STS/EACTS Latin America Cardiovascular Surgery Conference November 15-17, 2018 Hilton Cartagena | Cartagena, Colombia

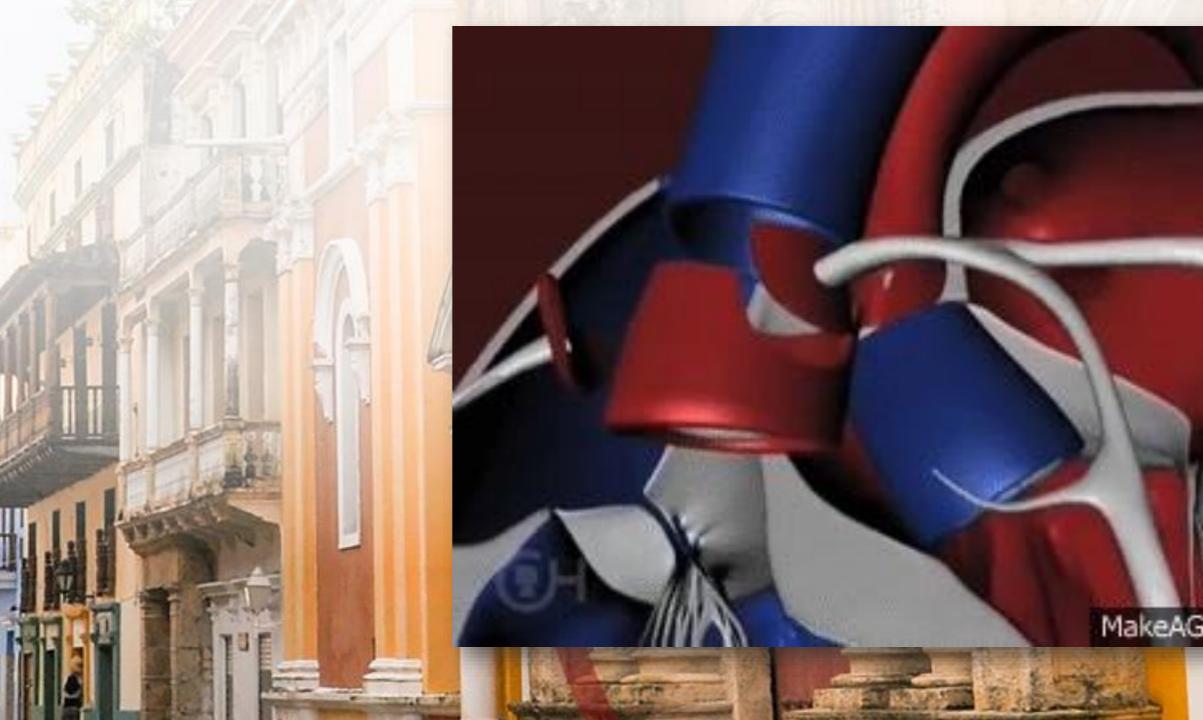
## The Arterial Switch Operation at 40: Not As Good As It Gets?

### Gil Wernovsky, MD, FAAP, FACC

Senior Consultant in Cardiology and Cardiac Critical Care **Professor of Pediatrics** Children's National Health System Washington DC USA







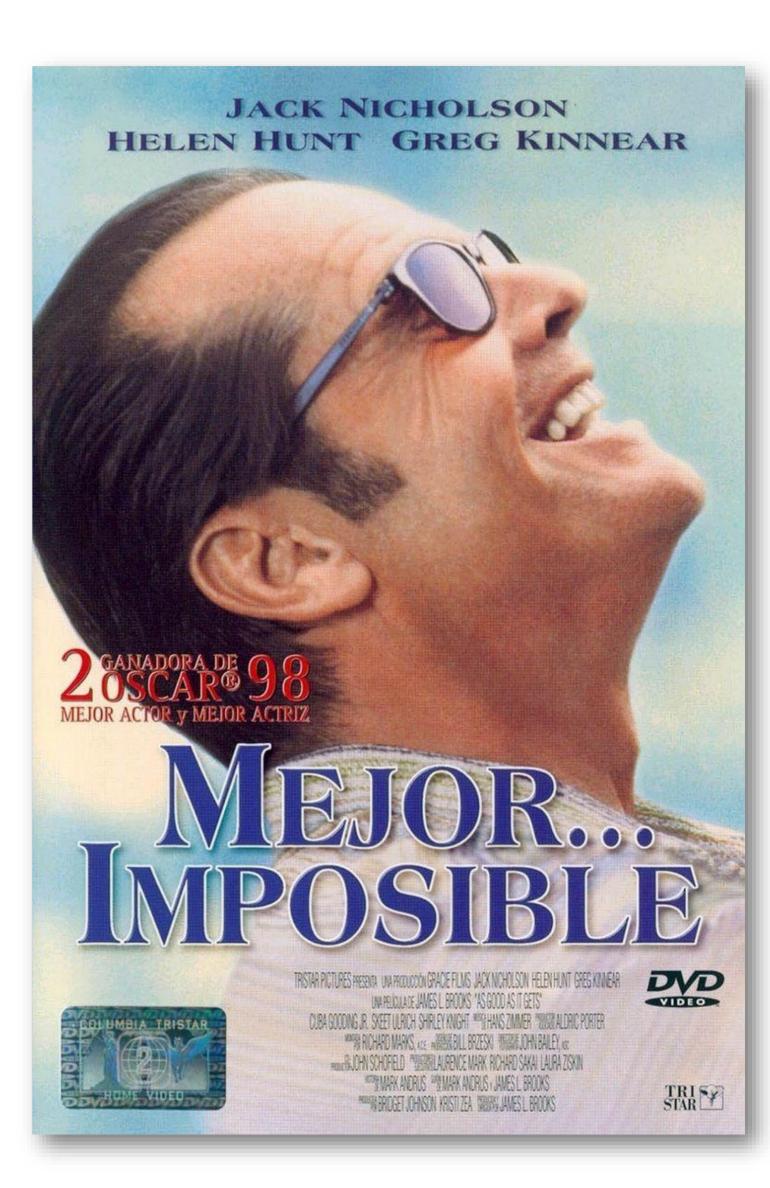
Disclosures

I have no real or perceived conflicts of interest related to this talk

## I will not be discussing offlabel use of drugs or devices











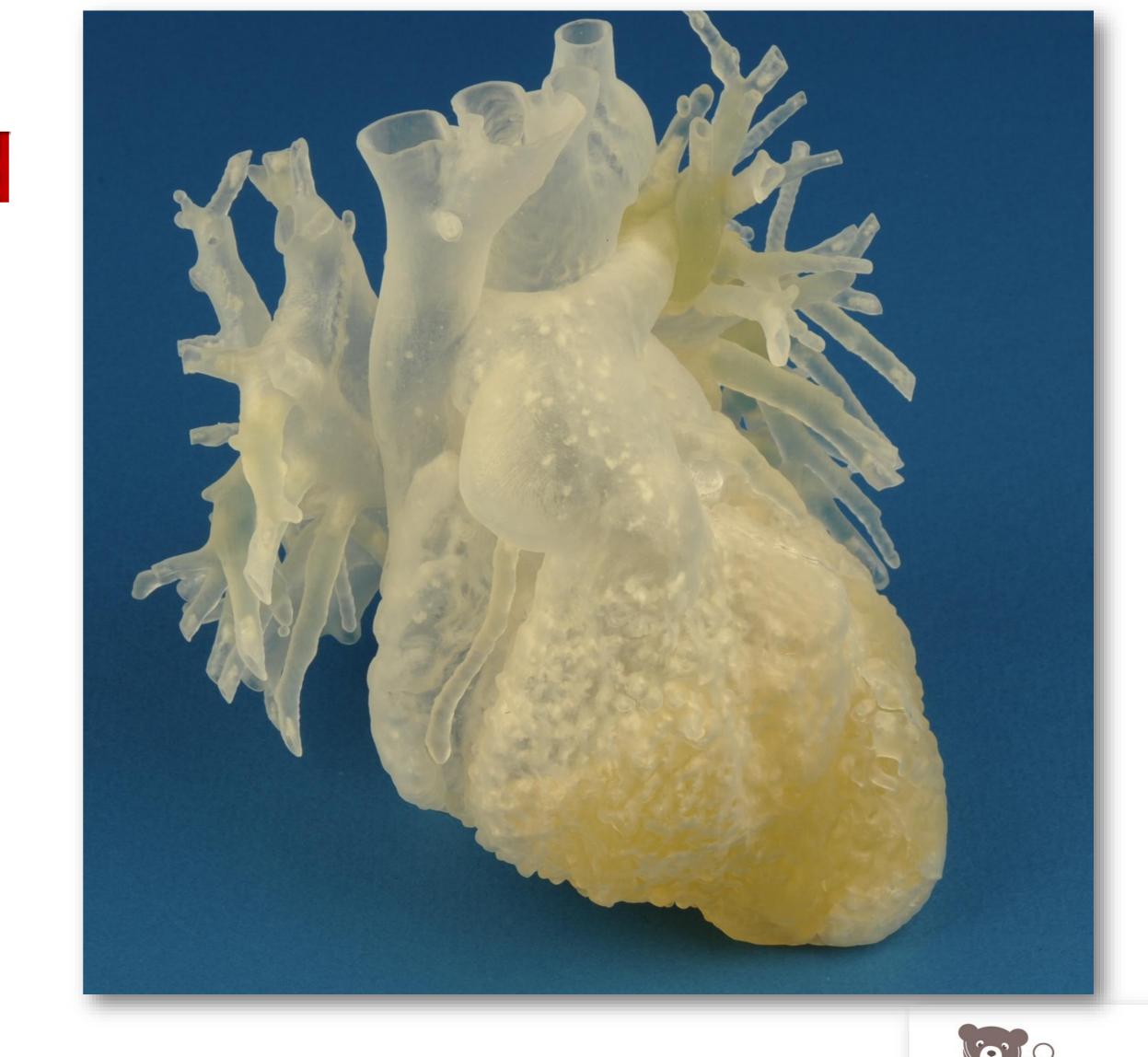


## The Arterial Switch is Now Over 40 years Old!

# What Have We Learned in 40 years?









### The Arterial Switch is NOT an "Anatomical Correction"

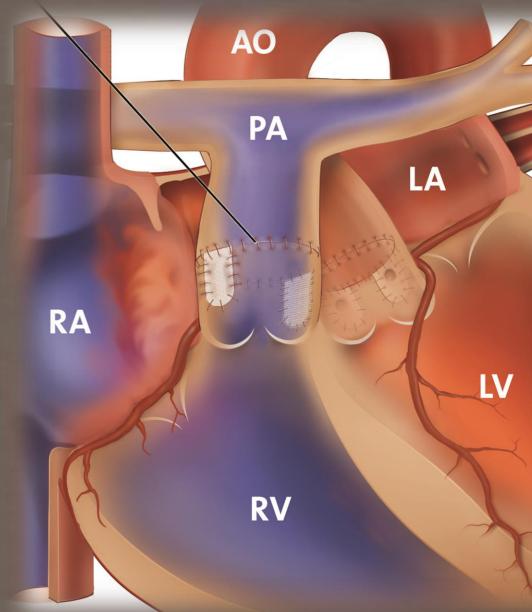
The anatomical pulmonary valve (and root) must function in the systemic circulation

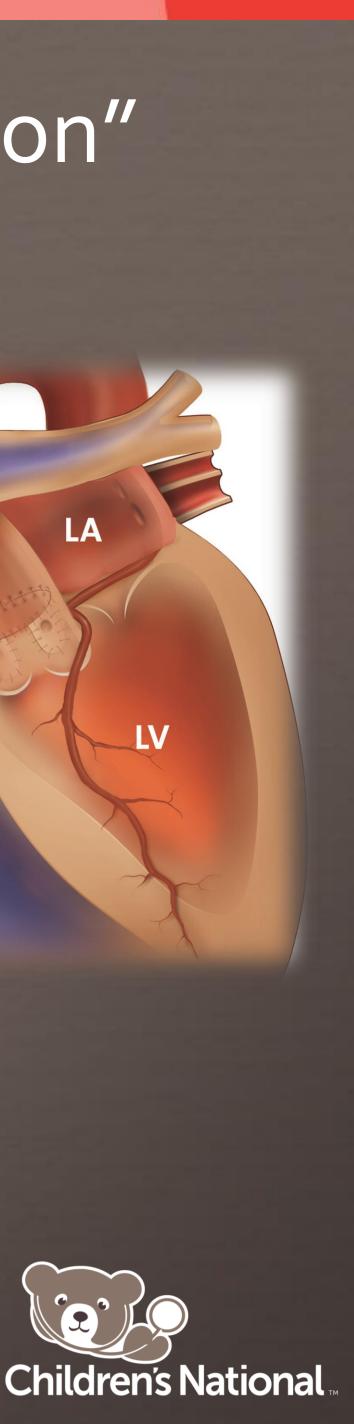
 2/3 sinuses of the neo-aortic valve have had incisions and coronary re-implantation The neo-pulmonary root contains pericardial patches Both pulmonary arteries are anterior to the neo-aorta ("Lecompte maneuver")

- "Front-to-back" tension on main pulmonary artery
- Anterior compression on neo-aorta, just above root and re-implanted coronary arteries









Midterm results after the arterial switch operation for transposition of the great arteries with intact ventricular septum: clinical, hemodynamic, echocardiographic, and electrophysiologic data [published erratum appears in **Circulation 1988 Aug;78(2):A5**] G Wernovsky, TJ Hougen, EP Walsh, GF Sholler, SD Colan, SP Sanders, IA Parness, JF Keane, JE Mayer and RA Jonas Circulation 1988;77;1333-1344

### **Preoperative Catheterization in Most**

### Follow-up Protocol Included **Catheterization at 1y**















## Current Data on Survival, Reintervention and Morbidities







Rev Esp Cardiol. 2014;67(3):181–188

### Original article

### Mid-term Morbidity and Mortality of Patients After Arterial Switch Operation in Infancy for Transposition of the Great Arteries

María José Rodríguez Puras,<sup>a</sup> Luisa Cabeza-Letrán,<sup>a</sup> Manuela Romero-Vazquianez,<sup>a</sup> José Santos de Soto,<sup>b</sup> Reza Hosseinpour,<sup>a,c</sup> Mauro Gil Fournier,<sup>c</sup> Antonio Alvarez Madrid,<sup>c</sup> Antonio González,<sup>a,c</sup> Pilar Pérez,<sup>a</sup> and Pastora Gallego<sup>a,\*</sup>

> Unidad Intercentro de Cardiopatías Congénitas del Adulto Área del Corazón Hospitales Virgen del Rocío y Virgen Macarena Sevilla, Spain



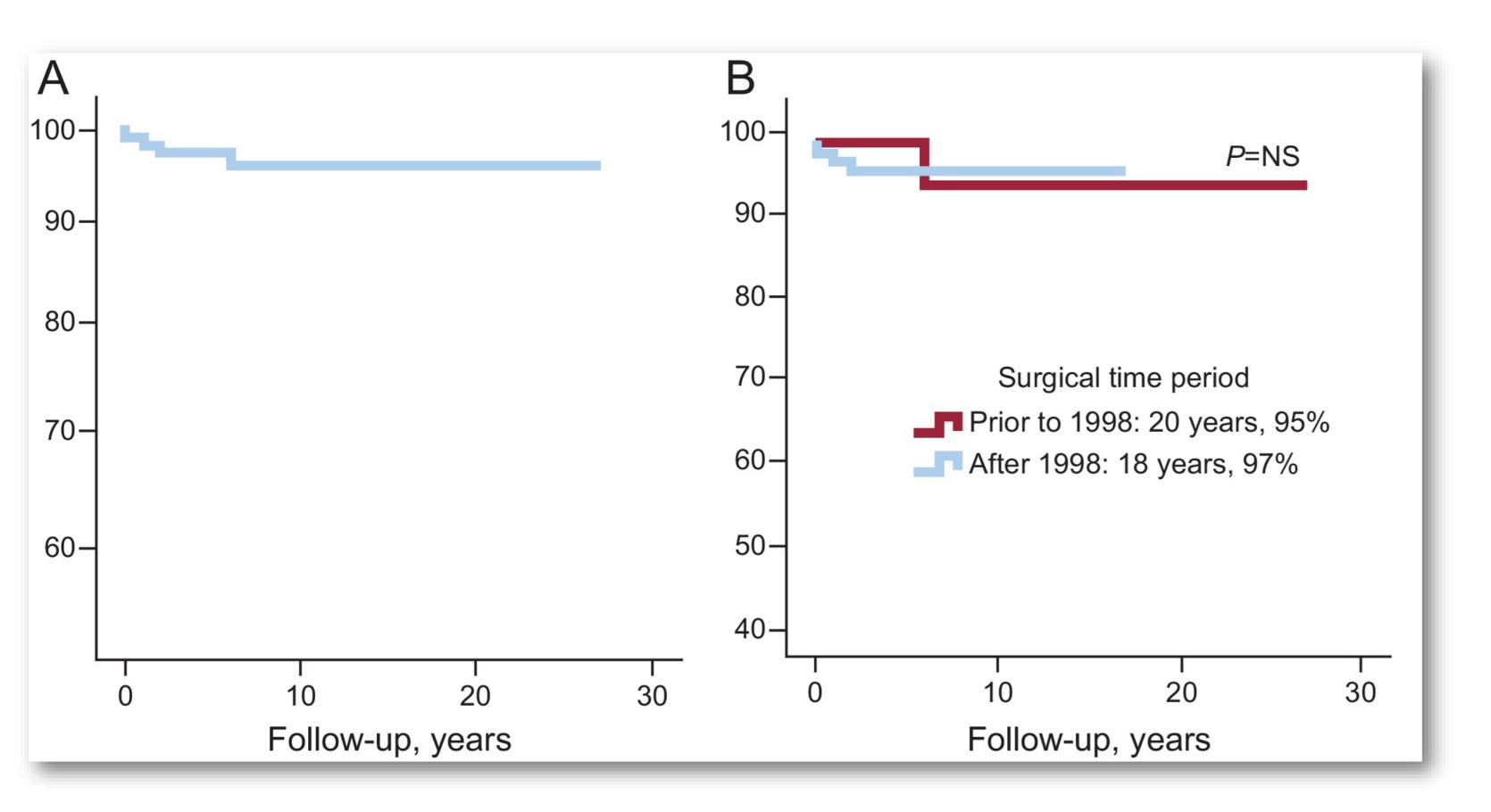


### 155 patients with complete follow-up









### Survival





Original article

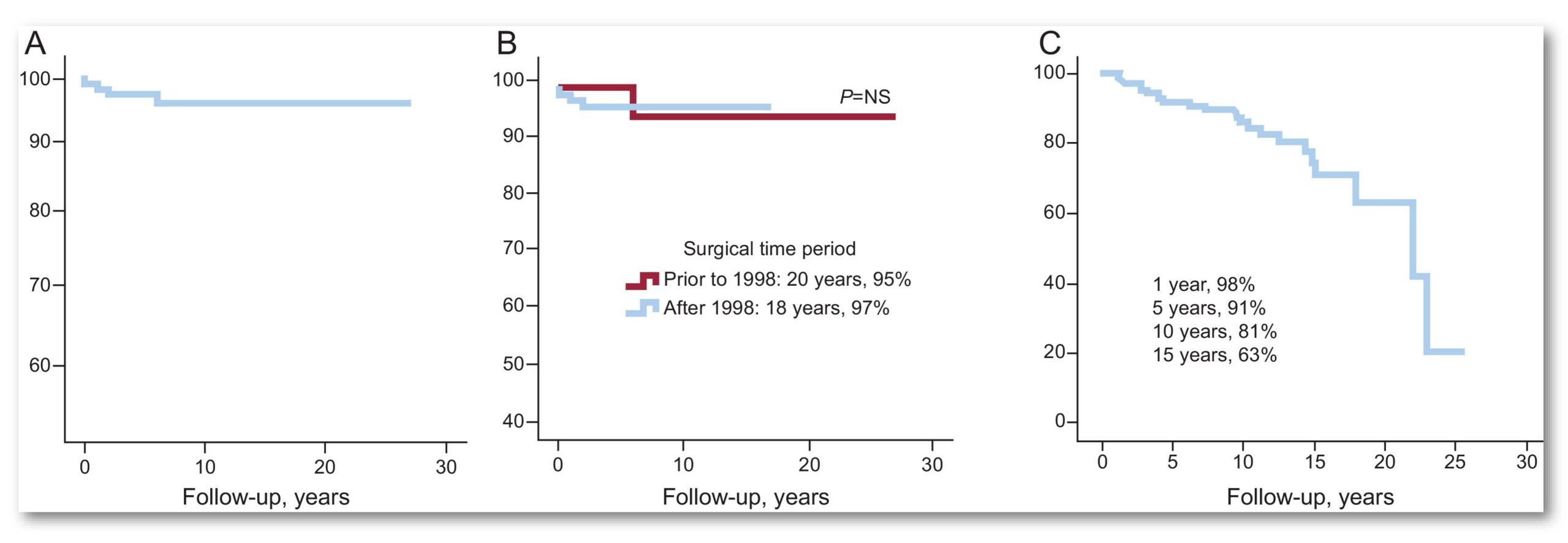
in Infancy for Transposition of the Great Arteries

María José Rodríguez Puras,<sup>a</sup> Luisa Cabeza-Letrán,<sup>a</sup> Manuela Romero-Vazquianez,<sup>a</sup> José Santos de Soto,<sup>b</sup> Reza Hosseinpour,<sup>a,c</sup> Mauro Gil Fournier,<sup>c</sup> Antonio Alvarez Madrid,<sup>c</sup> Antonio González,<sup>a,c</sup> Pilar Pérez,<sup>a</sup> and Pastora Gallego<sup>a,\*</sup>

### Mid-term Morbidity and Mortality of Patients After Arterial Switch Operation







### Survival





Original article

Mid-term Morbidity and Mortality of Patients After Arterial Switch Operation in Infancy for Transposition of the Great Arteries

María José Rodríguez Puras,<sup>a</sup> Luisa Cabeza-Letrán,<sup>a</sup> Manuela Romero-Vazquianez,<sup>a</sup> José Santos de Soto,<sup>b</sup> Reza Hosseinpour,<sup>a,c</sup> Mauro Gil Fournier,<sup>c</sup> Antonio Alvarez Madrid,<sup>c</sup> Antonio González,<sup>a,c</sup> Pilar Pérez,<sup>a</sup> and Pastora Gallego<sup>a,\*</sup>

### Freedom From Reintervention



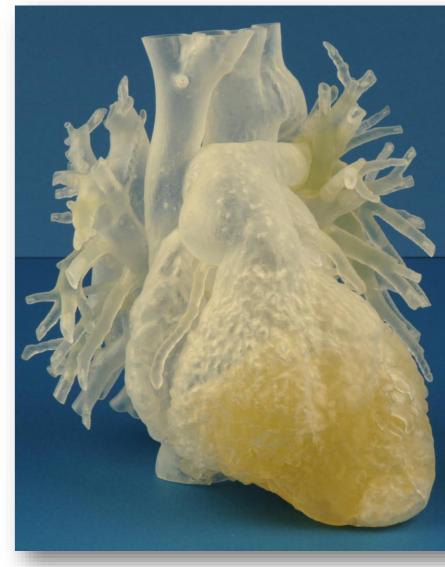
### As Good As it Gets?

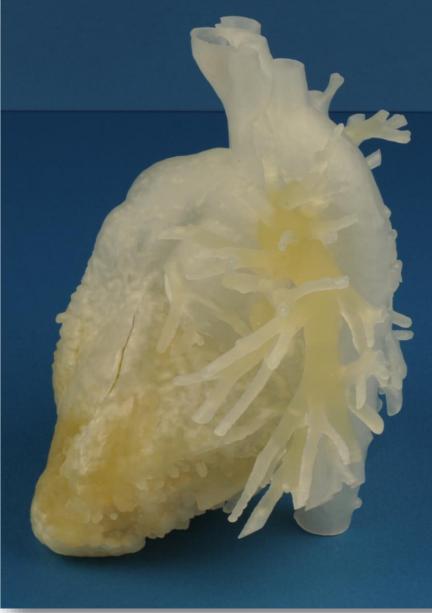
## 1.The Great Vessel Anastomoses 2.The Neo-Aortic Root **3.The Coronary Arteries** 4.The Lungs

- Accessory Blood Flow
- Elevated Pulmonary Vascular Resistance
- Restrictive Lung Disease







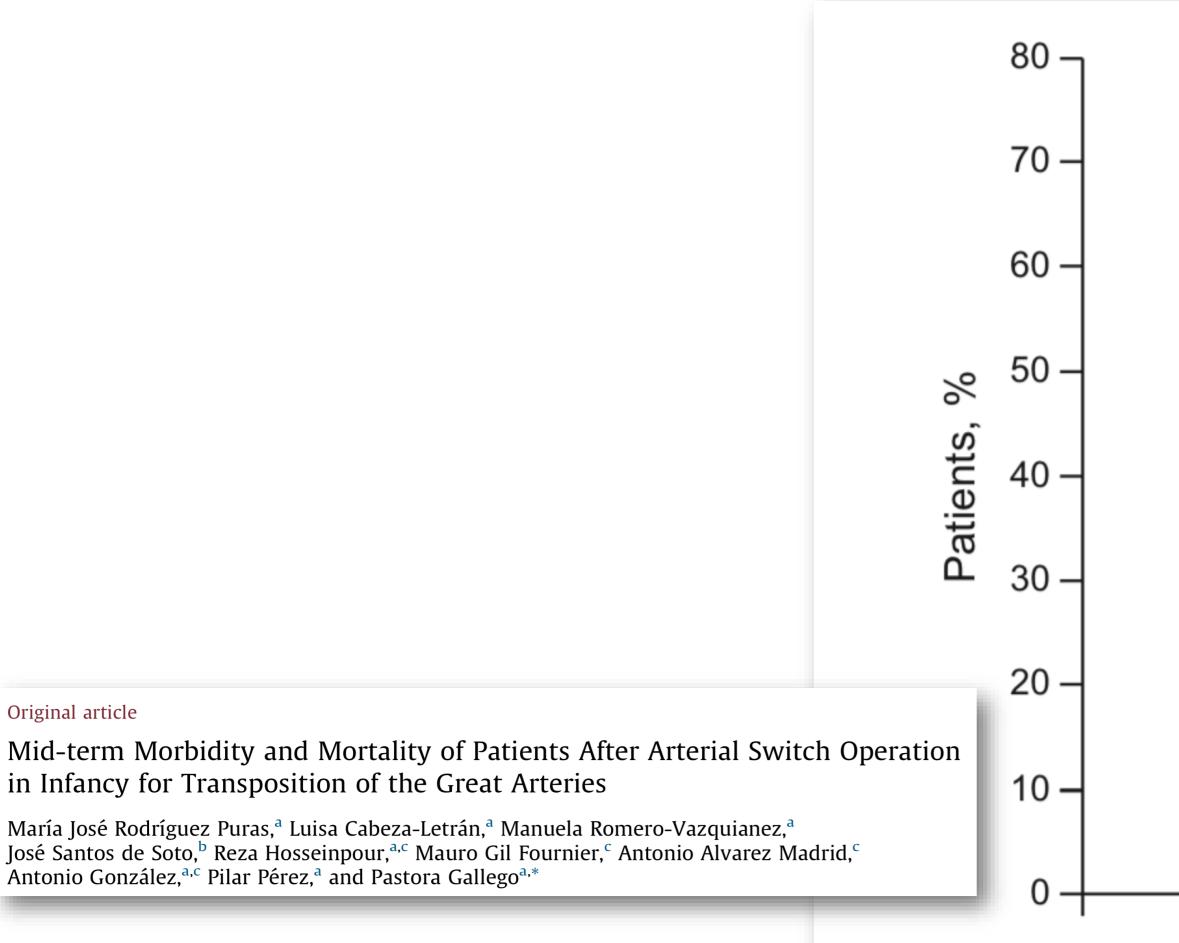








### Right Ventricular Outflow Obstruction is Typically Mild-Moderate



**Figure 4.** Percent distribution of patients with residual stenosis of right ventricular outflow tract according to the severity of the obstruction measured by Doppler echocardiography.

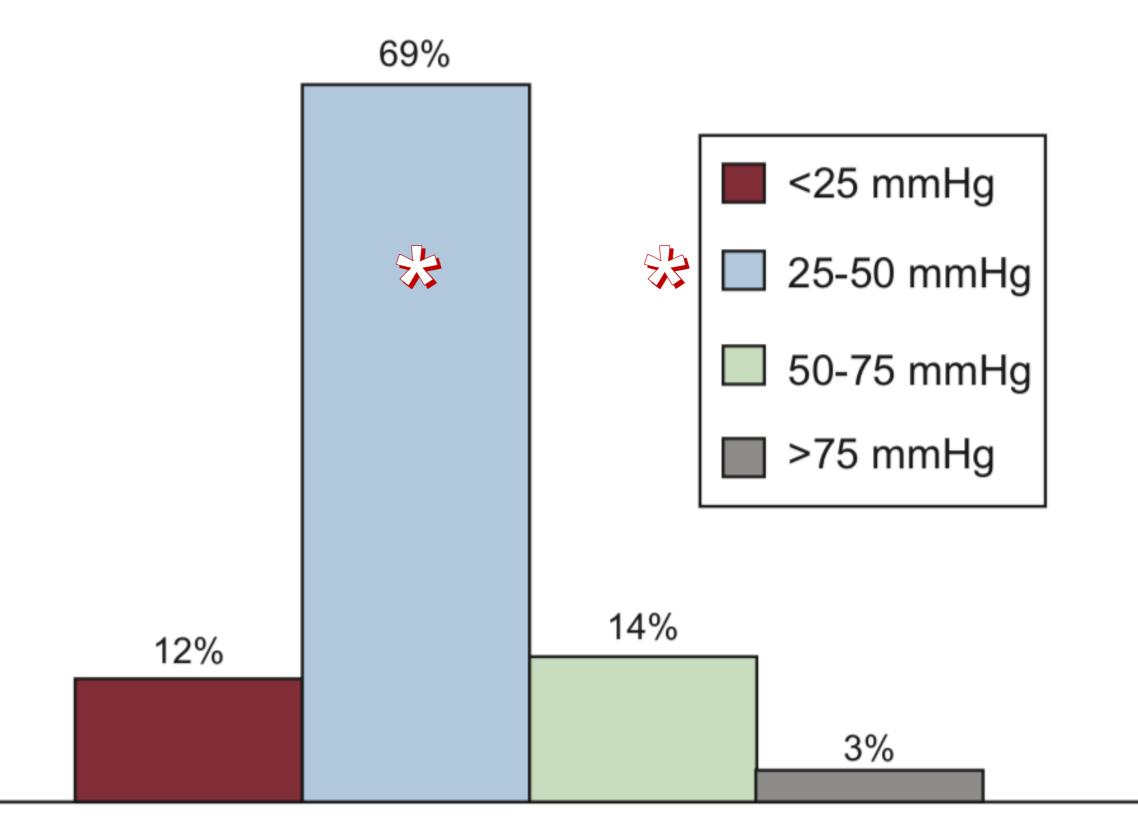


in Infancy for Transposition of the Great Arteries

Antonio González,<sup>a,c</sup> Pilar Pérez,<sup>a</sup> and Pastora Gallego<sup>a,\*</sup>

Original article







### "Straddling" of Aorta by Pulmonary Arteries After the LeCompte Maneuver - Anterior View



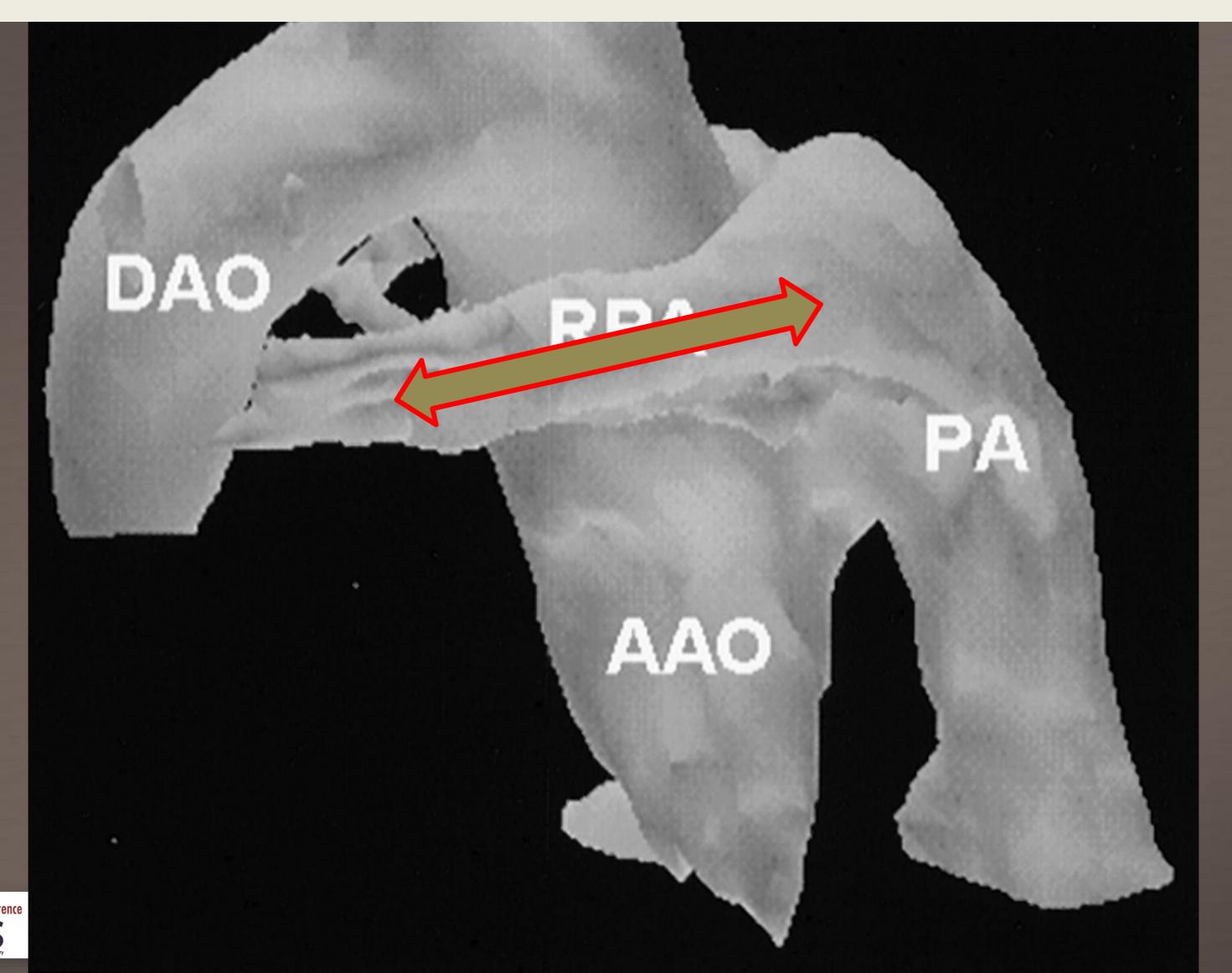
©gilwernovsky201







### "Straddling" of Aorta by Pulmonary Arteries After the LeCompte Maneuver - Lateral View



©gilwernovsky2018







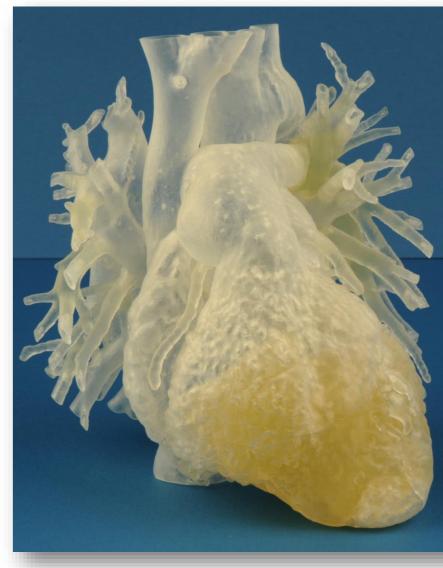
### As Good As it Gets?

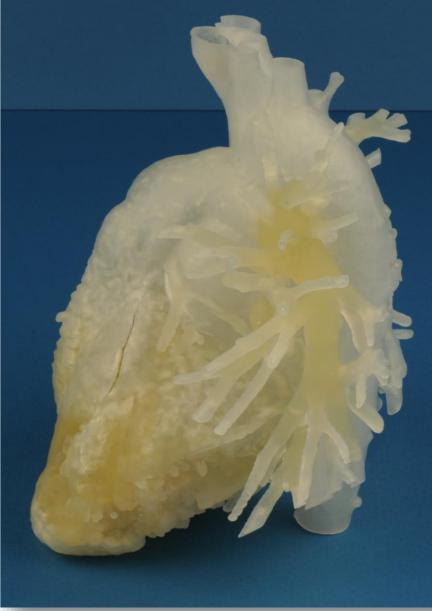
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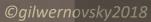








### Do the Pulmonary Arteries "Jail" the Neo-Aortic Root?







Pediatr Cardiol DOI 10.1007/s00246-017-1761-z



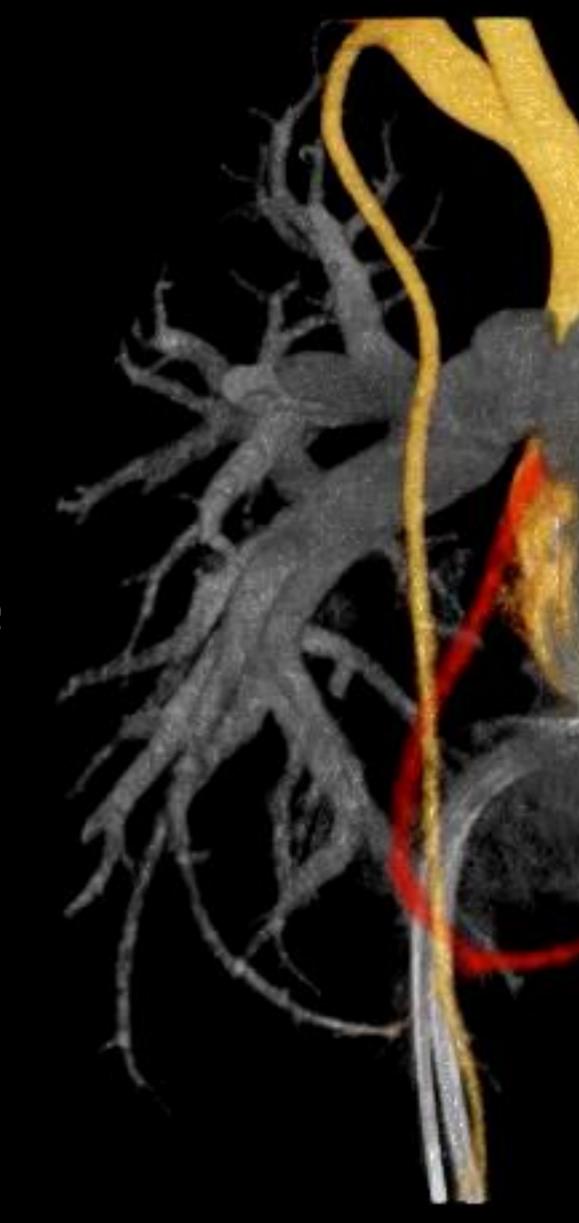
ORIGINAL ARTICLE

### **Usefulness of Routine Coronary CT Angiography in Patients** with Transposition of the Great Arteries After an Arterial Switch Operation

Konrad Szymczyk $^1 \cdot$  Maciej Moll $^2 \cdot$  Katarzyna Sobczak-Budlewska $^3 \cdot$ Jadwiga A. Moll<sup>3</sup> · Ludomir Stefańczyk<sup>1</sup> · Piotr Grzelak<sup>4</sup> · Jacek J. Moll<sup>2</sup> · Krzysztof W. Michalak<sup>3</sup>





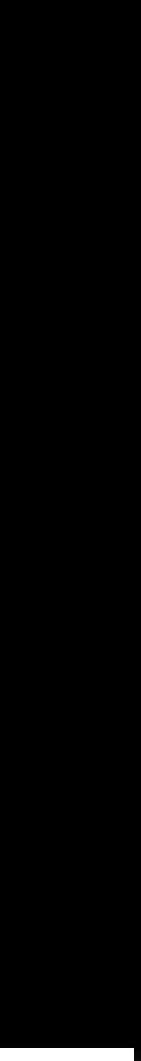


R









### The Neo-Aorta: Root Growth and Dilation/Valve Function

duration of follow-up Every published report has shown dilation of the neo-aortic root out of proportion to somatic growth • ?Etiology: Is the pulmonary valve "different"? • Does coronary reimplantation play a role? Does the Lecompte maneuver play a role?

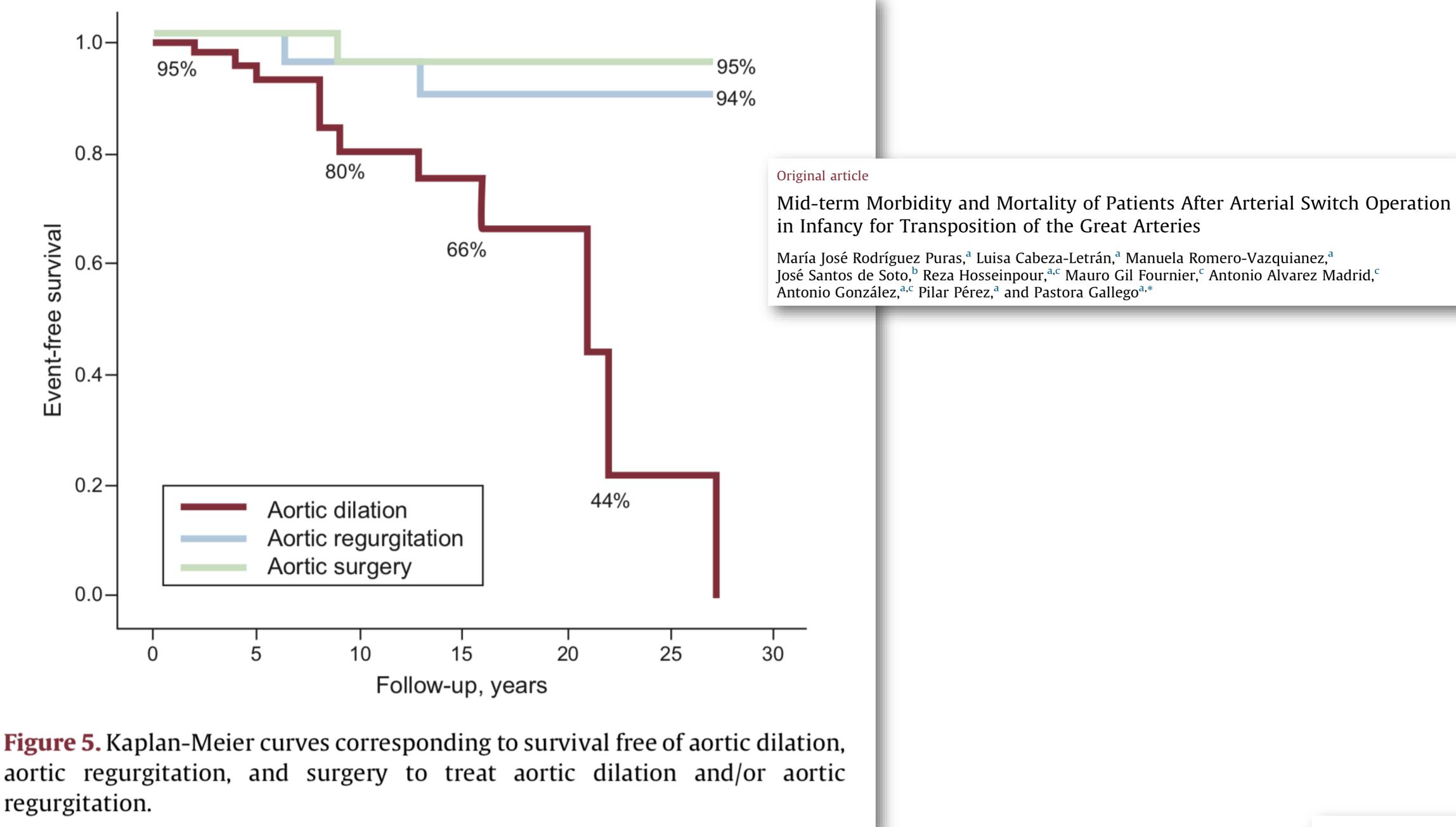




### Neo-aortic insufficiency increasingly prevalent with increasing

Isolated case reports of neo-aortic valve replacement





regurgitation.

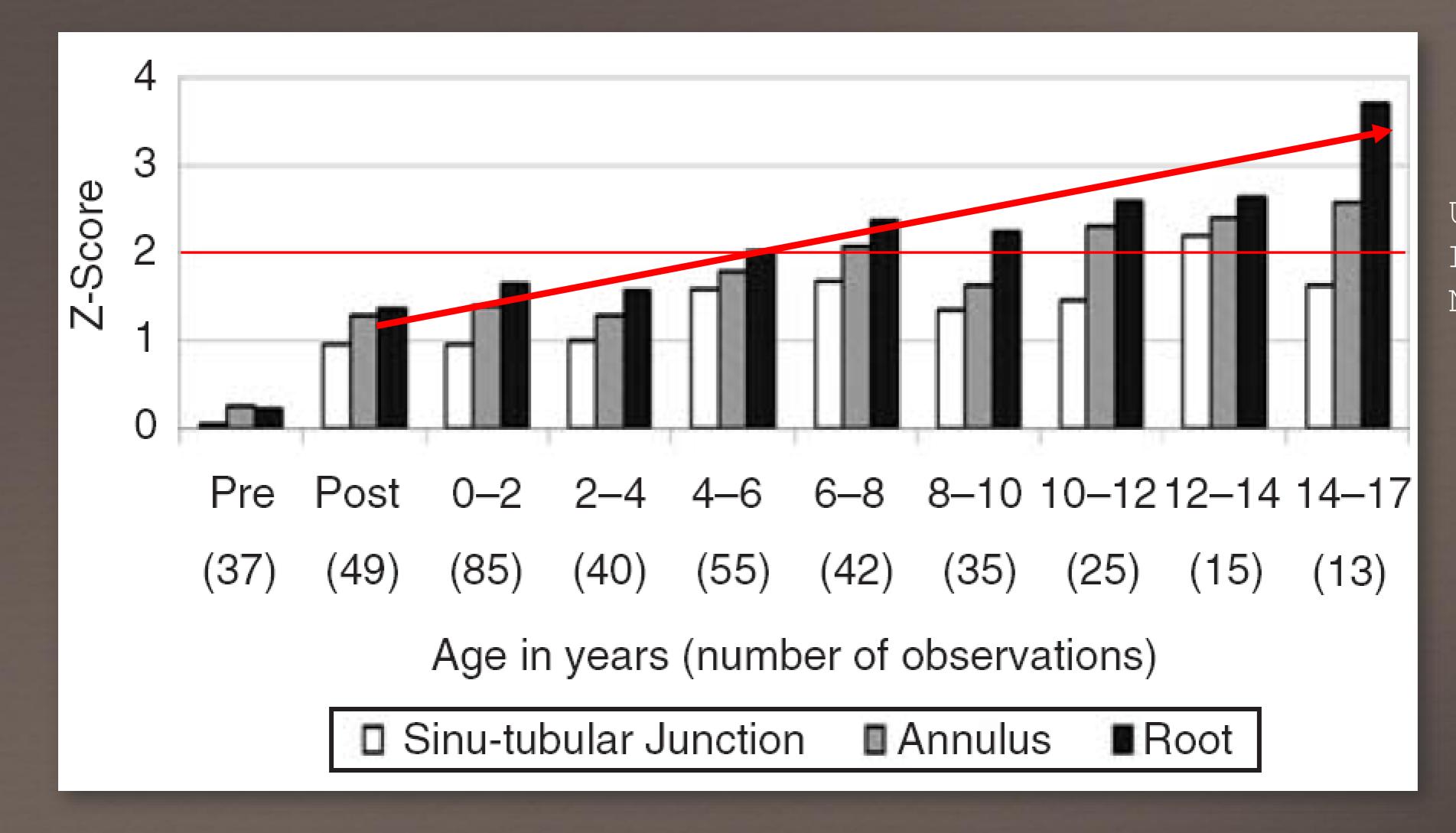








### Growth of the Neo-Aorta







Marino BS et al Neo-aortic valvar function after the arterial switch Cardiol Young 2006:16:481-489





### Freedom from Neo-Aortic Insufficiency > Moderate

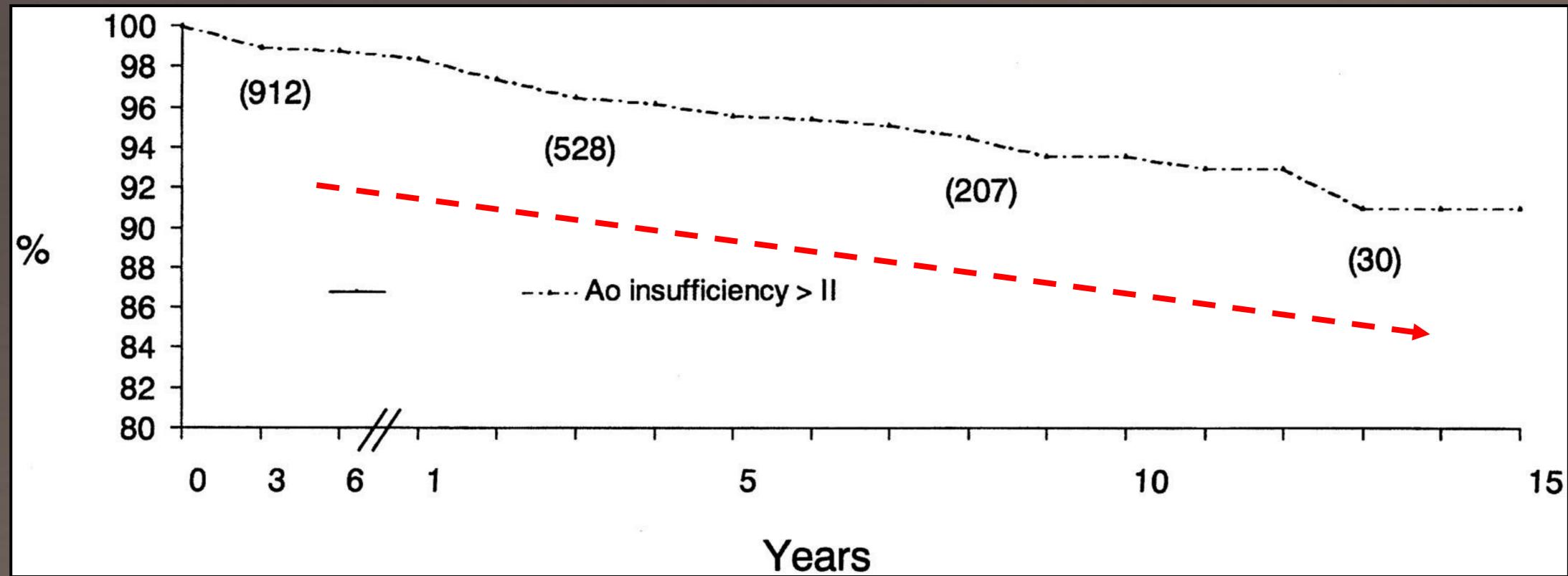








Planche et al, Paris, 1095 Patients



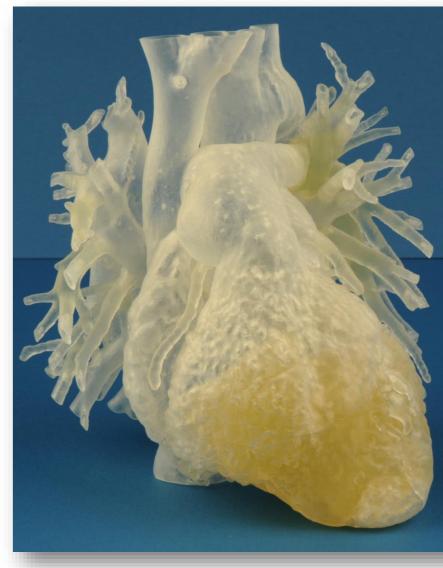
## As Good As it Gets?

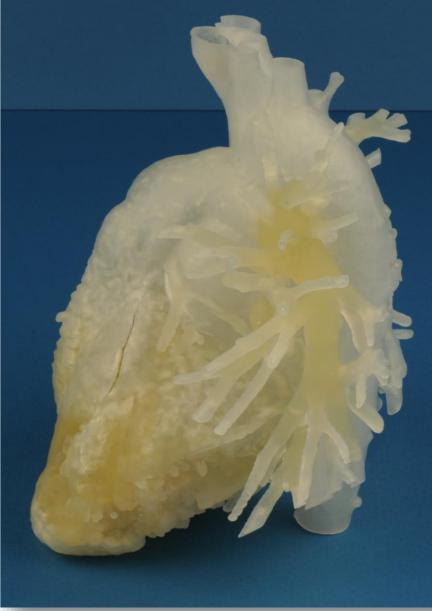
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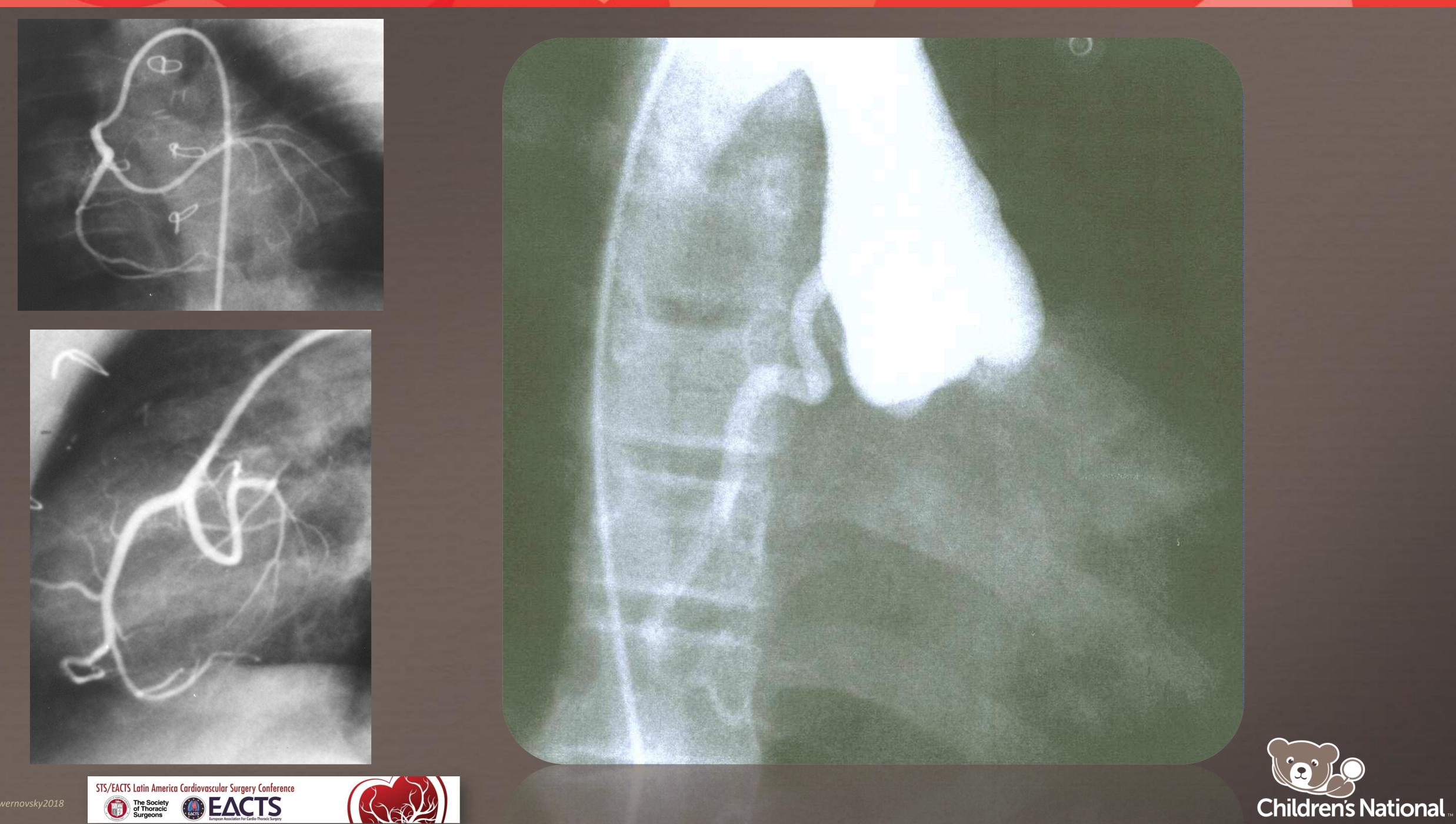
















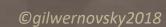


Am J Cardiol. 1995 Jul 15;76(3):153-7.

### Coronary artery abnormalities detected at cardiac catheterization following the arterial switch operation for transposition of the great arteries.

Tanel RE<sup>1</sup>, Wernovsky G, Landzberg MJ, Perry SB, Burke RP.

Tanel RE<sup>1</sup>, Wernovsky G, Landzberg MJ, Perry SB, Burke RP.

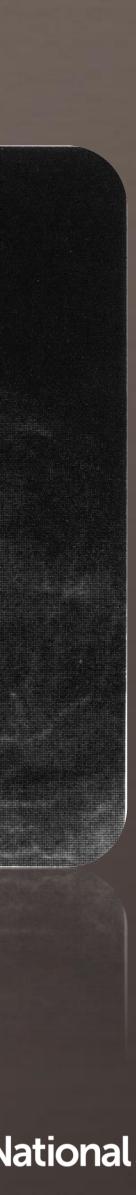




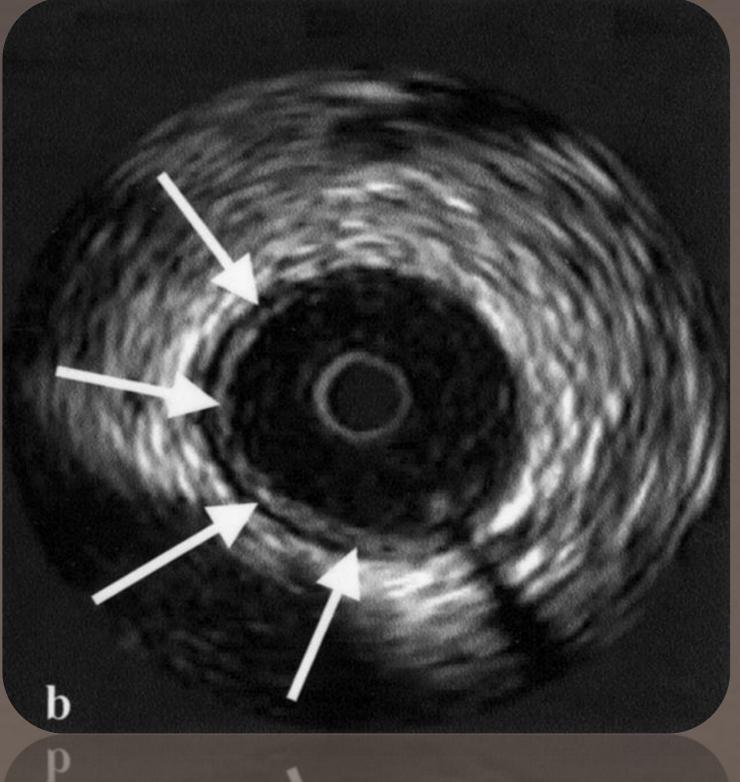


n=363; ALL asymptomatic 3% with occlusion or stenosis





### Intimal Proliferation



Journal of the American College of Cardiology Published by Elsevier Inc.

### Intracoronary Ultrasound Assessment Late After the Arterial Switch Operation for Transposition of the Great Arteries

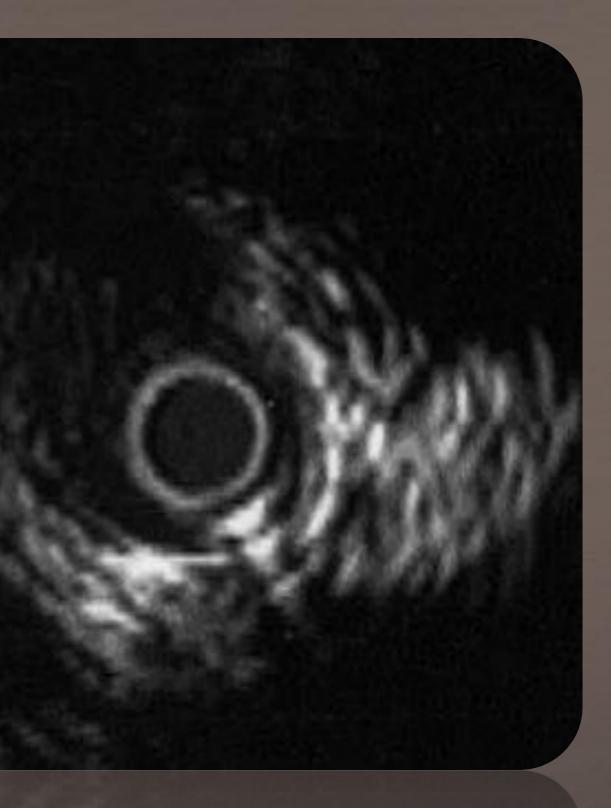
Simone R. F. F. Pedra, MD, Carlos A. C. Pedra, MD, Alexandre A. Abizaid, MD, Sérgio L. N. Braga, MD, Rodolfo Staico, MD, Raul Arrieta, MD, J. Ribamar Costa, JR, MD, Vinicius D. Vaz, MD, Valmir F. Fontes, MD, J. Eduardo R. Sousa, MD São Paulo, Brazil





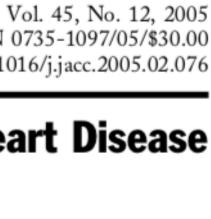


### **Congenital Heart Disease**



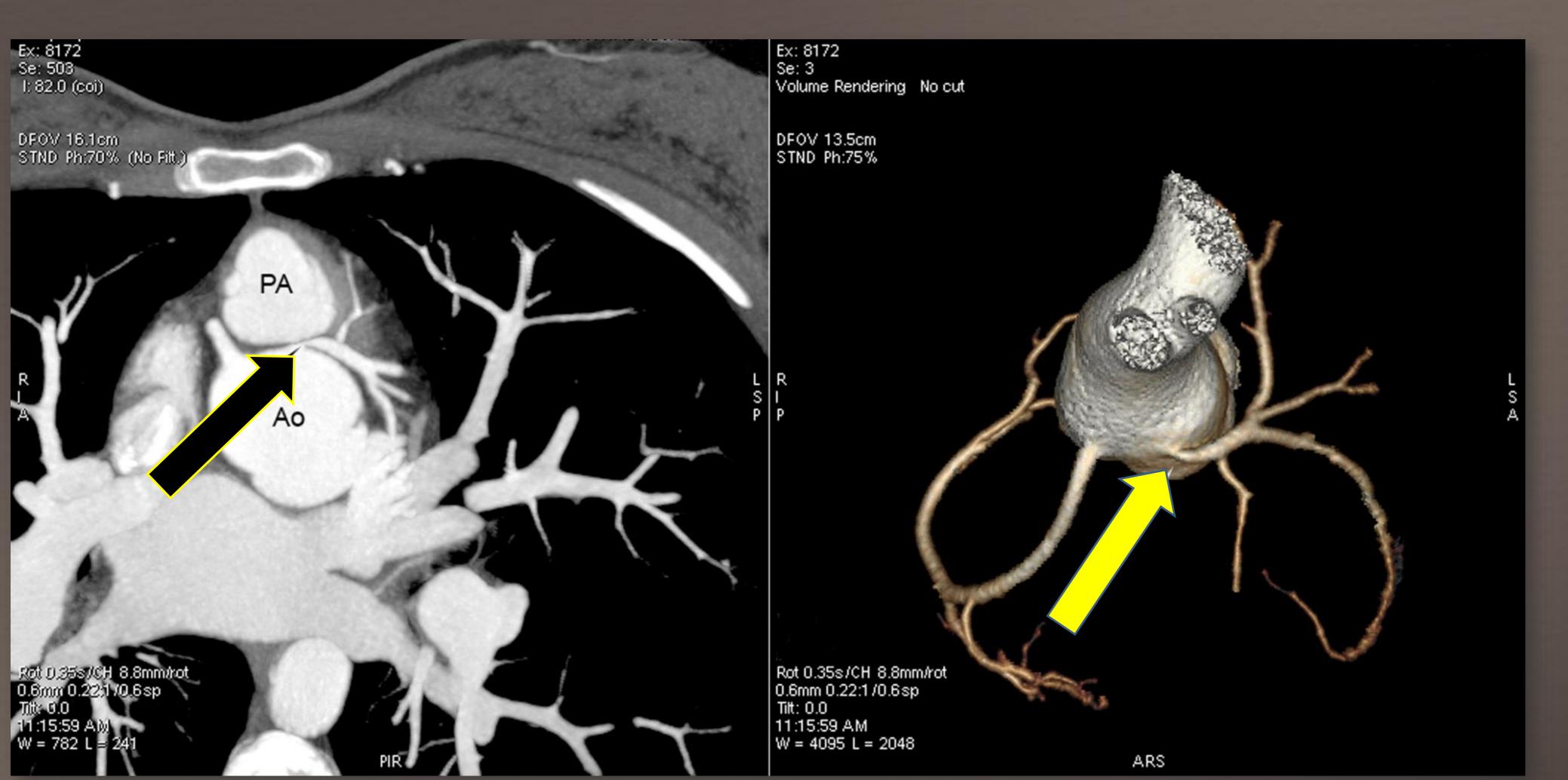
**Elliptical Orifice** 







### Ostial Compression/Kinking



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R 65

No VOI kv 100 mA Mod. Rot 0.35s/CH 8.0mm/rot 0.6mm 0.2:1/0.6sp Tilt: 0.0 08:45:42 AM W = 4095 L = 2048



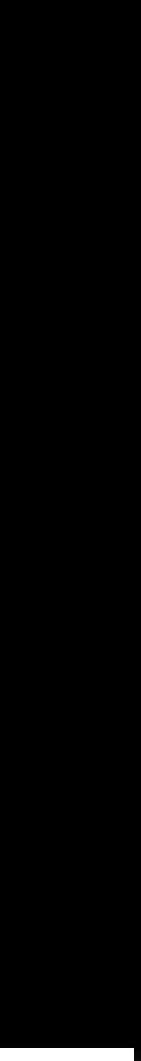












Pediatr Cardiol DOI 10.1007/s00246-017-1761-z

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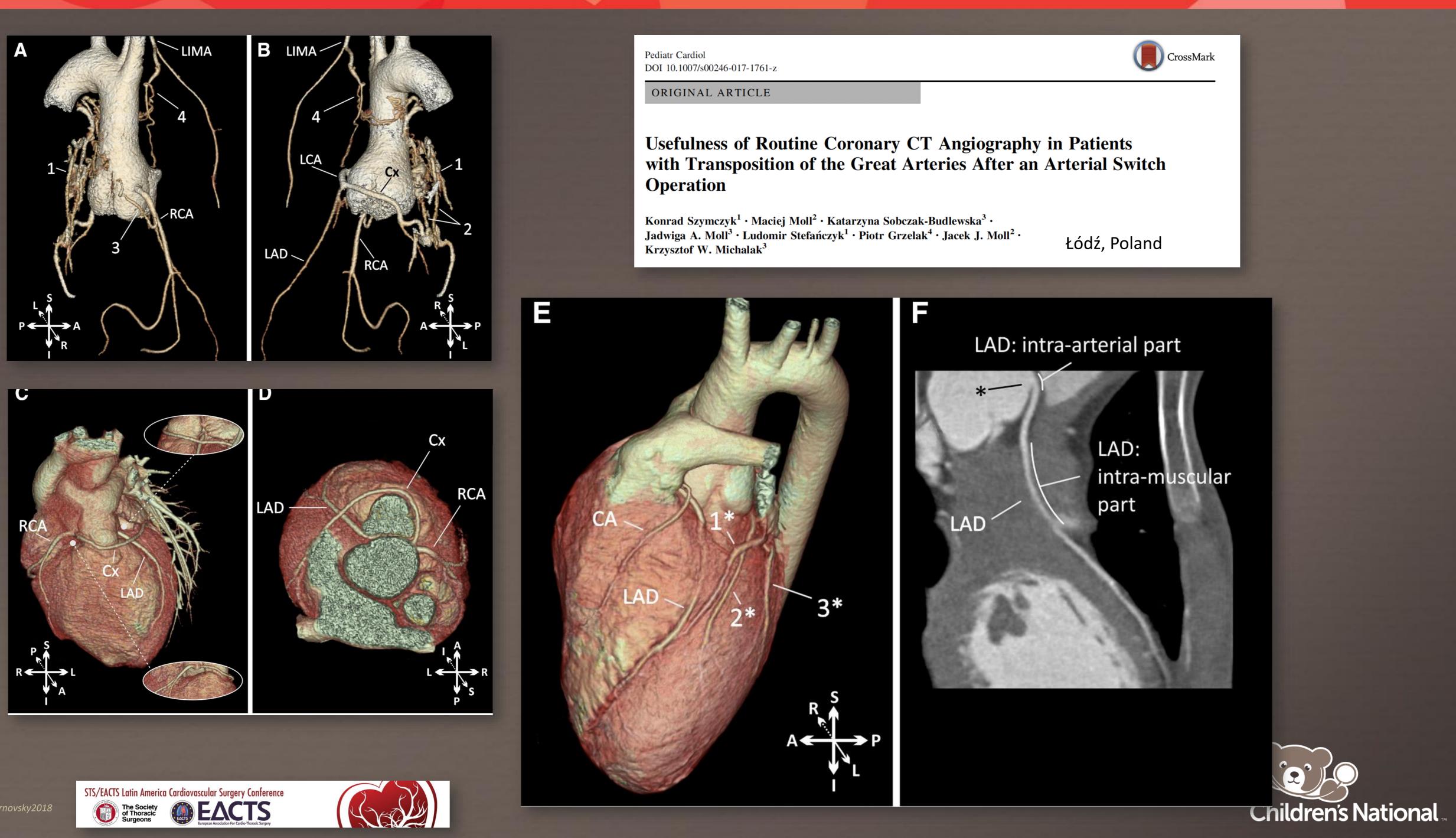






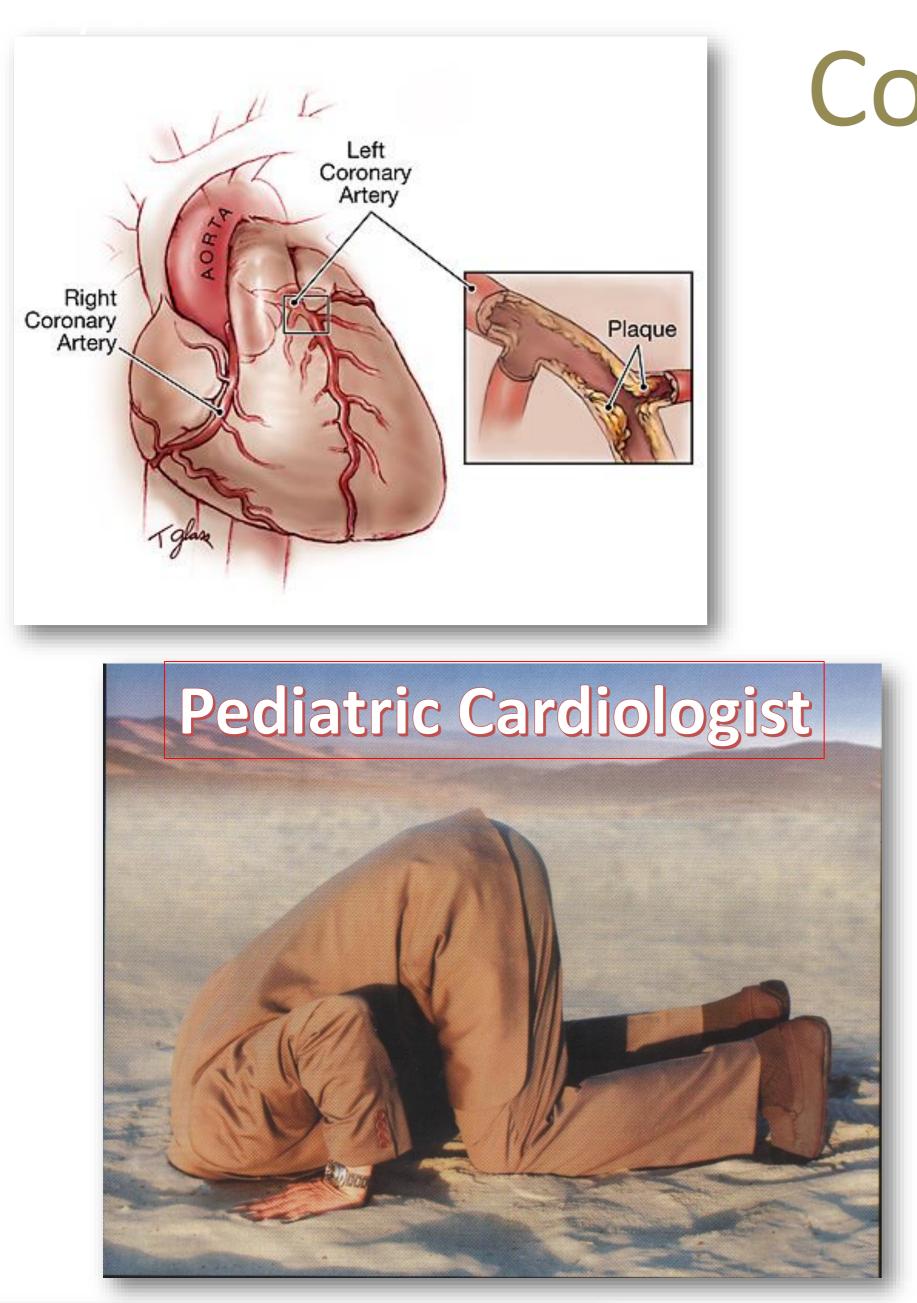
Łódź, Poland

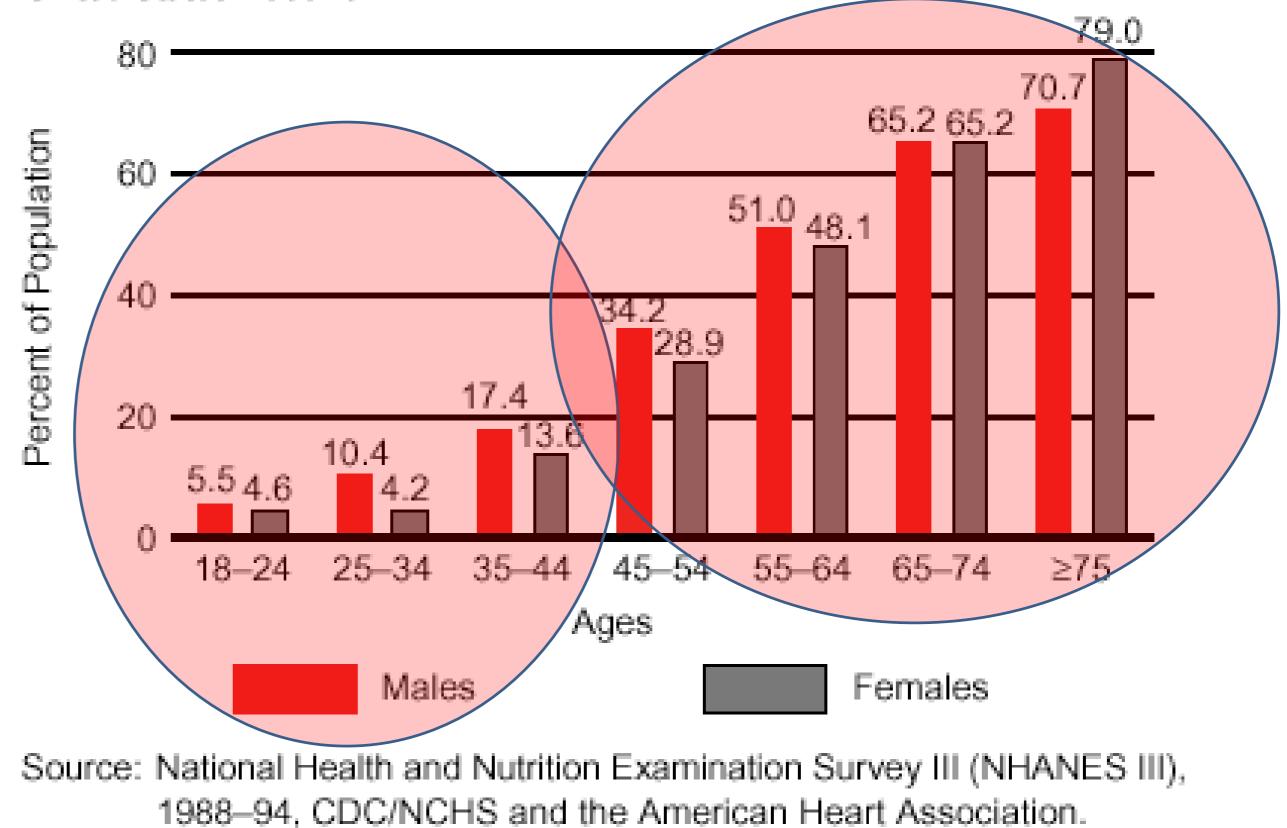
















## **Coronary Artery Disease in Adults**

### Estimated Prevalence of Cardiovascular Diseases by Age and Sex

United States: 1988-94

1988–94, CDC/NCHS and the American Heart Association.





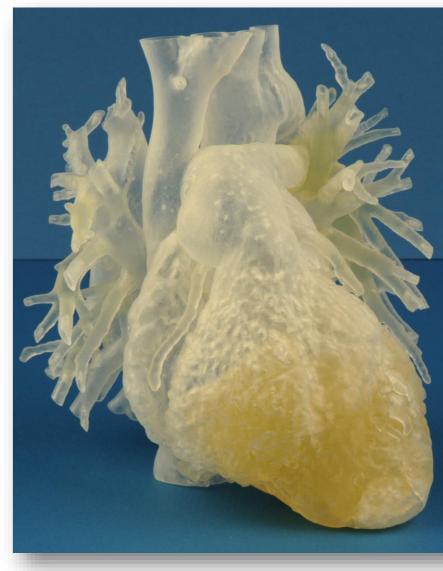
## As Good As it Gets?

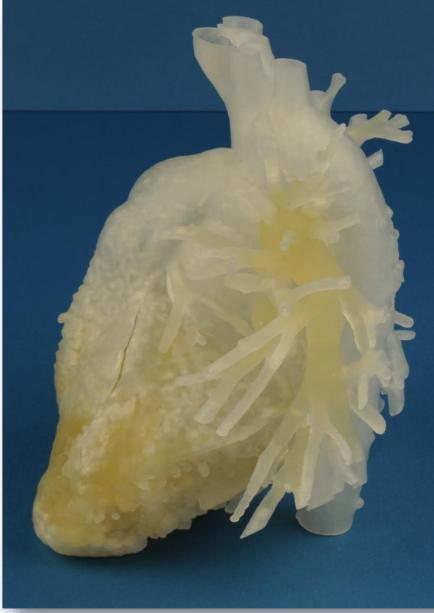
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J Thorac Cardiovasc Surg. 1995 Feb;109(2):311-21.

### Status of the left ventricle after arterial switch operation for transposition of the great arteries. Hemodynamic and echocardiographic evaluation.

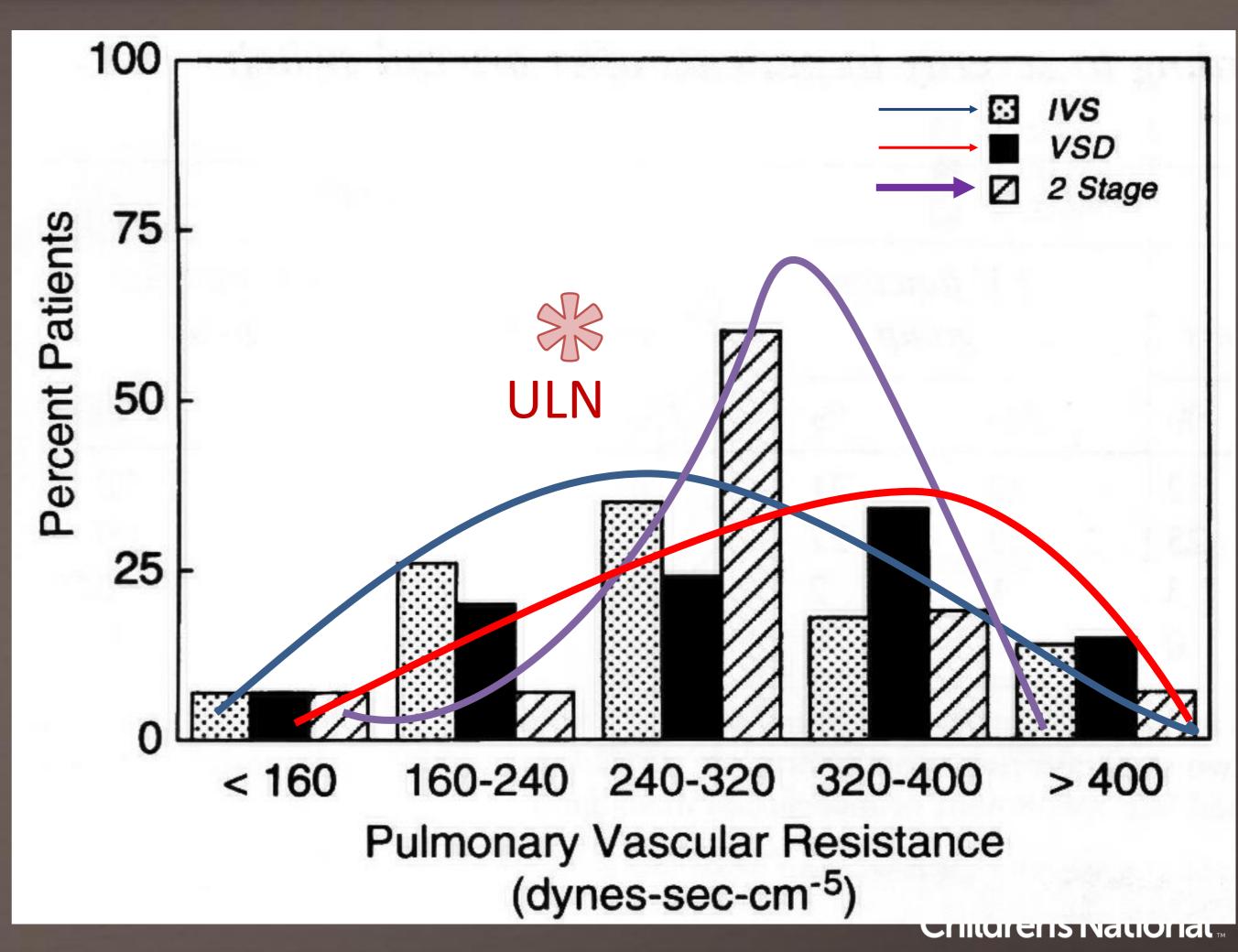
Colan SD<sup>1</sup>, Boutin C, Castañeda AR, Wernovsky G.

### Cath n = 330; 1.6 years postop 个Pulmonary Vascular Resistance in Many





©gilwernovsky2018





### Pre-Op Balloon Occlusion Aortography





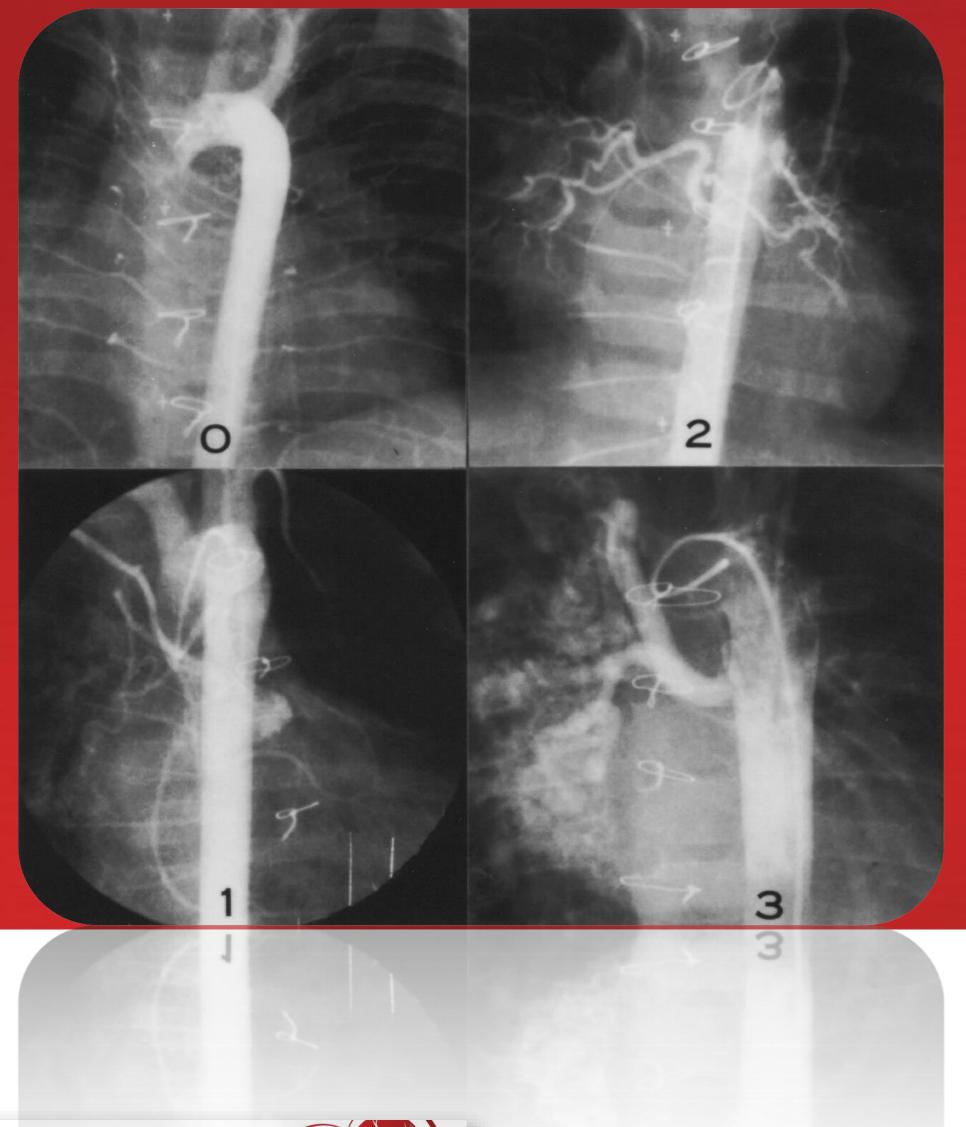
### 5 m Post-Op Aortogram





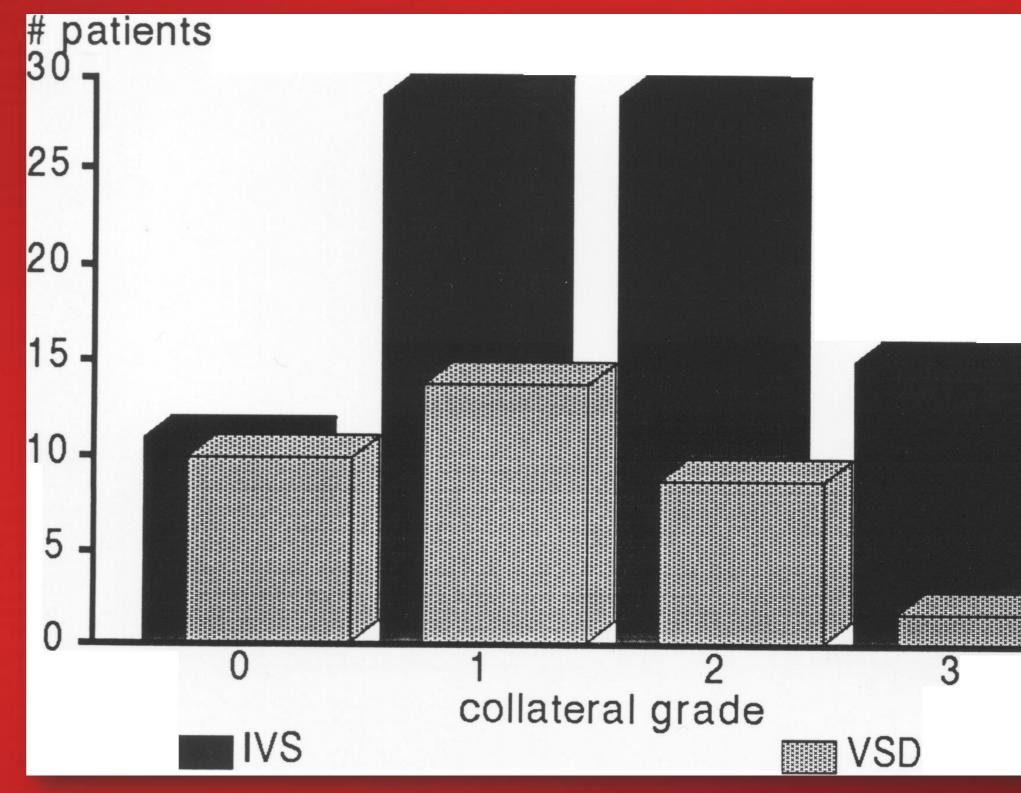


### Accessory Pulmonary Blood Flow: Bronchial Collaterals









JACC Vol. 21, No. 2 February 1993:465-70

### **Enlarged Bronchial** Arteries After Early Repair of Transposition of the Great Arteries

GIL WERNOVSKY, MD, FACC, NANCY D. BRIDGES, MD, VALERIE S. MANDELL, MD, ALDO R. CASTAÑEDA, MD, FACC, STANTON B. PERRY, MD

Boston, Massachusetts



### Accessory Pulmonary Blood Flow: Bronchial Collaterals

Int J Cardiol. 2018 May 1;258:237-242. doi: 10.1016/j.ijcard.2018.01.132. Epub 2018 Feb 2.

## significance early after arterial switch operation.

Wipf A<sup>1</sup>, Christmann M<sup>2</sup>, Navarini-Meury S<sup>1</sup>, Dave H<sup>3</sup>, Quandt D<sup>1</sup>, Knirsch W<sup>1</sup>, Kretschmar O<sup>1</sup>.

## > 15/98 patients underwent coil embolization Associated with longer LOS at index surgery > Associated with lower preoperative saturation





Aortopulmonary collaterals in neonates with d-transposition of the great arteries - Clinical

Zurich, Switzerland





## Exercise Capacity is Reduced Secondary to Pulmonary Function Abnormalities And (mild) Chronotropic Impairment

### **Table 5.** Exercise capacity of patients compared with references

	References	TGA all	<b>P</b> *	TGA/IVS	TGA/VSD	P**
Max. exercise capacity (watts)	120 ± 30 (70-180)	102 ± 33 (60-160)	0.02	97 ± 32 (60-160)	113 ± 35 (75-160)	0.2
Max. oxygen uptake (ml/min/kg)	48 ± 8 (29-60)	41 ± 8.3 (25-57)	< 0.01	42 ± 7.8 (28-57)	39 ± 9.6 (25-53)	0.3
Respiratory quotient	1.18 ± 0.08 (1.02-1.36)	1.20 ± 0.08 (1.05-1.43)	0.5	1.20 ± 0.09 (1.05-1.43)	1.18 ± 0.08 (1.05-1.32)	0.5
Peak heart rate (bpm)	186 ± 9 (165-209)	177 ± 12 (153-200)	<0.01	177 ± 11 (153-197)	176 ± 14 (153-200)	0.9

Eur J Pediatr. 2008 Sep;167(9):995-1004. Epub 2007 Nov 7.

## reference population.

de Koning WB<sup>1</sup>, van Osch-Gevers M, Ten Harkel AD, van Domburg RT, Spijkerboer AW, Utens EM, Bogers AJ, Helbing WA.

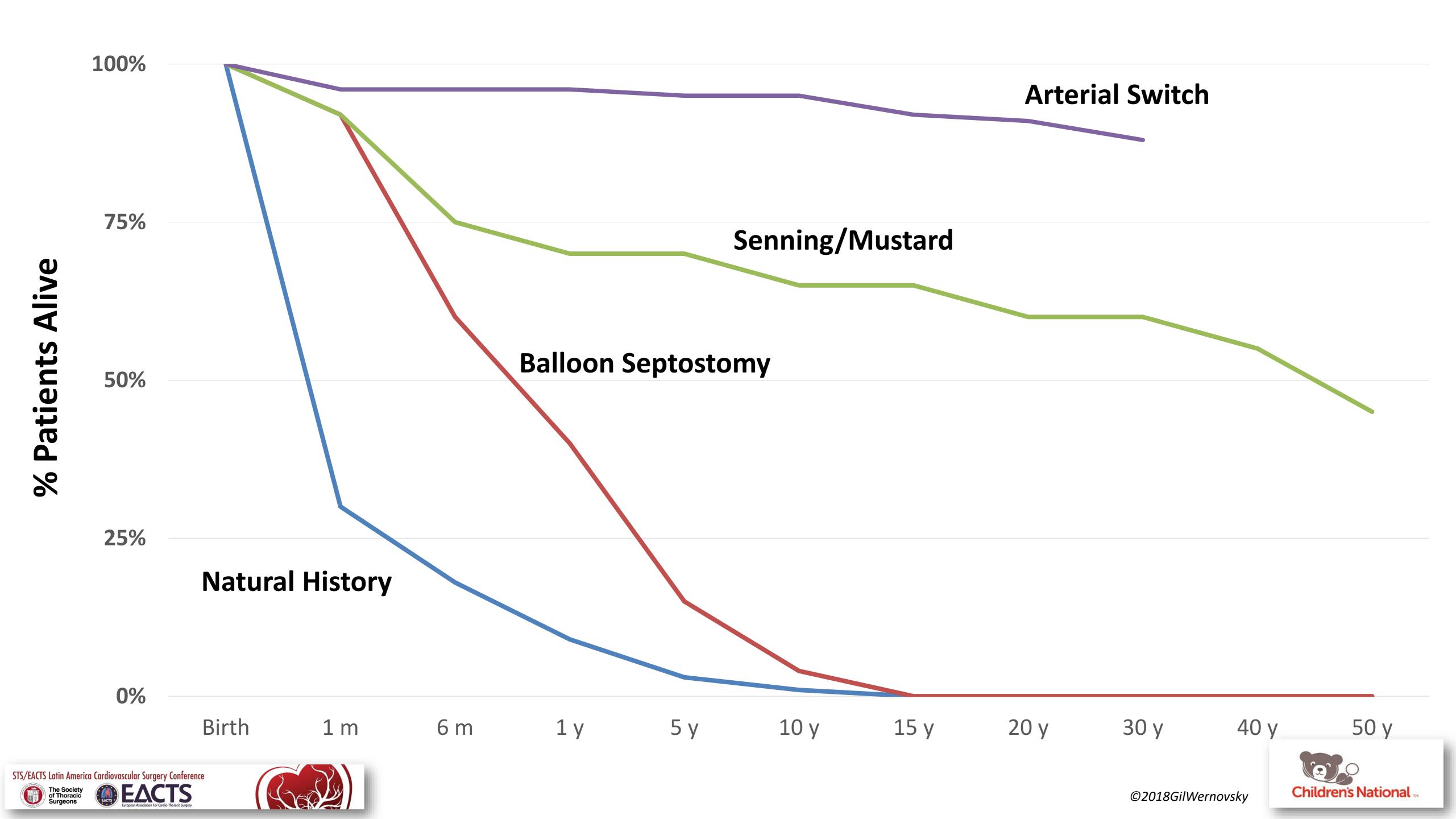






Follow-up outcomes 10 years after arterial switch operation for transposition of the great arteries: comparison of cardiological health status and health-related quality of life to those of the a normal





## The Arterial Switch <a>/S</a> "As Good As It Gets" - But -It is NOT a Cure

Great Vessels Coronary Arteries Neo-Aortic Root Pulmonary Abnormalities (Function, Vascular Bed) NeuroDevelopmental Abnormalites "Only" 40 Years Old







The Arterial Switch <a>[S]</a> "As Good As It Gets" - But -It is NOT a Cure

Howard Gutgesell MD Pulmonary valve insufficiency: malignant or benign? J Am Coll Cardiol 1992:20;174-175.





"The incidence of long term sequelae of the treatment of congenital heart disease is directly related to how thoroughly they are sought.

The challenge is to determine which of the laboratory abnormalities are of clinical relevance."





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## gwernovsky@childrensnational.org



