



Transaortic Partial Septectomy Through The Right Anterior Minithoracotomy

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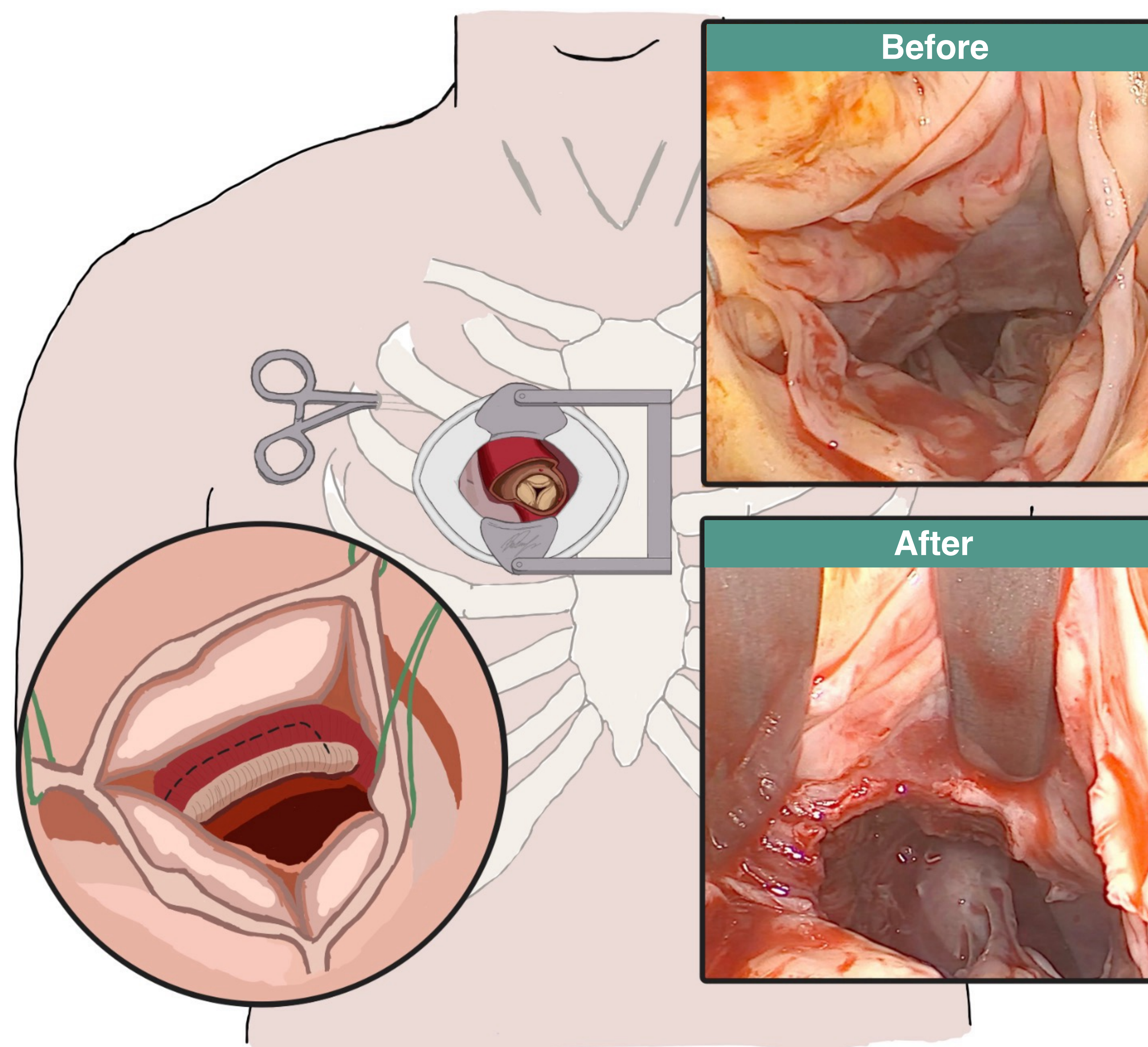
Background

To demonstrate the technique of transaortic partial septectomy for hyperthrophic obstructive cardiomyopathy through the right anterior minithoracotomy approach. Videoassisted visualization can encourage surgeons to use this approach routinely.

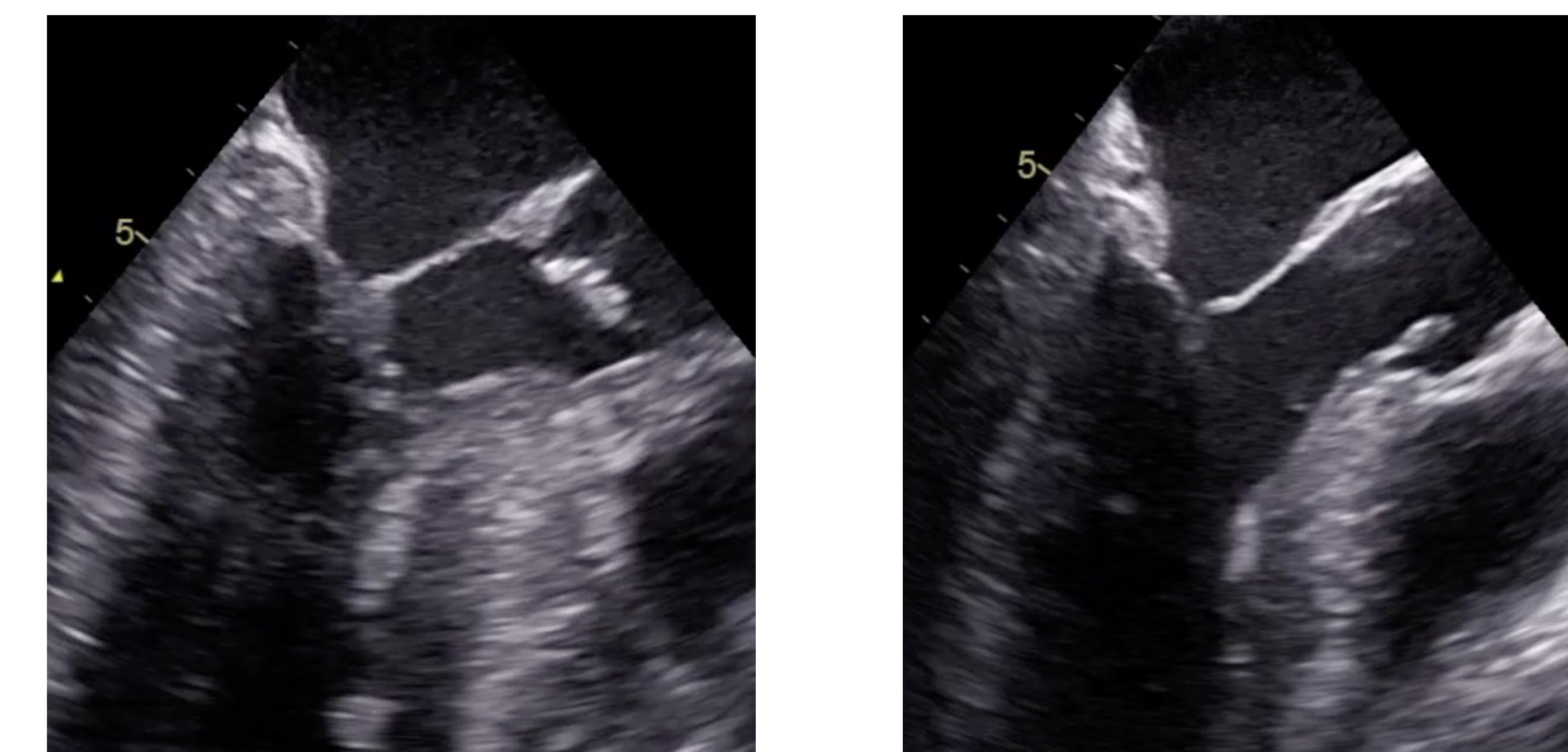
Case presentation

67 years old woman was presented with shortness of breath on exertion, NYHA II class. Echocardiography showed peak gradient at LVOT of 110 mmHg and mean - of 44 mmHg. The main obstruction was started and the level of papillary muscles and the peak of obstruction was identified at 3 cm distance from the aortic valve. Surgery was performed through the 2nd right intercostal space with cardiopulmonary bypass, transthoracic cross-clamp and blood cardioplegia using long-shafted instruments and the exposure maneuvers shown in the video.

The procedure was recorded by the 10 mm camera inserted through the separate port in the second intercostal space and by an overhead camera. Video is attached.



Pre- and postoperative imaging



Results

Smooth postoperative course with 5 hours of mechanical ventilation, 1 days ICU stay and 8 total postoperative hospital stay was achieved. Intraoperative and pre-discharged echocardiography showed peak gradient at LVOT of less than 10 mmHg.

Conclusions

A partial septectomy for hypertrophic obstructive cardiomyopathy can technically be done through the right anterior minithoracotomy that has become our first-choice approach for these patients.

References

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2. Mazine A, Ghoneim A, Fortin W, Lebon J, Bouchard D. A NOVEL MINIMALLY INVASIVE APPROACH FOR SURGICAL SEPTAL MYECTOMY. Canadian Journal of Cardiology. 2014 Oct;30(10):S234.