

Common Defects With Expected Adult Survival:

Bicuspid aortic valve :Acyanotic

Mitral valve prolapse

Coarctation of aorta

Pulmonary valve stenosis

Atrial septal defect

Patent ductus arteriosus

(V.S.D.)

Common Defects With Unexpected Adult Survival:

Ventricular septal defect

Fallot (C or S pulmonic atresia)

Uncommon Defects With Expected Survival:

Dextrocardia (Situs Solitus Or Inversus)

Left isomerism

Complete heart block

Corrected "L" transposition

Vena cavae to left atrium

Discrete subaortic stenosis

Congenital mitral insufficiency / stenosis

Ebstein anomaly

Uyls anomaly

Pulmonary valve Regurgitation

Pulmonary artery stenosis

Idiopathic dilatation of the pulmonary trunk

Primary pulmonary hypertension

Atrio. Ventricular septal defect

Partial anomalous pulmonary venous connection

Coronary A-V fistulae

Pulmonary A-V fistulae

Sinus of Valsalva Aneurysm

Uncommon Defects With Exceptional Survival:

triatriatum Cor

Unicuspid aortic valve

Supravalvar aortic stenosis

Vascular ring

Left coronary artery from the pulmonary artery

Truncus arteriosus

Survival Patterns After Cath. Intervention (C)
Or Surgery (S)

C – stenosis Pulmonic – Valves
(Dysplastic valves) C/S

Pulmonic insufficiency (C/S) -> or homograft

Aortic stenosis – C/S -> or C/S

Discr. Subaortic – Stenosis – (S)

Supravalvar aortic stenosis – (S) -> - or S

Aortic insufficiency -> (S)

Mitral stenosis -> C/S -> - or C/S

Ebstein -> - or (S)

Mitral insufficiency -> - or (S)

Intraatrial treatment

A.S.D. -> C or (S)

A-VSD -> S -> - or (S)

Total "veins" -> (S)

Cor triatriatum (S): -> - or (S)

Intraatrial Surgery (Complex):

for transposition Senning / Mustard

Intraventricular Surgery:

VSD -> C/S -> - or (S)

Fallot -> (S) -> - or (S)

Transposition -> (S)

Double outlet right ventricle

Corrected transposition

Central Artery Surgery:

Patent ductus arteriosus

A-P window

Truncus arteriosus

Anomalous coronary arteries

Coronary fistulae

Coarctation Of Aorta:

-> C/S -> - or C/S

Vascular ring / slings

Shunts aorta -> pulmonary artery

Fontan

Surgery:

Shunts: Blalock – Taussig -> subclavian artery to pulmonary artery (RT – or – LT).

.artery to pulmonary artery subcavian between Goretex :Taussig Modified Blalock

.Aorta and main pulmonary artery .asc between Goretex :Central shunt

Waterston shunt: Ascending aorta -> right pulmonary artery.

Potts shunt: Descending aorta to left pulmonary artery.

Surgery:

Glenn: S.V.C to pulmonary artery

Originally right -> usually both -> “bidirectional” Glenn (S.V.C. to both pulmonary arteries).

Fontan: By pass of right ventricle for tricuspid atresia.

Single ventricle.

Complex lesions unsuitable for biventricular repair.

Operation: RT atrium -> Pulm. Arteries.

-> Direct.

-> Vena cavae to pulmonary arteries.

(Inside – outside RT. Atrium)

(Presently favoured -> Extracardiac ivc – pulm. Arter)

SVC -> Pulm. Arter.

Rastelli: -> For transposition, VSD, pulm. Stenosis.

-> Left ventricle to aorta via VSD tunnel (baffle) -> intra cardiac.

Right ventricle to pulm artery via extracardiac conduit, Homograft.

Post operation:

Electrophysiology :Residue

AXIS .LT

RT. AXIS

Conduction: First degree -> Complete block

Arrhythmias -> Atrial

Ventricular

Valves: Residual stenosis

Residual insufficiency

Ventricular: Function.

Physical Activity And Congenital Heart Disease:

Bethesda criteria.

Type of sport: Degree of exercise

-> Static / Dynamic [Grade (1) (2) (3)]

NB Considerations: Pulmonary hypertension

Arrhythmias

Ventricular function