

# 4<sup>th</sup> International Conference on Clinical & Experimental Cardiology

April 14-16, 2014 Hilton San Antonio Airport, TX, USA

## Congenital aortic valve stenosis in children- Initial treatment options

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Congenital aortic valve stenosis occurs due to thickening of the valve and commissural splicing. The prevalence of aortic stenosis is 2.4 per 10,000 live births, with male to female ratio of 3-4:1. In most cases, this defect is associated with bicuspid aortic valve. Associative structural heart abnormalities are registered in 20% of patients (persistent ductus arteriosus, coarctation, ventricular septal defect, etc). Prognosis is determined by the degree of stenosis, which depend on the transvalvular pressure gradient can be mild (<50 mm Hg), moderate (50-75 mm Hg) and severe (>75 mm Hg). There are two clinical forms of the disease: classical form (90% of patients) and neonatal critical congenital valvular aortic stenosis (10% of patients). One third of patients needs treatment, either percutaneous transcatheter balloon dilatation or surgical commissurotomy. These interventions prevent progressive heart dysfunction, and treated children have long-term reintervention-free survival. There is limited number of well-designed long-term studies that permits appropriate comparison of balloon dilation and surgical treatment. Therefore, there still is no consensus concerning the initial approach in patients with aortic stenosis. In the previous reports both comparable results and much more favorable surgical results were presented. Our 26.5 years experience in treating 62 not critical aortic stenosis patients, out of newborn period, showed very comparable both early and late follow up results after balloon dilation and surgical commissurotomy. Additional studies on this topic are required for establishing consensus about the initial approach.

### Biography

Sergej Prijic completed medical school at the University of Belgrade (Serbia), and pediatric training at the Mother and Child Health Institute of Serbia (with "summa cum laude" distinction). He finished his M.Sc. with highest score in the class, and his Ph.D. is being developed. He has 12 years experience in treating pediatric patients. His area of special interest is pediatric cardiology. He won the Certificate for Academic Excellence in recognition of best participant on the International Pediatric Cardiology Seminar 2012 (Salzburg, Austria) covered by Children's Hospital of Philadelphia. He successfully completed Visiting Scholar Program in the Texas Children's Hospital (Houston, USA), and observership in the Heidelberg University Children's Hospital (Germany). In addition, he was a volunteer pediatric cardiologist during the medical mission trip in Kharkov (Ukraine) organized by International Children's Heart Foundation (Memphis, USA). He has published 84 papers, of which lot in reputed journals including *Circulation*. He is married and has two children.

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