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1: [Int J Cardiol.](#) 2004 Dec;97 Suppl 1:87-90.

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**Tetralogy of Fallot: influence of right ventricular outflow tract reconstruction on late outcome.**

[Giannopoulos NM](#), [Chatzis AC](#), [Bobos DP](#), [Kirvassilis GV](#), [Tsoutsinos A](#), [Sarris GE](#).

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Surgical repair of Tetralogy of Fallot (TOF) is followed by very good early and medium-term results (perioperative mortality < or =5%), but there is increasing awareness of the occurrence of late adverse events: many patients experience progressive right ventricular (RV) dilatation/dysfunction leading to symptomatic right ventricular failure, arrhythmias, need for reoperation (in 5-15% of patients within 5-20 years after initial correction), and late death. Although some predisposing factors such as complexity of anatomy (borderline pulmonary artery (PA) size, right ventricular outflow tract (RVOT) hypoplasia), age at operation, or prior shunting appear to affect early or late outcome adversely, it is debatable if other factors such as type of repair or use of a transannular patch correlate with poor late outcome or increased reoperation rates. Obviously, if careful study reveals specific modifiable factors predisposing to adverse late events (e.g. component of surgical technique), appropriate modification in surgical management may lead to improved late outcome.

PMID: 15590084 [PubMed - indexed for MEDLINE]



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