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Global Postoperative Mortality in Critical Congenital Heart Disease: A Systematic Review

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NO DISCLOSURES

INTRODUCTION

- 8 12 x 1000 newborns have a Congenital Heart Disease
- About 7,200 newborns, (18 per 10,000), in the United States are diagnosed with **Critical Congenital Heart** Disease (CCHD) each year.
- Part of cost effective analysis study for pulse oximetry routine screening in Colombia

- Principal Objective: Identify early postoperative mortality (30 days) in children < 1 year for each CCHD
- Specific objectives: Differentiate world-wide mortality rates Identify origin of published literature



METHODS

-	Type and
-	Age
-	Date 08-0
-	Lang
-	Mort

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6 Data-bases

Pubmed[®], Sciencedirect[®], Lilacs[®], Ebsco-Host[®], Cochrane[®], Scopus[®]

Inclusion Criteria

e of Study: Cohort or Case **Control Studies**

: Patients < 1 year old

es: Between 01-01-2012 and 1-2017

guage: Spanish and English

tality: 30 day mortality

Exclusion Criteria

Patients who underwent percutaneous or medical procedures



PRISMA 2009 Flow Diagram





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	Number of Studies	Number of Procedures	Global	North America	South America	Europe	Asia	Oceania	Α
Pulmonary Atresia	5	342	9,94 (6,98-13,61)	17,07 (10,06-26,38)*	ND	18,88 (11,79-28,51)*	1,76 (0,45-4,72)	ND	
Tricuspid Atresia	3	454	4,84 (3,06-7,24)	4,84 (3,14-7,12)	ND	ND	ND	ND	
D-TGA	34	7099	6,39 (5,83-6,98)	3,04 (2,45-3,73)	23,95 (19,29-29,14)	6,73 (5,66-7,93)	5,95 (4,07-8,38)	2,88 (1,89-4,19)	; (0,90
Tetralogy of Fallot	21	7323	1,80 (1,51-2,13)	2,13 (1,77-2,55)	ND	1,19 (0,58-2,17)	0,61 (0,19-1,47)	1,03 (0,45-2,04)	
HLHS	44	10145	17,02 (16,29-17,76)	17,12 (16,35-17,93)	23,07*	16,88 (14,93-18,98)	9,75 (4,63-17,68)*	13,3 (4,38-29,1)*	
TAPVC	7	598	12,2 (6,96-15,10)	6,66 (3,75-10,86)	ND	20,32 (14,54-25,96)	10,18 (6,65-14,77)	ND	
Truncus Arteriosus	6	150	12,00 (7,26-18,30)	16,66 (4,42-38,9)*	ND	3,27 (0,55-10,41)*	10,00 (1,71-29,29)*	21,56 (11,9-34,39)*	
*Information calculated	d from studies with less t	han 100 procedures pe	rformed	rage Mo	rtality 9,1	7%			

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Early Mortality in Cardiovascular Surgery for Critical Congenital Heart Disease in Children Under One Year of Age (Expressed in Percentage of Interventions 95% CI)



Comparison of Early Mortality



Global Mortality
STS Database 2018

(Jacobs et al., 2018)

30





MORTALITY BY CONTINENTS



■ N. AMERICA ■ EUROPE – ASIA ■ OCEANIA: ■ S. AMERICA ■ AFRICA

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CONCLUSIONS

- Even though there are referral centers with low mortality rates, the aggregates demonstrated that mortality continues to be elevated
- There are important differences in regions regarding outcomes and publications
- Efforts have to be made to obtain global mortality indicator to compare to local results
- This study helped demonstrate that the use of pulse oximetry is cost effective and should be implemented as a national health policy in order to improve detection and survival rates of CCHD

LIMITATIONS

- Publication bias
- Pathology vs Procedure Mortality
- Risk Factors were not taken into account

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THANK YOU







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