

ORAL PRESENTATION

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# Monocusp patch from bovine jugular vein valved graft (Contegra<sup>®</sup>) for right ventricular outflow reconstruction in tetralogy of fallot repair

Fotios Mitropoulos<sup>1\*</sup>, Andrew C Chatzis<sup>1</sup>, Meletios A Kanakis<sup>1</sup>, Constantinos Contrafouris<sup>1</sup>, Michael Milonakis<sup>1</sup>, Nikolaos Giannopoulos<sup>1</sup>, Alexander Tsoutsinos<sup>2</sup>, Prodromos Azariadis<sup>1</sup>

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## Objective

Absence of a competent pulmonary valve (PV) after tetralogy of Fallot repair bears severe impact on right ventricular (RV) function postoperatively and the construction of a monocusp valve substitute has been recommended. We have used a Contegra<sup>®</sup> graft for this purpose and present herein the results of its use.

## Methods

From July 2007 to September 2012, 24 patients, 14 males and 10 females age 5 months to 5.5 years (median 13 months) and median BSA 0.423m<sup>2</sup> underwent tetralogy of Fallot repair requiring extended transannular incision to relieve right ventricular outflow tract (RVOT) obstruction. Reconstruction was achieved utilising part of a Contegra<sup>®</sup> graft containing one of the cusps (monocusp).

## Results

There were no deaths. Median ICU and hospital stay were 5 and 11 days respectively. Median postoperative (discharge) PV peak gradient (PG) was 23mmHg, median pulmonary regurgitation (PR) 2+/4+ and median tricuspid regurgitation (TR) 1+/4+. Ten patients were followed up for a median of 13 months. For this particular group of patients postoperative vs. follow-up measurements (median values): PV-PG; 20 mmHg vs. 21mmHg, PR; 2+/4+ vs. 2+/4+, TR; 1+/4+ vs. 1+/4+ respectively.

## Conclusion

The use of a monocusp valve derived from a Contegra<sup>®</sup> graft achieves acceptable PR, preserving thus RV function with good overall immediate postoperative and short term results.

## Authors' details

<sup>1</sup>Department of Paediatric and Congenital Cardiac Surgery, Onassis Cardiac Surgery Centre, Kallithea 17674, Athens, Greece. <sup>2</sup>Department of Paediatric Cardiology, Onassis Cardiac Surgery Centre, Kallithea 17674, Athens, Greece.

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\* Correspondence: [fotiosmitropoulos@yahoo.com](mailto:fotiosmitropoulos@yahoo.com)

<sup>1</sup>Department of Paediatric and Congenital Cardiac Surgery, Onassis Cardiac Surgery Centre, Kallithea 17674, Athens, Greece

Full list of author information is available at the end of the article