

Surgery for aortic re-coarctation in children less than 10 years old. A single center experience in Siberia, Russia

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Abstract

Background: Persistence or recurrence of stenosis is a complication of initial coarctation repair. This study aims to report short-term outcomes of surgical management of recurrent coarctation and initial repair analysis. *Methods:* We retrospectively reviewed our experience with 51 patients undergoing recoarctation surgical repair between 2008 and 2019 using antegrade cerebral perfusion technique. *Results:* Surgical correction included prosthetic patch aortoplasty in 23 (45%), resection with wide end-to-end anastomosis in 15 (29%) and a tube interposition graft in 13 (25%) patients. Median age at initial correction and reintervention were 12 month and 9 years. Median interval from primary repair to reintervention was 60 months. Initial repair analysis revealed 33% of patients had initial correction in the neonatal period, 72,5% of patients were done via a left thoracotomy approach and 63% of patients had end-to-end anastomosis at initial surgery. *Conclusion:* Our study demonstrates that surgical repair of recurrent coarctation of the aorta using antegrade cerebral perfusion technique can be performed safely and with excellent results.

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