



Valve Sparing Root replacement after Ross procedure : a monocentric retrospective study

Pierre Flores¹, Pierre Maminirina², Mohamedou Ly², Olivier Baron²

1. Service de Chirurgie Thoracique et Cardio-Vasculaire, Hôpital Pontchaillou, CHU de Rennes, Rennes, France
2. Département médico-chirurgical de Cardio-pédiatrie, Hôpital Mère-Enfant, CHU de Nantes, Nantes, France



Objective

- Ross procedure : long durability
- But mainly redo surgery :
 - aortic root dilatation +/- aortic valve leak
 - homograft dehiscence
- 2 options about the aortic root and valve : Bentall or VSRR

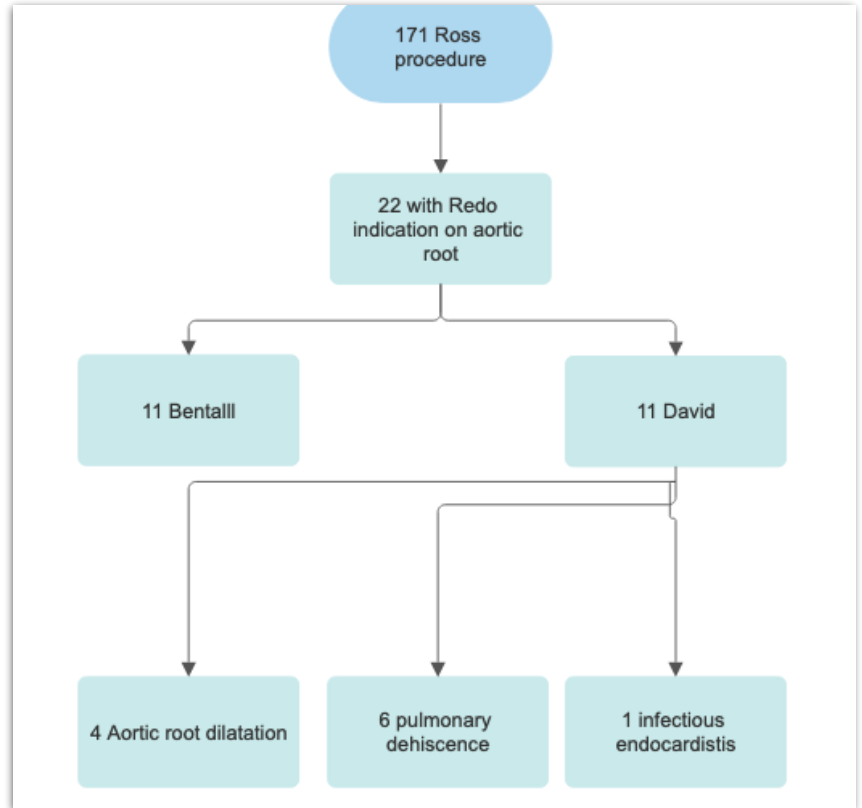


Methods

- Retrospective study : january 2001 to november 2023
- Monocentric
- Inclusions criteria :
 - redo after Ross procedure
 - VSRR

Results

- 11 patients
- Young : 15,8 yo
- Indications for surgery :
 - Aortic root dilatation : 4
 - Pulmonary dehiscence : 6
 - Infectious endocarditis : 1





Results (2)

- All of them : David procedure + change of the homograft
- Freedom from reoperation : 10/11
 - Mechanical AVR before hospital discharge
- Freedom from all-cause death : 11/11
- Acceptable :
 - cross clamp time : 173 min.
 - CPBP time : 259 min.
- Good TTE results : only 1 patient with aortic regurgitation.



Conclusion and take home message

- Safe procedure in this indication
- Excellent mid-term results
- Support :
 - inclusion of the aortic root when redo surgery is needed (whatever for pulmonary dehiscence or aortic dilatation)
 - David if possible : avoiding anticoagulation