Correction of Transposition

Major complications occurred in six of 12 patients following total correction of transposition of the great arteries. Respiratory failure necessitating mechanical ventilation occurred in three patients, tracheal bleeding after tracheostomy in two, and Pseudomonas pneumonia in one. One patient developed circulatory insufficiency and a stroke. All patients developed peripheral edema with fluid retention, but none had pulmonary edema immediately postoperatively. The use of a large diamond-shaped patch to enlarge the total volume of the atria is thought to have averted pulmonary venous obstruction and pulmonary edema. There was one late death in the 12 patients. (Waldhausen, J., A., and others: Total Correction of Transposition of the Great Arteries Following Balloon Atrioseptostomy, Circulation 41, Suppl. II: 123 (May) 1970.)

Absracten's Comment: Pulmonary edema accounts for nearly half the cases of immediate surgical mortality, and the use of a patch to enlarge the atria may be a significant contribution toward preventing this problem.

Revascularization of Heart

Seventy patients with angina were treated with aorta-to-coronary-artery saphenous vein grafts. Although 28 patients had disease in three coronary vessels each and 15 had disease in two vessels each, operative mortality was only 10 per cent and relief of angina was obtained in 81 per cent. (Adam, M., and others: Immediate Revascularization of the Heart, Circulation 41, Suppl. II: 73 (May) 1970.)

Shunting

Physiologic shunting was studied under experimental conditions of acute pulmonary arterial occlusions and acute hemorrhagic edema. The lungs of animals were ventilated either with continuous positive-pressure breathing (CPPB) or with intermittent positive-pressure breathing (IPPB). At the same levels of minute ventilation and blood