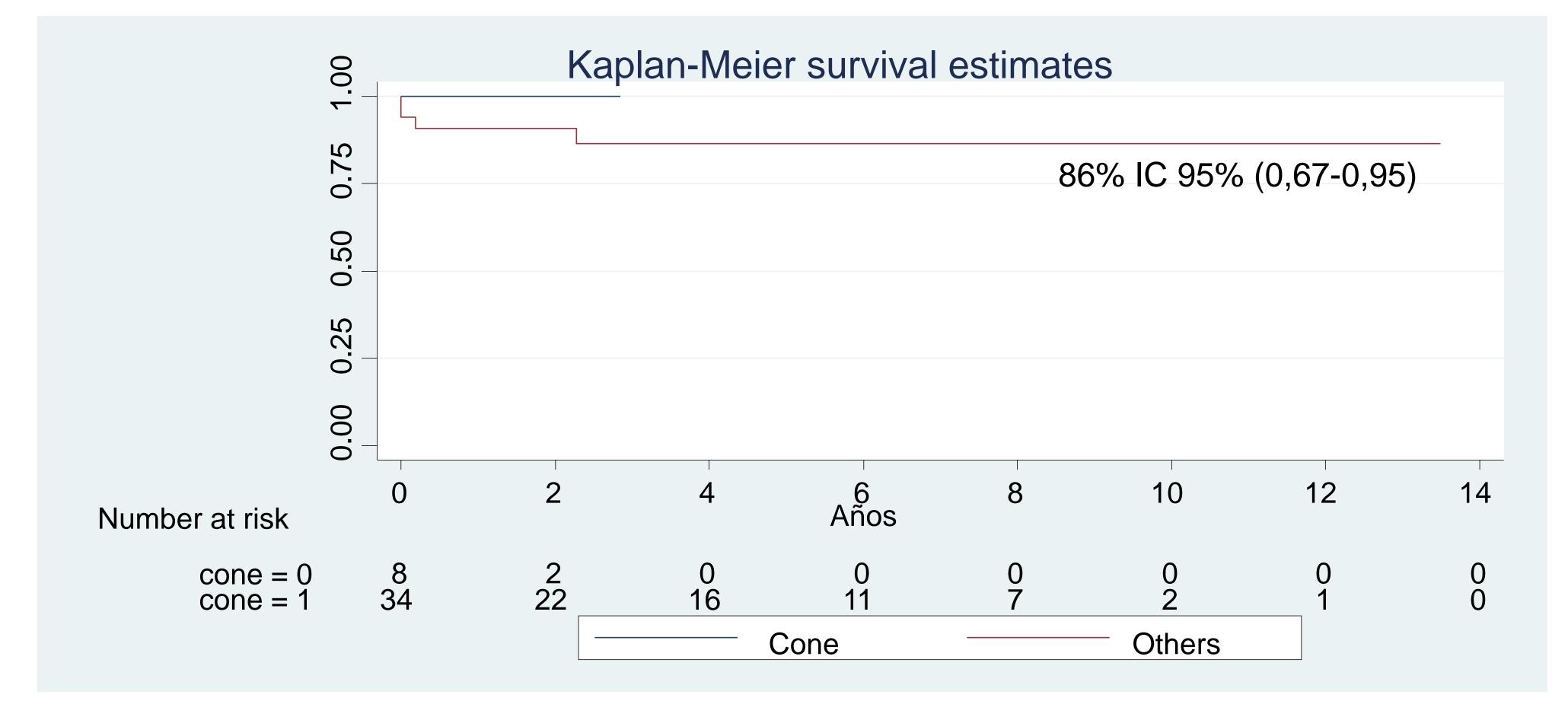
End points	Cone operation	Tricuspid repair	Tricuspid Replacement	p value difference
Variable	N 13	N 14	N 14	between groups
Renal failure requiring dialysis n(%)	0	0	3 (21.4)	0.04
Arrhythmia n(%)	4 (30,7)	3 (21.4)	5 (35.7)	0.7
Low cardiac output n(%)	4 (30,8)	2 (15.4)	1 (7.1)	0.26
ICU days Median (IQR)	4 (2-8)	4 (2-5)	3 (1-8)	0.8
Post ICU days Median IQR)	4 (2-5)	2 (2-3)	2 (0-4)	0.43
In hospital death n (%)	1 (7.7)	1 (7.1)	3 (21.4)	0.43

IQR: Interquartile range

Mortality Over time



Survival



Two Cone patients requiered reoperation. One to fix the valve and one for TV replacement

Conclusion

- Cone operation and tricuspid valve replacement have been used in patients with greater severity of the disease.
- Another type of plasty is usually used only for less severe cases
- Cone operation can be used at all ages regardless of the degree of disease
- Cone operation and severe forms of disease require caution as they may require reintervention
- Survival with Cone surgery is better than with other procedures, but long-term evaluation is required.

