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Cardiac emergencies in neonates

The diagnosis of cardiac disease is not always straightforward because physical examination, ECG, and CXR are often difficult to interpret in the newborn period compared to older infant or child. Although echocardiography is required to precisely define the anatomical abnormality, it is usually possible to define the functional abnormality on the basis of the clinical and radiographic findings.

The timing of presentation and severity depends on:

- Nature and severity of defect
- The alteration in cardiovascular physiology secondary to the effect of the transitional circulation as Closure of ductus / restriction of patent foramen ovale (PFO) Fall in pulmonary vascular resistance (PVR)

The most important factors in narrowing down the diagnostic possibilities are:

1-The clinical presentation

- Shock (ductal dependent systemic circ.) (Grey baby)
- Cyanosis (ductal dependent pulmonary circ.) (Blue Baby) including severe Ebstein's anomaly
- CHF (shunt lesions) (Pink Baby)

2- The timing of the presentation (age)

3-Associated non cardiac or genetic anomalies

Biography

Samah Alasrawi is a Pediatric Cardiologist at Al Jalila Children's from 3 years ago. After graduating from Damascus University, Syria, followed by a Master's degree in pediatric cardiology. Besides having worked in numerous private hospitals in Damascus as a Consultant Pediatric Cardiologist, Dr. Samah also had a private practice with clinical and research interests in congenital heart diseases, pulmonary hypertension, cardiomyopathies, and arrhythmias in children.

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