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Latest Advances in Tetralogy of Fallot

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Message from the Guest Editors

Although the survival rate after Tetralogy of Fallot repair in infants has greatly increased, the pulmonary regurgitation consequence of the right ventricular outflow tract reconstruction can lead to serious problems in the long-term follow-up of these patients. Therefore, it would be desirable to perform PVR in the asymptomatic patient, just before the onset of ventricular dysfunction, if we could know at what threshold of RV dilation it arises. In addition, it is still not fully understood at what threshold of dysfunction, significantly increases. Consequently, it continues to be complicated in asymptomatic repaired tetralogy of Fallot, to choose the right timing between a potentially fatal arrhythmia and/or a not-recoverable ventricular dysfunction and an early PVR with the increased risk related to repeated prosthetic valve replacement and endocarditis. Hence, this Special Issue will highlight recent advances in support of the assessment of biventricular function (echocardiographic and cardiac magnetic resonance strain) and the objective evaluation of the functional capacity (cardiopulmonary exercise testing).

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