NIGERIAN CARDIAC SOCIETY (NCS)
55th Annual General Meeting & Scientific Conference (NCS EKO 2026)
September 22–24, 2026 • Eko Hotel Convention Centre, Lagos, Nigeria

PD001

Paediatric Cardiology & Congenital Heart Disease • Oral Presentation

SHORT TERM OUTCOME OF EARLY VERSUS LATE REPAIR OF TETRALLOGY OF FALLOT IN CHILDREN

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Stand: POSTER #PD001 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/PD001

Background: Tetralogy of Fallot (TOF) accounts for about 5% of congenital heart diseases. Patients with TOF present a wide range of clinical severity. The recommended age for repair is 3-11 months and the outcome has improved over the time.

Aim: To compare the outcome of early (less than one year) versus late repair (greater than one year) of TOF.

Methods: Seventy-nine patients constituted our study population after applying our exclusion criteria. The study population was dichotomized into those below one year (Group I) and those above one year (Group II) at the time of repair. Pre-operative, operative and post-operative data were compared in the two groups. Group II patients were further divided into: 1 to < 5years, 5 to 10 years and 10 – 18years.

Results: Forty-four out of seventy-nine patients (56%) were in group II.Staged repair was done in 10.1% of the patients. Children aged 10–18years had higher odds of residual ventricular septal defect (VSD) (OR: 12.08; 95% CI: 1.88-77.69; p = 0.01). There were no statistically significant differences in the operative variables and intensive care unit course and incidence of other post-operative complications between the groups. Overall and operative mortalities were 3.8% and 2.5%, respectively.

Conclusion: Tetralogy of Fallot repair is safe in children of all age groups. Late presentation does not significantly impact surgical outcome negatively, however, early diagnosis and repair within the recommended age bracket should be encouraged. Children aged 10–18 years are at higher risk of having a residual VSD.

Keywords: Tetralogy of Fallot, late repair, early repair, outcome, children, complications