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Preterm infant with heart murmur

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A preterm 34 weeks AGA (BWt=1.92 kg) male infant delivered vaginally to a 29 year G5P2112 with oligohydramnios and APPROM x 6 days. Mother had a previous infant demise at 5 weeks of age with unknown cause. On examination, baby had Grade 2/6 systolic murmur best heard at LLSB, radiating to the back with no distress. Rest of physical examination and routine laboratory data were normal including CXR, four limb SaO₂, EKG and blood pressure. ECHO on day 4 showed, severe pulmonary stenosis with a dysplastic pulmonary valve, and thick RVH with large PDA and PFO. No septal malformations were observed. He underwent balloon valvuloplasty on day 6 and was discharged home on day 12 without complication. Post-operative ECHO showed no significant RV tract flow obstruction with mild pulmonary insufficiency. Pulmonary stenosis (PS) is a congenital cardiac anomaly account for 10% of congenital heart diseases. It is difficult to diagnose during antenatal scans with an incidence of 0.6-0.8 per 1000 live births. Mild PS normally diagnosed during routine exam, while severe/critical PS has dynamic course and need early intervention in newborn period. It can be isolated or part of syndrome. ECHO is test of choice for diagnosis and also helps to classify depending on level of obstruction and severity which determine the management. Balloon valvuloplasty is 1st line of treatment. Surgical valve replacement depends on the type of PS. Follow up recommended with cardiologist on diagnosis to avoid long term complication.

Biography

Ashish Malpani has completed his Medical studies from Maharashtra Institute of Medical Science and Research (MIMSR) in India and later moved for post-graduation to Ireland. He is currently a second year Pediatric Resident at Woodhull Medical and Mental Health Center affiliated to New York University School of Medicine, USA.

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