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Term infant with fetal tachyarrhythmia, hydrops, and persistent pulmonary hypertension

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Background: We are describing the extremely rare case of combination of perinatal SVT and pulmonary hypertension in newborn; it is the only case was described in literature (We used pubmed website for our search). In addition our patient had a two vessel cord which is known to be associated with cardiac anomalies and we think it may be associated with SVT; however, more cases as needed to support this postulation.

Case Presentation: This is a full term baby who was diagnosed prenatally with hydropsfetalis and fetal tachyarrhythmia. Postnatally, the SVT was confirmed. Vagal maneuvers including an ice bag applied to the face did not lyse the SVT. Adenosine was given five times –with increment doses- without resolution of the SVT. Electrical cardioversion followed and the SVT converted to normal sinus rhythm at 165/min after the second attempt at 2 Joules/kg.

ECHO: PPHN but structurally normal heart. He stayed three weeks in the NICU. Hydropsfetalis and PPHN resolved but his SVT recurred during hospitalization (second day of life) as well as a week after discharge (1 month old). He required three antirhythmic medications for chronic management of his SVT. He was discharged on amiodarone, flecainide and propranolol.

Discussion: The concurrence of perinatal SVT and pulmonary hypertension is extremely rare. SVT is the most common tachy-arrhythmia in fetuses and neonates. Hemodynamic status of the patient is the key component in management of SVT. SVT prognosis in early infancy is pretty good regardless of the severity or frequency of initial symptoms.

Biography

Bassel Mohammad Nijres had his medical school in Syria. He is an Arab Board Certified in pediatrics. Currently he is a PGY III in pediatrics at Woodhull Hospital. He will start fellowship in pediatric cardiology at Rush University on 07/2015.

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