



Traitement chirurgical des CIA / RVPAp / CAVp



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Plan

- Rappel-généralités
- TTT chirurgical
- Malfaçons

Rappel-généralités-résultats

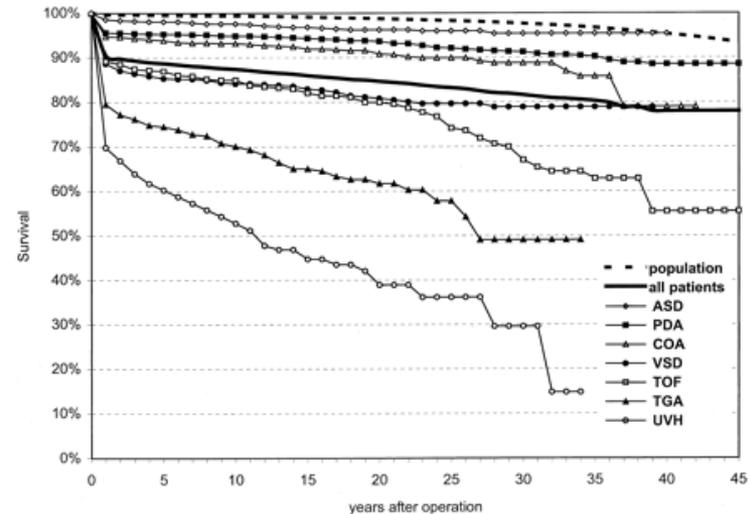
- Histoire naturelle ?

- 128 patients > 18 ans: KT droit
- 75% symptomatiques
- 25% PAPm augmentées
- 15% PAPm très augmentées

Craig RJ, Selzer A. Natural history and prognosis of atrial septal defect. Circulation 1968; 37: 805–815.

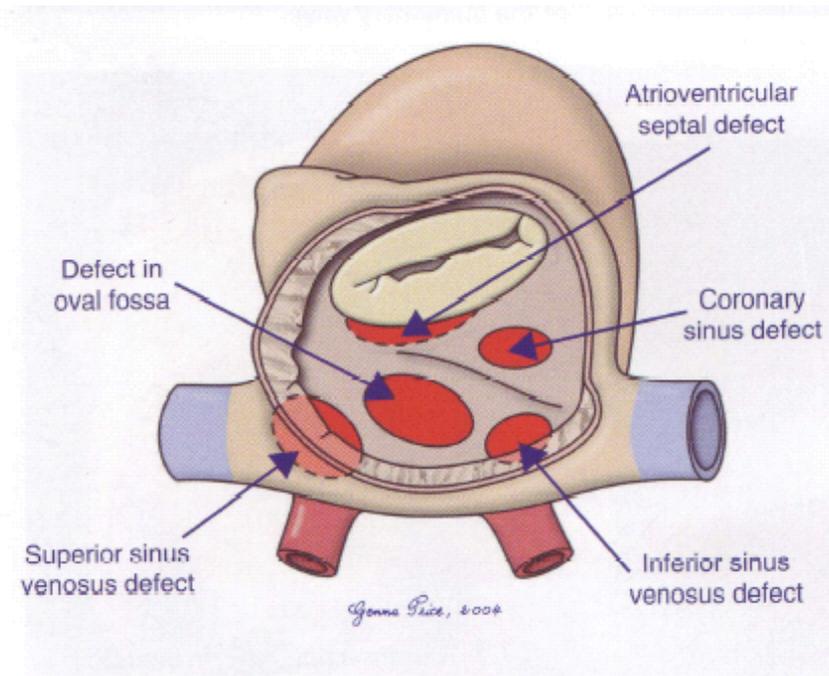
- Résultat: excellent !

- Après chirurgie cardiaque
- *Nieminen, Circulation. 2001*



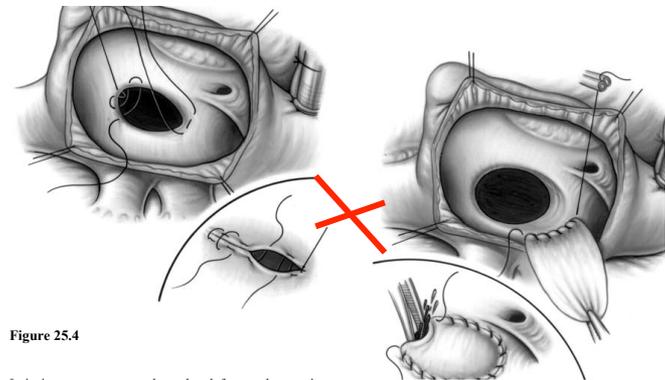
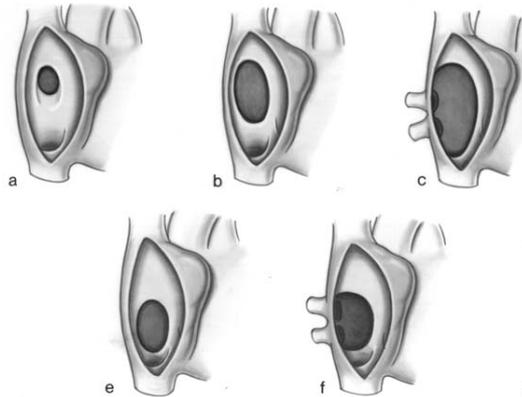
Rappel- anatomie

- Plus fréquente des CC
 - Isolée / associée (30%)
- **CIA OS (75%)**
- **CIA SV (10%)**
- **CIA SC (< 1%)**
- CIA associé à CAVP (15%)



Technique chirurgicale: CIA OS

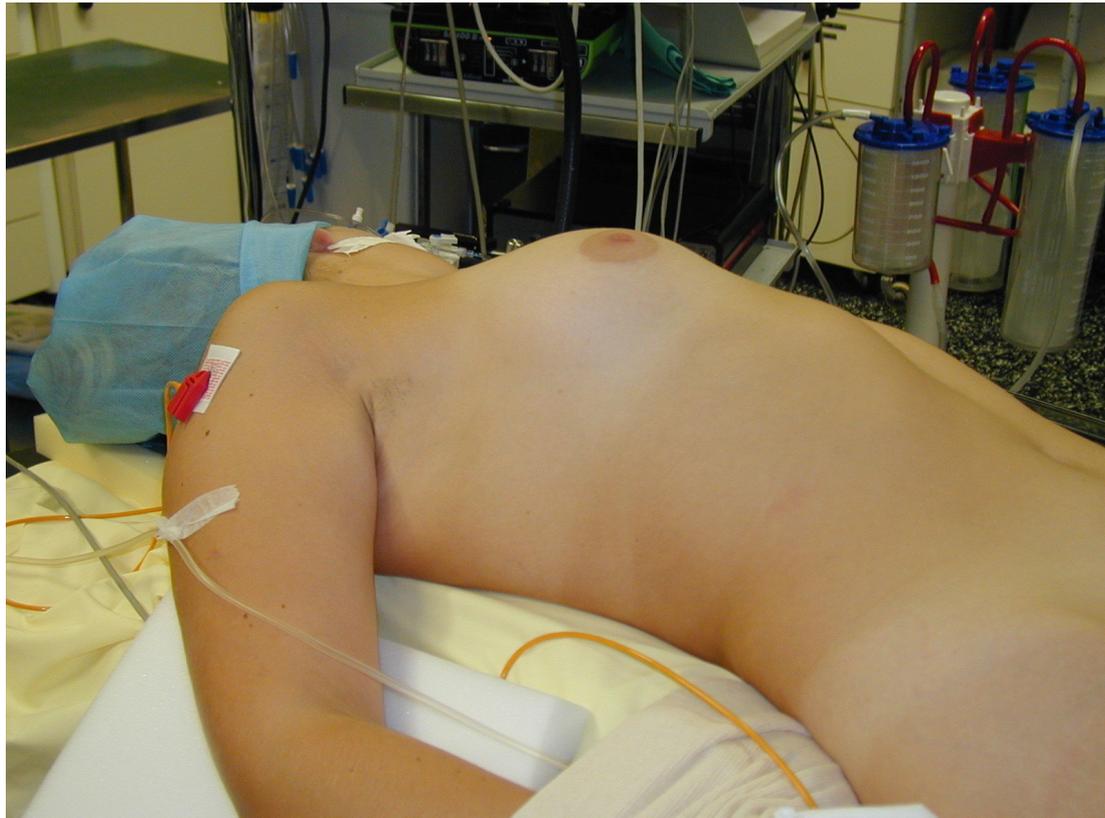
- Sternotomie: gold standard



- Thoracotomie postérieure
 - 85 enfants (07/2003 à 02/2013)
 - Age moyen : 5.5 ans (2 à 10ans)
 - Poids : 16.8 kg (8.5 à 33 kg)

Technique chirurgicale: CIA OS

- Thoracotomie antéro-latérale

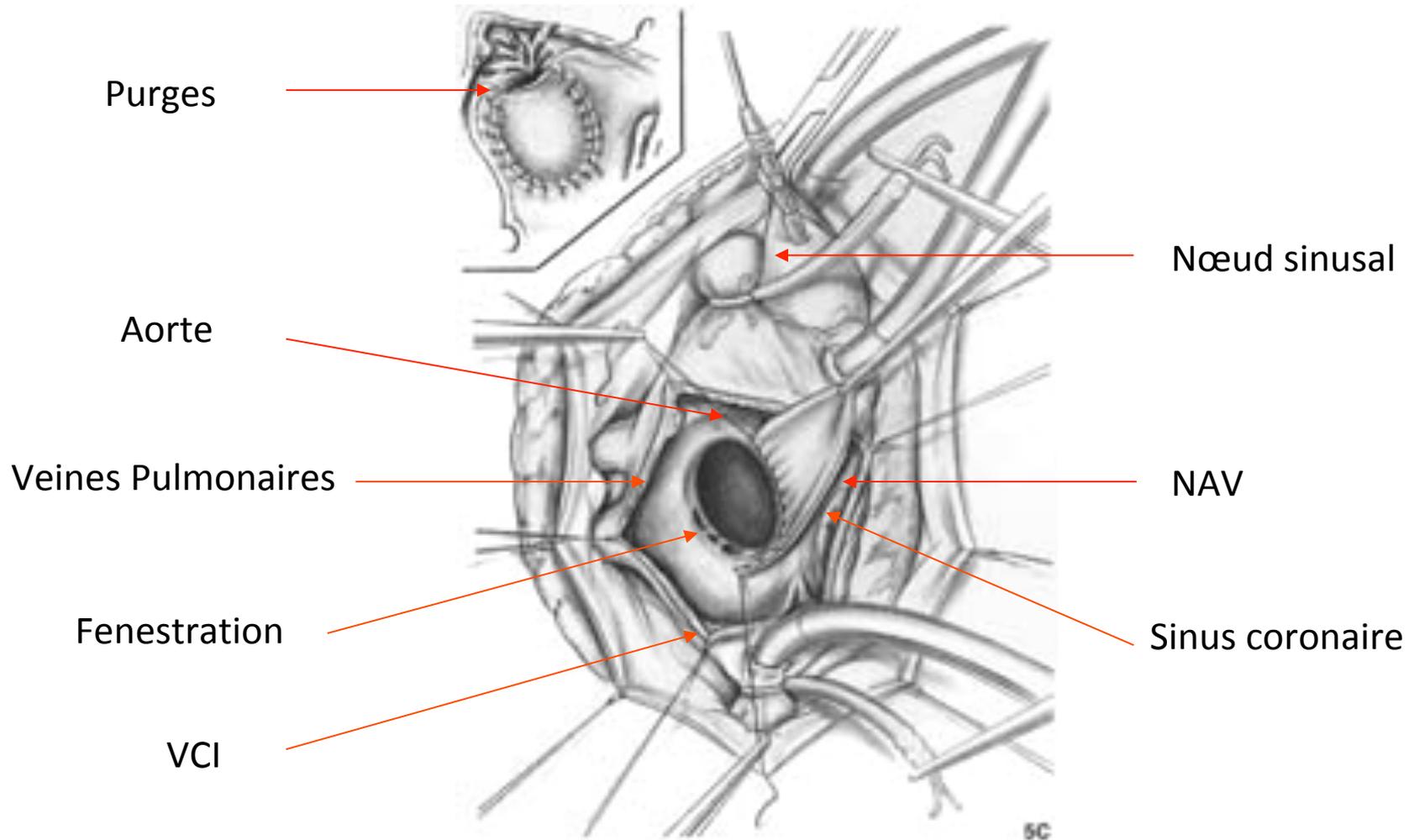


Technique chirurgicale: CIA OS

- Thoracotomie postérieure
 - 101 enfants (07/2003 à 02/2014)
 - Age moyen : 5.5 ans (2 à 10ans)
 - Poids : 16.8 kg (8.5 à 33 kg)



Complications rares: court terme



Procédures associées (adulte +++)

- Sténose pulmonaire
- Prolapsus valvulaire mitrale
- Fuite tricuspide
- Arythmies:
 - CIA « vieillie »
 - Insuffisant de se contenter de corriger le défaut
Brandenburg Am J Cardiol 1983
 - CLASS IIb (C)

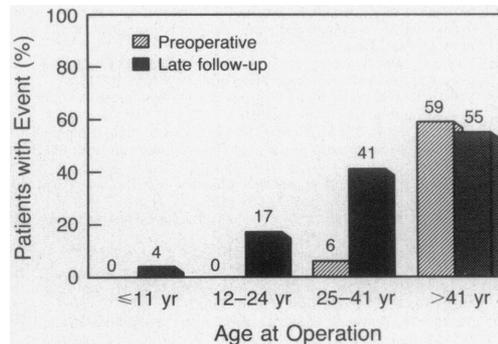
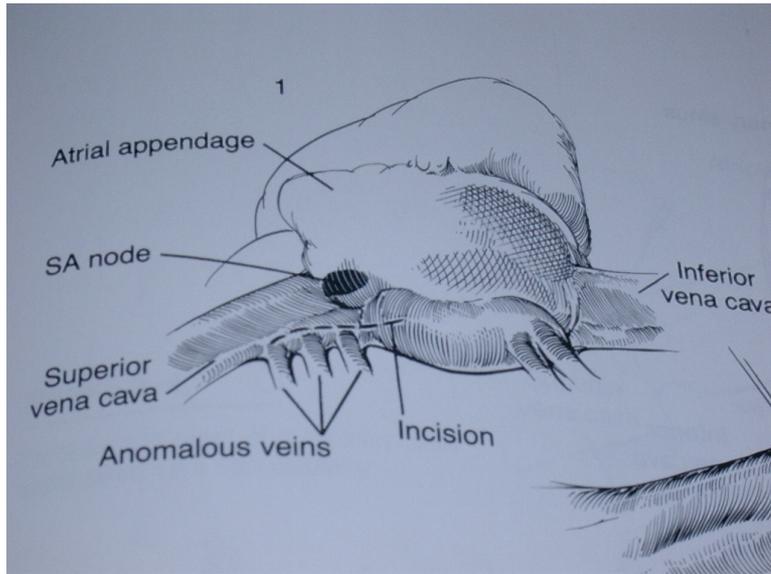
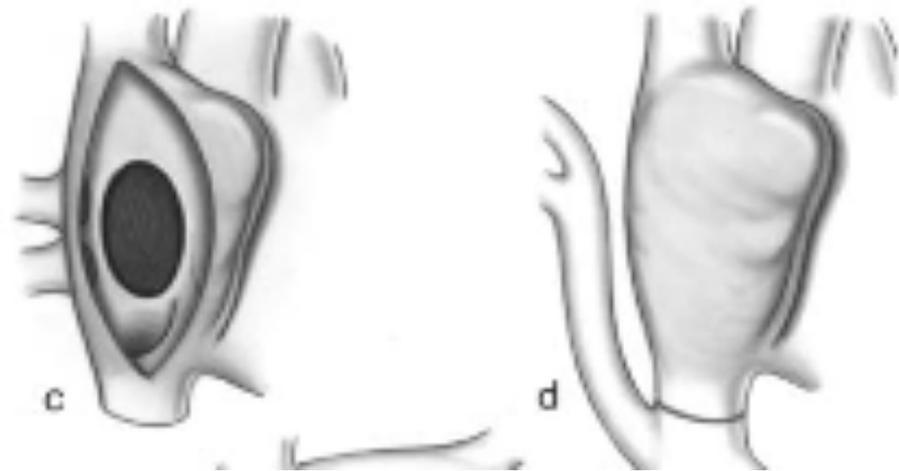


Figure 4. Incidences of Preoperative and Late Atrial Fibrillation or Flutter, According to Age at Operation.

CIA SV



Haute

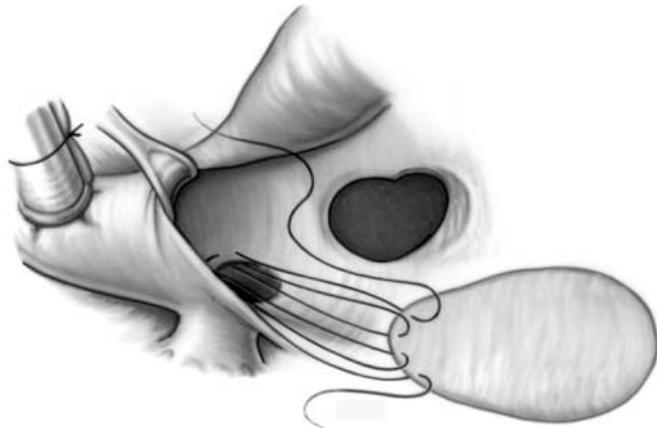
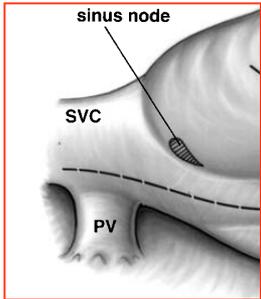


Moyenne

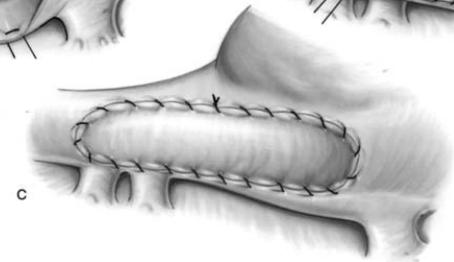
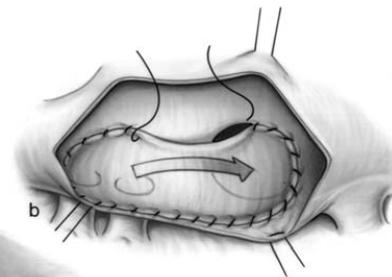
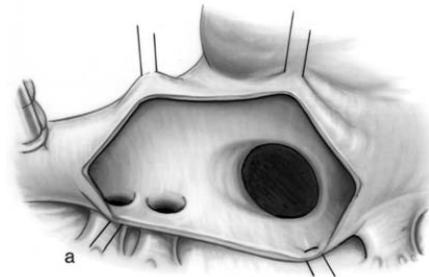
Basse

Technique chirurgicale: CIA SV

Technique classique



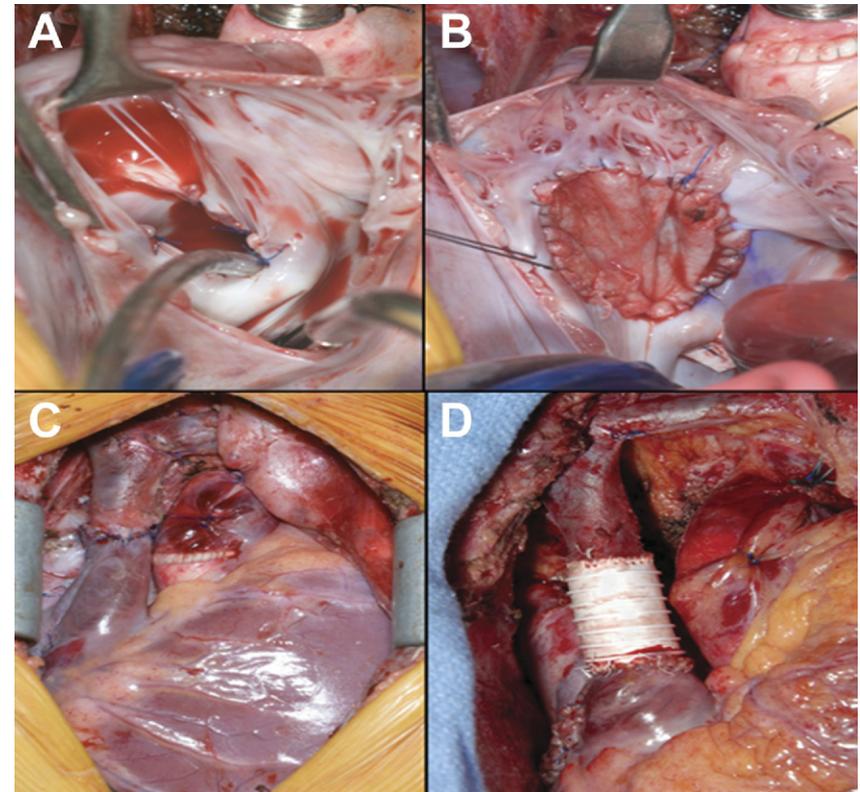
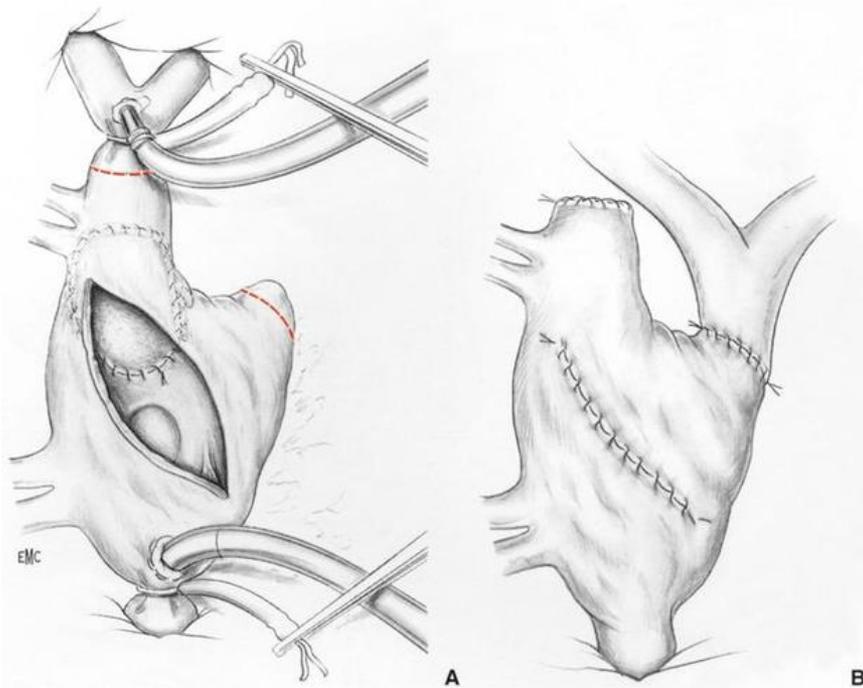
VP dte « basses »



VP dte « hautes »

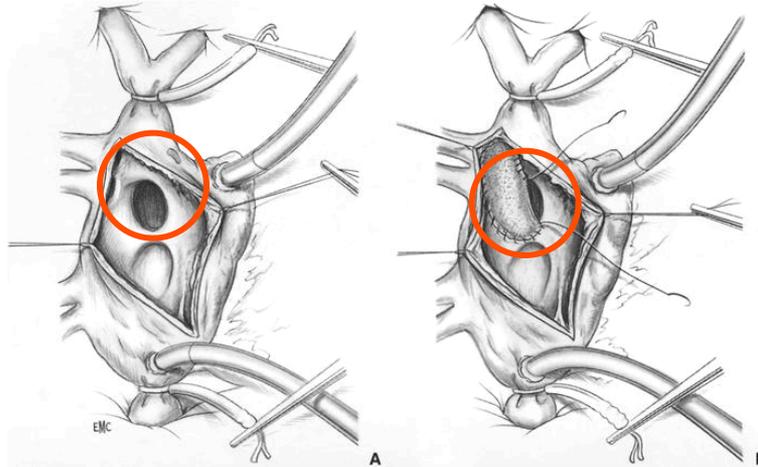
Technique chirurgicale: CIA SV

Technique de Warden

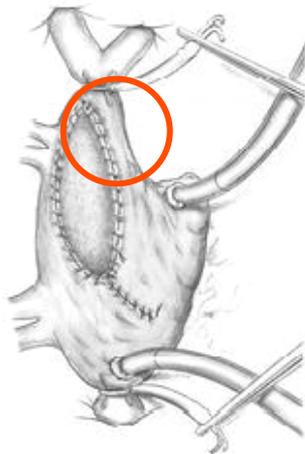


Complications potentiels CIA SV

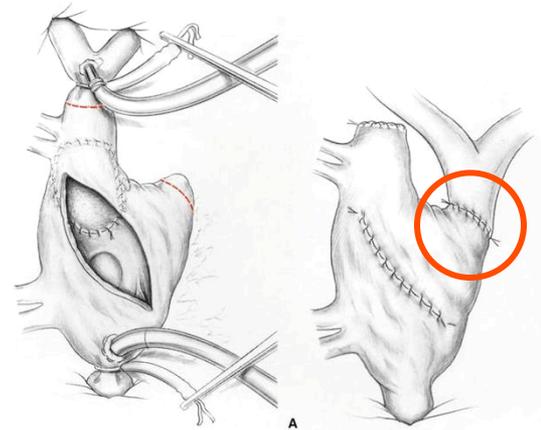
Taille de la CIA



Obstruction des Veines Pulmonaires



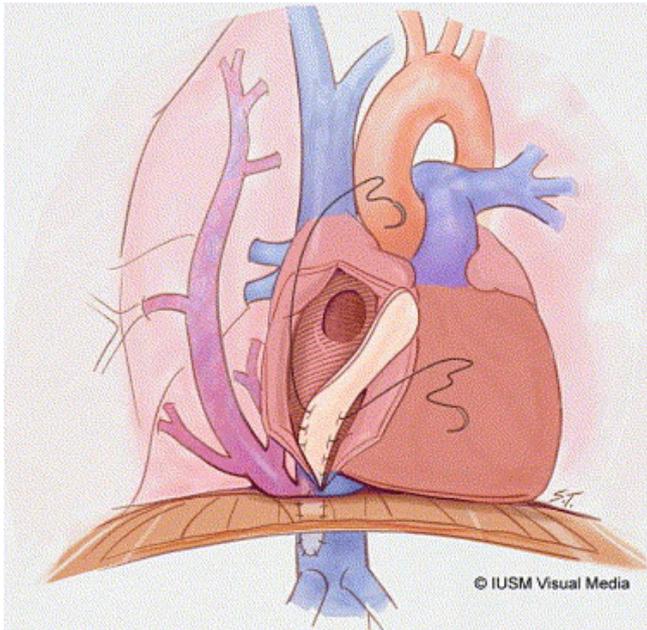
Rythme



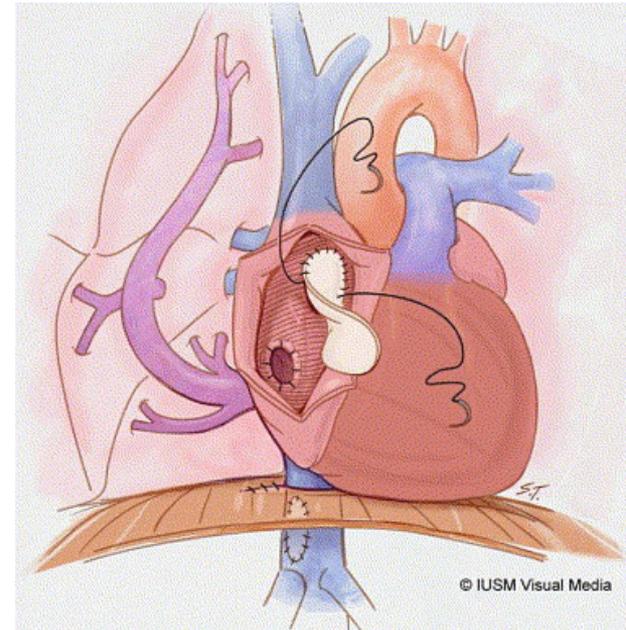
Obstruction VCS

Technique chirurgicale: Sd Cimeterre

Pas de gold standard !

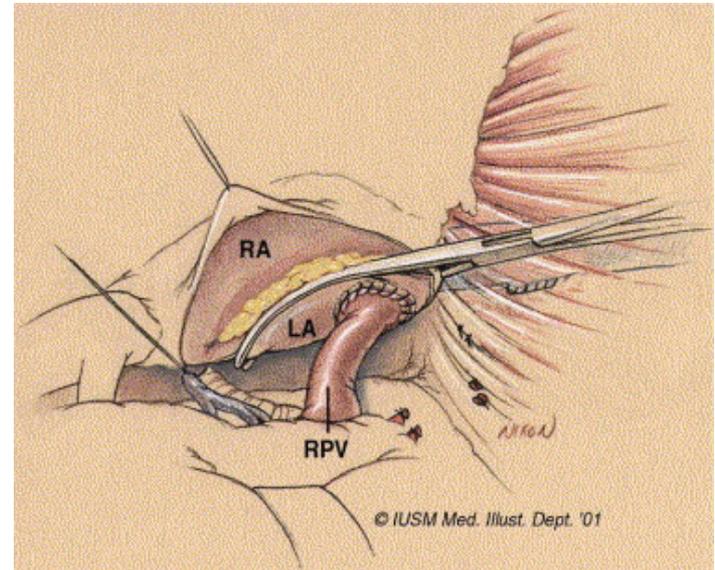
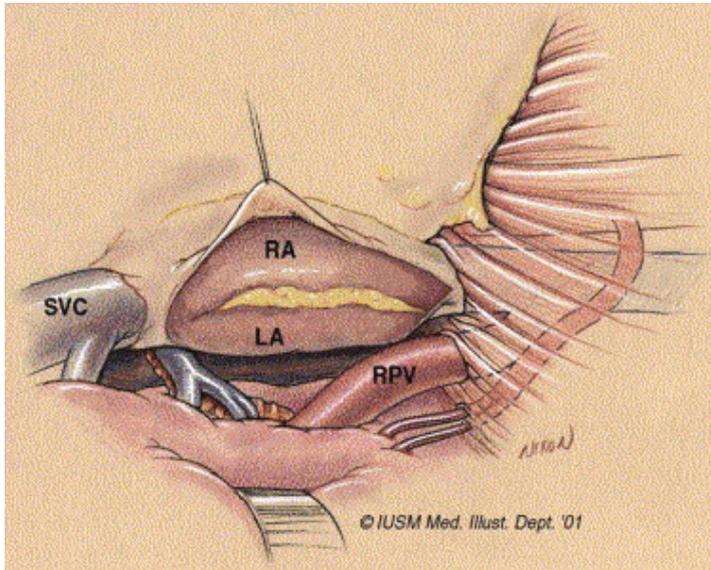


Longue tunnelisation !



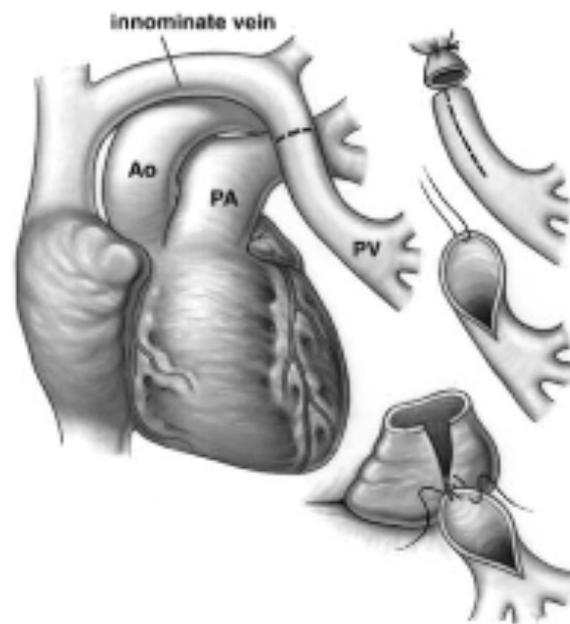
Hypothermie profonde !

Technique chirurgicale: Sd Cimeterre



Alternative sans CEC: réimplantation directe/ thoraco droite

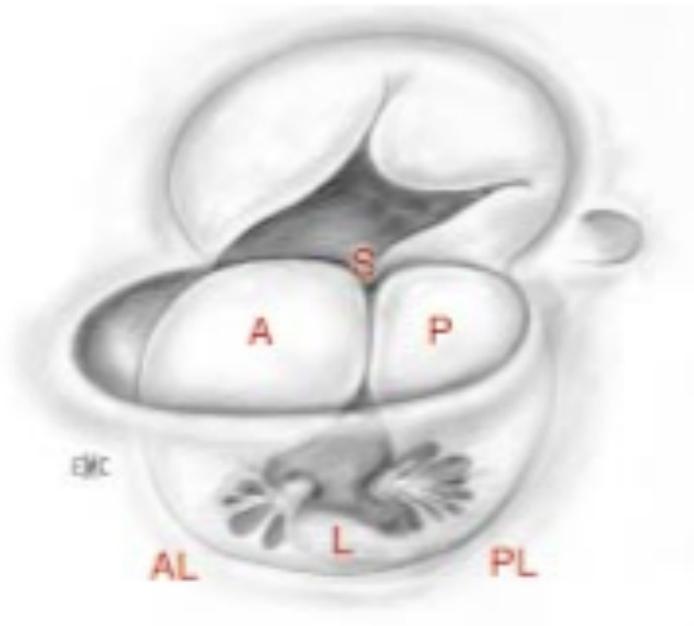
RVPAP gauche



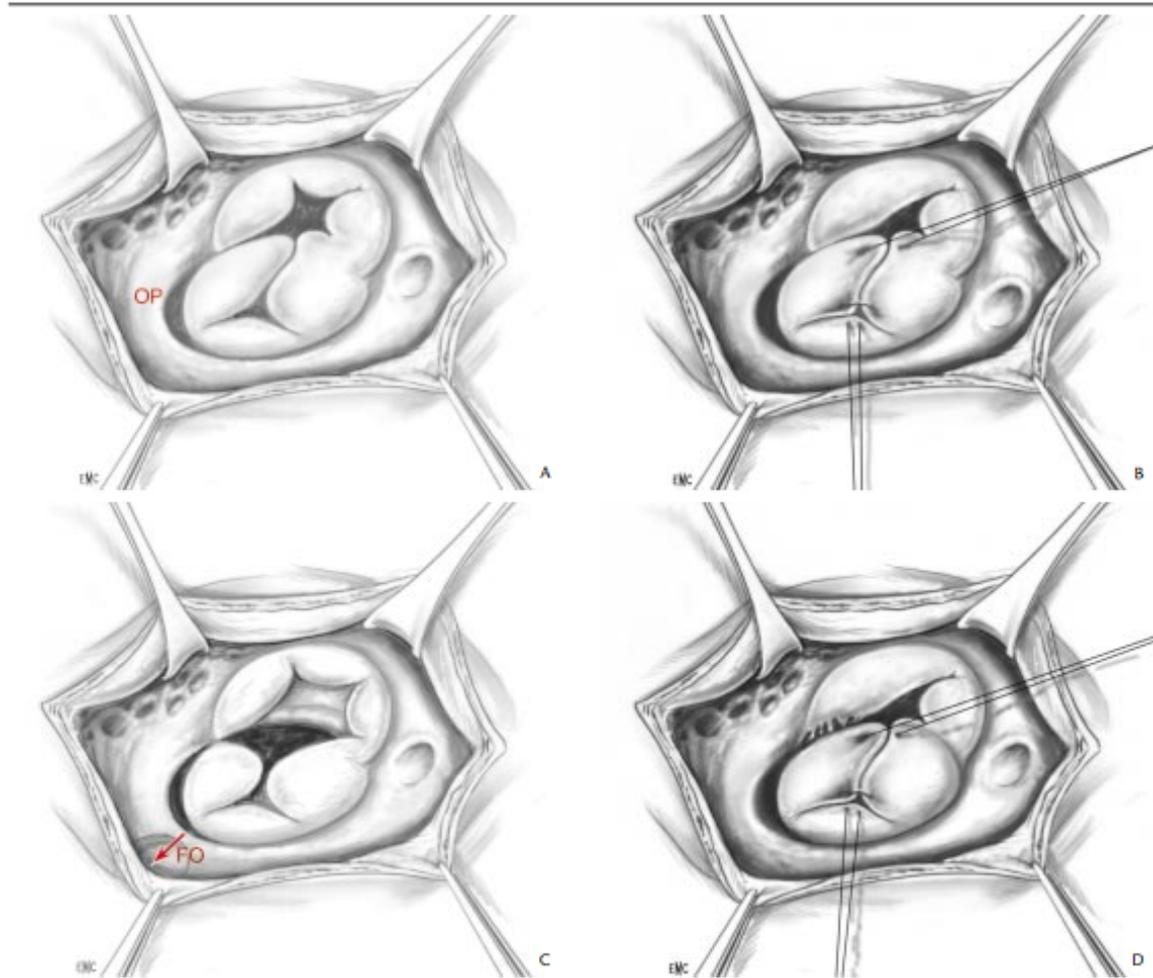
CAVP: buts de l'intervention chirurgicale

1. fermer la CIA
2. éviter les voies de conduction
3. créer deux valves AV fonctionnelles

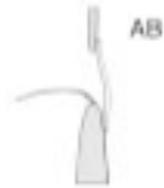
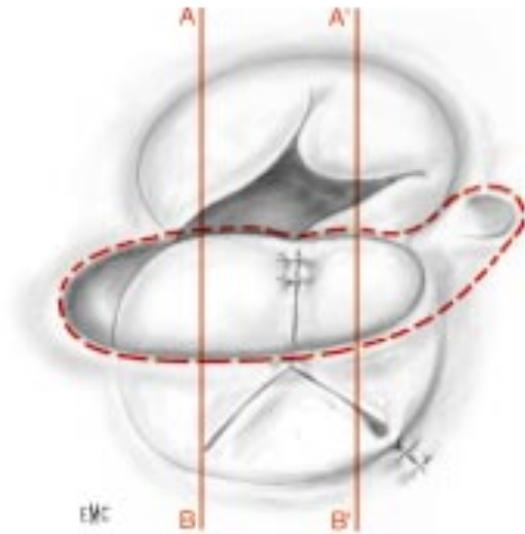
CIA : OP



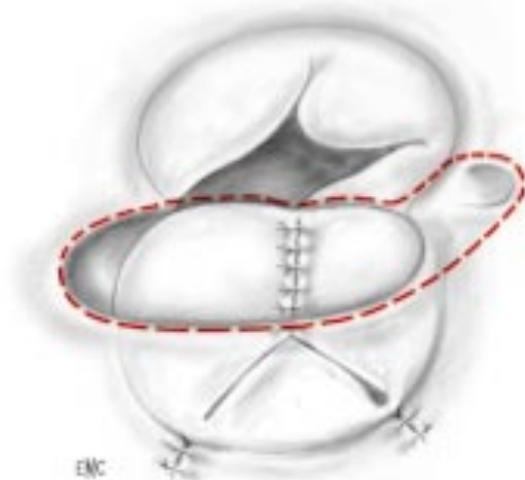
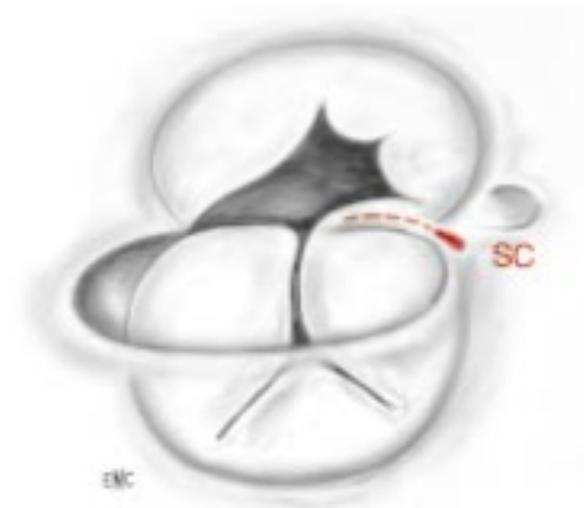
CIA : OP



CIA : OP

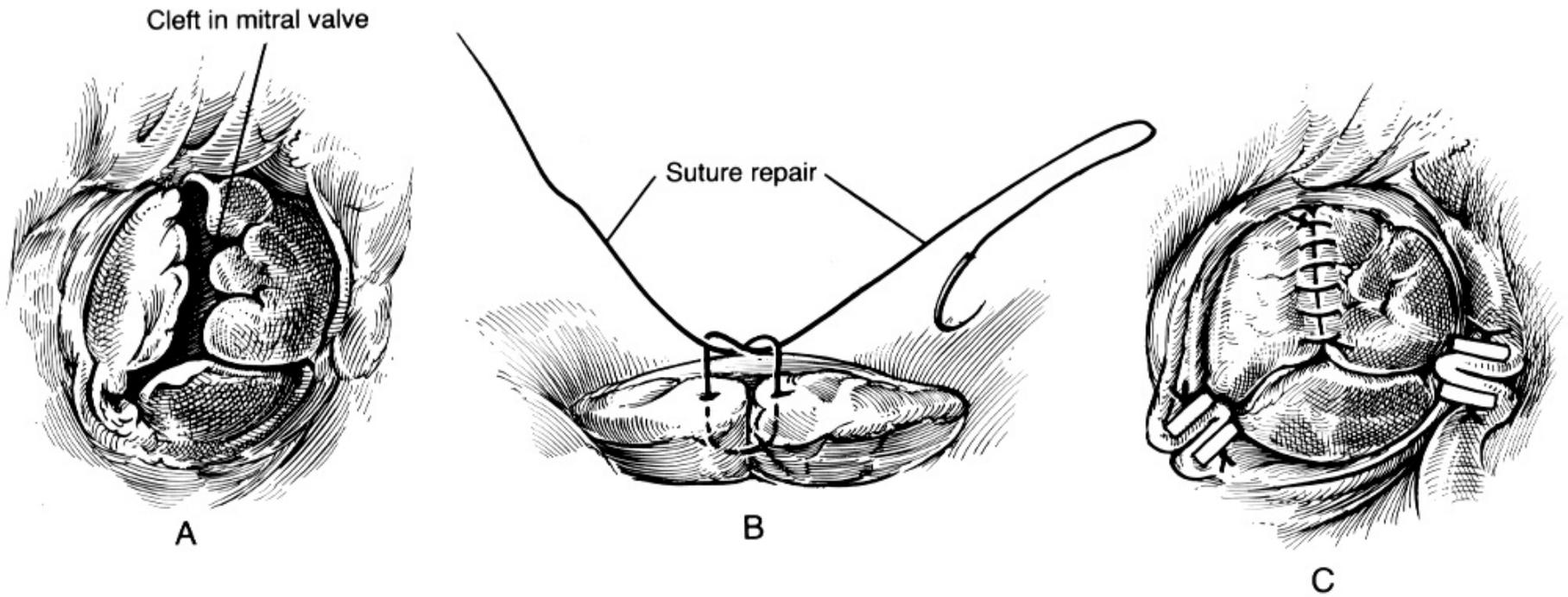


A



B

CAV : réparation mitrale



Lésions résiduelles potentielles

- CIA résiduelle
- insuffisance mitrale / sténose mitrale
- insuffisance tricuspидienne
- sténose sous-aortique