

APAC 5/4/89

JOINT CARDIAC/SURGICAL/RADIOLOGICAL MEETING

WEDNESDAY 1st February 1989 - 1 pm

Present - Drs Jordan, Joffe, Hartnell, Masey, Martin
Mr Dhasmana



Diagnosis: Transposition with large Ventricular Septal Defects

The angios were reviewed in considerable detail. It is clear that for transposition the pulmonary artery is much further to the left than usual so that the vessels are almost in side by side position (aorta on the right and pulmonary artery behind with only slight overlap). The main problem is in being sure about the coronary anatomy. It is possible that this is just common (type A) form for transposition that has been subject to rotation because of the more forward position of the pulmonary artery. Alternatively it is possible that this is a previously unreported type of coronary arterial anatomy in which the right coronary artery actually arises from the anterior sinus of valsalva of the aorta.


Because of this it was felt that we could not at this stage agree on switch operation. Mr Dhasmana is going to look in greater detail of the reports of coronary artery anatomy and Dr Hartnell will see whether there is any possibility of arranging an MRI scan in the next few weeks.

Meanwhile will be discussed again on a Monday morning.


S C JORDAN

Monday 20th February 1989 - 8 am.

Mr Dhasmana has re-studied the anatomies described in Kirklands book and together with the MRI scan now feels this is suitable for switch operation.

Please check that  is on Mr Dhasmana's waiting list for operation within the next month or six weeks.

Mr Dhasmana ✓