

Brief Comments

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

**EXPERT: Prof. Roland Hetzer, MD PhD,
cardiac surgeon**

Affiliation: *Deutsches Herzzentrum, Berlin, Germany*

COMMENT

Patient was operated as a child, homograft was suitable for that time. Replacement for larger homograft may be considered in case of high transvalvular gradient. Perhaps in the future homograft replacement with TVR should be performed. Melody valve is not sufficient, conduit may cause stenosis. Patient is in class II according to WHO. He requires observation. Decision about reoperation should depend on the clinical assessment (cardio-pulmonary exercise test, 6 minute walking test or WHO functional class).

**EXPERT: Prof. Bogusław Kapelak, MD PhD,
cardiac surgeon**

Affiliation: *Department of Cardiovascular Surgery and
Transplantation, John Paul II Hospital, Krakow, Poland*

COMMENT

There is a homograft stenosis rather than valve stenosis. Treatment should include homograft replacement in the future.



Medical Conclusion

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CONCLUSION

Observation, close monitoring of clinical status is advised at this moment. exercise capacity. If worsening is observed homograft replacement should be reconsidered.