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Term infant with failed critical congenital heart disease screen

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A case study of FT-AGA, male infant delivered by vaginal delivery with Apgar score 9/9, from a 28 year, G4P3, known healthy, with an uncomplicated pregnancy, normal prenatal labs and quad screen is presented. She had 2 prenatal sonos, which were normal. The family histories were unremarkable. No cigarette smoking, alcohol, and illicit drug use. At birth, the VS were stable and PE was negative with no murmurs. He was rooming-in with mother and feeding well. At 42 hours of life, he failed CCHD screen (pre-ductal 87% & post-ductal 77%). On PE, he was pink with 3/6 systolic murmur. The initial management consisted of 4 limbs BP (normal limits and no gradient). Next the hyperoxia test was inconclusive for CHD. He received prostaglandin E1 and antibiotics. He was transferred for a TTE and a TAPVC to the coronary sinus without obstruction to the pulmonary venous return was dx. He had unroofing of the coronary sinus and patch closure of the ASD and postop had extracardiac hematoma. He had a good course and discharged. Total anomalous pulmonary venous connection (TAPVC): 5th cause of cyanotic CHD. Failure of all 4 PV to make their normal connection to the left atrium will give rise to 4 anatomic variants described depending on the location relative to the heart. The drainage of all oxygenated blood returns instead to the systemic venous circulation will give cyanosis, systolic murmur and CHF. Echo is the preferred tool. Treat w/ surgery. Poor mortality rate if not repaired. A positive CCHD screen will minimize M&M associated with delayed dx.

Biography

Amy A Lucier has completed her Medical studies from Universidad de Ciencias Medicas (UCIMED) in Costa Rica. She is currently a second year Pediatric Resident at Woodhull Medical and Mental Health Center affiliated to New York University School of Medicine. She is also the AAP Delegate for her program.

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