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1: [Heart Surg Forum](#). 2003;6(5):396-8.

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New xenograft valved conduit (Contegra) for right ventricular outflow tract reconstruction.

[Chatzis AC](#), [Giannopoulos NM](#), [Bobos D](#), [Kirvassilis GB](#), [Rammos S](#), [Sarris GE](#).

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BACKGROUND: The well-known flaws of existing valved conduits for reconstruction of the right ventricular outflow tract (RVOT) continue to stimulate research for the elusive "perfect" conduit. In this study, we describe our experience with a glutaraldehyde-treated bovine jugular vein valved conduit (Contegra). **METHODS:** 55 years underwent implantation of a Contegra conduit. Diagnoses/procedures included repair of truncus arteriosus (2 patients), pulmonary atresia (3 patients), severe pulmonary insufficiency after prior repair of tetralogy of Fallot (9 patients), and replacement of degenerated valved conduit (1 patient). **RESULTS:** No operative deaths occurred. One patient required an early conduit replacement for unexplained valve thrombosis. The early postoperative mean transconduit pressure gradient was 7.7 +/- 4.9 mm Hg. At a mean follow-up time of 18.5 +/- 6.9 months, all patients were asymptomatic with no discernible calcification in the valve or conduit or significant valve incompetence, while the mean transvalvular gradient remained low (11.1 +/- 4.5 mm Hg). **CONCLUSION:** The Contegra valved conduit is well suited for RVOT reconstruction, avoids the use of additional foreign material, and remains well functioning during early followup. Nonetheless, the long-term durability remains to be ascertained.

PMID: 14721819 [PubMed - indexed for MEDLINE]



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