Pediatric MVR long-term outcomes are limited by:
• Small cohort size.
• Short-term / single institution observation.
• Lack of a systematic approach to assess long-term outcomes.

METHODS

• Pediatric Cardiac Care Consortium (PCCC) - a multi-institution and multi-era database of patients undergoing interventions for congenital heart disease.
• U.S. residents with 1st MVR at age <21 years between 1980-2010.
• Linkage with National Death Index (88% Sensitivity) and United Network of Organ Sharing (90% Sensitivity) determined survival and cardiac transplant status through 2014.
• Survival compared using proportional hazard and extended Cox models, for time proportional hazard and extended survival compared using Cox models, for time proportional hazard and extended survival.
• We have previously reported that congenital heart diseases have not been well defined.
• Death; long valve continue to be at risk for significant morbidity and premature death; long-term outcomes for this unique group of patients with congenital heart diseases have not been well defined.

CONCLUSION

• The course of pediatric patients who have undergone 1st MVR demonstrate the predictive value of age and concomitant valvular operations, at 1st MVR, for long term survival.
• Younger age may be an important predictor of early mortality, including in-hospital and post-discharge mortality, but after survival to the 1st year after MVR this association no longer remains.

REFERENCES