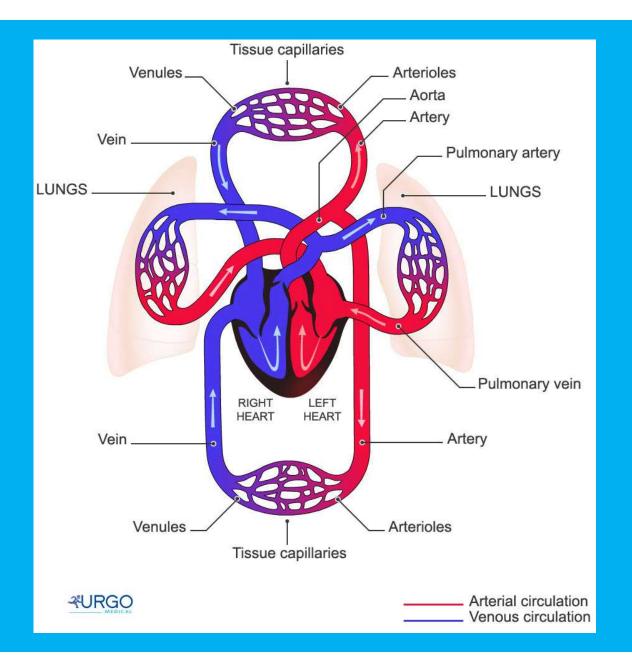


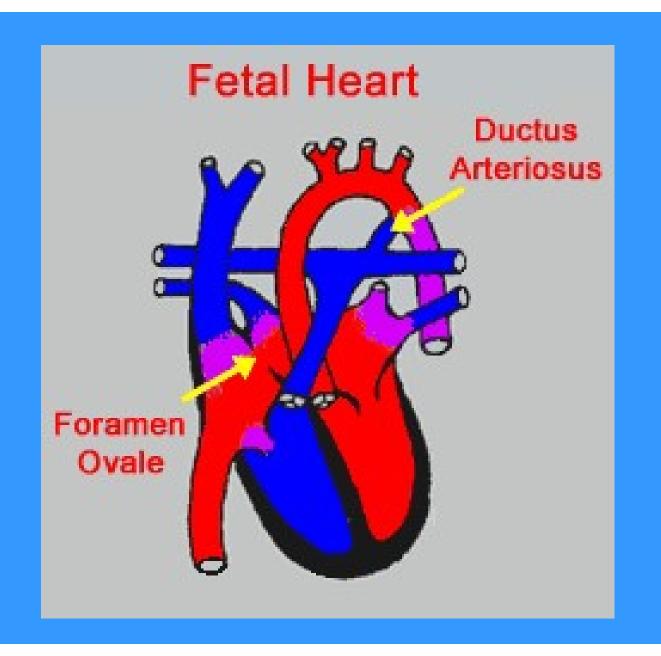
Cyanotic Congenital Heart Disease

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Cyanotic Congenital Heart Disease

بیماری های سیانوتیک مادرزادی قلبی:

در واقع یک عبور خون وریدهای سیستمیک به بدن بدون عبور از ریه ها است شنت راست به چپ) است ظهور علایم به میزان هموگلوبین خون بیمار بستگی دارد.

Cyanotic Congenital Heart Disease

- Tetralogy of Fallot
- Transposition of the great arteries
- Tricuspid atresia
- Truncus arteriosus
- Total anomalous pulmonary venous return

Etiology and Epidemiology

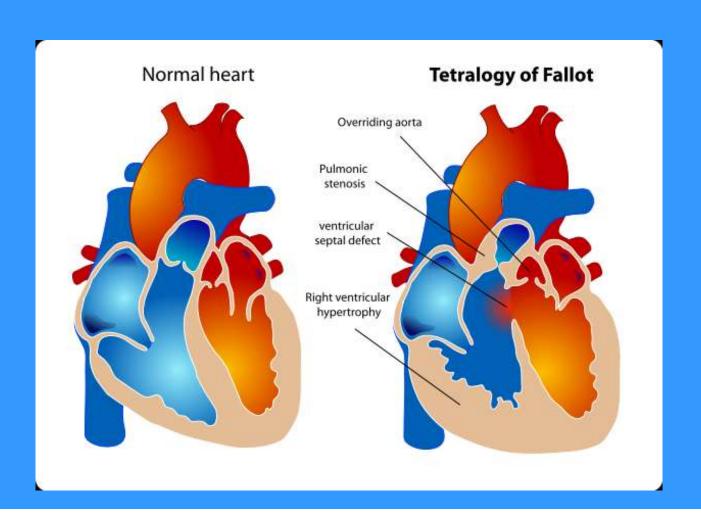
Most common cyanotic congenital heart defect (1.%)

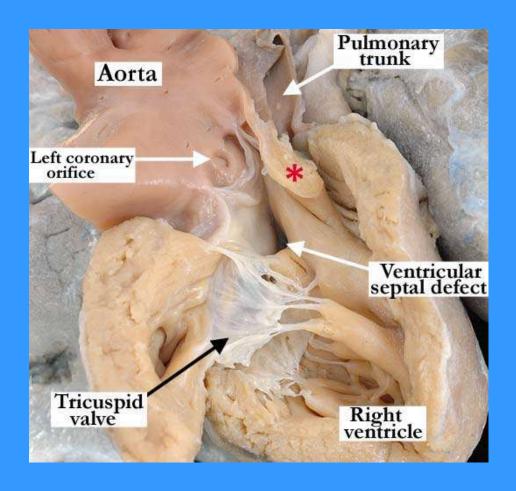
Ventricular septal defect (VSD)

Pulmonary stenosis

Overriding aorta

Right ventricular hypertrophy













Clinical Manifestations

Depends on the amount of pulmonary stenosis.

Blue or gray skin color.

Shortness of breath and rapid breathing, especially during feeding or exercise.

Trouble gaining weight.

Getting tired easily during play or exercise.

Irritability.

Crying for long periods of time.

Fainting.

Seizures.

Clinical Manifestations

Depends on the amount of pulmonary stenosis.

Pulmonary stenosis murmur

Single SY

Right ventricular impulse

Hypoxic (Tet) spells (restless and agitated and may cry inconsolably)

Hypoxic (Tet) spells (restless and agitated and may cry inconsolably)

Some babies with tetralogy of Fallot suddenly develop deep blue or gray skin, nails, and lips.

This usually happens when the baby cries, eats or is upset. These episodes are called tet spells.

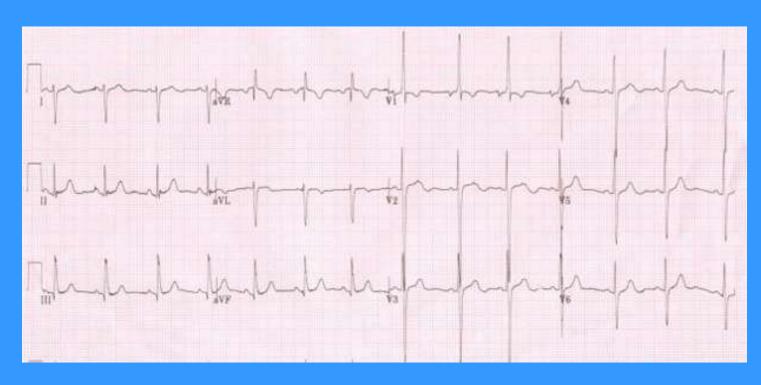
• Tet spells are caused by a rapid drop in the amount of oxygen in the blood. They are most common in young infants, around Y to F months old. Tet spells may be less noticeable in toddlers and older children. That's because they typically squat when they're short of breath. Squatting sends more blood to the lungs.

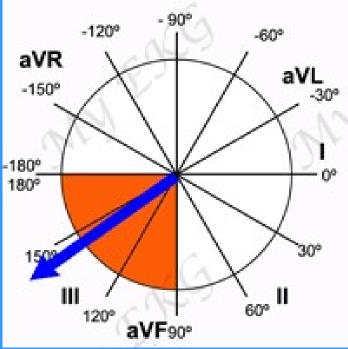
Risk factors

- Family history.
- Having a virus during pregnancy. This includes rubella.
- Drinking alcohol during pregnancy.
- Eating poorly during pregnancy.
- Smoking during pregnancy.
- Mother's age older than Υ۵.
- Down syndrome or DiGeorge syndrome in the baby.

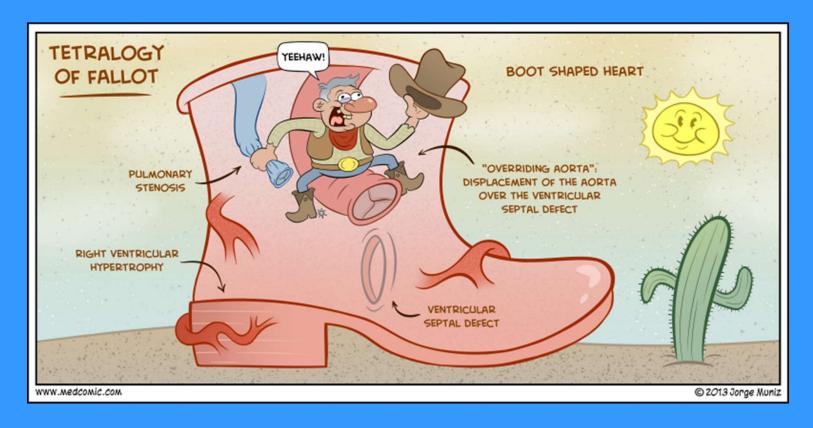
Imaging Studies

(ECG): Right axis deviation and right ventricular hypertrophy





CXR:





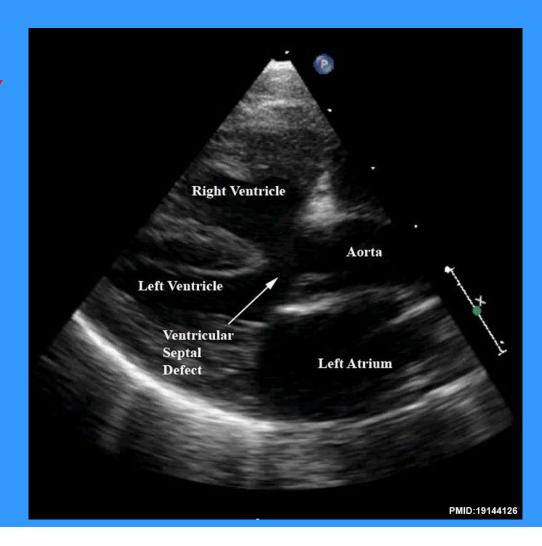
one-day of age



3.5 months of age



Echocardiography



Coronary anomalies

present in 2% of patients with TOF

Treatment

Hypoxic spells:

- -Oxygen administration (minimal benefit)
- Knee-chest position
- Morphine sulfate
- Phenylephrine

Complete surgical repair

Palliative shunt surgery, stenting of RVOT, balloon of RVOT

Subacute bacterial endocarditis prophylaxis (until 9 months after complete repair unless there is a residual VSD)







Medical

Beta-blocker (to improve blood flow)

Extra oxygen

Iron

Surgical approach

Total correct

BT shunt

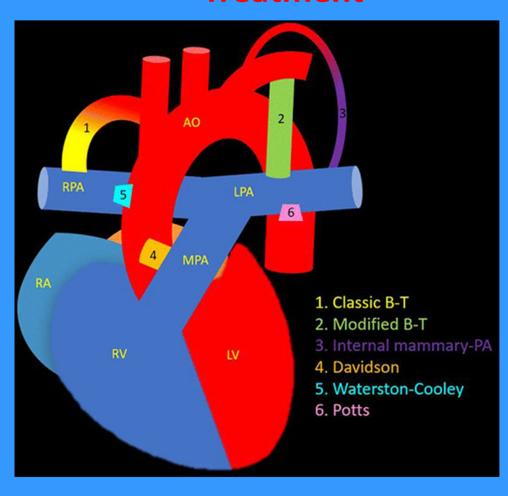
PVR

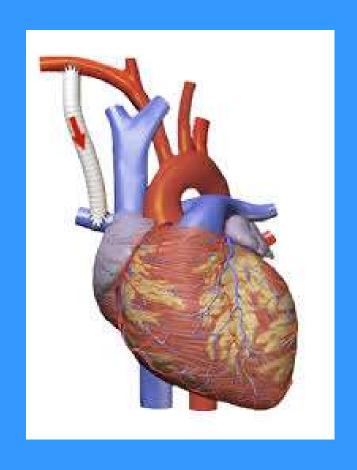
Interventional approach

PDA stenting

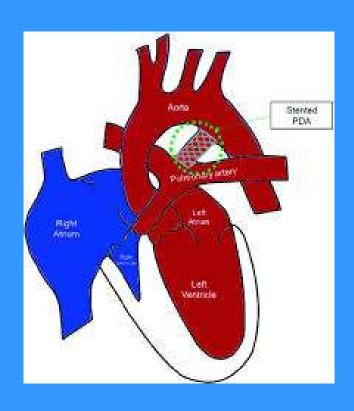
RVOT stenting

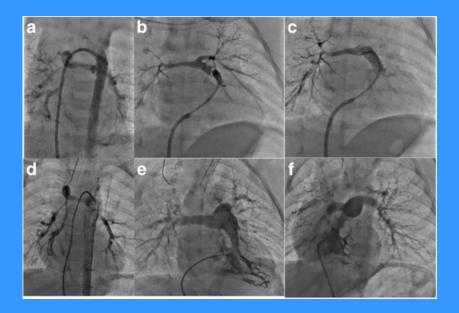
PVR

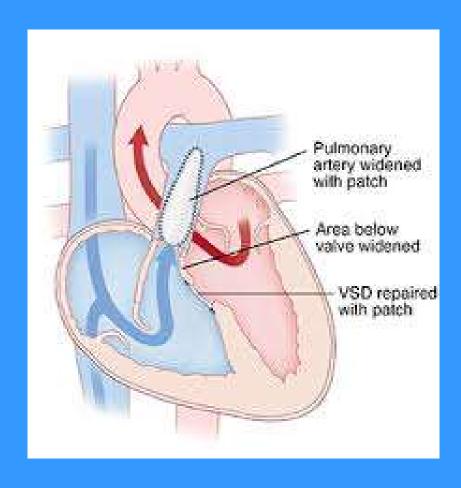


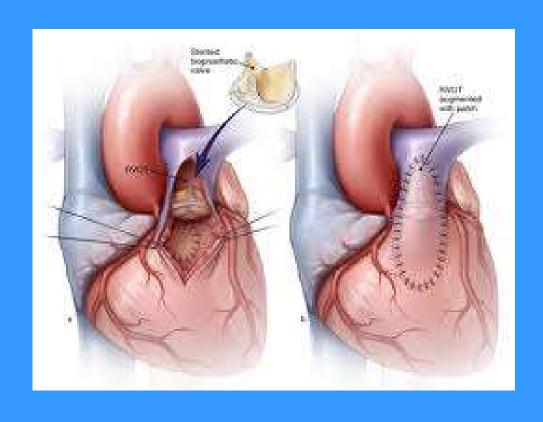


Interventional approach

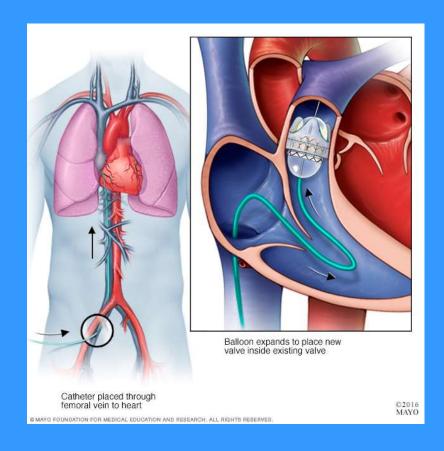


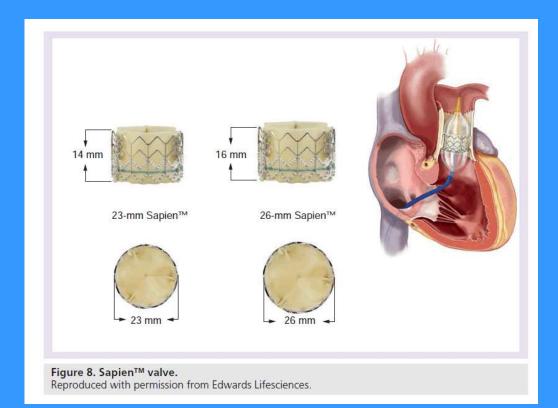






Treatment





Tetralogy of Fallot Complications of ToF surgery

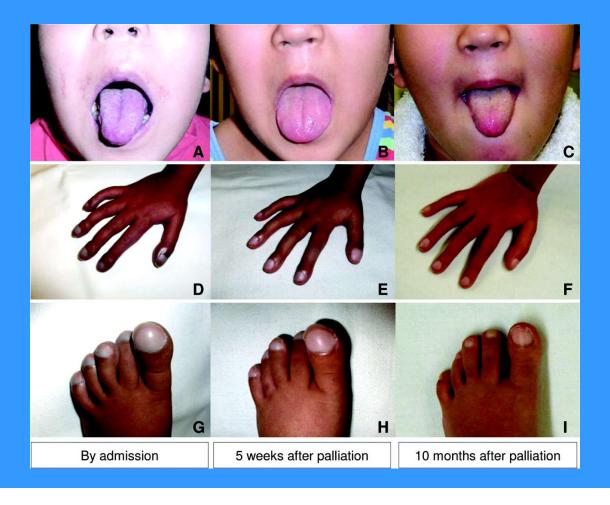
Electrical disturbances

Residual ventricular septal defect

Aneurysm

Shunt issues

Valves regurgitation



- Prevention
- Get proper prenatal care
- Take a multivitamin with folic acid.
- Don't drink or smoke.
- Get a rubella (German measles) vaccine
- Control blood sugar.
- Manage chronic health conditions.
- Avoid harmful substances.
- Check with your healthcare team before taking any medications.

Prognosis

Heart infection risk

Slow development

Pregnancy risks

Medication restrictions

به کجا می رویم؟

