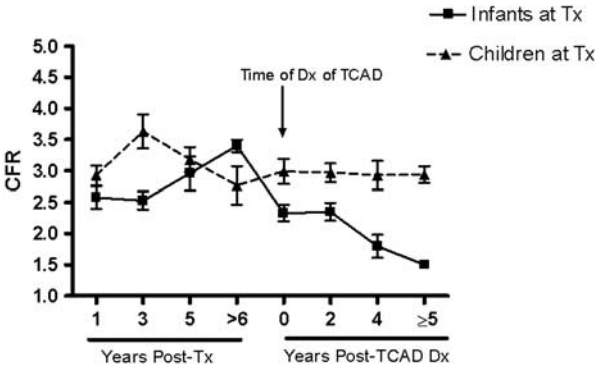
ultrasound (IVUS) and coronary flow reserve (CFR) allow early detection and follow-up of TCAD.
Methods: We retrospectively reviewed pediatric heart recipients with TCAD. TCAD was diagnosed by angiography or IVUS. Patients transplanted at <6 months of age (infants) were compared to those transplanted at >6 months (children). Stable TCAD was defined as no change in severity after serial evaluation and progressive TCAD as worsening disease or death as a result of TCAD.
Results: Of 310 transplanted children, 52 (17%) were diagnosed with TCAD. Of those, 20 (38%) were infants and 32 (62%) were children at the time of transplantation. Age at TCAD diagnosis (8.3 ± 3.4 vs 14 ± 5.8, $p < 0.001$) and the number of prior rejection episodes (3.3 ± 1.7 vs 5.8 ± 3.6, $p < 0.01$) were significantly lower in the infant group. Nevertheless, infants with TCAD had significantly more episodes of rejection compared to those without TCAD (0.83 ± 1.14 vs 3.35 ± 1.73, $p < 0.0001$). More patients in the children group had stable TCAD (76% vs 55%, $p < 0.01$), of those 9 (28%) were diagnosed by IVUS, compared to none in the infant group. Compared to children, infants had a longer time from transplantation to diagnosis of TCAD (8.0 ± 3.4 vs 5.4 ± 3 years, $p < 0.01$) but their angiographic score was higher at diagnosis (3 ± 1 vs 1.7 ± 1.3, $p < 0.01$). Coronary flow reserve in the infant group was significantly lower (2.3 ± 0.5 vs 3 ± 0.3, $p < 0.05$) at the time of TCAD diagnosis and showed a progressive decline over time compared to the children group (CFR 2 years post-TCAD diagnosis 2.1 ± 0.6 vs 2.9 ± 0.7, $p < 0.01$). There was a trend towards shorter time from diagnosis of TCAD to death or retransplantation in the infant group (0.9 ± 0.9 vs 2.8 ± 3.4 years, $p = 0.06$).
Conclusion: TCAD in infant recipients is diagnosed later, appears worse by angiography and is associated with a lower CFR at the time of diagnosis which tends to decline over time. Despite fewer rejections in infant recipients with TCAD, there is a trend towards shorter time to death or retransplantation, reflecting a more aggressive nature of TCAD.



O10-4

Survival and follow-up after cardiac transplantation for congenital heart diseases.

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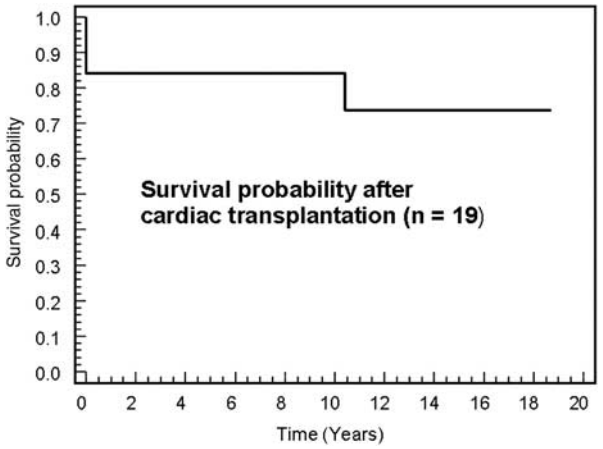
Introduction: The number of patients with congenital heart disorder requiring a cardiac transplant is limited. We report our experience concerning survival and complications of congenital patients after cardiac transplantation in our hospital.
Method: From 1985 to January 2010, 19 patients (9 children and 10 adults) were transplanted (7 single ventricle, 5 left heart valvular disease (4 aortic and 1 mitral), 2 D-TGA after Senning or Mustard, 1 congenitally corrected transposed great arteries, 2 Fallot, 1 truncus, 1 complete AV canal. Median age at cardiac transplant was 20.8 years (min 7 years, max 64 year) after a medium delay on the waiting list of 135 days (min 7 days – max 3 years).



Results: Four patients died respectively after 1, 2, 6 days and 10 years post transplant. The rate of survival was 84% at 10 years and 74% at 20 years of follow-up. 1985–2010 – Survival Probability of Congenital. Patients after cardiac transplantation (n = 19)
Complications were acute rejection (n = 5) with 3 deaths at day 1, day 6 and 10 years post transplant, chronic renal insufficiency (14/15) with necessity of dialysis in 3 patients, infections (14/15; septicaemia n = 4, organ infection n = 6, local infection = 7), hypertension (11/15), arrhythmia (2/15, pacemaker 1/15), cerebral vascular accident (2/15), hyperlipidemia (14/15), dysthyroidia (5/15), diabetes (1/15), hyperuricemia (1/15), osteoporosis (3/15).
Conclusion: Survival and quality of life after cardiac transplant for congenital heart disease are globally good. Complications are nevertheless frequent, particularly renal insufficiency.

O10-5

More than ten years after heart transplantation in children

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Mid-term outcomes of pediatric transplanted patients are reported to be favourable, but very long-term graft and patient survival is still a matter of debate. The aim of this study was to assess status and long-term outcome of children who completed at least 10 years follow-up after heart transplantation (HTx).
Material and methods: The records of patients<18years old at HTx, who survived at least 10years posttransplant, were reviewed for clinical, biological, echocardiographic and angiographic data.
Results: Since 1987, 91 patients less than 18 years of age, received a HTx. Among them, 27 (14 males) survived at least 10 years after transplant; the others either died (22) or had less than 10-year follow-up (42). Indication for HTx was congenital heart disease in 10 and cardiomyopathy in 17. Age at HTx was 10.3 ± 6.3 years (2 days to 17.8years) : 8 were aged <5years, 5 were 5 to 10years old and 14 were 10 to 18years old. Follow-up was 16.2 ± 4.1years (10 to 25.3). Four patients died at 11, 12 and 14years posttransplant,

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