

# **SINGLE CENTER EXPERIENCE OF PULMONARY VEIN STENOSES IN PEDIATRIC PATIENTS**

**Mashail Binobaidan**

Pediatric cardiology division, Prince Sultan Cardiac Center, Riyadh, Saudi Arabia

## **BACKGROUND**

Pulmonary vein stenosis (PVS) is a fascinating yet frustrating and difficult to manage condition with an exceptionally high mortality rate. Until recently, the disease was seen almost exclusively in young children with or without various forms of congenital heart disease. PVS is a relatively rare condition.

Patients with the pediatric form of PVS, either primary or secondary, have a very guarded prognosis without treatment,

## **METHOD**

Over the period from 1999 to 2010, **13** patients presented with PVS either primary or secondary required interventional procedure in Prince Sultan Cardiac Center were recruited with formal consent. 8 were under GA and 3 with conscious sedation. Antegrade approach with Transseptal puncture were achieved. Echocardiography and Cardiac CT were done pre and post procedure when available. Repeated angiogram for re-intervention and diagnosis were done when necessary.

## **RESULT**

There were 8 female and 5 male (female to male ratio is 1.7:1), median age was 7 yr (1-12 yr ), median wt was 20 kg (5.4-34 kg), 12 stents in 10 patients, 3 balloon dilatation, median hospital stay was 4 days (2-14), median follow up was 5 year , 2 lost-to-followup (? 1 died), 1 post balloon dilatation and surgical procedure died. From the remaining 8 patients, 6 needed re-intervention (4 balloon dilatation, 2 stents), no early or immediate complications

## **CONCLUSION**

Debate exists as to which treatment strategy is superior (surgical or transcatheter techniques) for the management of PVS. Outcome of transcatheter stenting or balloon angioplasty outcomes seems to be unknown.

Our experience of transcatheter PV balloon angioplasty and/or stent implantation, though with small number, is promising.