

**Surgical and Non Surgical Interventions in Adult Congenital Heart Disease:
Our Experience from COHARD registry**

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Abstract

The epidemiology profiles of Adult congenital heart disease (ACHD) in high-resource countries are different with low-resource countries. In high-resource setting, most of the patients are corrected ACHD due to advancement of technologies and medical care. However, in the resource-limited setting, lack of childhood screening and poverty results in the iceberg phenomena of uncorrected ACHD with different problems. During this report we will describe the conditions in our institutions including the characteristics, type of interventions, and short-term outcome of ACHD patient. The current Congenital HeARt Disease (COHARD) registry in our hospital showed that the prevalence of uncorrected ACHD are increasing with the establishment of accurate diagnosis and the availability of national health insurance. In the last 5 years, we enrolled about 600 patients with uncorrected ACHD. All patients underwent echocardiography for confirmation of the cardiac anomaly and right heart catheterization is a mandatory for intra-cardiac shunts only. Among those patients, 40% are suitable for correction either surgically or percutaneously while the remaining need further evaluation due to pulmonary hypertension. Within 2013-2017 there were 108 patients underwent surgical closure and 52 patients underwent trans catheter closure of intracardiac shunt. Most of the patients had ASD (80 %) followed by VSD, PDA, and multiple defects. The type of intervention for each patient is discussed according to team-based approach between cardiologist, anesthesiologist and cardiac surgeon. The results showed similar outcome between both approaches that will further be presented in detail. For patients with pulmonary hypertension, we provide PH-specific therapy and evaluate for the possibility of closure. To date, we have performed treat and close approach in several patients and will discuss in detail during the presentation. As a conclusion, the management for adult with CHD are special since their characteristics and hemodynamic changes are different with children and these factors will influence the outcome after intervention.