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The outcomes of children presenting with isolated ventricular septal defects

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Aims: To analyze the closure rate of isolated ventricular defects in a cohort of 219 children, identifying trends relating to type and size of the defect, gender and age of the patient. Compare rates of endocarditis in these patients after the change in NICE guidance for endocarditis prophylaxis (2008).

Design: A retrospective study of all patients with isolated ventricular septal defects attending new or follow up Pediatric Cardiology appointments between January 2006 and May 2014 at Royal Preston Hospital. Those children with more complicated defects, including atrioventricular septal defects, coarctation of the aorta and Fallot's tetralogy were excluded from the study due to differences in management and outcomes. Data was collected from clinic notes of patients included in the study criteria.

Results: 90 patients had peri-membranous defects and 125 patients had muscular defects. 35% of the cohort had spontaneously closed defects. By 16 years of age, 48% of VSDs have closed spontaneously, although 93% of spontaneous closures occurred by 8 years of age. All patients requiring medical treatment or surgical closure had peri-membranous & larger defects (>2mm). 75% of patients with associated genetic conditions had peri-membranous defects. Of the cohort, 1% developed bacterial endocarditis.

Conclusions: Factors reducing the likelihood of spontaneous closure of ventricular septal defects include those patients older than 8 years of age, those with peri-membranous defects or defects which are larger than 1mm. Changes in NICE guidance for endocarditis prophylaxis (2008) have not increased the rates of bacterial endocarditis developing in patients with isolated ventricular septal defects.

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