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Associate Professor in Cardiovascular Surgery

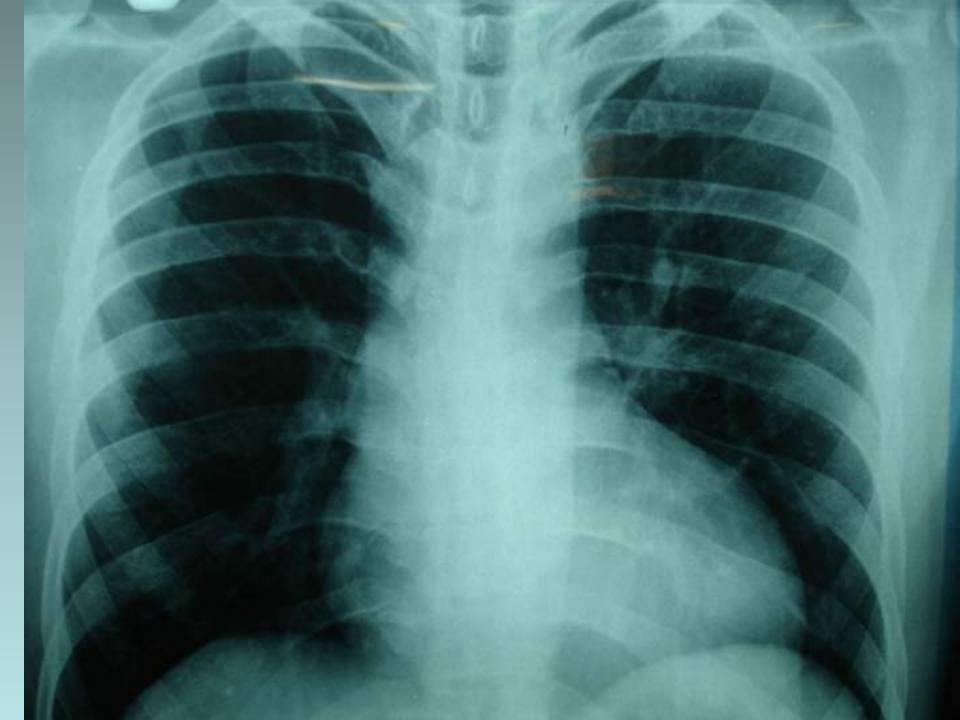
Rajaee Heart Center

Tehran Iran Tir1388, July 2009

A 21 Yr. Gentleman Presented by:

DOE FC II-III
Early fatigue

PMH: Negative

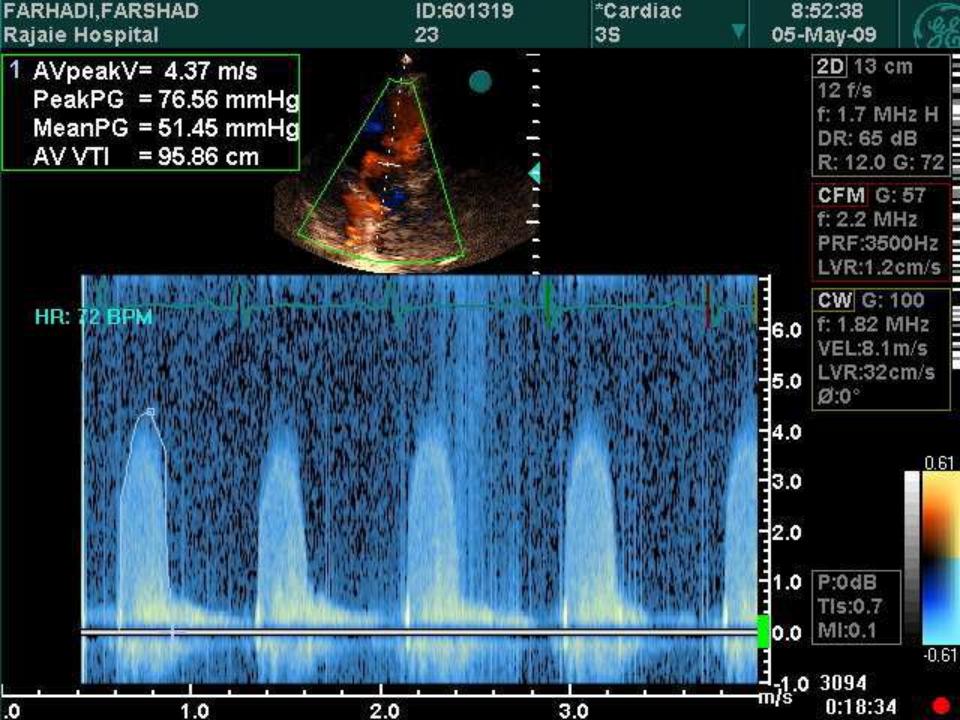


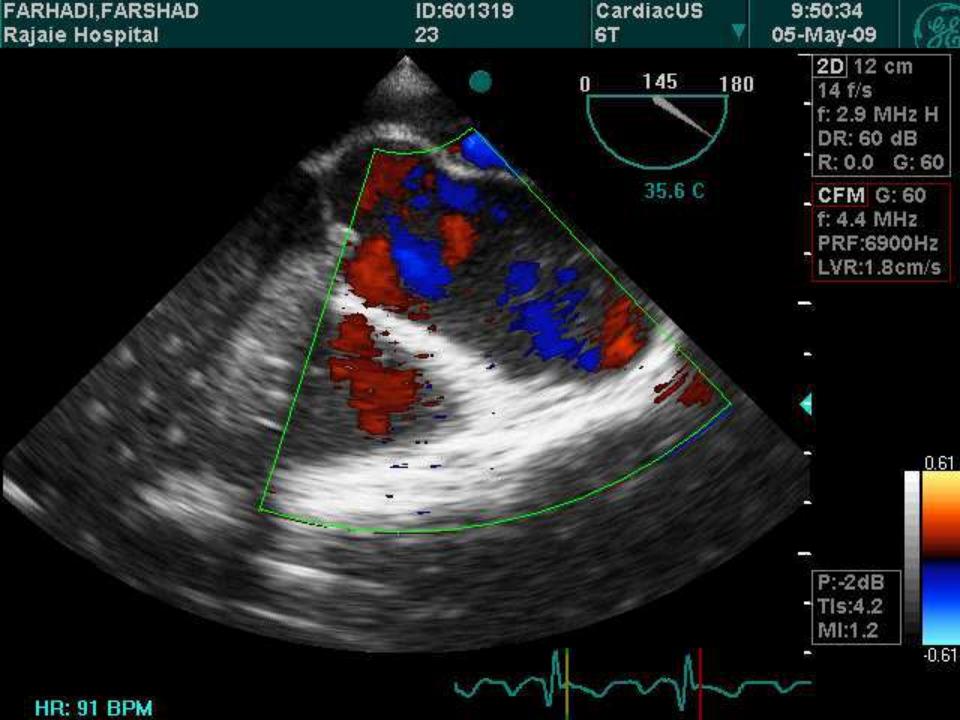


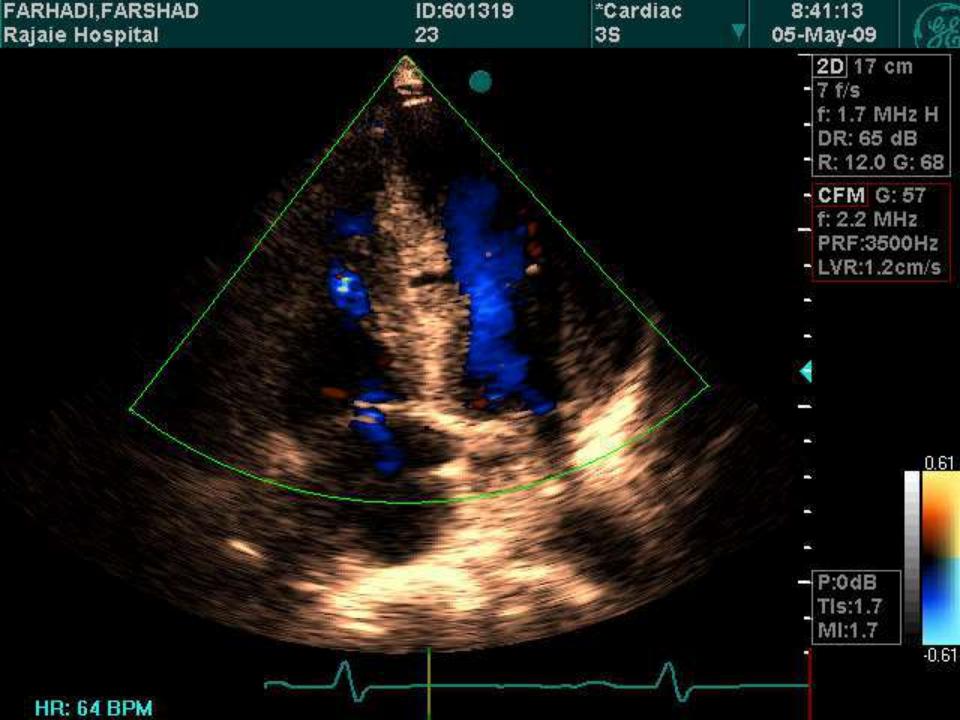


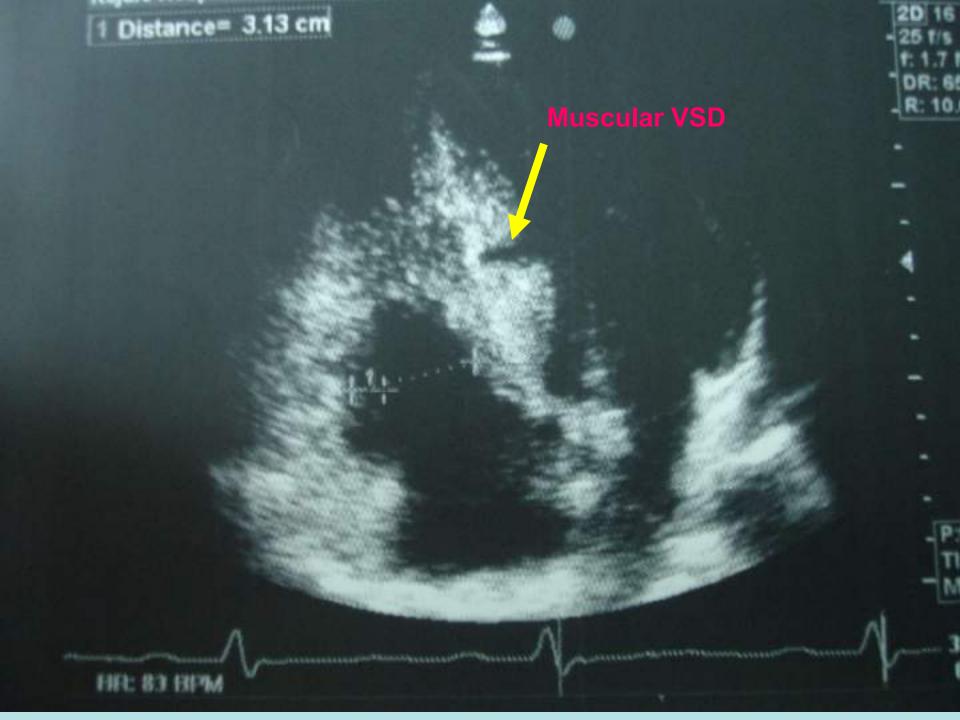




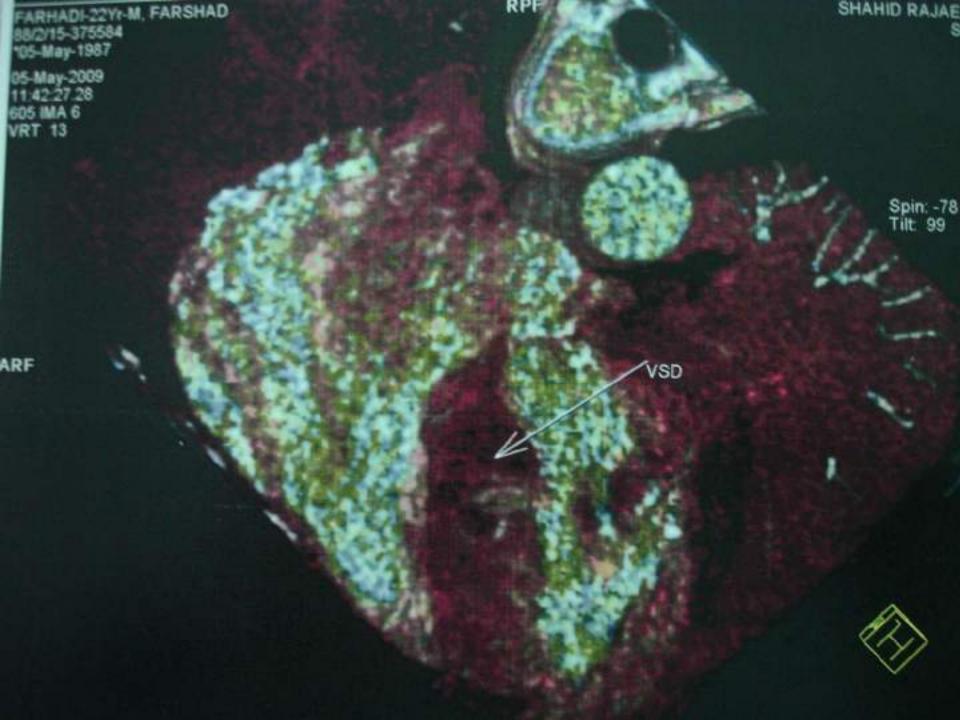












In Summary

Sever AS & B.A.V Sever Co.A Dilated Asc.Aora Muscular VSD

Operative Management

Classic Two Stage

Surgical or Percutaneous?
First Stage?

Single Stage:

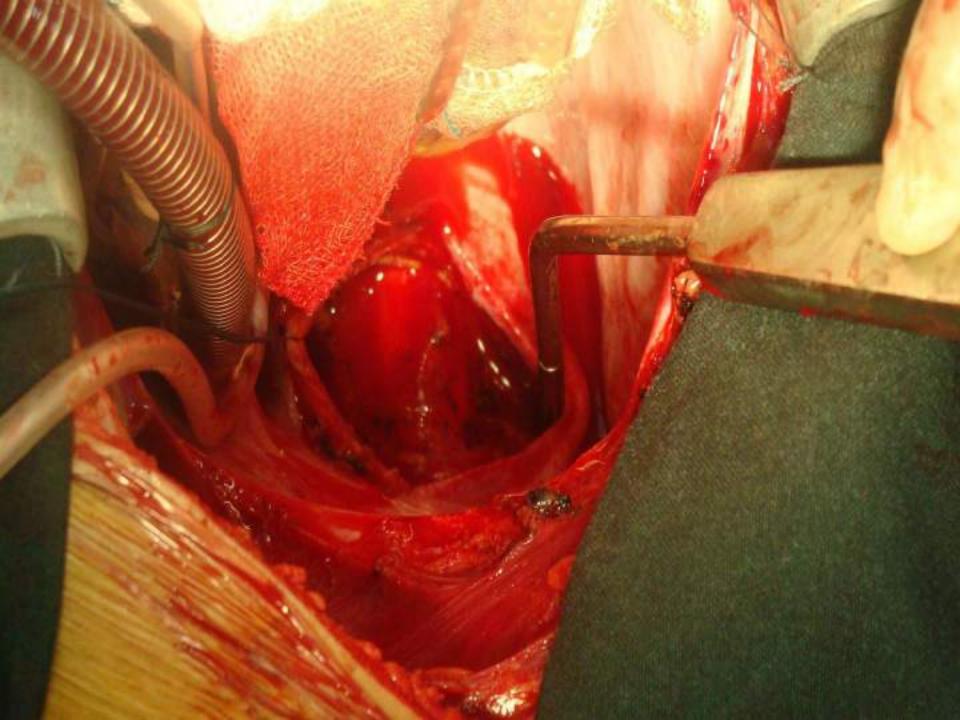
1.Madian Sternotomy(Anatomic or Extra-anatomic)

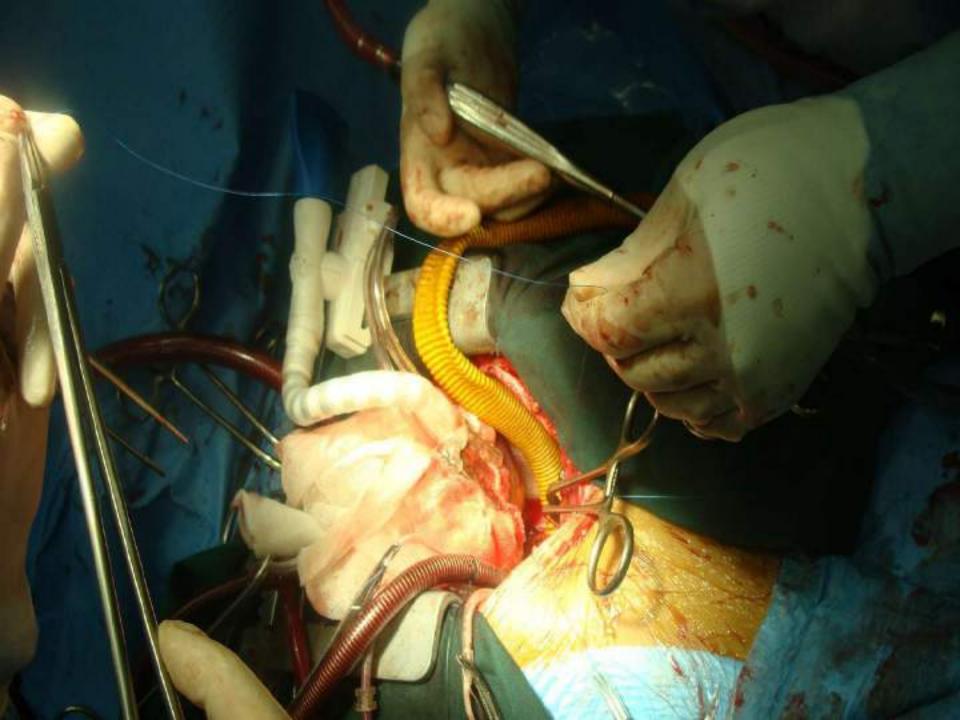
2. Hybrid Approach

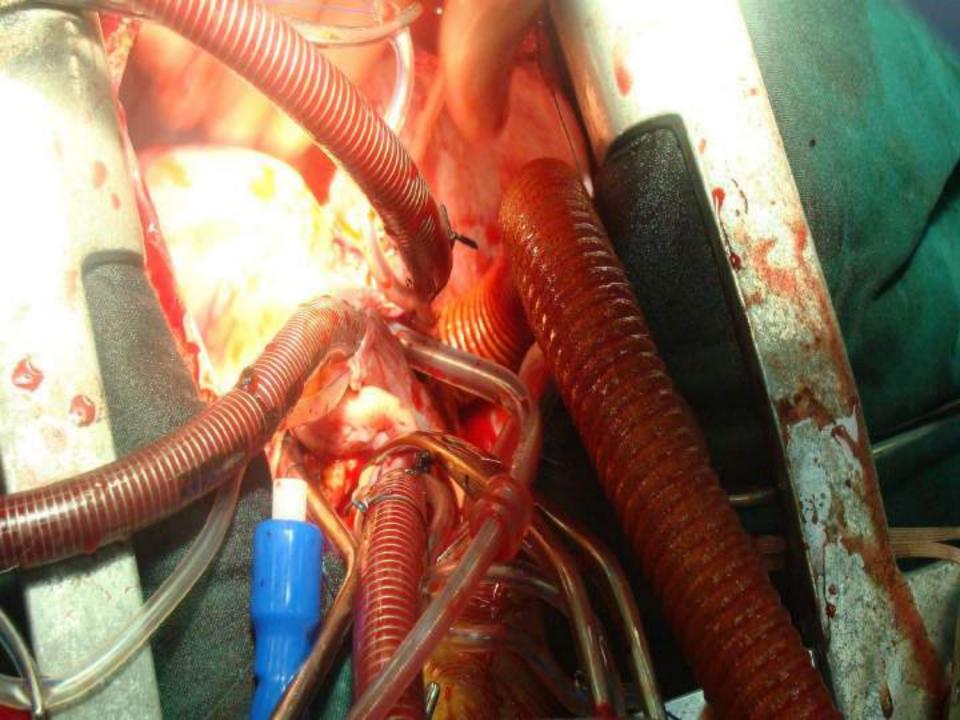
Our Surgical Approach:

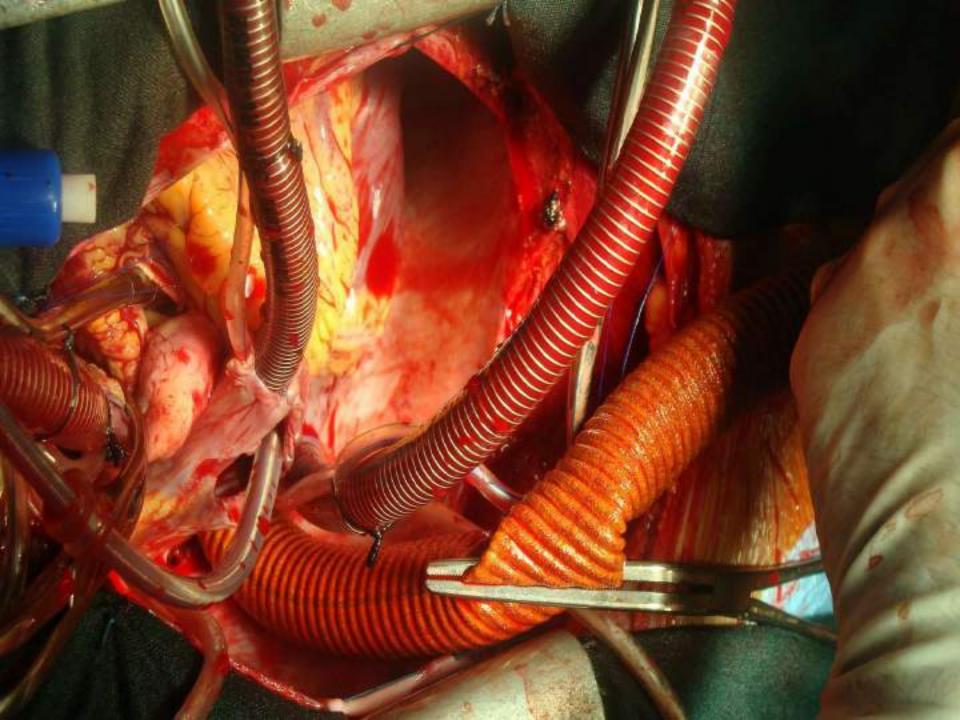
Single stage Complete Repair

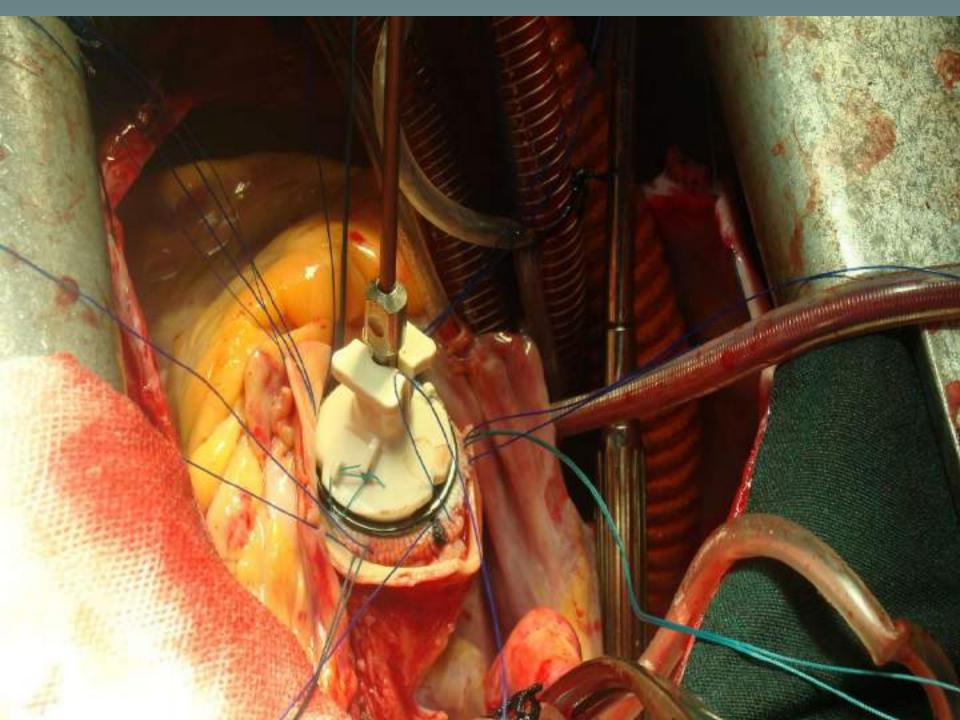
- 1. Ascending- Descending Posterior pericardial Bypass for Co-A repair (18 mm. Dacron Tube Graft)
- 2. AVR with Mechanical Valve (23 mm St. Jude)
- 3. VSD closure with Gore-Tex Patch
- 4. Ascending Aorta Interposition graft (26 mm Dacron Tube Graft)

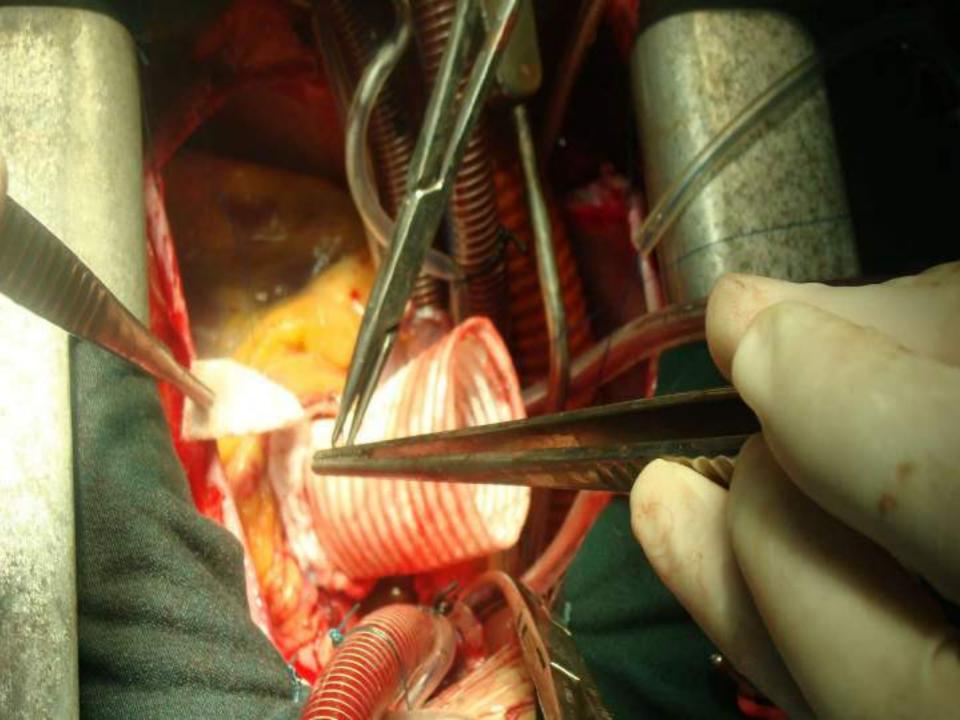


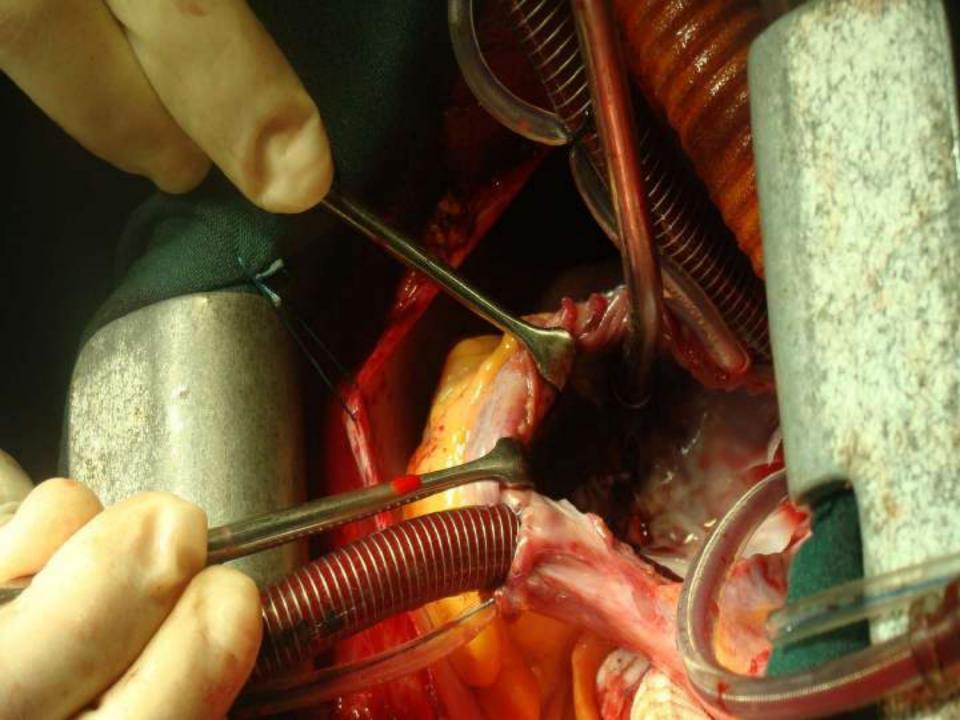


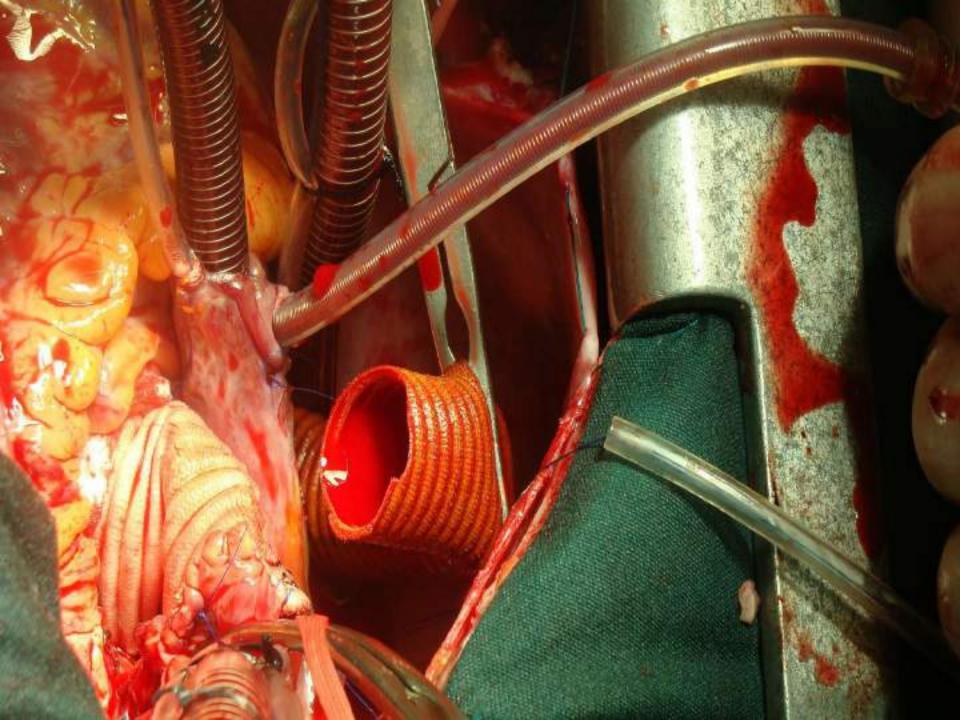




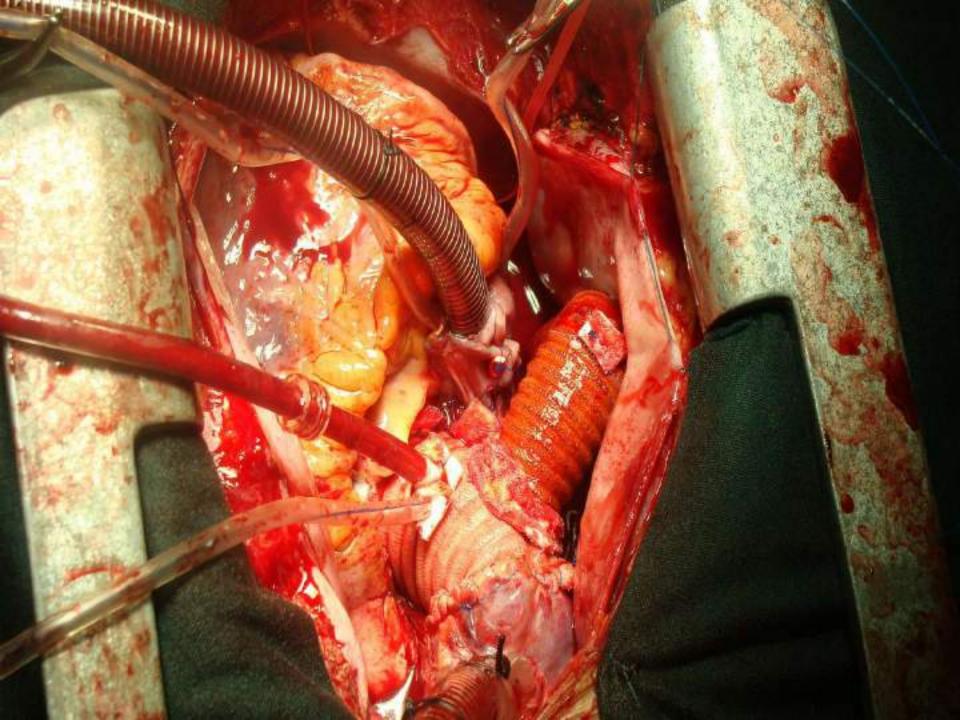




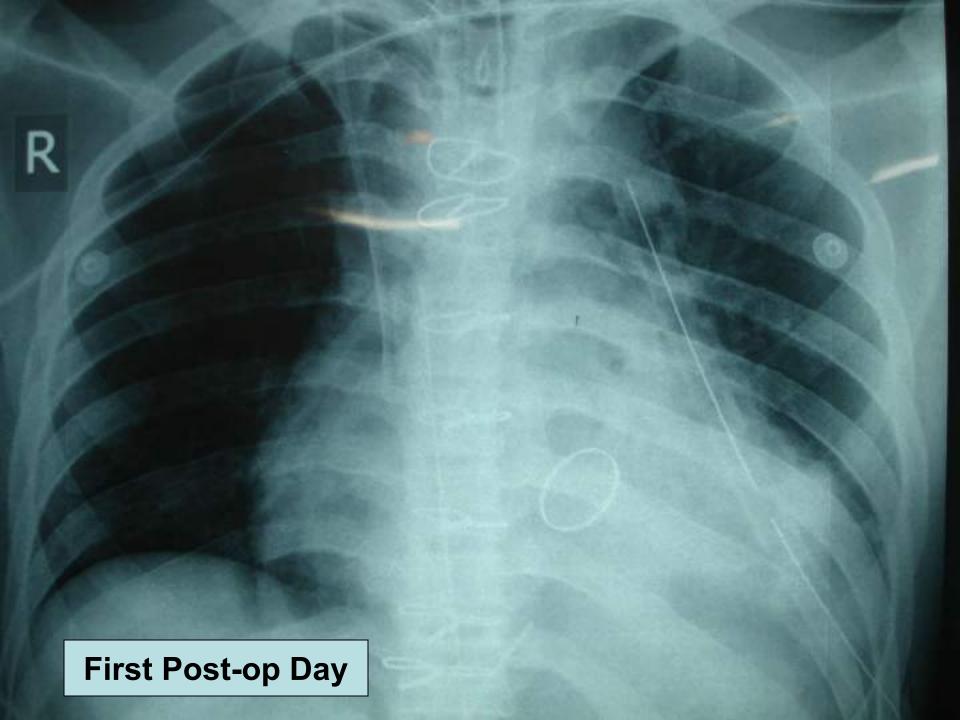


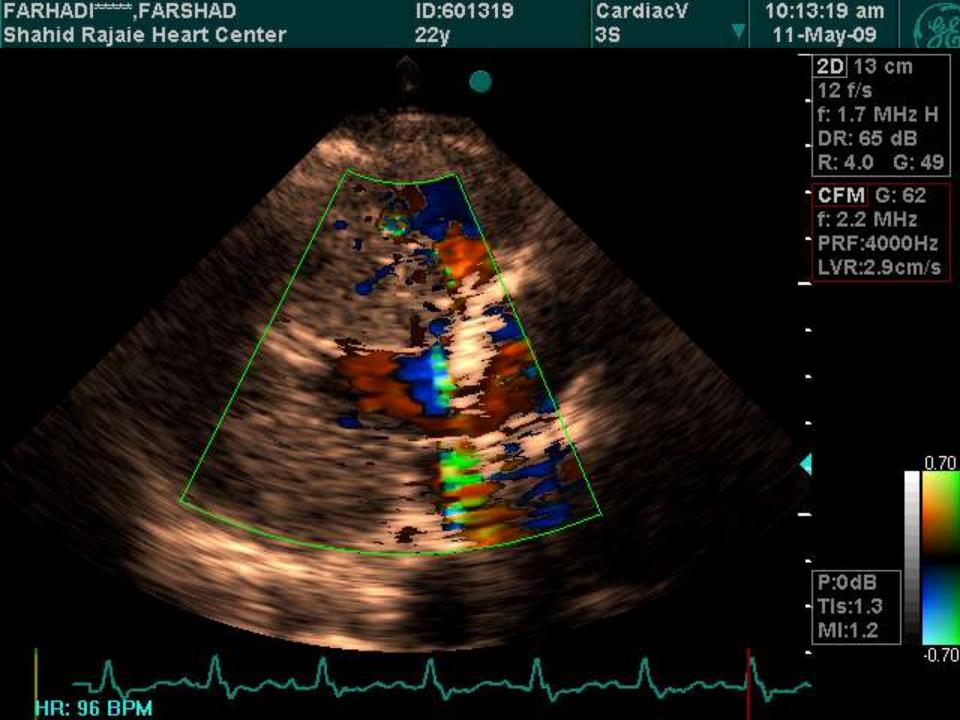


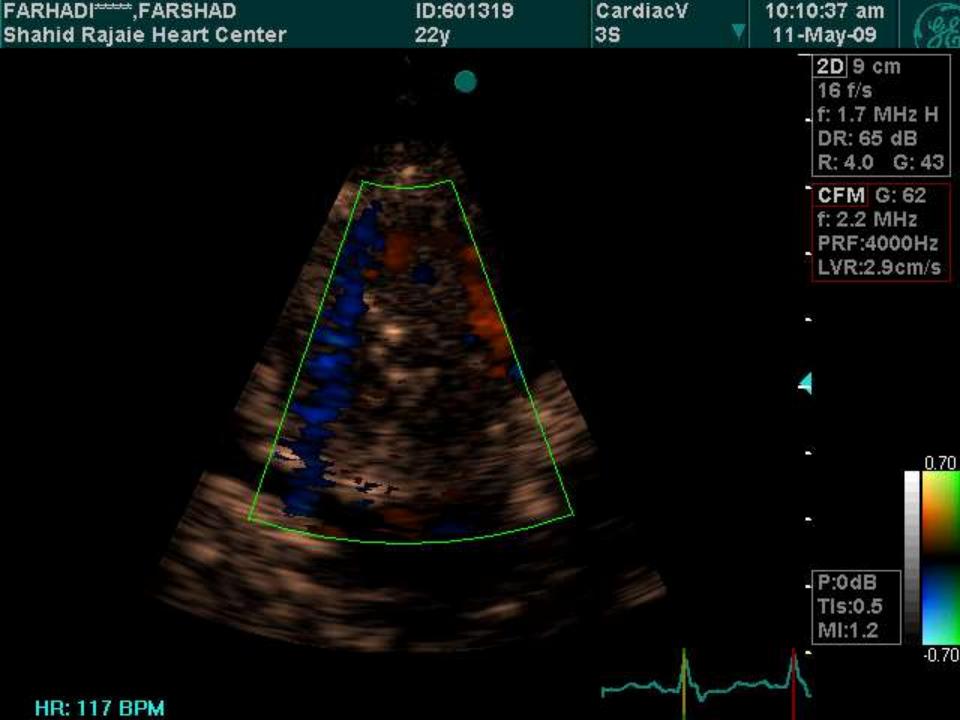


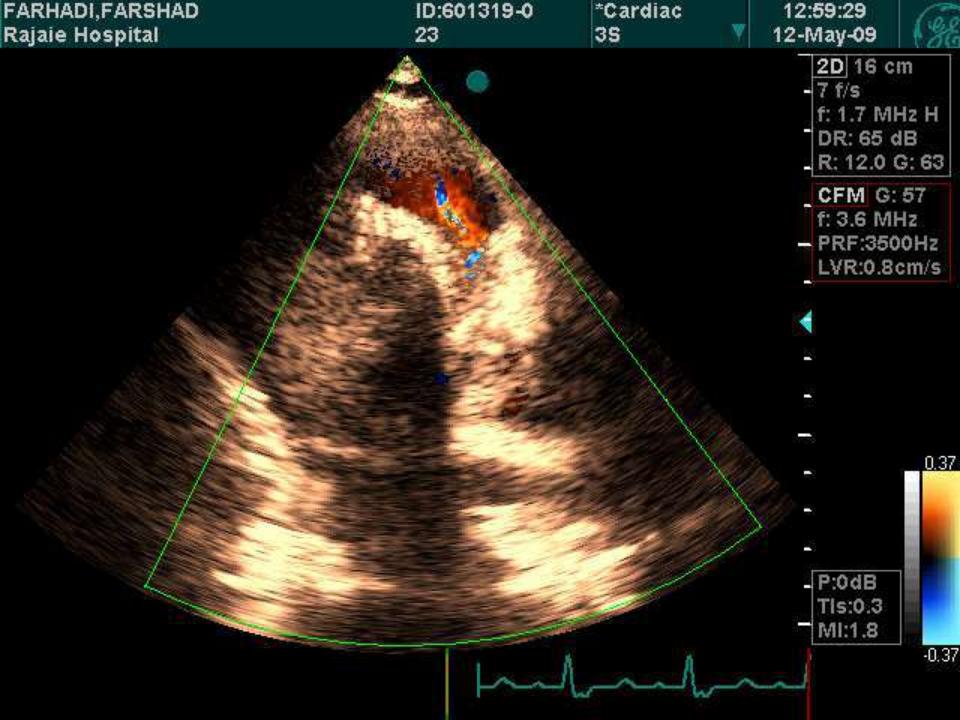


Postoperative Finding

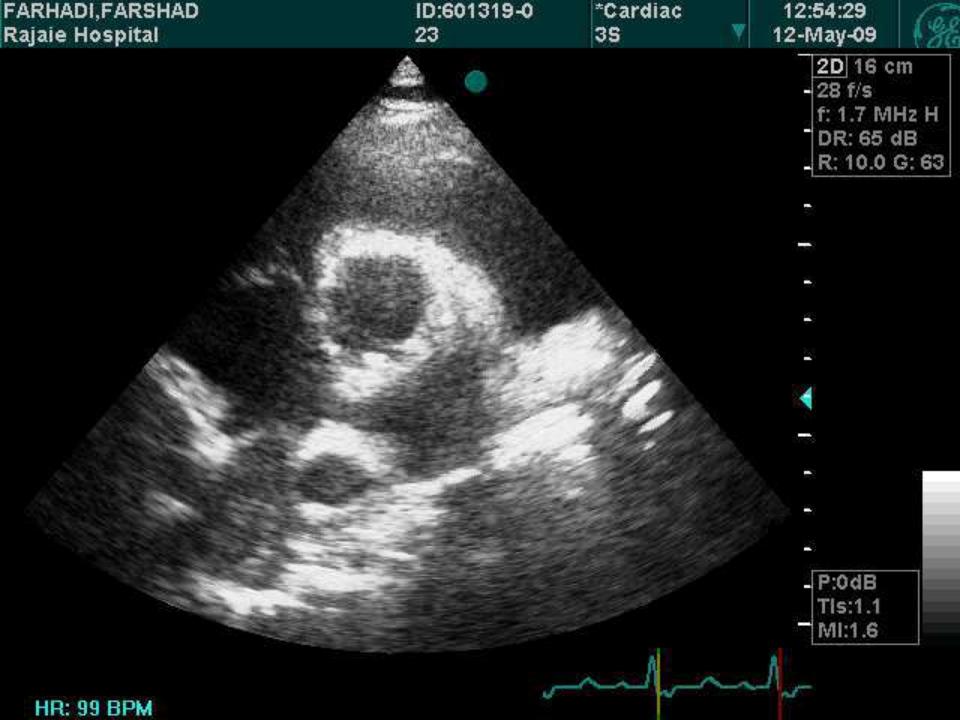


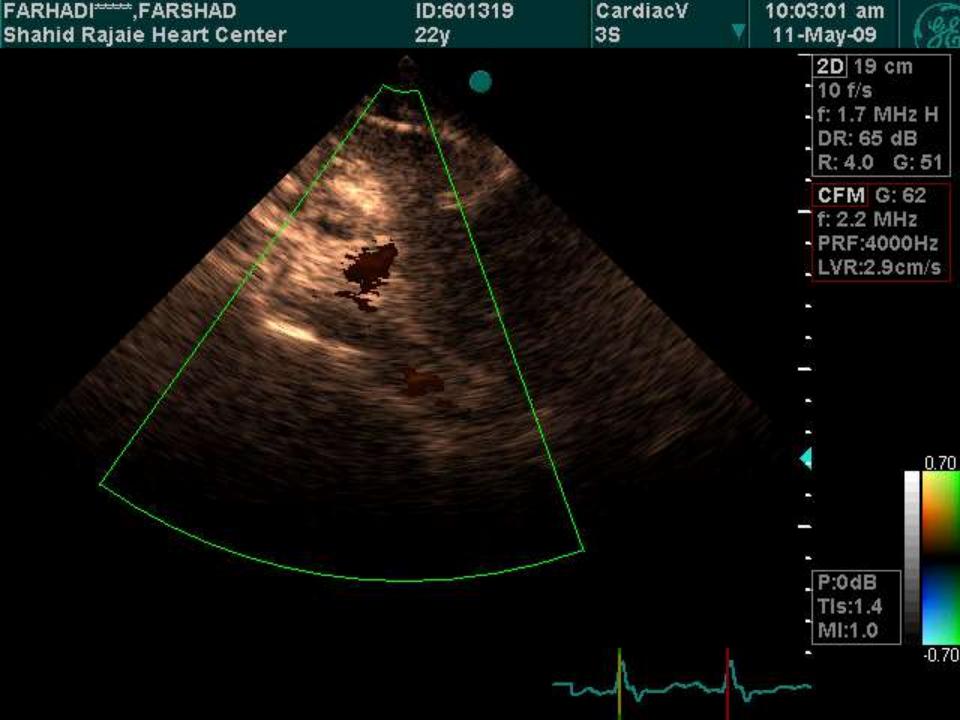


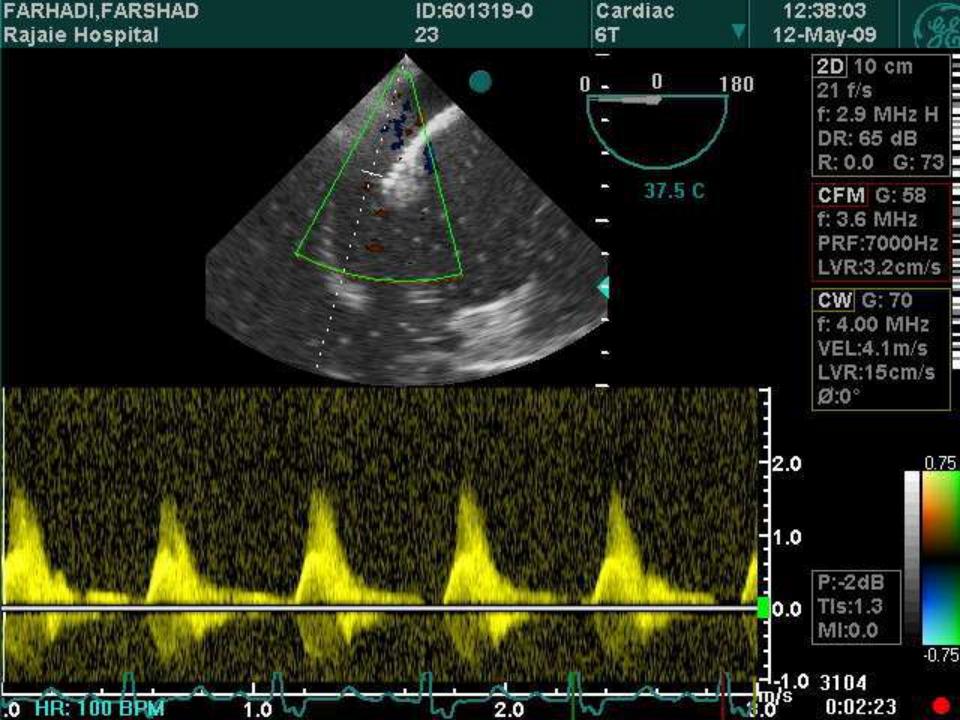












Patient's Outcome

The patient was discharged from hospital in NYHA class I with no residual defect or morbidity.

During early follow up period he experienced some degree of orthostatic changes for about 5 weeks but it disappeared spontaneously.