Patients who have undergone the classic Blalock-Taussig (BT) shunt are rare in the present day. They are a special subset, with extensive arterial collaterals between both the internal mammary arteries.

We encountered a 24-year-old man who had had tetralogy of Fallot and had undergone a right classic BT shunt at 3 years of age for a cyanotic spell. Preoperative computed tomography (CT) showed extensive collaterals between the left and right internal mammary arteries in the midline across the sternum anteriorly (Fig 1A) and posteriorly (Fig 1B). Intraoperatively, the collaterals were mapped and correlated with the CT image (Fig 2A). The arrow (Fig 2B) shows the Blalock Taussig shunt to the right pulmonary artery (RPA). (MPA = main pulmonary artery.)

A surgical incision was made serially in stages from below after hemostasis for that length of incision was achieved. In such a patient, after sternotomy, manual compression of the collaterals against the inner table of the sternum and quick attainment of hemostasis is the key. If the patient is bleeding heavily, with unstable hemodynamics, applying the sternal retractor over sternal pads and proceeding to cardiopulmonary bypass is another alternative. Planning is the key to early hemostasis.

Address correspondence to Dr Chandrasekaran, Department of Cardiovascular and Thoracic Surgery, Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivandrum, India; e-mail: drcananthu@yahoo.com.