









# Cardiac transplantation for congenitally corrected transposition of the great arteries and dextrocardia: a case report

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**Introduction:** Congenitally corrected transposition of the great arteries (ccTGA) is a rare anomaly comprising a minimal portion of congenital heart disease cases. Some patients are not identified until adulthood<sup>1</sup>.

**Case report:** We report the case of 57-year-old female patient with congenitally corrected transposition of large blood vessels and associated dextrocardia. Except for the previously mentioned, she had also significant dilatation and insufficiency of the systemic ventricle with severe insufficiency of the systemic atrioventricular valve. She was repeatedly hospitalized due to heart failure. In 2017 a complete pre-transplantation management was performed, and due to congestive heart failure refractory to medications and high pulmonary vascular resistance, the multidisciplinary team decided for long-term unloading with ventricular assist device as a bridge to decision. In September 2020, due to clinical deterioration, she was accepted on the urgent international list for heart transplantation, and on September 7, 2020, the patient was transferred to the operating room of cardiac surgery for heart transplantation. Postoperatively, she was treated in the cardiosurgical intensive care unit, and the course of her stay was complicated by a severe cardiac tamponade and bleeding which required surgical drainage, and by a massive ischemic cerebral insult and renal insufficiency. Also, resistant hospital strains were isolated from blood cultures and catheters for which the patient was continuously on antibiotic therapy. Finally, the patient died of septic shock 32 days after the heart transplantation.

**Conclusion:** Because the existing literature consists mainly of case reports, the management of a case like this one should include the stepwise introduction of the treatment modalities and close monitoring of the clinical response as well as the decision making by the heart multidisciplinary team<sup>2</sup>.

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## LITERATURE

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