

Patients are at risk for BE and pulmonary vascular obstructive disease.

Surgical treatment:

Palliative: Pulmonary artery banding (placement of a band around the main pulmonary artery to decrease pulmonary blood flow) may be done in infants with multiple muscular VSDs or complex anatomy. Improvements in surgical techniques and postoperative care make complete repair in infancy the preferred approach.

Complete repair (procedure of choice): Small defects are repaired with sutures. Large defects usually require that a knitted Dacron patch be sewn over the opening. CPB is used for both procedures. The approach for the repair is generally through the right atrium and the tricuspid valve. Postoperative complications include residual VSD and conduction disturbances.

Prognosis: Risks depend on the location of the defect, the number of defects, and the presence of other associated cardiac defects. Single-membranous defects are associated with low mortality (<1%); multiple muscular defects can carry a higher risk for infants, as well as infants younger than 2 months old or associated other defects ([Park, 2014](#)).

Atrioventricular Canal Defect