When the going gets tough, the tough get going: fenestrating a failing Fontan

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20-year-old young man, 60 Kg
Cardiac diagnosis: Double inlet left ventricle (DILV), severe subaortic stenosis, aortic arch hypoplasia and coarctation. S/P Norwood I and II stage. S/P TCPC with a fenestrated extracardiac conduit. S/P fenestration closure, S/P left pulmonary artery and Fontan conduit stenting.
Current situation: Multiple hospitalizations for heart failure not responsive to massive doses of diuretics and protein-losing enteropathy. On heart transplant list.

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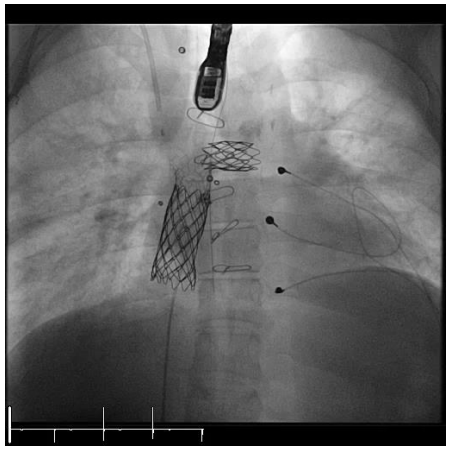
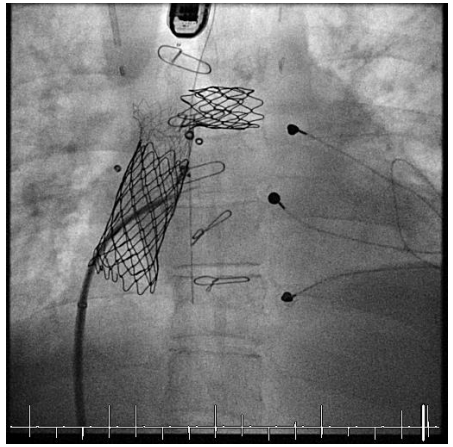
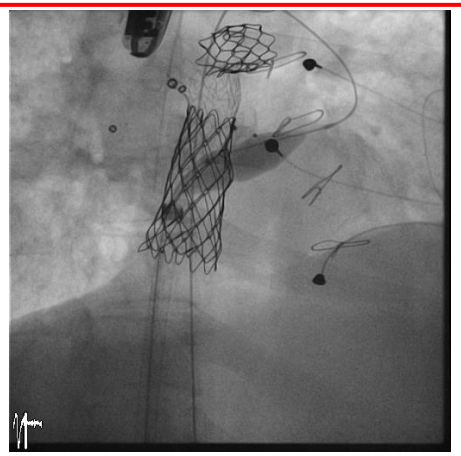
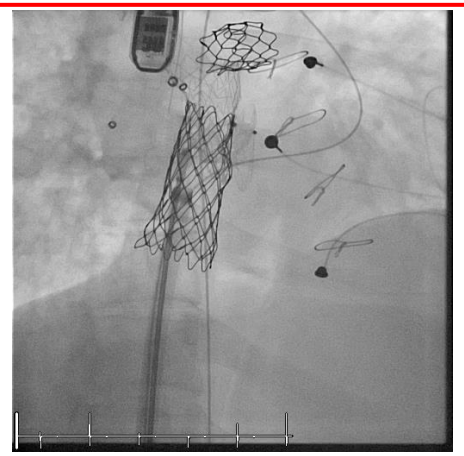

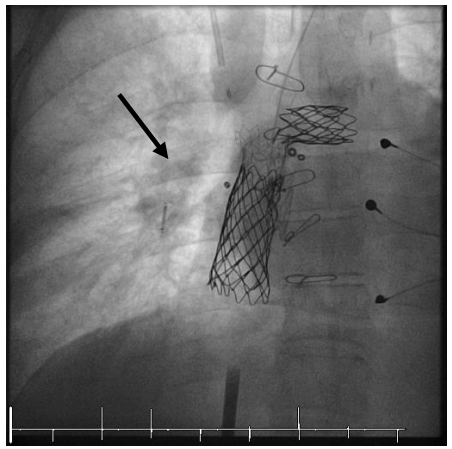


The patient was discharged 2 weeks later and diuretic dose was progressively reduced.
Creation of a Fontan fenestration is safe and effective also in challenging anatomical situations. Cardiomems is a very useful tool in PA monitoring and subsequently medical therapy adjustment.