CONGENITAL HEART LESIONS
((C.H.L

BY THE BOOKS: 0.8

IN FACT: 3-5%

INCLUDING: - BICUSPID AORTIC VALVE
MITRAL VALVE PROLAPSE -
LATE DIAGNOSIS -
INCREASED INCIDENCE IN ADULTS

BETTER DIAGNOSIS IN INFANCY

BETTER TREATMENT: - MEDICAL

CATHETERIZATION -

SURGERY -
Almost no lesions do not require follow up.

Good practice: follow at varying intervals dependent on lesions.

In 2007 in Canada: more adults than children with C.H.L.
C.H.L  - CYANOTIC  - ACYANOTIC

8 OF IMPORTANCE  LESIONS; 300 <

ACYANOTIC 6:  - Atrial Septal Defect
Ventricular Septal Defect -
Patent Ductus Arteriosus -
Pulmonic Stenosis -
Bicuspid Aortic valve) Aortic Stenosis) -
Coarctation of Aorta -

CYANOTIC 2:  - Tetralogy of Fallot
Transposition of the Great Arteries -
A) **MINOR LESIONS**

- Atrial Septal Defect (Small)
- Pulmonic Stenosis – Mild
- Bicuspid Aortic Valve
- Many Others
:B) SIGNIFICANT LESIONS

Atrial Septal Defect -
Patent Ductus Arteriosus -
Single Ventricle + Pulmonic Stenosis -
Fallot + Pulmonic Stenosis -
Ebstein Anomaly -
Eisenmenger Syndrome/ Bicuspid Aortic Valve -
Mitral Valve Prolapse -

ARMY: 75000 RECRUITS                    MANY LESIONS
C) “REPAIR” – TOTAL
PARTIAL
RESIDUAL LESIONS
FOLLOW UP - UTMOST IMPORTANCE

FOLLOW UP - UTMOST IMPORTANCE

FEW LESIONS CURED

P.D.A

A.S.D – MANY

TOTAL ANOMALOUS PULMONARY VENOUS RETURN – MANY
FOLLOW UP INCLUDES

HISTORY
PHYSICAL
E.C.G
ECHOCARDIOGRAM
HOLTER
ERGOMETRY
CATHETERIZATION - OCCASSIONALY
CLINICAL EXAMINATION HIGHLIGHTS

FEMORAL PULSES -
SECOND HEART SOUND -
CLICKS -
(SITTING POSITION (STANDING -
BACK -
C.H.L FOLLOW UP

MAJOR MEDICAL ISSUES

ARRHYTHMIAS (INTRINSIC/RELATED REPAIR
ENDOCARDITIS
HEART FAILURE
PULMONARY HYPERTENSION
TRANSPLANTATION
ARRHYTHMIAS

COMMON
ATRIAL FLUTTER MOST COMMON
ATRIAL FIBRILLATION – AGE RELATED

TREATMENT: AS IN CASES WITHOUT C.H.L
DIFFERENT ANATOMY – ABLATION

COMPLETE HEART BLOCK
PARTLY RELATED TO ANOMALY
CORRECTED TRANSPOSITION, POLYSPLENIA – LEFT
(ISOMERISM
ENDOCARDITIS

.VERY N.B

HIGH INDEX OF SUSPICION

PREVENTION OF DENTAL PROBLEMS

APPROACH – MODIFIED GUIDELINES
HEART FAILURE - DYSFUNCTION

TIME RELATED -
AGE RELATED -
OP. RELATED -

TREATMENT: AS IN CASES WITHOUT C.H.L
?BIVVENTRICULAR PACING
PULMONARY HYPERTENSION

CRITICAL PRE-OP. AS INDICATION FOR SURGERY

CRITICAL AT OP. FOR SUCCESS

CRITICAL POST OP

N.B.: PREVENT EISENMENGER

IF PRESENT: TREATMENT SIMILAR TO CASES WITHOUT C.H.L
TRANSPLANTATION

USUALLY LATE- “BURNED OUT” C.H.L
OR .POST OP
OR TIME RELATED

DETERIORATION

SPECIAL SITUATION

EISENMENGER -

- PROTEIN LOSING ENTEROPATHY
PREGNANCY

.MOST LESIONS, PRE / POST OP

NO PROBLEMS –

NORMAL PREGNANCY / DELIVERY

SBE PROPHYLAXIS / “PROBABLY” INDICATED

:N.B.: CONTRAINDICATIONS

PULMONARY HYPERTENSION -

EISENMENGER -

FROM - MODERATE AORTIC STENOSIS

MODERATE LEFT SIDED OBSTRUCTION -
SPORT

BASED ON BETHESDA CRITERIA

[JAAC-2005]

N.B. - VENTRICULAR DYSFUNCTION

ARRHYTHMIAS -

PULMONARY HYPERTENSION -
C.H.L  8 COMMON LESIONS
> 300 LESIONS ALTOGETHER

:N.B.: COMPLEX LESIONS

HYPOPLASTIC LEFT HEART -
- HYPOPLASTIC RIGHT HEART

SINGLE VENTRICLE -
ISOMERISM -

FINAL COMMON PATHWAY: FONTAN OPERATION
FONTAN OPERATION

BYPASS RIGHT SIDE OF HEART

CONNECT VENA CAVA TO PULMONARY ARTERIES

:COMPLICATIONS

ARRHYTHMIAS

HEART FAILURE

THROMBUS

PROTEIN LOSING ENTEROPATHY
Single Ventricle - Bidirectional Glenn
Single Ventricle - completed Fontan
ADULTS CONGENITAL HEART LESIONS
NEW SPECIALTY
Rabbin Medical Center

± 3000 Cases

From 18-20 yrs → 80 yrs

Pediatric + Adult cardiologist

Adult cardiologist

Personal Follow up:

20, 30 → 42 years
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