

SURGICAL CORRECTION OF HOCM IN PEDIATRIC PATIENTS WITH SEVERE HYPERTROPHY

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Objective: Treatment of children with HOCM is complicated by several factors including noncompliance medications and an increased risk of sudden death. The classic Morrow technique is not effective for HOCM children with midventricular and RVOT obstruction and extreme left ventricular hypertrophy.

Methods: The presented excision of the asymmetrical hypertrophied area of the interventricular septum causing obstruction of LVOT and RVOT simultaneously and midventricular obstruction is made from conal part of right ventricle transversely and anteriorly of the Lancisi muscle and moderator band but not through the whole thickness of IVS, that is, without penetration into the left ventricular cavity. 25 pediatric patients underwent this procedure. Ages ranged from 10 to 15 years (mean, 12.4). The midventricular obstruction was noted in 14 children, isolated RV obstruction in 1 patient. In 8 operated children the obstruction of LVOT and RVOT was noted simultaneously. The follow-up period was 38 \pm 7 months.

Results: The mean echocardiographic intraventricular gradient in LV decreased from 78,9 \pm 5,9 to 12,7 \pm 5,2 mmHg)