Congenital Cardiac Surgery at Mansoura University: Going More Complex

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Case 1

• Norwood (Stage I) Operation
Preoperative Data:

- 30-day, 3-kg female patient transferred from a NICU in Cairo to our Congenital Cardiac Surgery Unit at Mansoura University Children's Hospital.
- Echo: Hypoplastic Left Heart Syndrome (MA/AS), small VSD, small ascending aorta, hypoplastic aortic arch, highly restrictive ASD and small PDA.
- MSCT: Big collateral from the descending aorta supplying the LLL.
- The patient presented with RD III, pulmonary congestion and hemorrhage that required mechanical ventilation.

Surgical technique: 1
- Division of PDA
- Transection of MPA proximal to confluence
Surgical technique: 2

• Damus-Kaye-Stansel anastomosis

Surgical technique: 3

• Reconstruction of the ascending aorta and aortic arch with a pericardial patch.
Surgical technique: 4
- Placement of MBT shunt.

Postoperative image: (MSCT) DKS anastomosis
Postoperative Course:

a. Open chest.
b. Abcess in LLL.
c. Ischemic bowel.

Case 2

• Aortic Root Translocation (Nikaidoh) Operation.
**Surgical technique: 1**
- Harvesting the aortic root.
- Incising the conal septum.
- VSD patch closure.

**Surgical technique: 2**
- Implanting the aortic root in the LVOT.
- LeCompte maneuver.
- Placement of RV-PA conduit.
Nikaidoh op

Neonatal Cardiac surgeries at MUCH in the last 6 months:

- 1 Norwood op: 30-day, 3-kg.
- 6 Arterial Switch op's: (1 mortality).
- 1 Interrupted Aortic Arch(B)/VSD: 8-day, 2.8-kg – Total repair.
- 2 Hypoplastic aortic arches: Reconstruction on CPB.
- 1 TOF/PA: 20-day, 3.4-kg – total repair with placement of RV-PA conduit (Contegra).
• Thank You