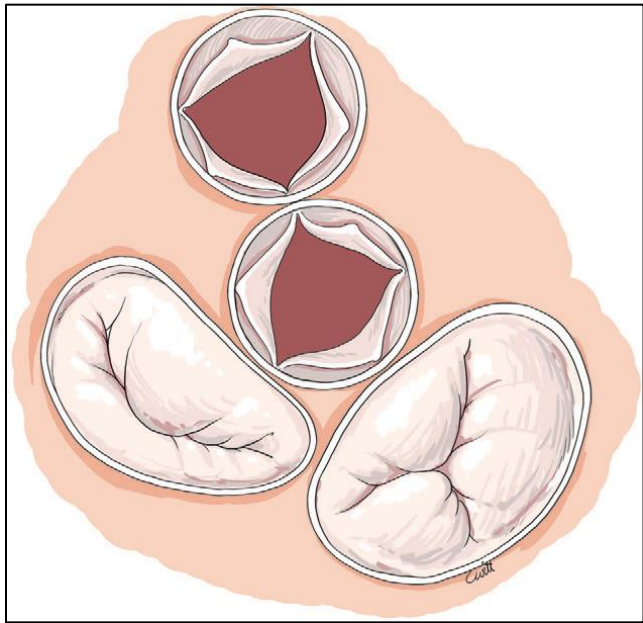
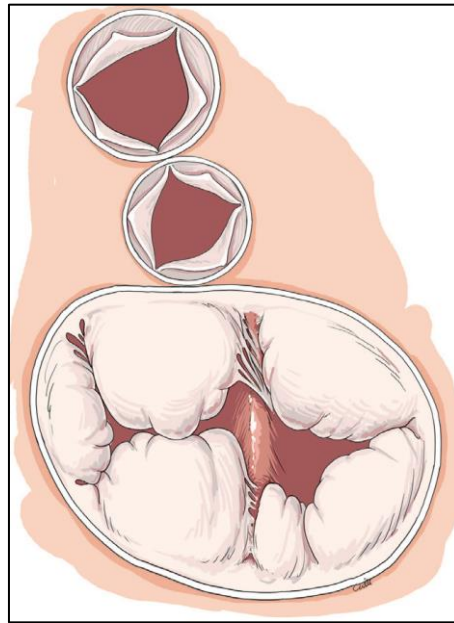


Canal
Atrio-Ventriculaire
Complet

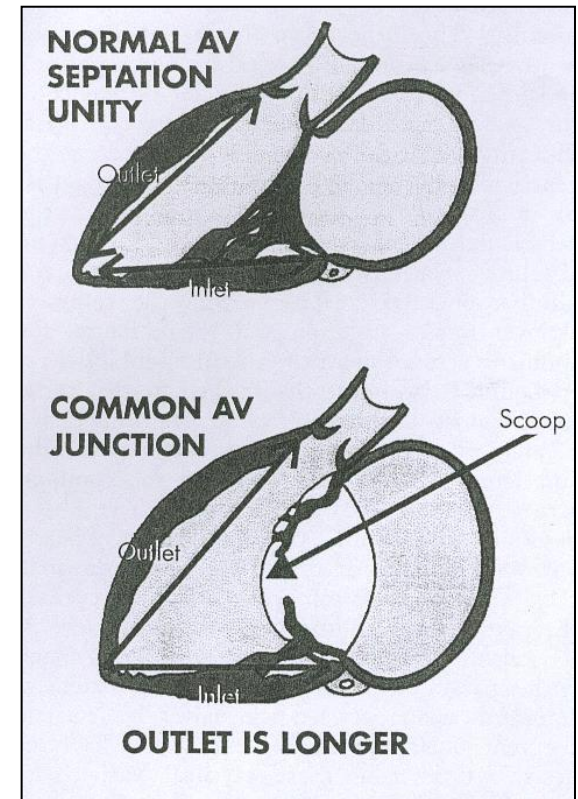
CAVC = allongement LVOT



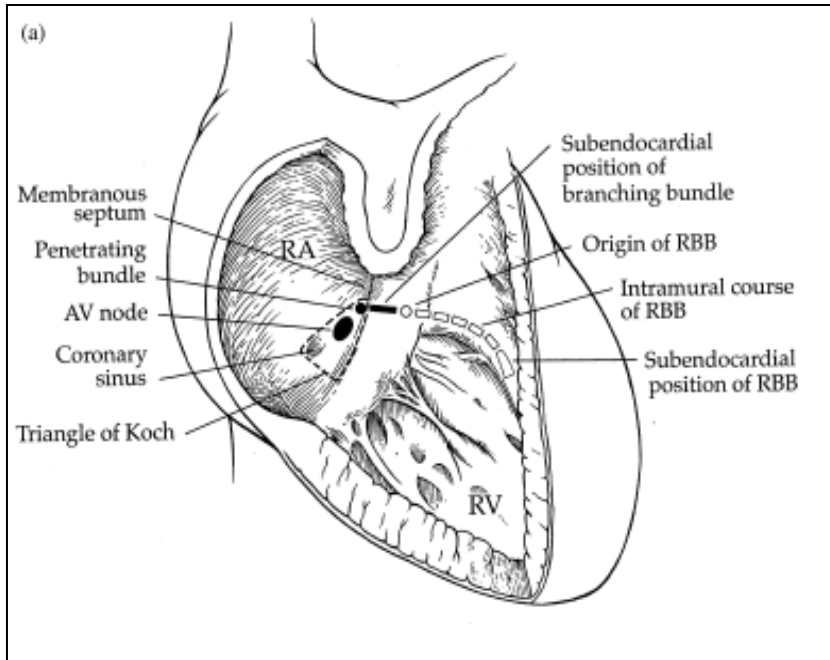
Coeur normal



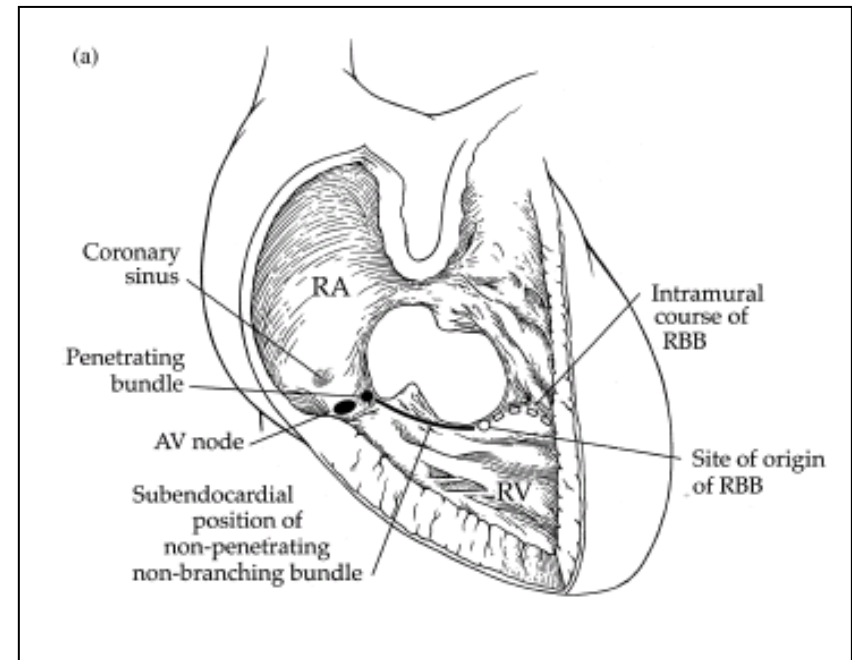
CAVC



CAVC = position nœud AV

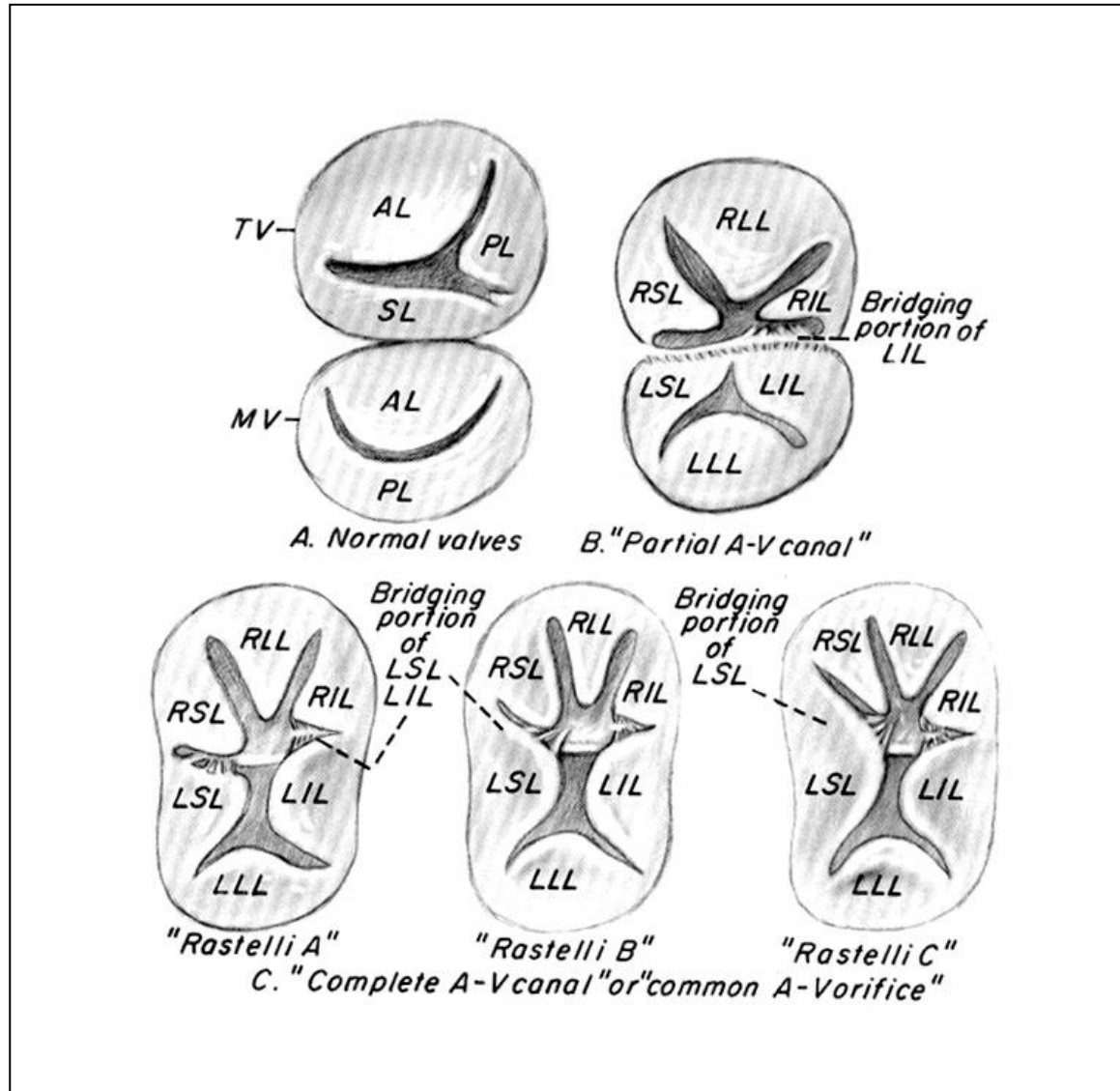


Coeur normal

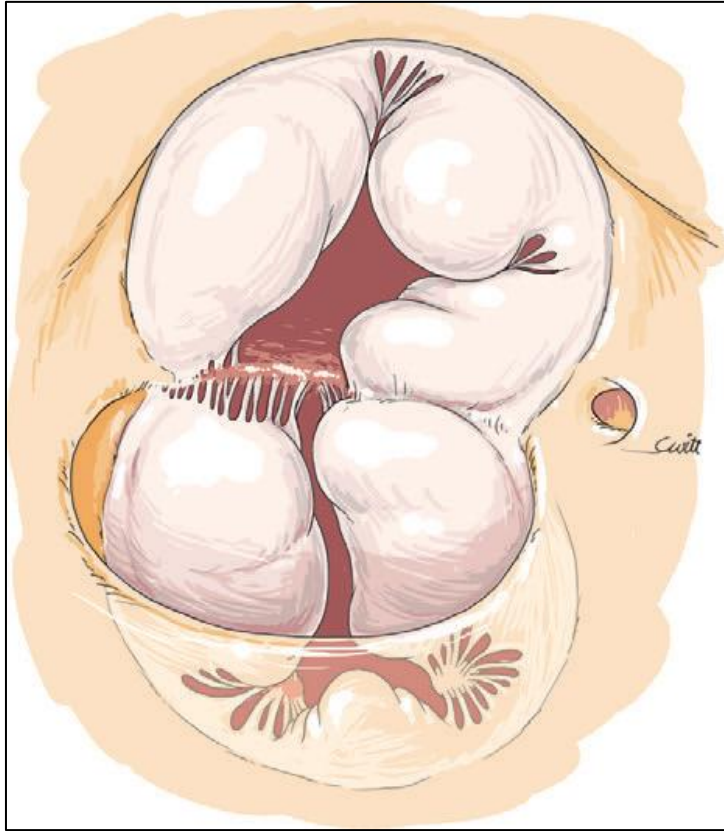


CAVC

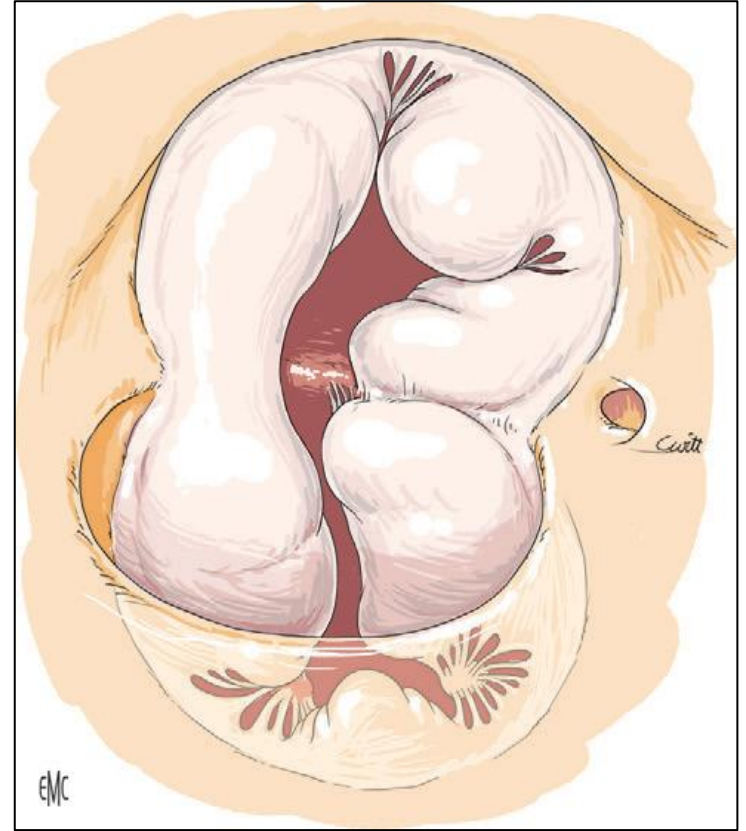
CAVC : la mitrale n'est pas normale !



CAV : formes anatomiques



Rastelli A



Rastelli C

CAVs : indications

Partiel
Intermédiaire



Shunt (CIA OP)
Fuite (VAV)

Complet



HTAP

CAVC : indications

✓ cerclage pulmonaire

- CIV multiples
- CAV déséquilibré (petit VD)
- contre-indication CEC
(petit poids, infection ...)

✓ correction sous CEC +++

- Entre 1 et 3 mois
- CAVC = 2 % des CC

CAVC déséquilibré

- rare (10% des CAVC)
- “petit” VD :
 - cerclage puis évaluation....
- “petit” VG :
 - déséquilibre majeur = ventricule unique
 - déséquilibre modéré :
 - absence de règle précise
 - traitement individualisé (T21...)

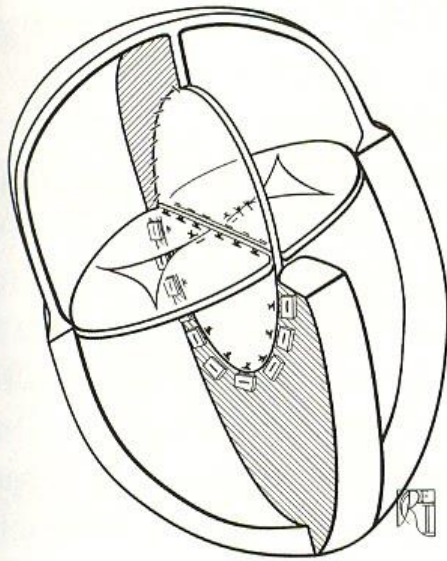
CAVC = ETO

Penser à ligaturer le CA !

Buts de l'intervention chirurgicale

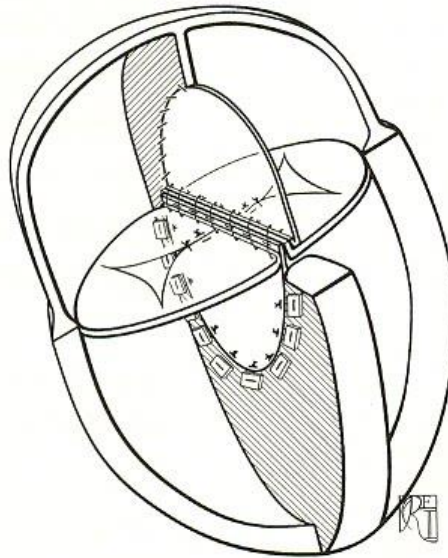
1. fermer la CIV
2. fermer la CIA
3. éviter les voies de conduction
4. créer deux valves AV fonctionnelles

CAVC: Techniques



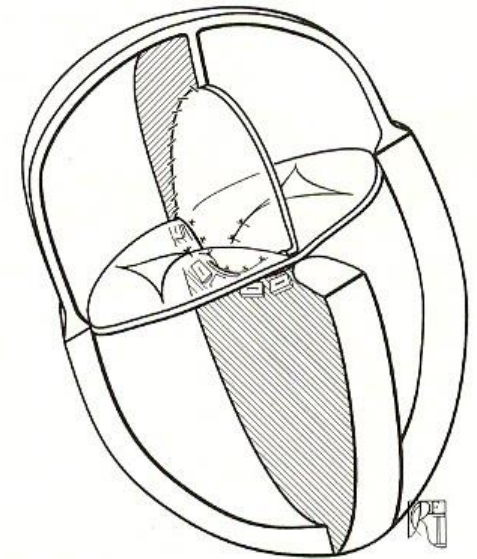
Single - patch

A



Two - patch

B

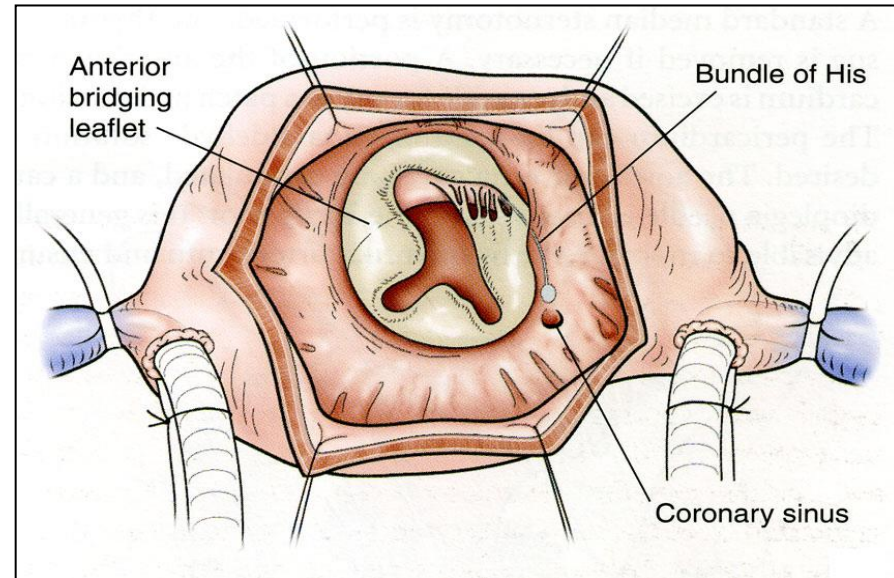
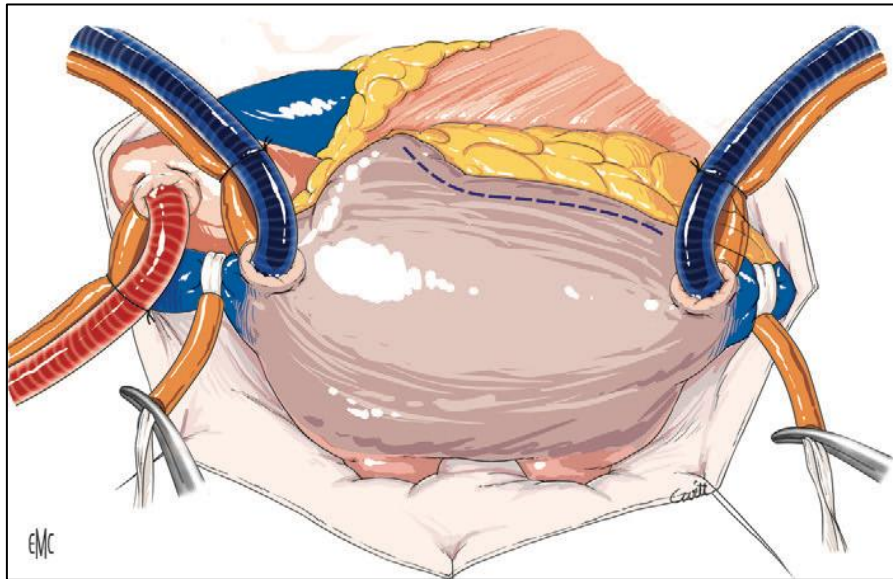


Modified
single - patch

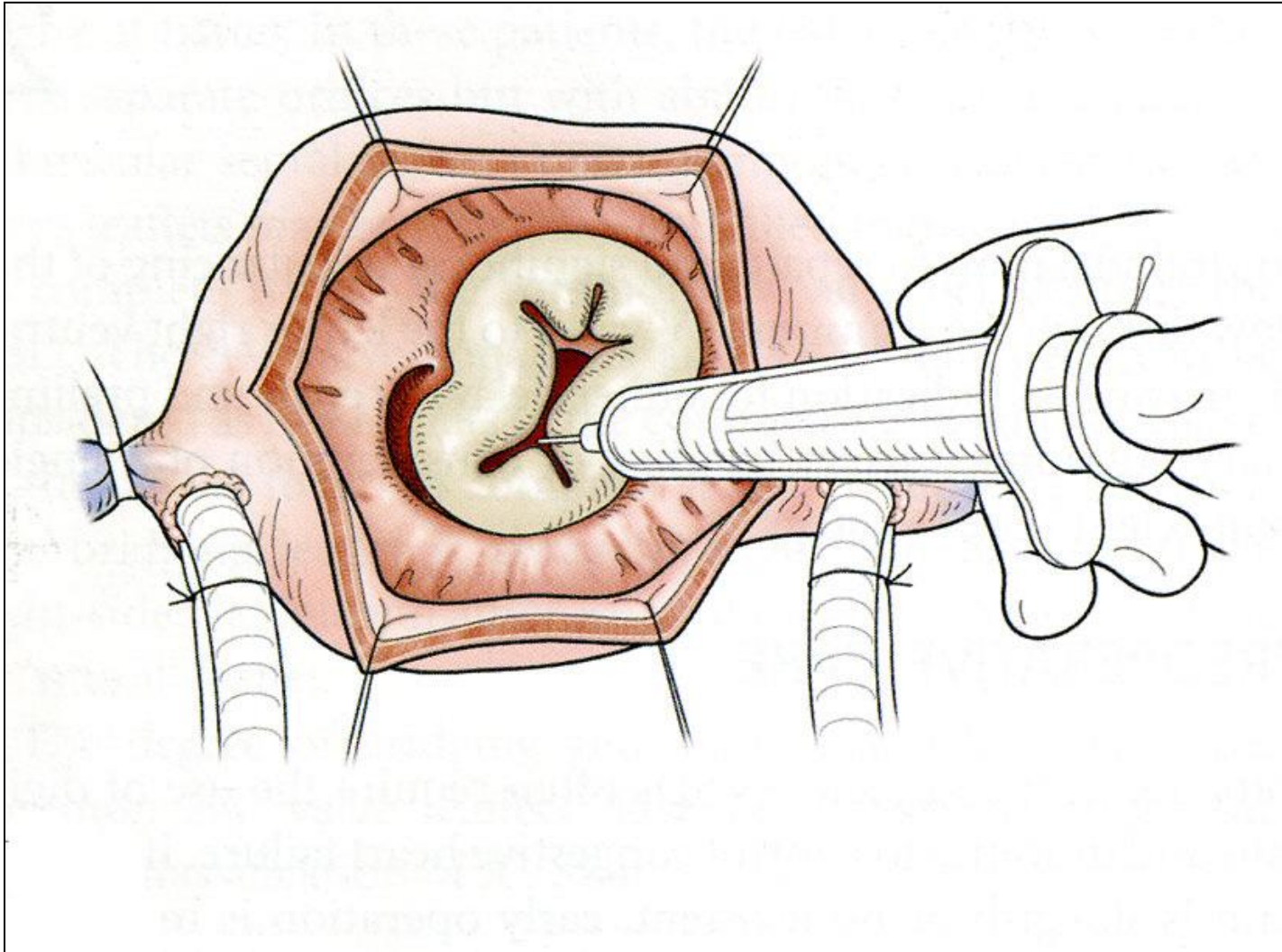
C

Fig. 18-5 Schematic three-dimensional reconstruction of the three different surgical techniques: single-patch **(A)**, two-patch, **(B)**, and modified single-patch **(C)**.

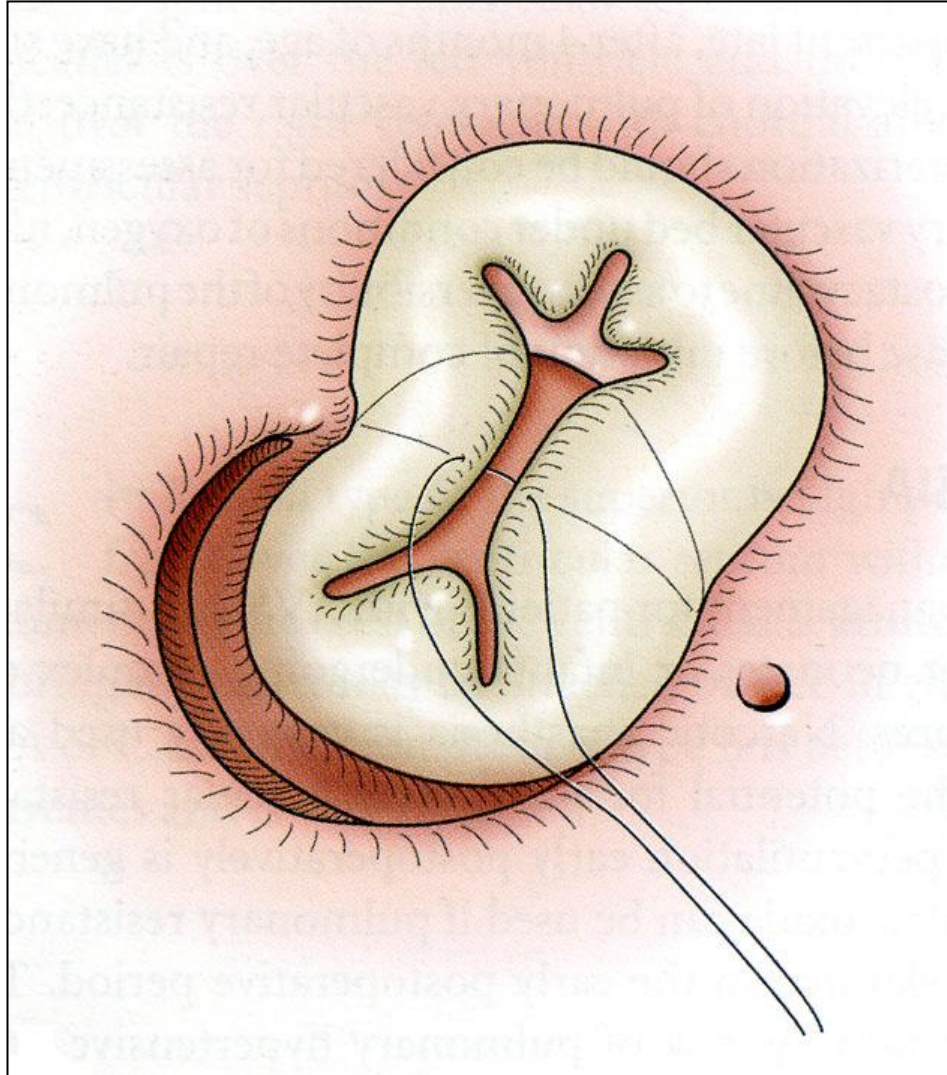
CAVC = 2 patches : la CIV



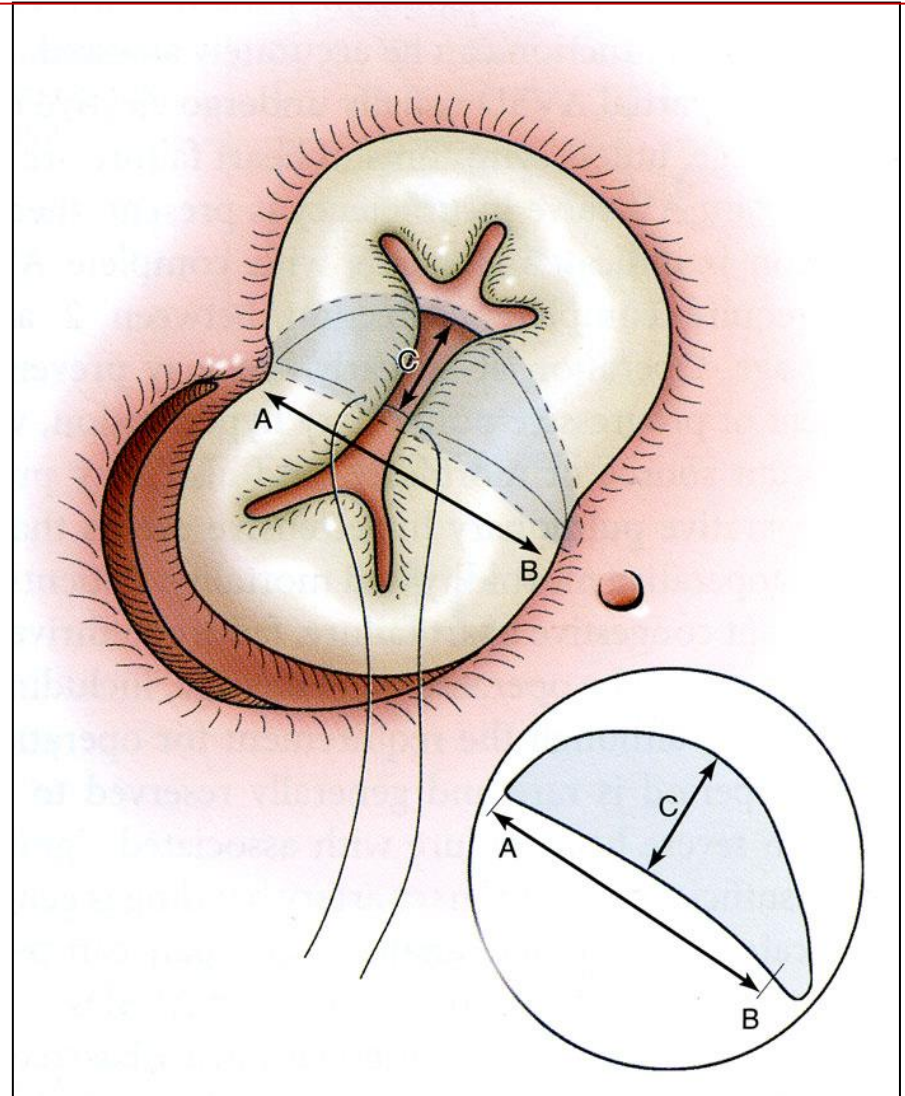
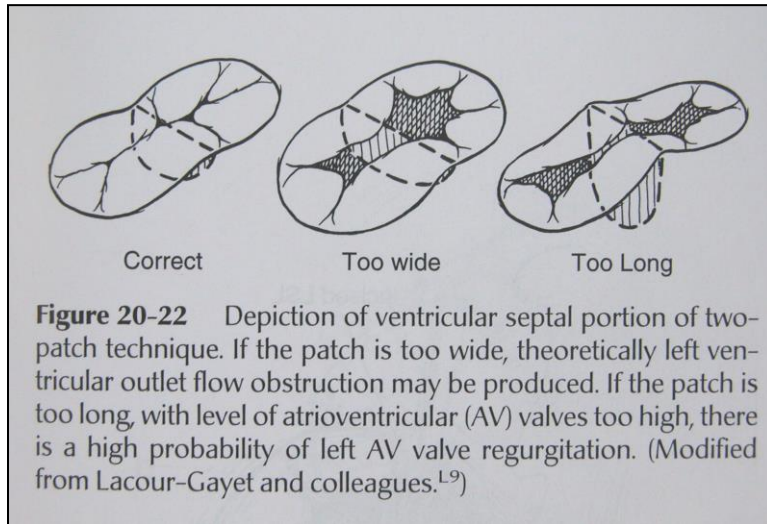
CAVC = 2 patchs : la CIV



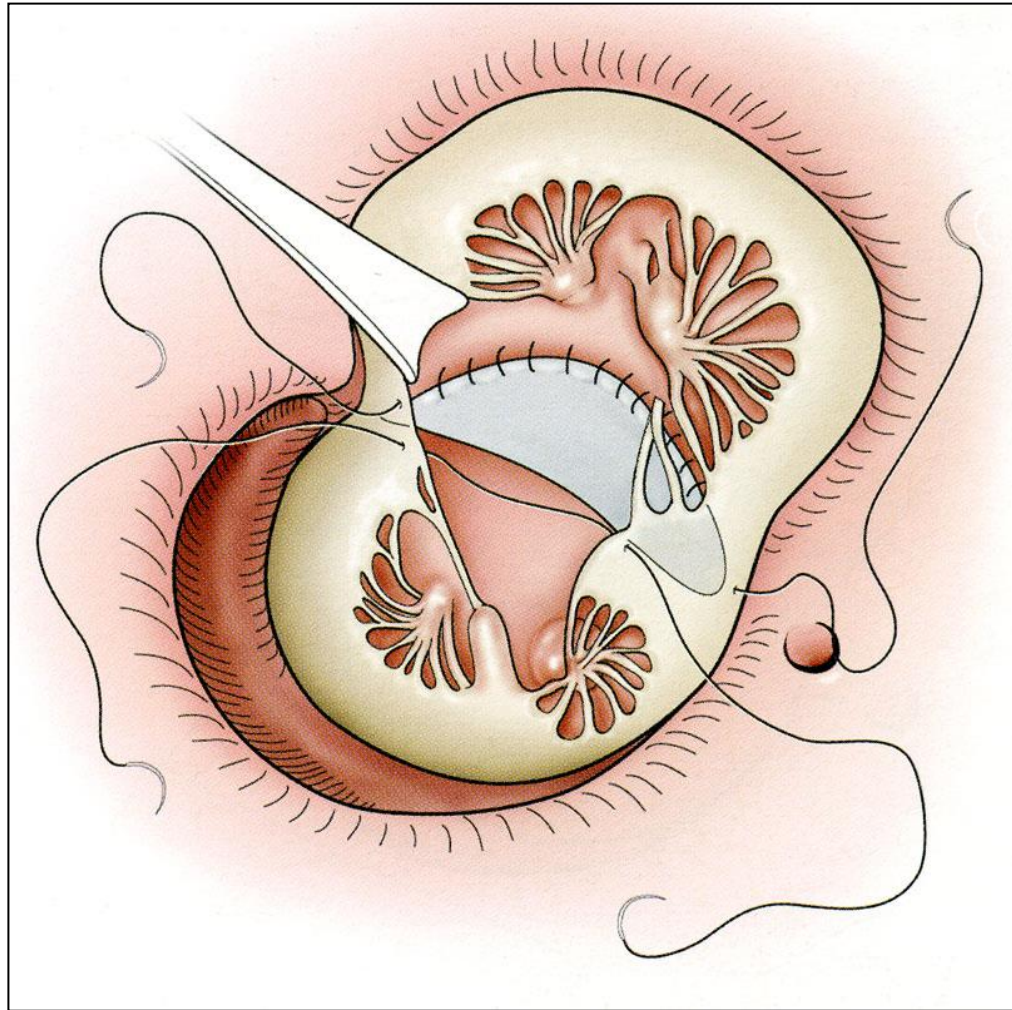
CAVC = 2 patchs : la CIV



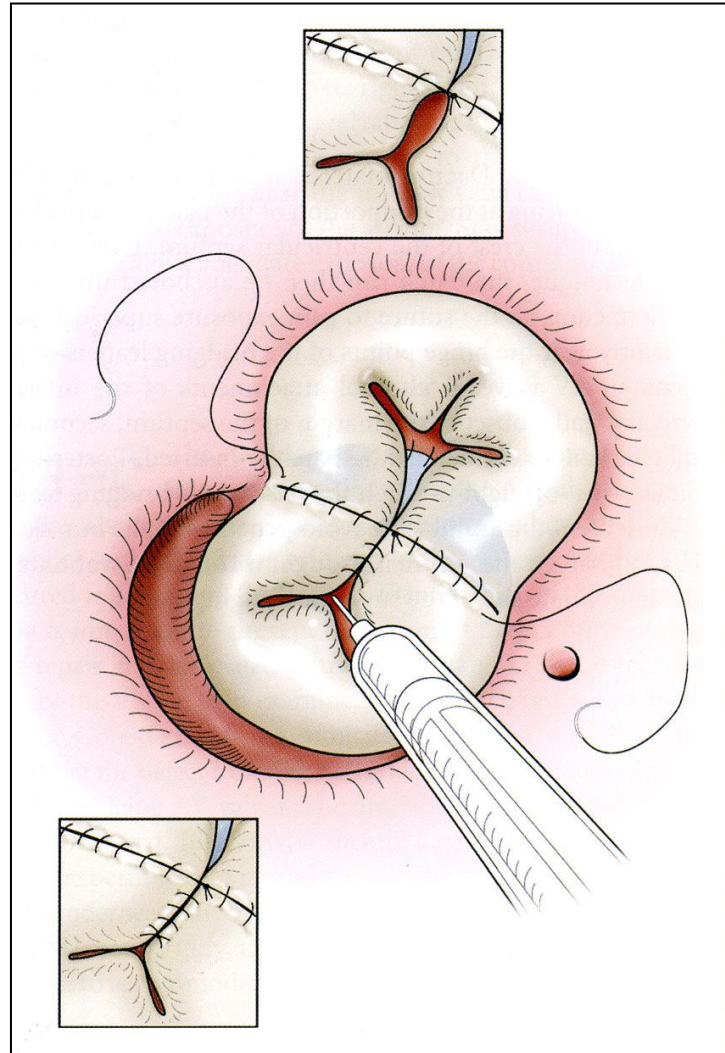
CAVC = 2 patches : la CIV



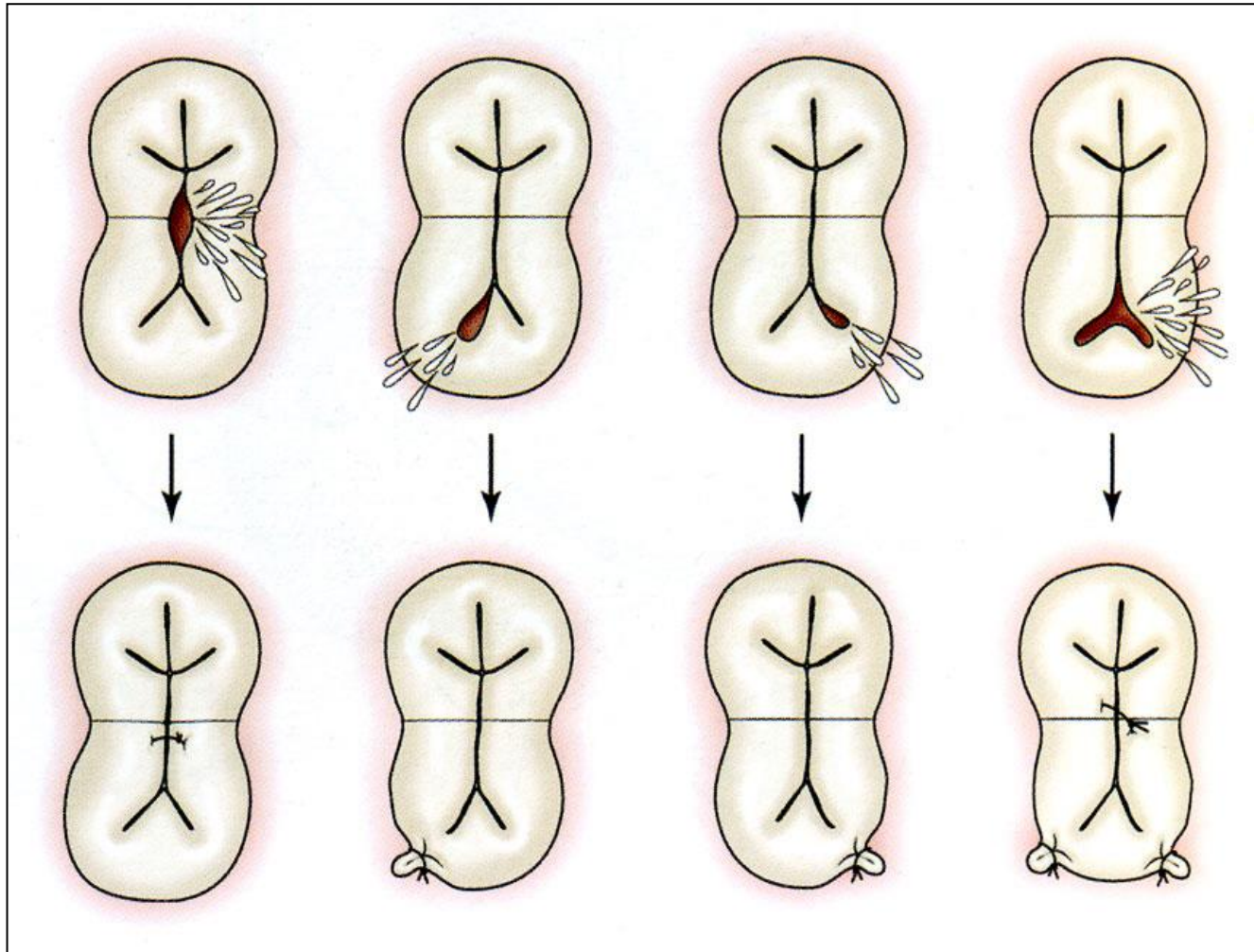
CAVC = 2 patchs : la CIV



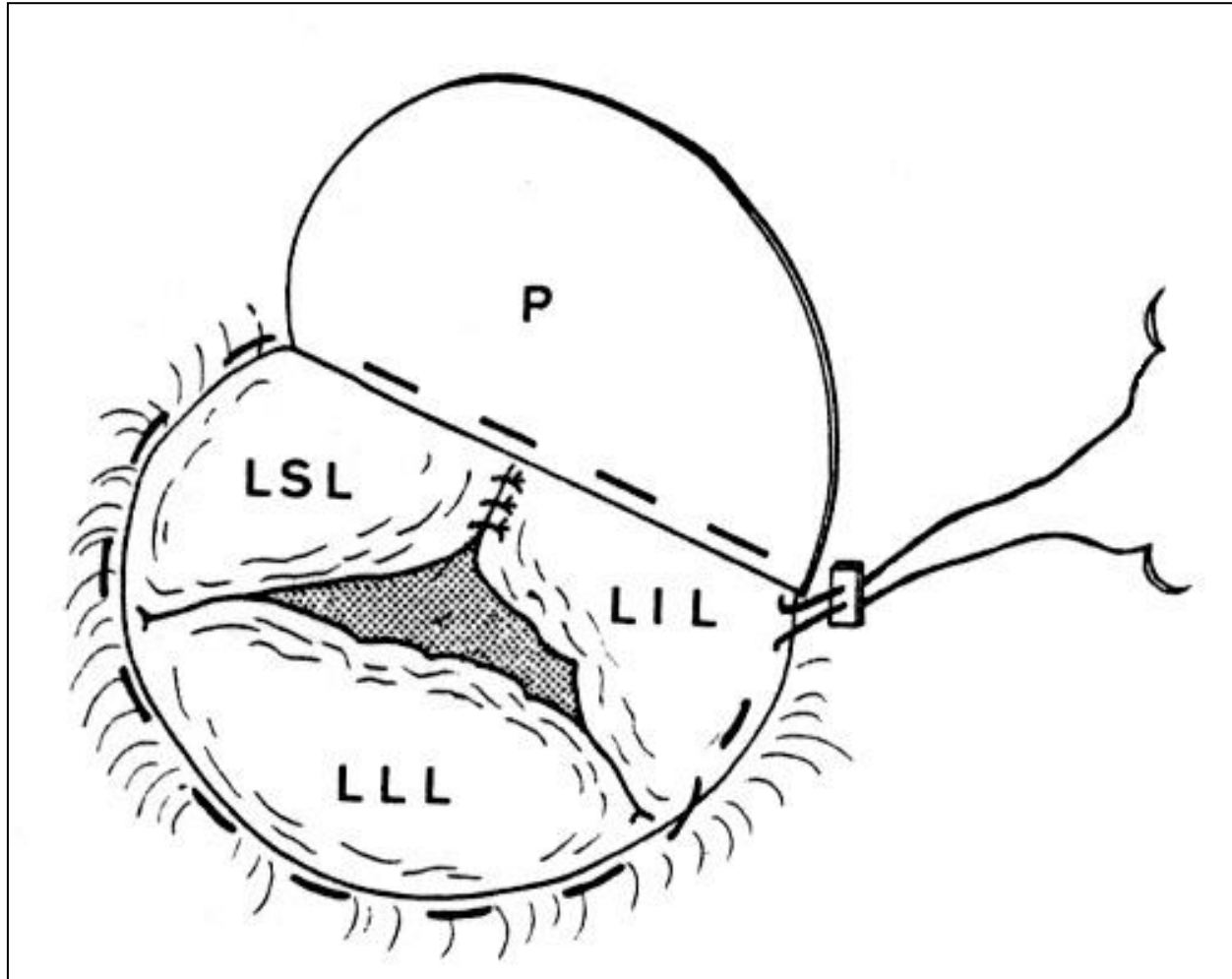
CAVC = 2 patches : fermeture de la fente mitrale



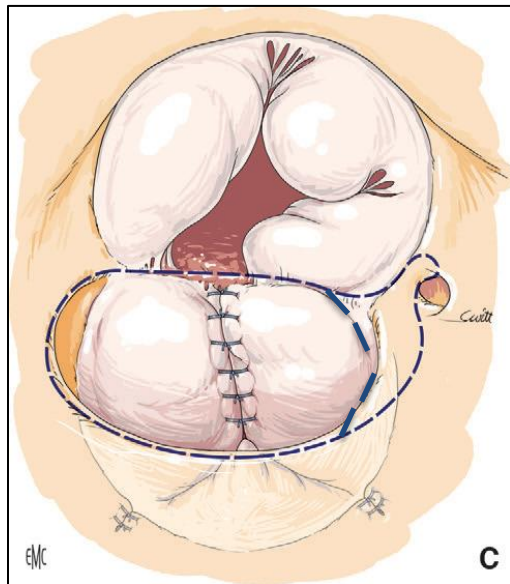
CAV : réparation mitrale



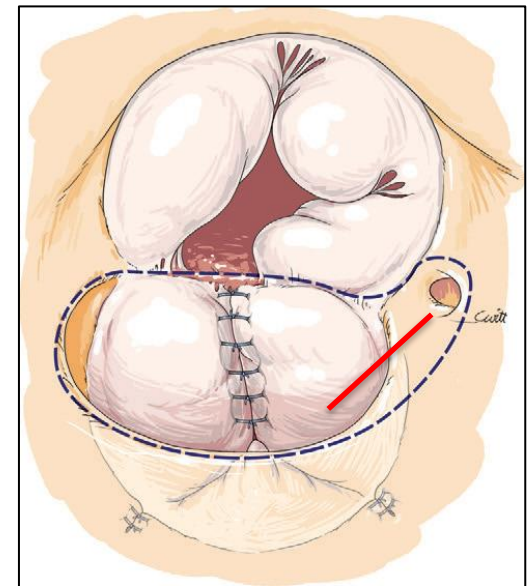
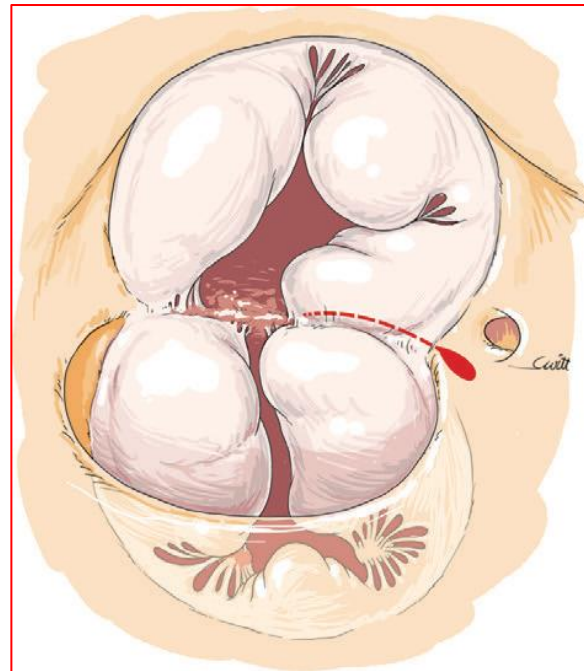
CAV : annuloplastie mitrale



CAVC = 2 patchs : la CIA

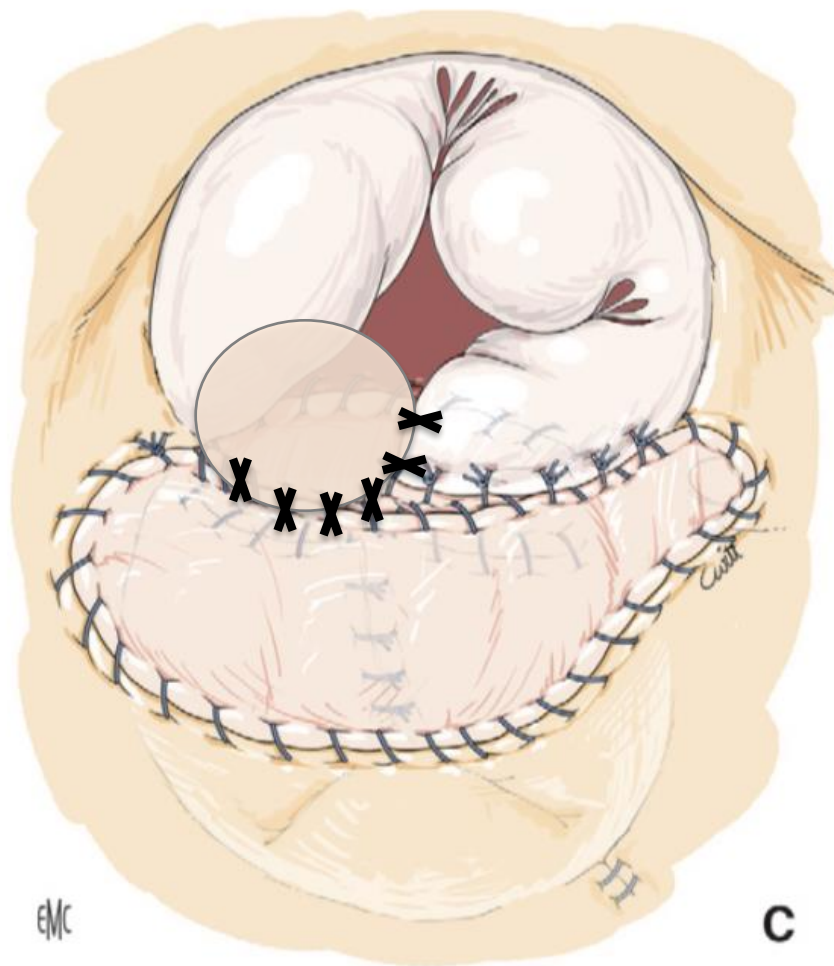
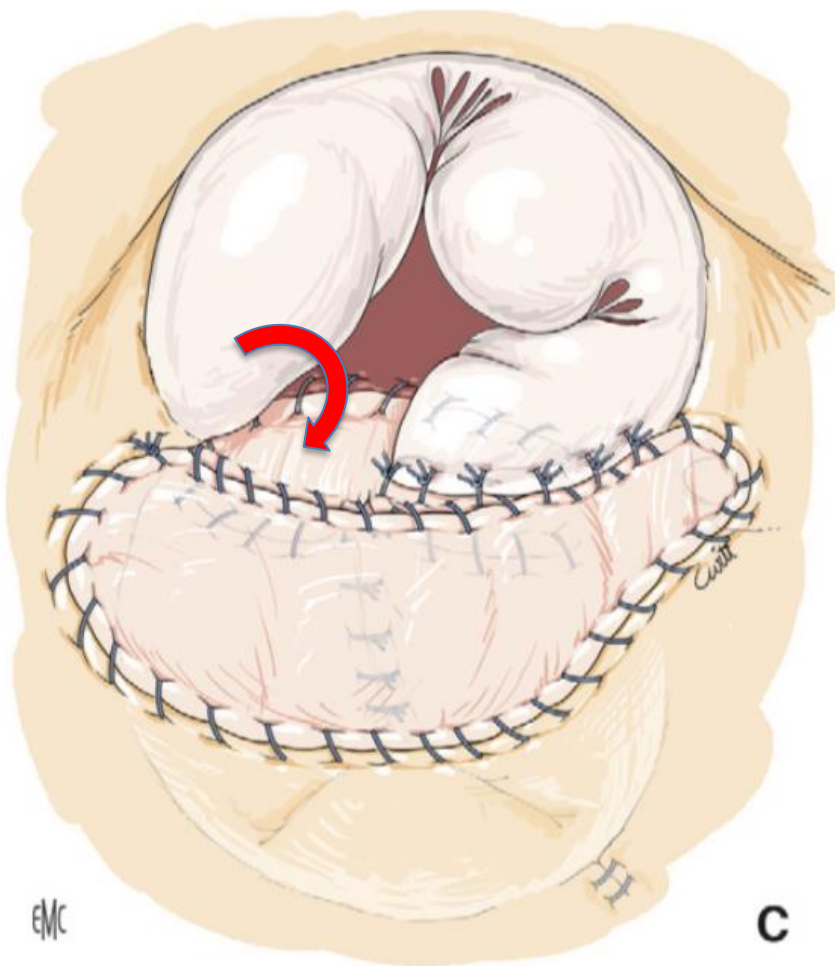


Sinus coronaire à droite



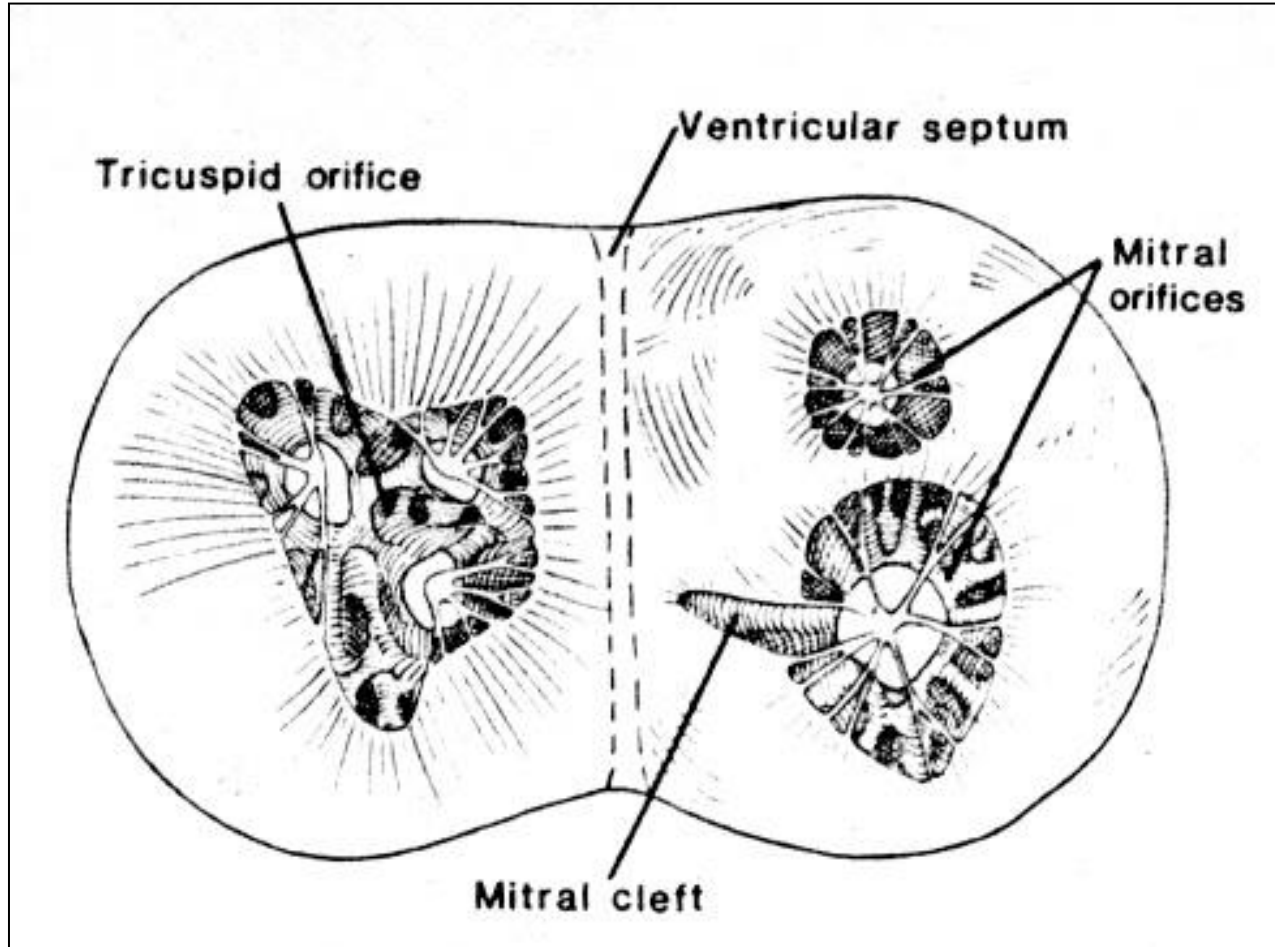
Sinus coronaire à gauche

CAVC = VAVD?

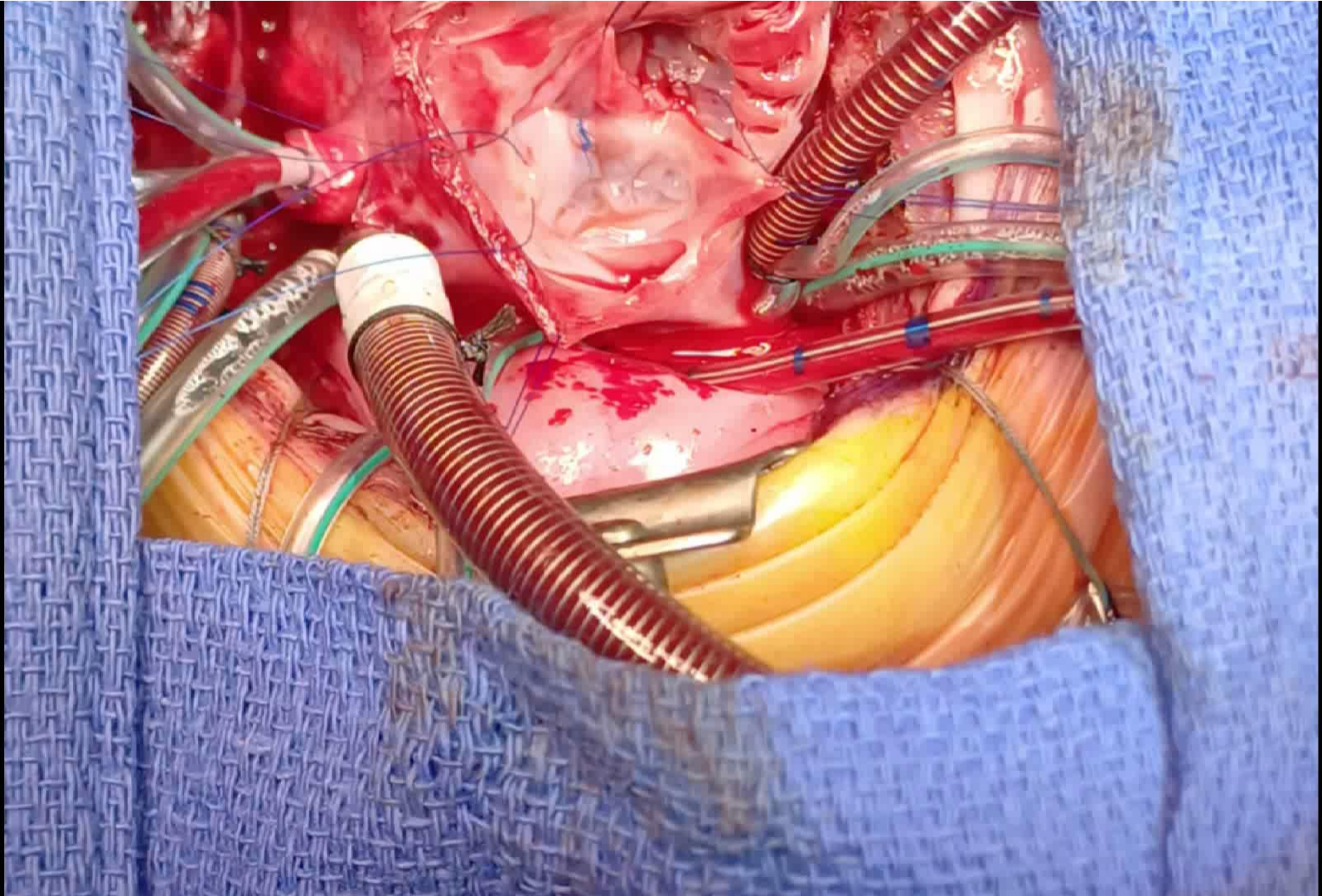


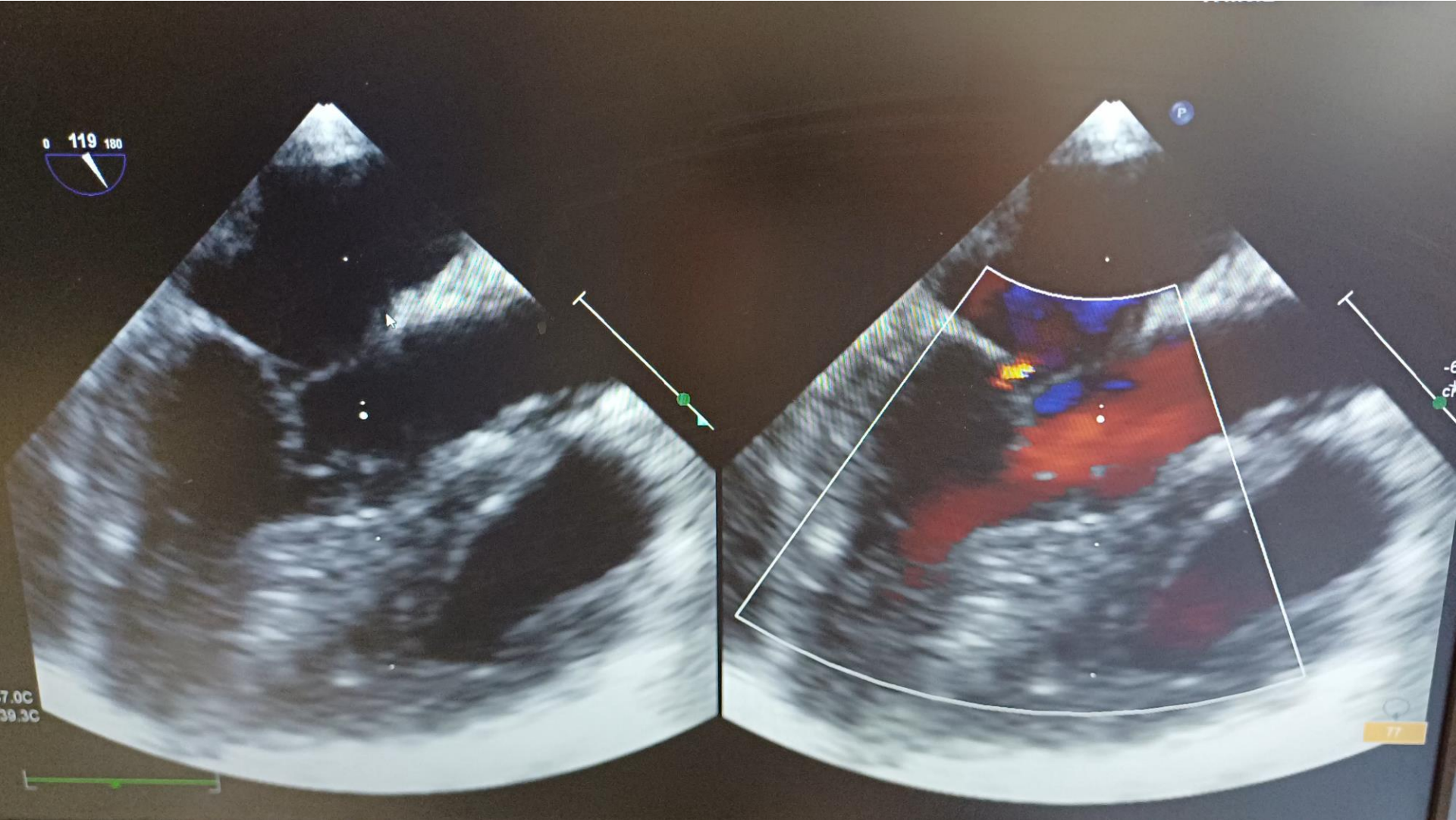


CAVC : cas particulier (1)

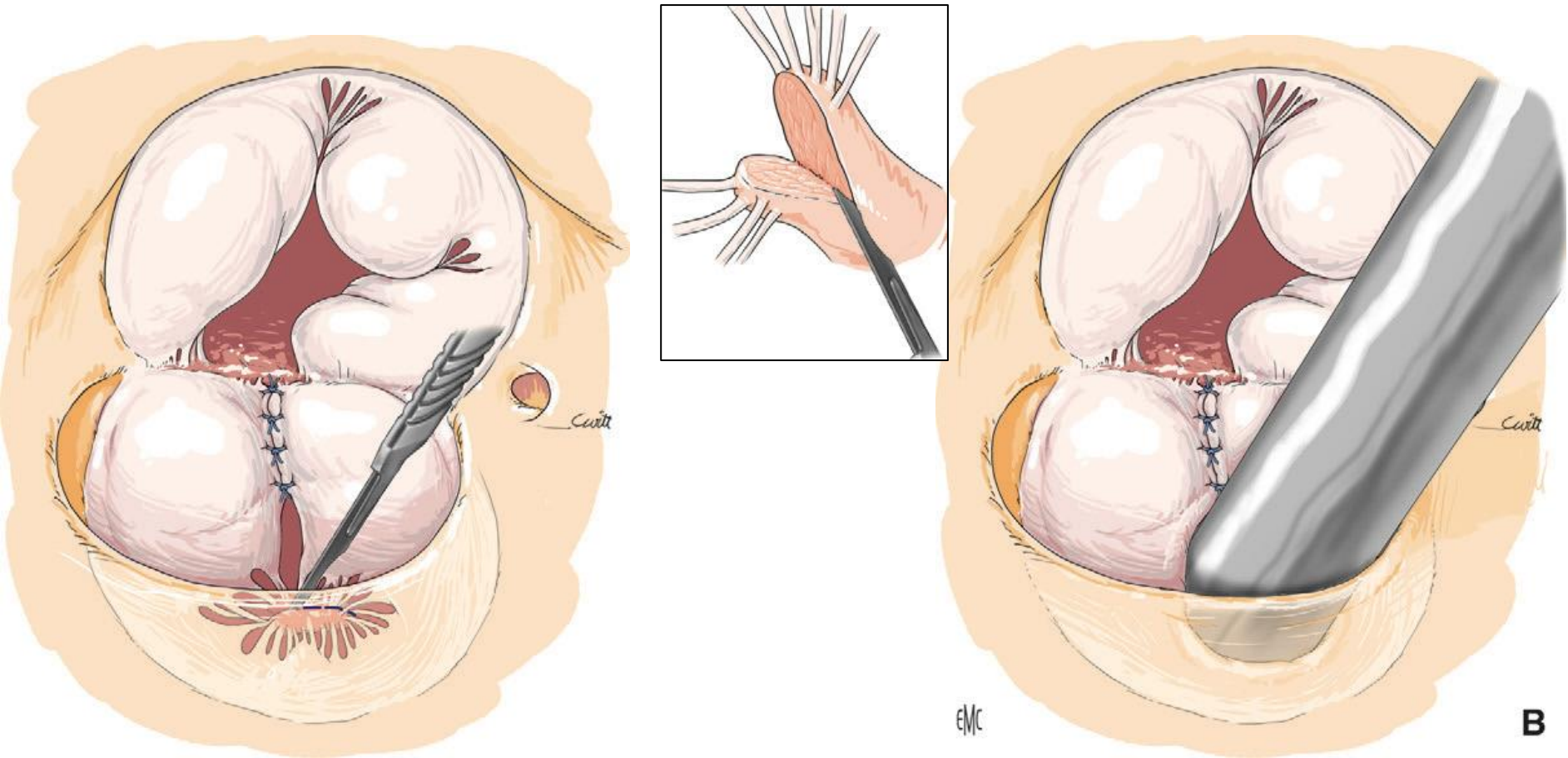


orifice mitral accessoire



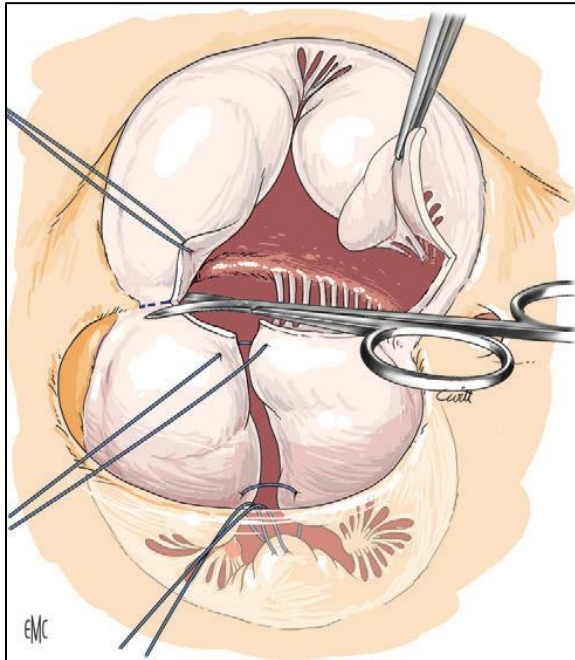


CAVC : cas particulier (2)

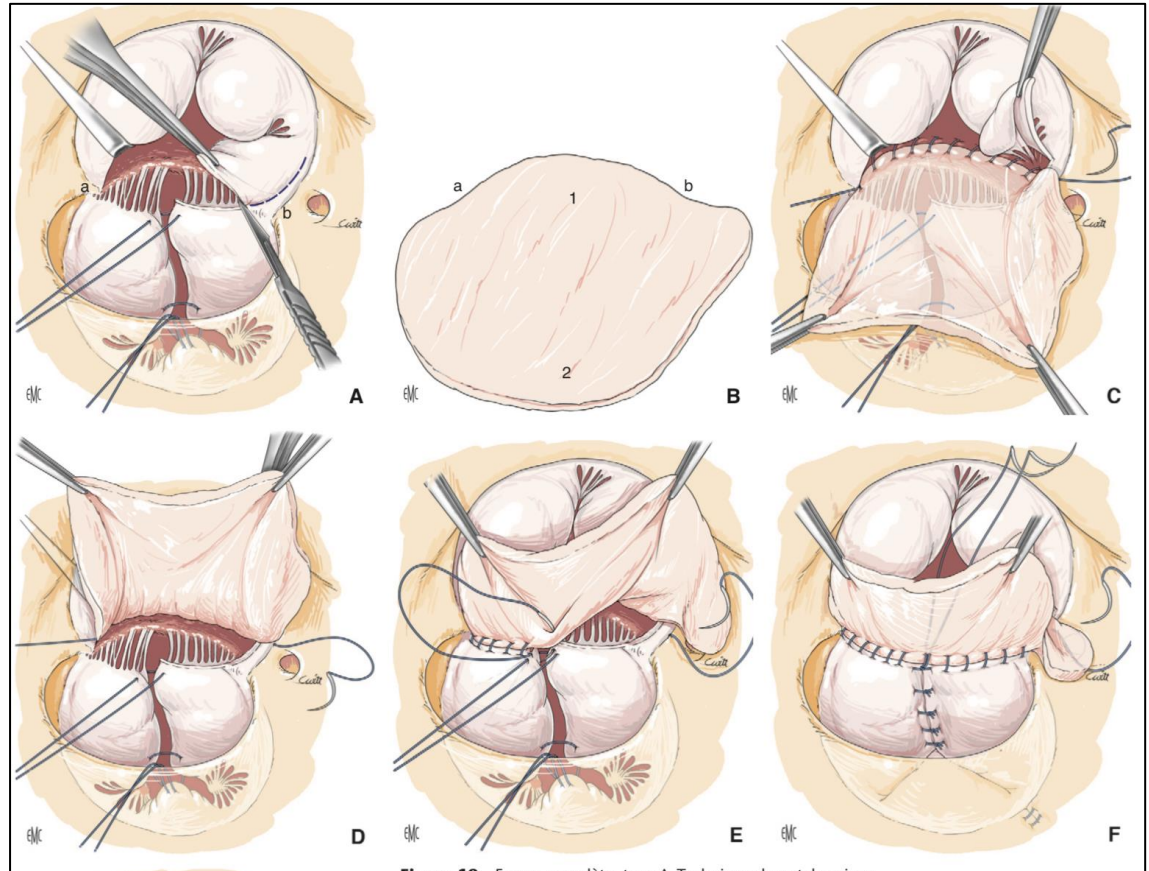


Valve mitrale en parachute

CAVC = 1 seul patch

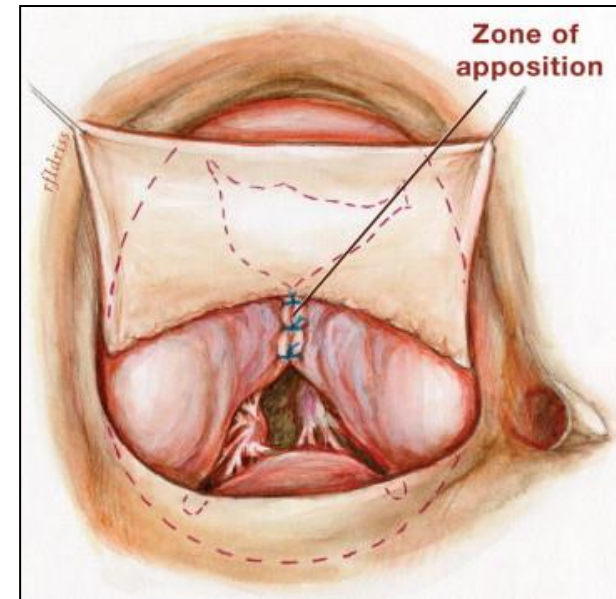
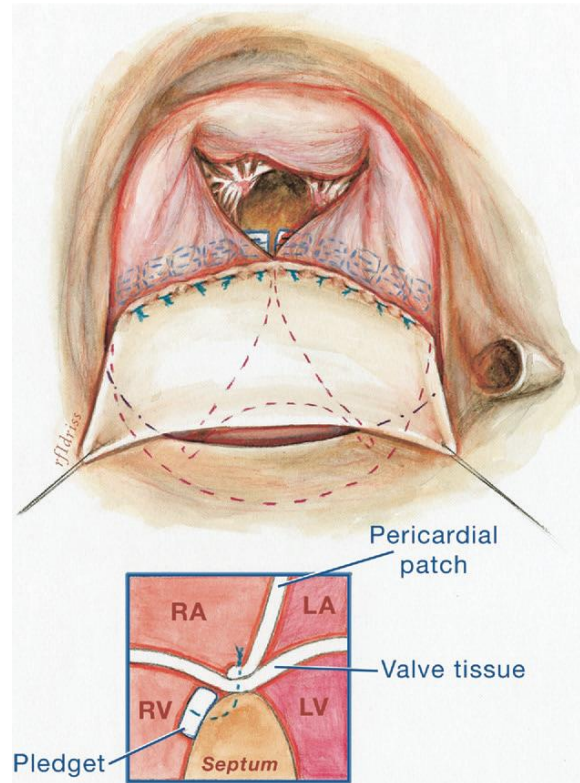
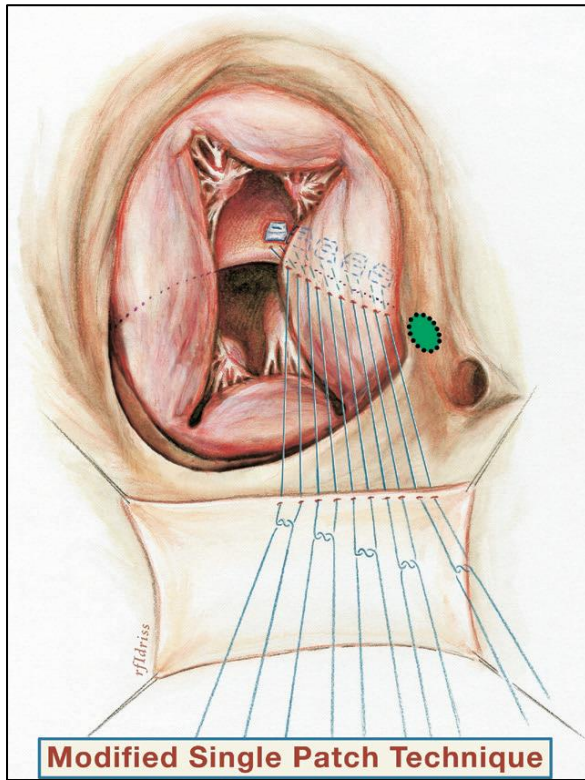


Rastelli C



Rastelli A

CAVC = sans patch sur la CIV



Controverses (1) : BAV

- Sinus coronaire à gauche pour éviter la lésion des voies de conduction
- les points de suture doivent les éviter aussi sur le septum interventriculaire !

Controverses (2) : LVOTO

Eviter sténose de la voie sous-aortique

- taille adéquate du patch interventriculaire
- section de cordages anormaux (y penser !)
- résection de tissu valvulaire accessoire

Controverses (3)

Laisser CIA résiduelle calibrée ?

- shunt droit – gauche : HTAP
- shunt gauche – droit : insuffisance mitrale, défaillance VG.

Avant de Fermer

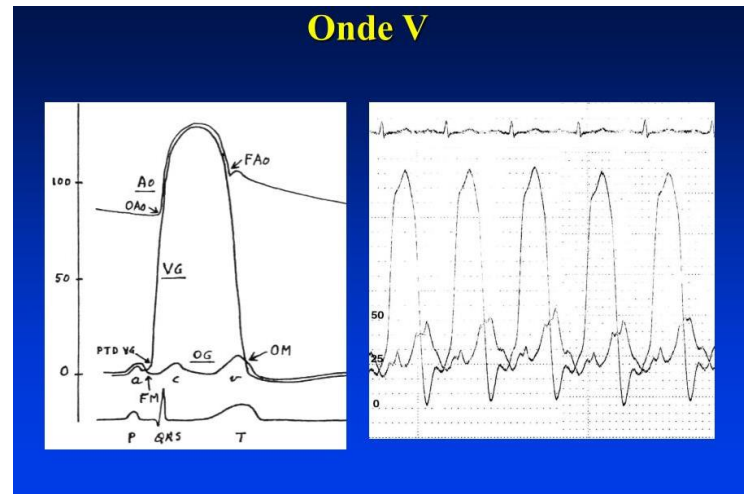
Volémie

Support inotrope

Résistances artérielles systémiques

Résistances artérielles pulmonaires

ETO et KT OG (+/- AP)



Lésions résiduelles potentielles

Post-opératoires immédiates :

- CIV résiduelle
- insuffisance mitrale / sténose mitrale
- insuffisance tricuspидienne
- BAV

A distance :

- fuite mitrale
- sténose sous-aortique

Résultats de la chirurgie

- La mortalité opératoire est inférieure à 2 %
- Résultat similaire quelque soit la technique
- 5 % de ré-opération pour obstacle sous aortique :
 - membrane
 - anomalie insertion de la mitrale
- 5 à 10% de ré-opérations mitrales :
 - plastie
 - Ou RVM (méca)

[Malhotra SP, Lacour-Gayet F, Mitchell MB, Clarke RD, Dines ML, Campbell DN. Reoperation for left atrioventricular valve regurgitation after atrioventricular septal defect repair. Ann Thorac Surg 2008;86:147–52.

[Stulak JM, Burkhart HM, Dearani JA, Cetta F, Barnes RD, Connolly HM, et al. Reoperations after repair of partial atrioventricular septal defect: a 45-year single-center experience. Ann Thorac Surg 2010;89:1352–9.