neither overdistension nor thrombus in the RV. Blood drainage from the RV appeared to be adequate.

**CONCLUSION**

A rare case of neonatal Ebstein’s anomaly with circular shunting was reported. A two-stage surgical procedure was performed, and the outcome was good.

**Conflict of interest:** none declared.

**REFERENCES**


**eComment. Two-stage repair of Ebstein’s anomaly in a neonate**

**Author:** Leo A. Bockeria

**Bakoulev Scientific Center for Cardiovascular Surgery, Moscow, Russia**

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Ebstein’s anomaly is a congenital heart disease, which rarely requires surgical intervention in the neonatal period. Therefore, the case involving surgical treatment for neonatal Ebstein’s anomaly with circular shunting by Yohsuke Yanasa et al. is very interesting [1].

The clinical symptoms vary in severity depending on the anatomical malformation. Severe tricuspid regurgitation and right ventricular hypoplasia may produce a critical state in the neonate. Concomitant pulmonary regurgitation is rare, with the reversal of blood flow to the right ventricle, resulting in a ‘circular shunt’ and necessitating urgent surgical treatment for severe neonatal Ebstein’s anomaly.

Between 2006 and 2010, 107 patients (including one neonate and one infant) underwent surgery for Ebstein’s anomaly at Bakoulev Scientific Center for Cardiovascular Surgery at the Russian Academy of Medical Sciences. In our practice, due to the decrease in pulmonary vascular resistance, minimal antegrade blood flow via pulmonary valve was restored but it was not sufficient to ensure adequate oxygen saturation. We performed a modified Blalock-Taussig shunt with a 4-mm graft. Postoperative oxygen saturation was 80% and the baby was discharged. Six months later, a successful one and a half surgical repair was performed.

Surgery in the neonatal period has previously focused on palliation and conversion to single-ventricle physiology. Successful two-ventricle repair with good clinical results can safely be performed in the neonatal period but requires an individual approach in each case.

**References**