

SURGICAL RESULTS

Mortality 1/24 = 4%

Death in child with coarctation, VSD and transverse arch hypoplasia, became severely acidotic pre op despite prostaglandin therapy. Difficult operation - thought to be interrupted arch P.M. showed coarctation and distal arch hypoplasia.

TYPE OF REPAIR

resection and end to end re-anastomosis	17
Patch angioplasty	
- 1 long segment narrowing, CoA resected and isthmus widened with Goretex	2
- 1 difficulty cross clamping without interfering with collateral supply	
Excision of post shelf, longitudinal incision and transverse resuturing	1
Interruption repair	3
Double arch repair	1

POINTS TO CONSIDER

- 1 Future use of MRI.
- 2 Need to demonstrate collateral supply in older patients?
- 3 Differentiation of type 3 interruption from severe coarctation may not be possible non-invasively.