**LATE COMPLICATIONS OF D-TRANSPOSITION OF THE GREAT ARTERIES S/P MUSTARD PROCEDURE**

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*Introduction:* D-Transposition of the great arteries (D-TGA) is a ventricular-arterial discordant lesion in which the aorta arises inappropriately from the right ventricle and the pulmonary artery arises inappropriately from the left ventricle. Complications after atrial switch Mustard procedure (ASP) include arrhythmias, right ventricular heart failure, and baffle complications. We present a female patient with a 2 week history of worsening shortness of breath, lower extremity edema, and exercise intolerance.

*Case Presentation*: 38 year old female with a history of D-TGA with an intact ventricular septum status post Mustard procedure around age one, supraventricular tachycardia, and heart block of unknown type with 3 pacemaker placements and extractions was admitted with cardiogenic shock. She was noted to have a regular narrow complex tachycardia at 156 beats per minutes. Our differential included sinus tachycardia and atrial tachycardia. Her echocardiogram demonstrated severe biventricular dysfunction, and severe mitral and tricuspid regurgitation. She was initially treated with intravenous furosemide, amiodarone drip, and heparin drip. However, the patient’s status declined; she was started on dobutamine and norepinephrine drips and she was intubated. Due to further hemodynamic deterioration, veno-arterial extracorporeal membrane oxygenation (VA-ECMO) for refractory cardiogenic shock was placed. The cardiogenic shock and resultant end-organ dysfunction rapidly improved, however the tachycardia remained raising suspicion for a supraventricular tachycardia. The patient subsequently underwent an electrophysiology study and ablation of multiple atrial foci with complete resolution of the tachycardia. Thereafter, the VA ECMO was able to be weaned and removed successfully.

*Discussion*: This case demonstrates a patient status post D-TGA repair with underlying biventricular dysfunction who presents with cardiogenic shock likely precipitated by an atrial tachycardia This case illustrates the extraordinary utility of VA-ECMO in stabilizing a patient with cardiogenic shock, thereby allowing to address the precipitating factor with subsequent resolution of cardiogenic shock.