were excluded from analysis. 11 pts with dilated RV and normal fractional area
tory murmur, by an experienced pediatric cardiologist.
divided into two groups according to the presence or absence of the typical vibra-
flow through all valves and left ventricular outflow tract (LVOT) was measured and
values were determined.

The myocardial velocity data sets was performed using dedicated software. Velocity
dons was 88% and 61% in patients with and without murmur respectively (p=0.004)
severe PR). Right ventricular ejection fraction (EF), fractional shortening (FS), and

BNP levels are higher comparing to healthy individuals, but not correlate with
this echocardiographic gradients of the disease severity.

3. BNP levels are higher comparing to healthy individuals, but not correlate with
this echocardiographic gradients of the disease severity.

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Excluded were patients with structural heart disease (including mitral valve pro-
jective course of patients with atrial septal

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Adolescents with total correction of tetralogy of Fallot- cardiopulmonary
exercise testing and plasma BNP levels
- 40,4±6,6 vs. 29,6±3,1 mm (p=0,00001); RVOTO cm/s - 227,4±63,4 vs.

Left ventricular false tendons

Methods: We studied 63 P (31M), aged 27,7±7,1 yrs, operated
earlier exercise capacity in comparison to

Aim: Evaluation of exercise capacity with cardiopulmonary exercise test (CPET)
and serum BNP levels in adults after correction of ToF and their relation with ven-
tricular function assessed by echocardiography.

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The mean of VCO2, VENCO2 slope were assessed. Plasma BNP levels were measured by immunoassay.

Results: The P reached the following parameters higher then controls: RV:

left ventricular false tendons are classified as insignificant findings during routine
echocardiographic evaluation. Aim: To evaluate whether false tendons are implicated in the pathogenesis of in-

Methods: 100 children (mean age 74.4±3.6 yrs, range 1-16 yrs) were consecu-
tively enrolled from the outpatient population of the Pediatric Cardiology Unit.
Excluded were patients with structural heart disease (including mitral valve pro-

LV

Atrial arrhythmia are commonly recognized in the natural history as well as in the late postop-
erative course of patients with atrial septal defect (ASD).

Previous studies demonstrated electrophysiologic disturbances in ASD patients due to ASD itself and surgery. Other reports suggested an increase in atrial cham-

Methods: Blood flow was measured by Doppler echocardiography. Right ventricular outflow tract (RVOT) velocity and systolic strain rate (SR) were determined.

Results: Comparison of patients with and without ASD showed: E/A ratio: 2.8±1.3 vs 2.0±0.9, peak VO2: 1.6±0.6 vs 2.0±0.9 ml/kg/min (p=0.00001), VE: 60.1±19.5 vs. 114.4±38.2 l/min (p=0.00001), VCO2: 3.7±4.9 vs. 9.1±1.1 l/min (p=0.00001), BNP: 34.9±26.8 vs. 11.5±6.5 pg/ml (p=0.00001). Positive correlations were found between BNP and: VO2 (p=0.0003), peak VO2 (p=0.0002), VE (p=0.0001), VCO2 (p=0.0001), VENCO2 (p=0.0001), FVC (p=0.0001). Negative correlations were found between BNP and VCO2 (p=0.0005) and RVOTO (p=0.01).

Introduction: Despite long term results after total correction of tetralogy of Fallot (ToF) those patients (P) reach lower exercise capacity in comparison to

Aim: Evaluation of exercise capacity with cardiopulmonary exercise test (CPET) and serum BNP levels in adults after correction of ToF and their relation with ven-

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Left ventricular false tendons and innocent heart murmurs of childhood

Left ventricular false tendons are considered as insignificant findings during routine
echocardiographic evaluation. Aim: To evaluate whether false tendons are implicated in the pathogenesis of in-

Aim: To evaluate whether false tendons are implicated in the pathogenesis of in-
ocerative course of patients with atrial septal

Methods: Methods: 100 children (mean age 74.4±3.6 yrs, range 1-16 yrs) were consecu-
tively enrolled from the outpatient population of the Pediatric Cardiology Unit.
Excluded were patients with structural heart disease (including mitral valve pro-

Evaluation of right ventricular function in patients with post-operative pulmonary regurgitation by transesophageal echocardiography

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Background: We explored the accuracy of transesophageal strain Doppler echocardiography in detecting RV dysfunction in patients (pts) with postoperative tetral-
ofallot (ToF/TdP) and hemodynamically significant pulmonary regurgitation (PR).

Methods: Transesophageal echocardiography with TDI and strain capabilities was
performed in 14 pts aged 13-45 yrs who had repair of TdP: 12 age- and sex-
matched subjects with no signs of heart disease were selected as normal controls

Aim: To evaluate whether false tendons are implicated in the pathogenesis of in-
ocerative course of patients with atrial septal

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