

## A case report of rare case VSD –Gerbode Defect (Lv to Ra Shunt)

**H. Swamy Rajesh**  
NRI Medical College, India

A Gerbode -type defect is a ventricular septal defect communicating directly between left ventricle and right atrium. Usually congenital, but rarely is acquired, as a complication of endocarditis. Type I (direct, acquired) -direct shunt through atrioventricular part of membranous septum, Type II (indirect, congenital) - indirect shunt through perimembranous ventricular septal defect (VSD) and a defect in septal tricuspid valve leaflet. Identification of an actual communication is extremely difficult, so careful and meticulous echocardiogram should be done to prevent misinterpretation as pulmonary arterial hypertension. High velocity systolic Doppler flow signal in right atrium can be sometimes mistakably diagnosed as tricuspid regurgitant jet simulating pulmonary arterial hypertension.

10 yrs male child product of nonconsanguenous marriage –chief complaints of 1) Progressive exertional breathlessness, 2) Fever, 3) Dry cough since 2 months

**History:** a) Easy fatiguability, b) Reccurent RTI

Similar complaints since childhood

**On examination:** Apex beat – 5<sup>th</sup> ICS ½ inch lateral to mcl, hyperdynamic

**Thrill** – systolic very prominent, present all over the parasternal area esp in pulmonary tricuspid, mitral areas, absent over carotids

### **Auscultation:**

- HS1 and 2 muffled in all areas,
- PSM grade V heard all over precordium best in 2, 3, 4th ICS,
- Widely split S2

### **Investigations:**

- Chest xray – cardiomegaly with increased pulmonary blood flow
- 2d echo – small to medium sized VSD - LV to RA shunt, Mild to moderate PS, Dilated rt atrium
- Doppler – high gradient between left ventricle and right atrium

### **Diagnosis:**

**Etiological-** Congenital

Anatomical –VSD perimembranous type supravulvar

Physiological - LV to RA shunt – Gerbode Defect - indirect

Pathological – Acyanotic heart disease

**Treatment: plan** – vsd closure with pulmonary valvotomy

### **Operation done**

- Intra cardiac repair (ICR)
- Median sternotomy using cardiopulmonary bypass,aortic cross clamp , cold blood cardioplegia , patch closure
- VSD closure with DACRON patch
- Pulmonaryvalvotomy

**Postop:** Haemodynamically stable condition, Uneventful

**Prognosis:** good, recovering well.

## **Biography**

H. Swamy Rajesh 20 years studying MBBS final year part II – NRI medical college chinakakani, A.P. Attended various national conferences, recently presented a case "BARTTER syndrome TYPE IV "at OSMECON 2012 – national conference for undergraduates Hyderabad .Also submitted a paper "prevalence and analysis of nutritional anemia in school children 10- 16 years "for ICMR STS-2012. Winner of the local Indian Academy of Pediatrics (IAP) quiz 2012. Took part in various national level medical quizzes. Also attended CME on MOVEMENT DISORDERS held on 19.08.2012. Also presenting a paper and case in HAMSA (Hyderabad Annual medical student association summit) held at Gandhi medical college oct 7<sup>th</sup>. At present working on a research paper – HELLP Syndrome.

maxvalvaskii3112@gmail.com