Patient Case:

it's just ASD physiology

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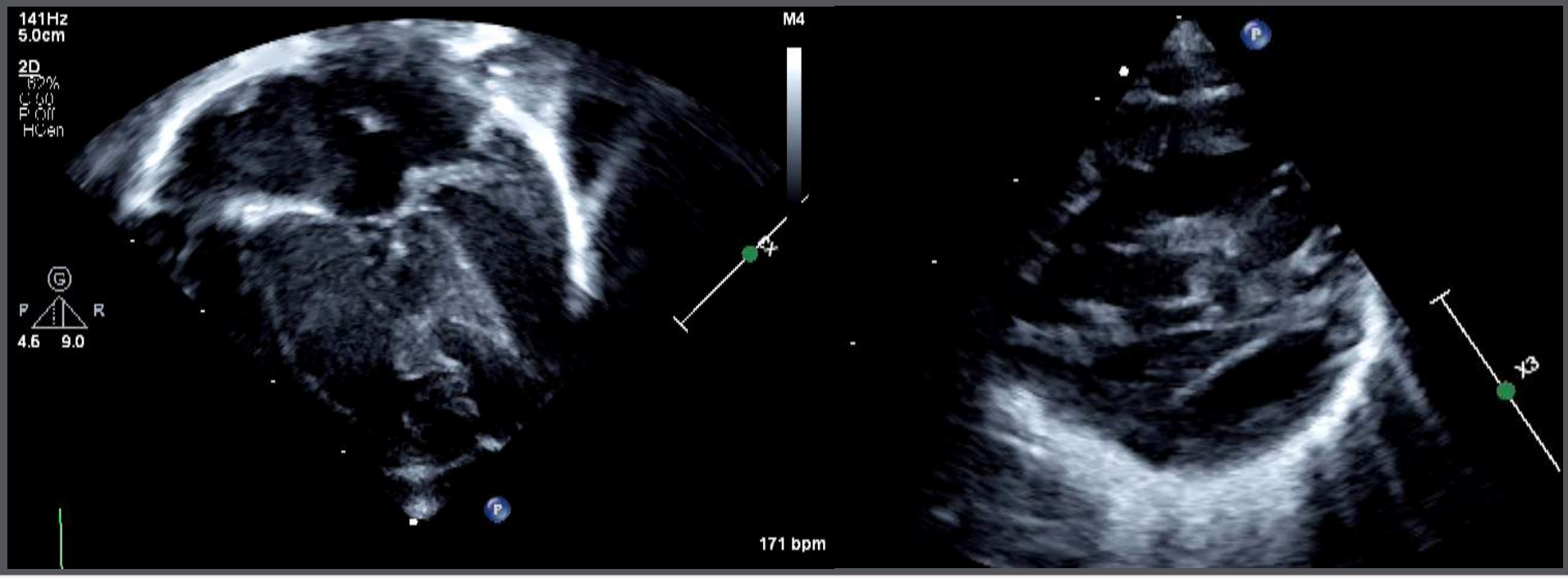
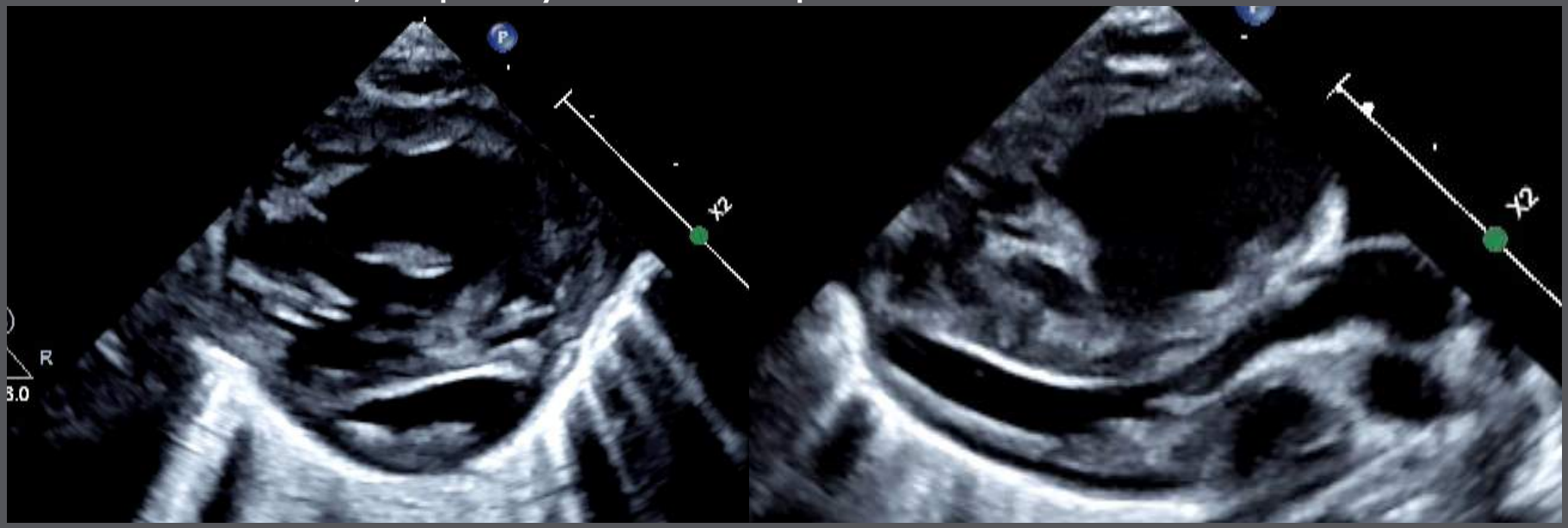
Patient initial presentation

- Prenatal diagnosis: Partial AV canal with small left sided structures
- Born at term, normal saturation, respiratory effort:



Patient progression

- Transfers out of ICU
- Eating normally, no respiratory distress
- Pre-discharge echo: severely dilated RV, compressed LV, R→L PDA, suprasystemic RVp

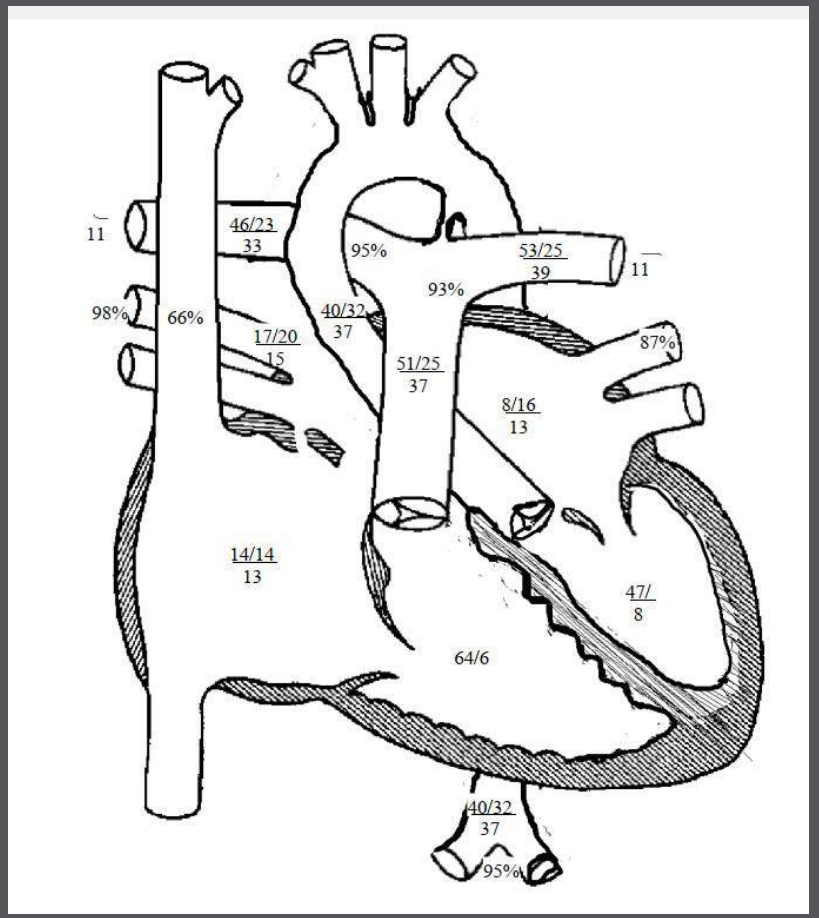


Cath Data

- Suprasystemic RV pressures (64 vs 47 mmHg)
- Qp:Qs 13:1
- PVRi: 0.5

Gave iNO

- Similar hemodynamics and output
- Qp:Qs 5:1
- PVRi 0.9



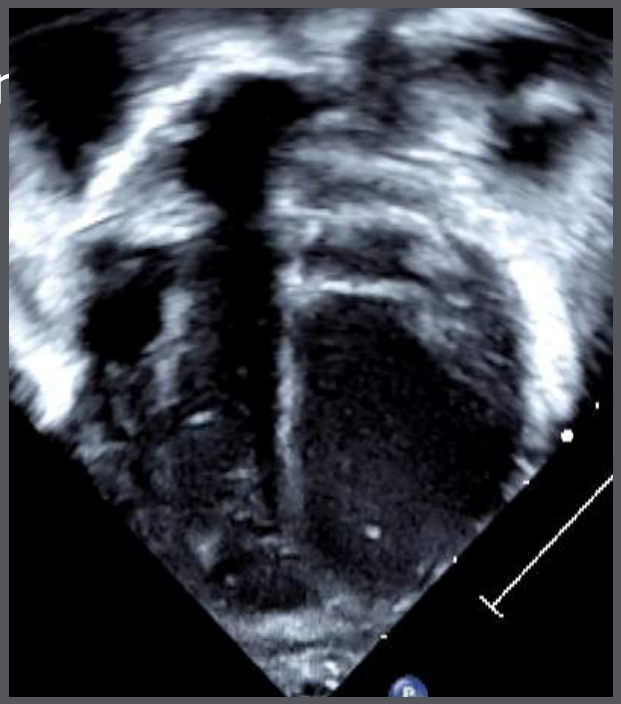
Questions

- What are the problems for this child?
  - Small L AV valve and LV
  - Large primum ASD
  - Suprasystemic RV pressures
- What would you do?

- Single ventricle vs 2 Ventricle vs hybrid?
- What does that look like?

Patient Progression

- Multiple "conversations" happened
- Patient worsened: ventilator, inotropes, iNO, PGE
- Eventually, surgical ASD closure
- Di tics ar



Lessons to be learned?

- Not all high RV pressures = pulmonary hypertension
- ASDs can cause high RV pressures with normal PVRi
- Discharge ≠ win

Not out of the woods

- Developed increasing left AV valve stenosis/regurgitation
- LVOT stenosis
- Normal RV pressure

Thank you!

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