TGA with atrial switch and moderate-large baffle leak

Leave it?

or

Correct it?
An ASD has to be closed, because... … detrimental effects of volume overload
A baffle leak should remain open, because…

…decompression of the morphologic right systemic ventricle*

*) some people create an ASD for that reason!.
A baffle leak should be closed, because...

...the systemic ventricle needs preload!

Bonow et al., Circulation 1981
By the way:
is the systemic AV-valve o.k.?

exclusion of tricuspid regurgitation
(or stenotic bioprosthesis)
By the way: is there cyanosis?

Mitral valve regurgitation into baffle leak?
LV-EDP higher than RV-EDP?
Pulmonary hypertension?
Baffle leak to the IVC?
Needs the RV decompression
or
does the RV tolerate more preload?
Left atrial pressure measurements

Baffle occluded

Baffle open
Left atrial pressure curve with occluded and open interatrial communication
Comparison of flow velocity integrals across the AV-valve

open

55/min x 23.5 cm

occluded

45/min x 29.1 cm
If the RV needs decompression…

Partial occlusion?

Medication?

Perhaps PAB is the better solution?
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Leave it?

or

Correct it?