Timeout: A look to the left

Joseph C. Cleveland, Jr, MD

From the University of Colorado Anschutz Medical Center, Aurora, Colo.

Disclosures: Author has nothing to disclose with regard to commercial support.

Received for publication Aug 20, 2018; accepted for publication Aug 24, 2018; available ahead of print Sept 22, 2018.

Address for reprints: Joseph C. Cleveland, Jr, MD, Department of Surgery, Division of Cardiothoracic Surgery, Academic Office 1, Mail-Stop C-310, 12631 E. 17th Ave, Room 6602, Aurora, CO 80045 (E-mail: Joseph.cleveland@ucdenver.edu).

J Thorac Cardiovasc Surg 2019;157:632

0022-5223/\$36.00

Copyright © 2018 by The American Association for Thoracic Surgery

<https://doi.org/10.1016/j.jtcvs.2018.08.045>

Joseph C. Cleveland, Jr, MD

Central Message

Transplantation of a heart with persistent left SVC is possible.

See Article page 630.

Encountering uncommon anatomic variants with donor heart procurement is more common than we think. Barac and colleagues¹ describe important technical features when procuring a donor heart with a persistent left superior vena cava (SVC). The 3 main lessons to be learned from this article are as follows: (1) A thorough inspection of the thoracic cavity must be performed after sternotomy. At the superior aspect of the pericardium, one must identify the innominate vein. If the innominate vein appears small or is absent, then one must suspect a persistent left SVC. (2) On identification of the persistent left SVC, do not ligate the left SVC until after the preservation solution has been delivered. (3) On identification of the left SVC, one must inspect the coronary sinus in the right atrium. If there is an absent or small opening, the coronary sinus must be unroofed.

I would also comment that finding a persistent left SVC as an isolated finding should not trigger an automatic rejection/discard of the donor heart. The anomalies that are commonly associated with a persistent left SVC typically can be surgically addressed. These anomalies include an unroofed coronary sinus or an atrial septal defect. In our

center, we would choose to close the atrial septal defect or unroof the coronary sinus and use a donor heart with a persistent left SVC if it has acceptable function. Given the relative scarcity of donor hearts, thoracic transplant surgeons must use every available heart, including hearts with anomalies such as persistent left SVC.

Reference

1. Barac YD, Megna DJ, Castleberry AW, Schroder JN, Daneshmand MA, Rogers JG, et al. Transplanting a heart with persistent left superior vena cava. *J Thorac Cardiovasc Surg*. 2019;157:630-1.