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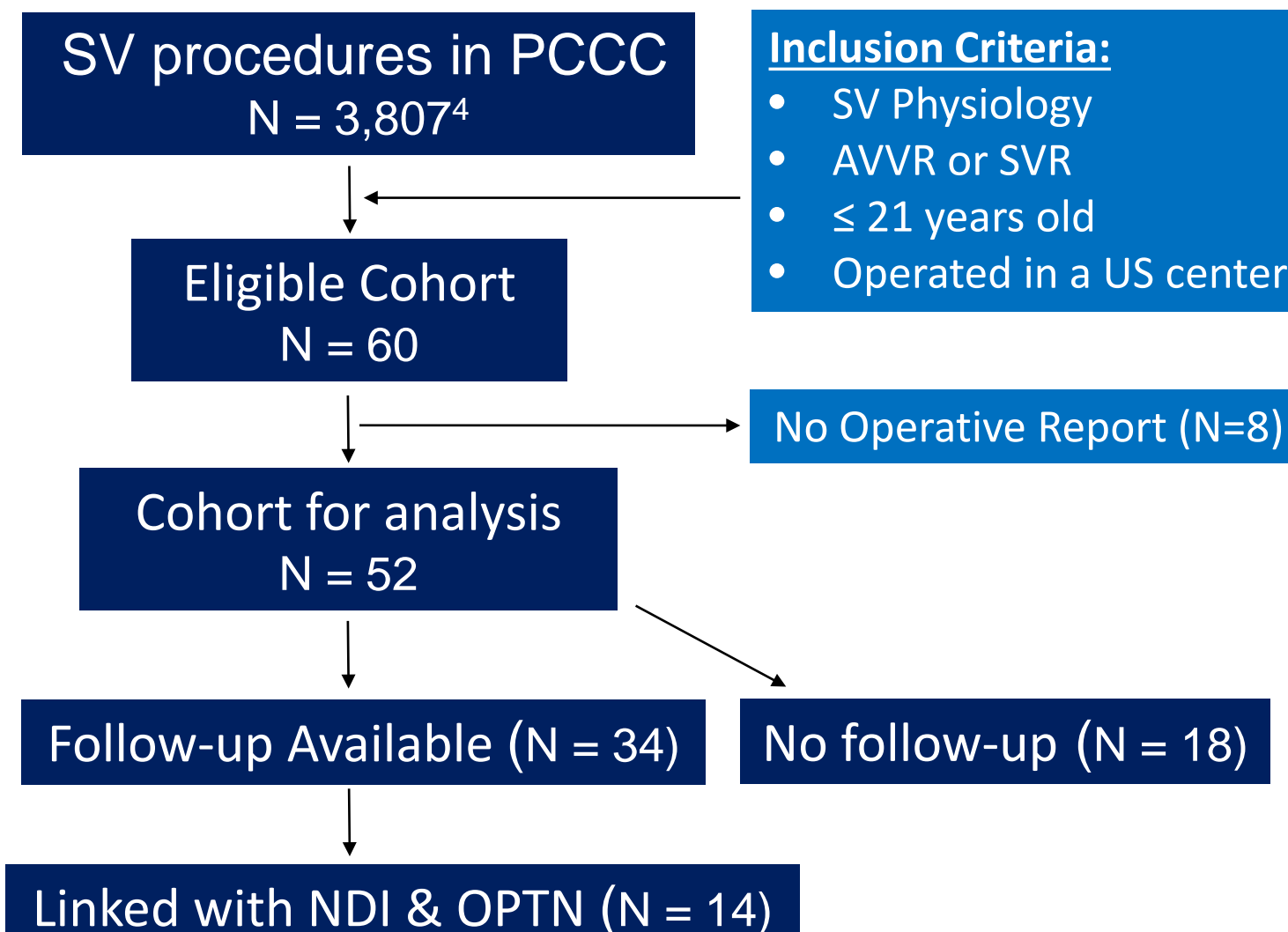
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Introduction

- Atrioventricular and semilunar valve dysfunction is associated with poor outcome in patients with single ventricle (SV) physiology.¹
- Despite native valve repair, residual dysfunction can be so severe requiring valve replacement.²
- Outcomes following valve replacement in children with SV palliation are relatively unknown.
- The objective of this study is to assess transplant-free survival in SV children undergoing atrioventricular valve replacement (AVVR) or semilunar valve replacement (SVR).

Methods: Flow Chart of Study Cohort



Results

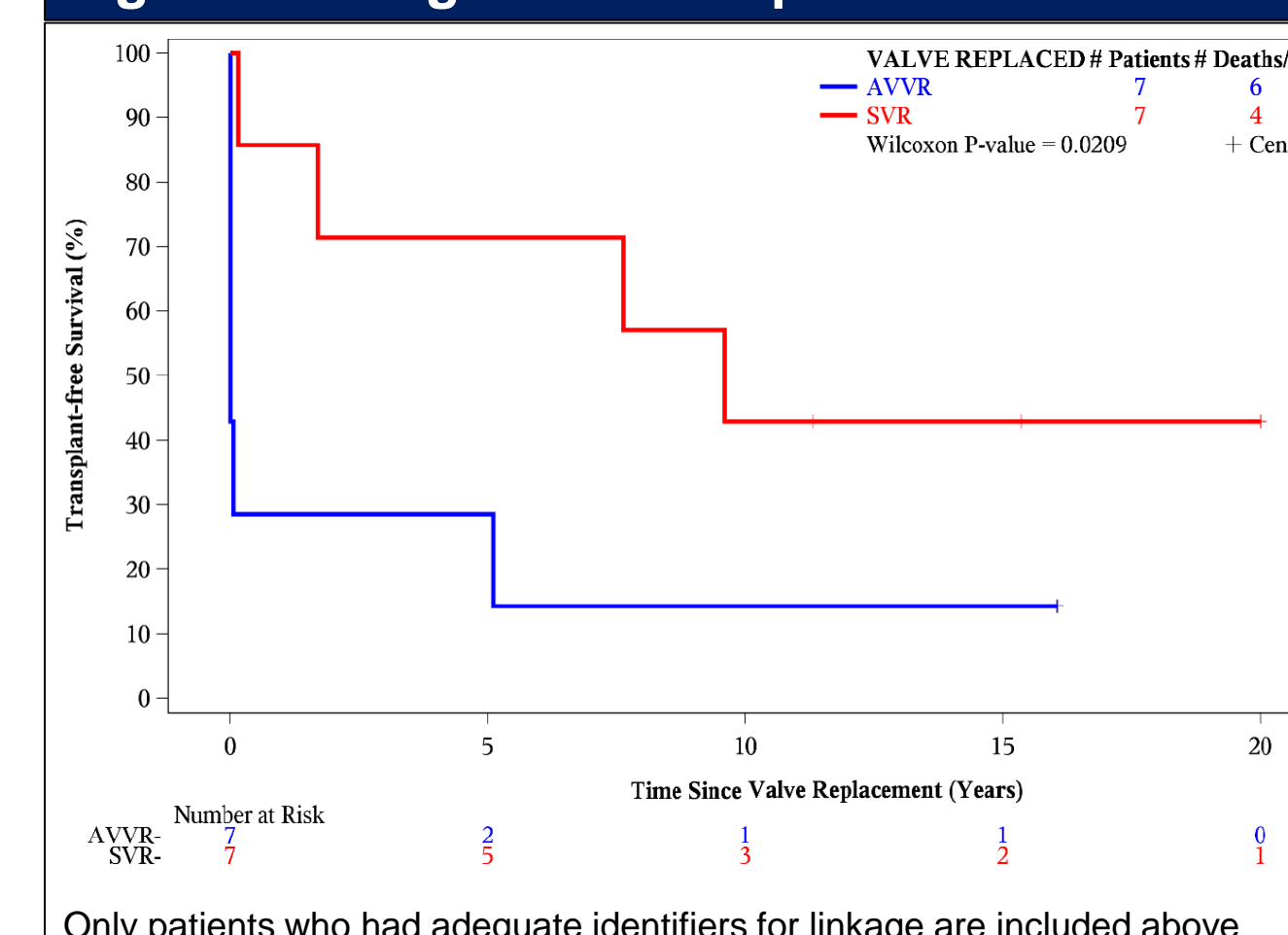
Table 1: Patient Characteristics

	AVVR (n=38)	SVR (n=13)	P-value*
Age (years)	9.3	11.1	p = 0.57
Median (IQR)	(3.7, 14.7)	(0.1, 15.4)	
Weight (kg)	22.75	15.4	p = 0.17
Median (IQR)	(12.8, 42.2)	(3.96, 33.0)	

*Univariate analysis
One patient who had both AVVR and SVR is not included above

Results

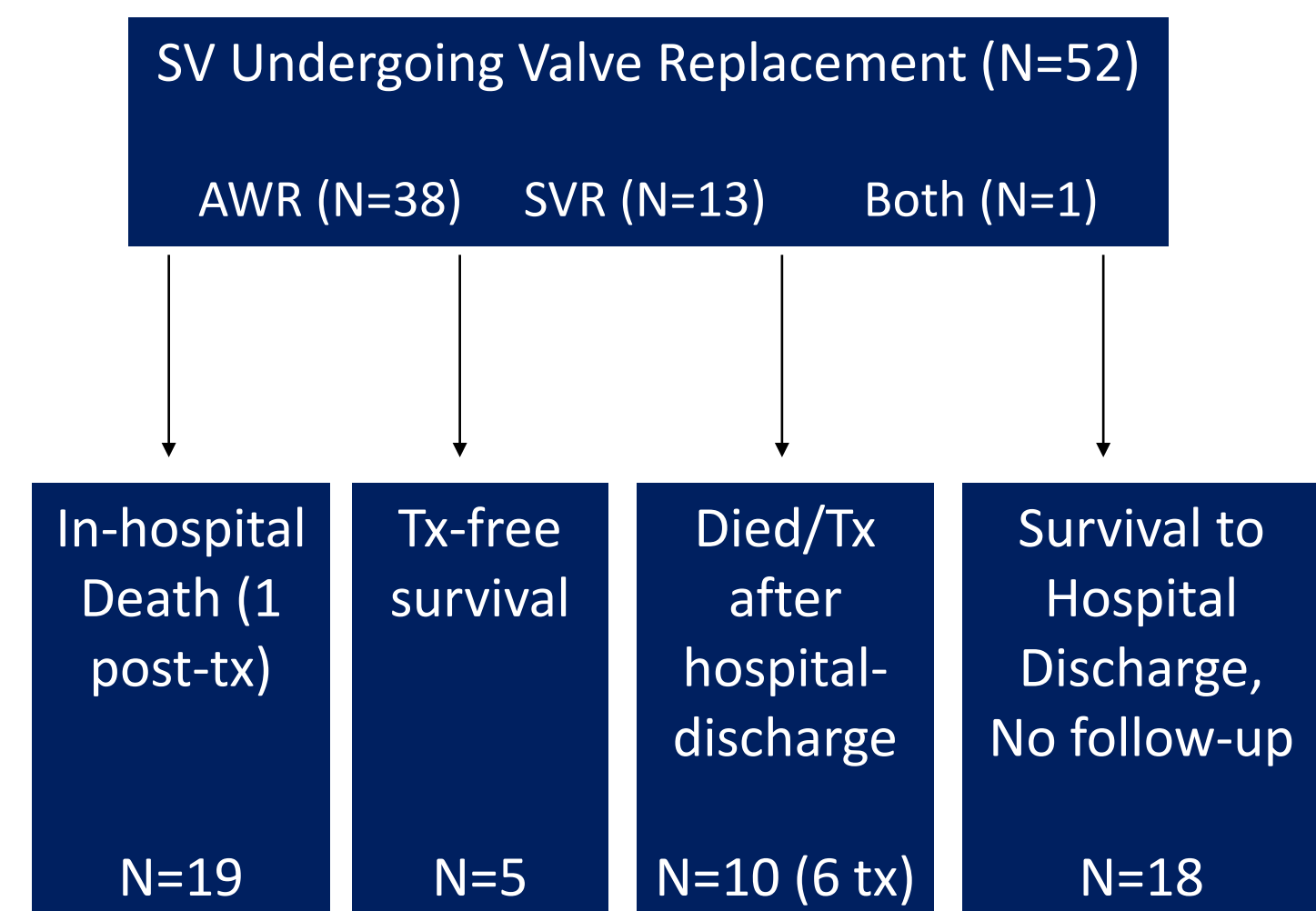
Figure 3: Long-term Transplant Free Survival



Methodology

- The Pediatric Cardiac Care Consortium (PCCC) is a multi-institutional US-based registry tracking outcomes after pediatric cardiac interventions performed between 1982-2011.³
- Long-term transplant-free survival was determined based on reported events in the PCCC or after linkage with the *National Death Index (NDI)* and *Organ Procurement and Transplantation Network (OPTN)* (sensitivity of 89 and 90% respectively).

Results



Results

Figure 1: Valve Replacement

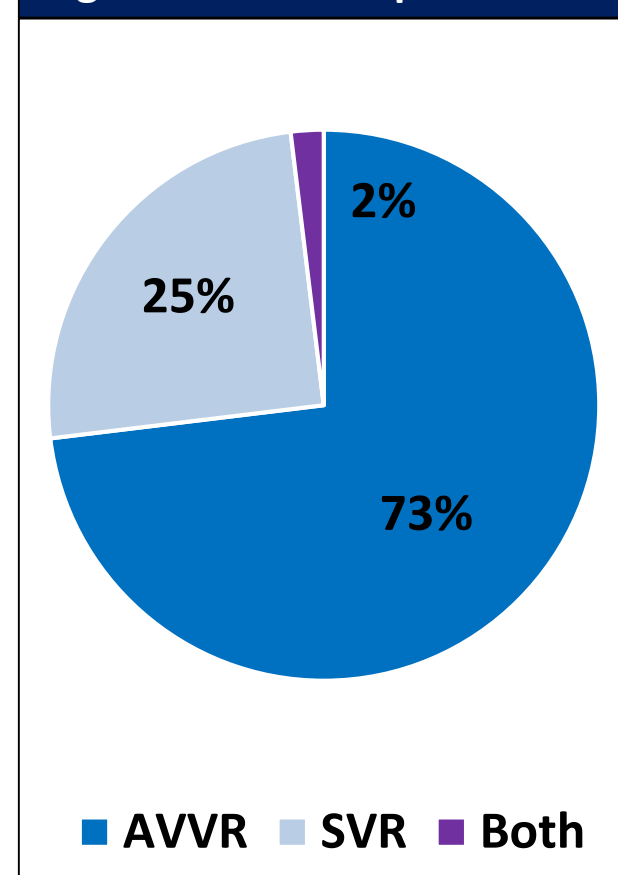
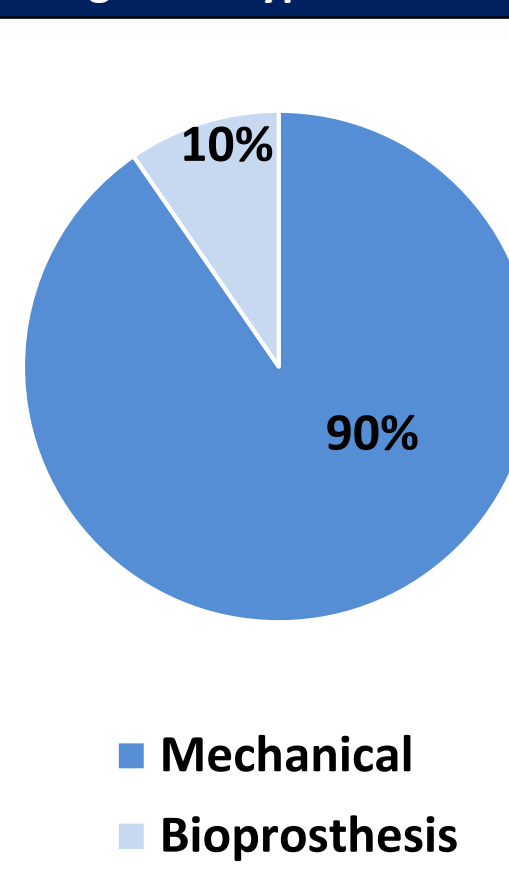


Figure 2: Type of Valve



Conclusions

- SV patients undergoing AVVR or SVR have poor outcomes. Alternative palliation strategies need to be considered when AVVR and SVR are deemed necessary in SV.

References

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