

CARDIOLOGY 2024

Sunrise Session II

Friday 2/16/24

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Case : 3 month old male presenting to ER with increased WOB

- h/o DORV, PS followed at OSH
- 3 day h/o URI symptoms, RSV+ at PCP's office
- In ER, oxygen saturations 60s –low 70s and started on O₂
- Decreased PO intake and UOP
- PMH : 36 weeker, stayed in NICU 4 days

PHYSICAL EXAM

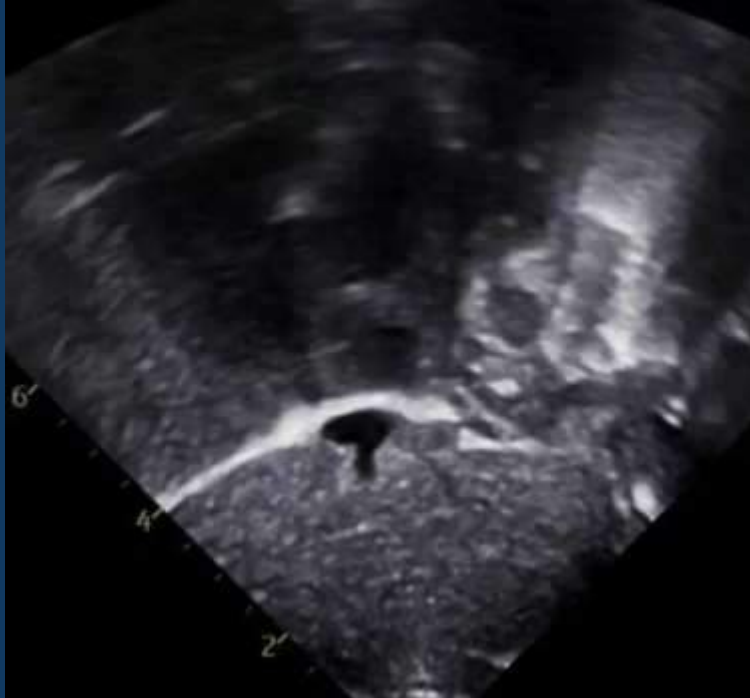
- Afebrile
- Weight 5.9 kg
- HR 164bpm, RR 60/min
- Mildly increased WOB on 4L NC , sats 85% , b/l ronchii
- 3/6 harsh systolic murmur at LSB with radiation
- No HSM
- Normal pulses and perfusion
- Admitted to cardiology floor for observation and treatment of bronchiolitis

INVESTIGATIONS

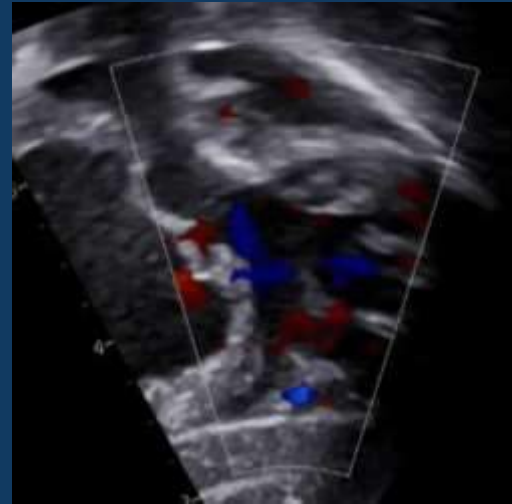
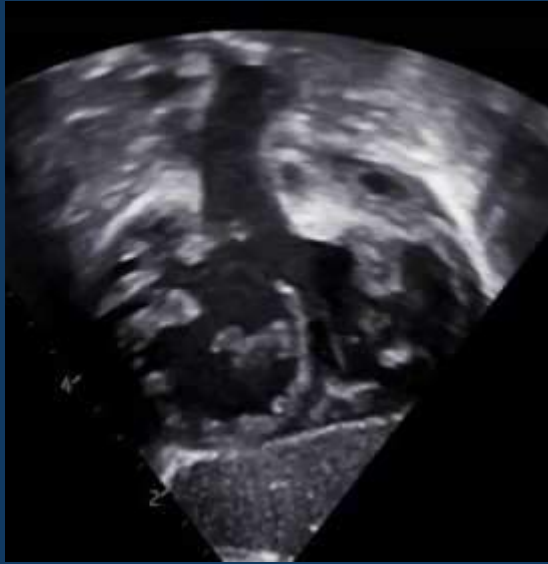


- On HOD # 2, increasing desaturations with cares requiring transfer to CICU
- Started on CPAP
- CXR
- Labs unremarkable
- Monitor I/O , hydration as needed
- Sedation as needed

INITIAL ECHOCARDIOGRAM



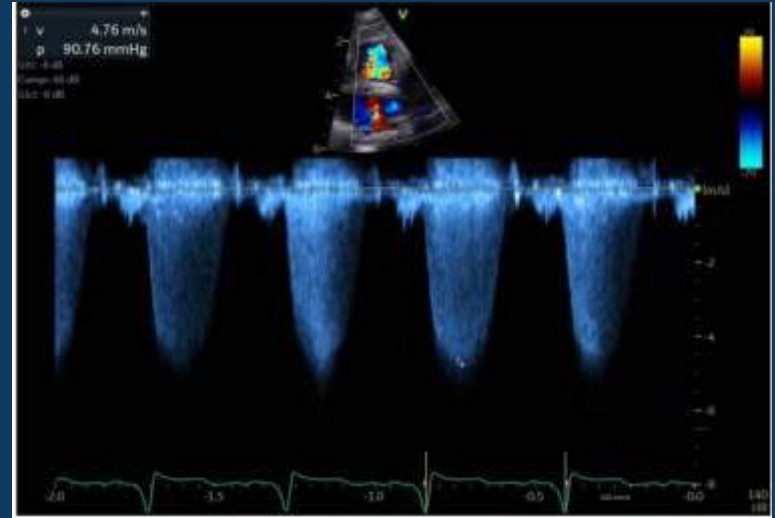
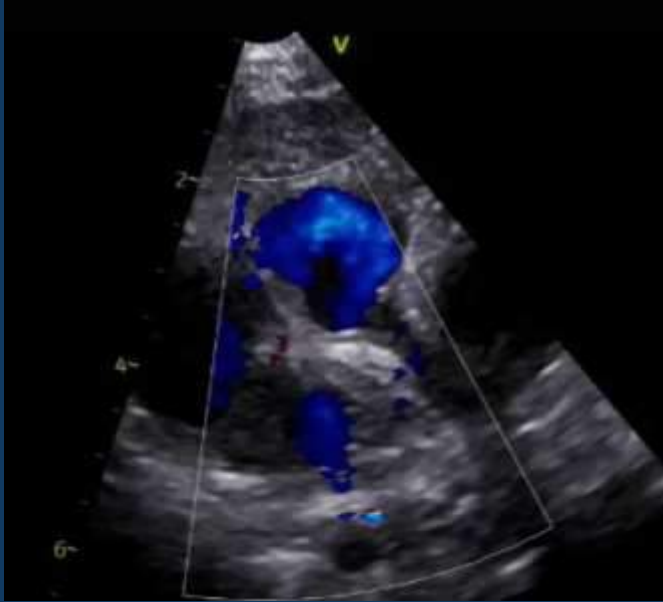
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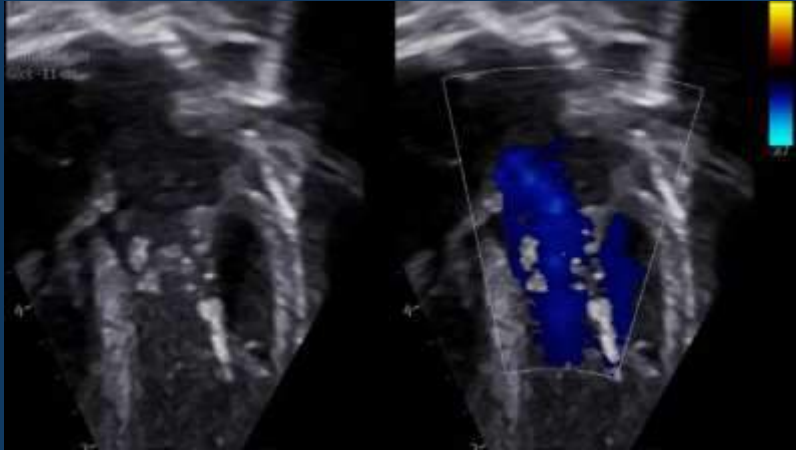
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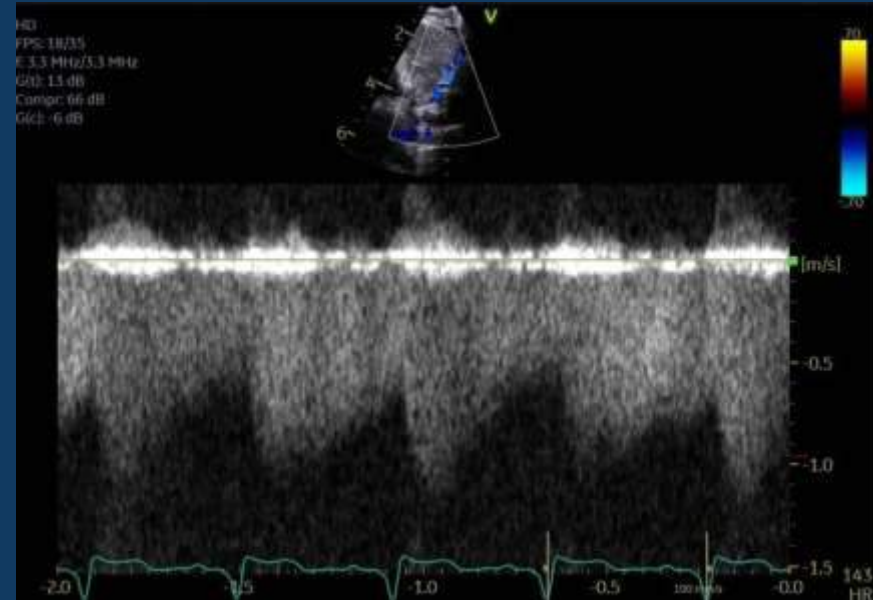
INITIAL ECHOCARDIOGRAM



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INITIAL ECHOCARDIOGRAM



HOD 2-5

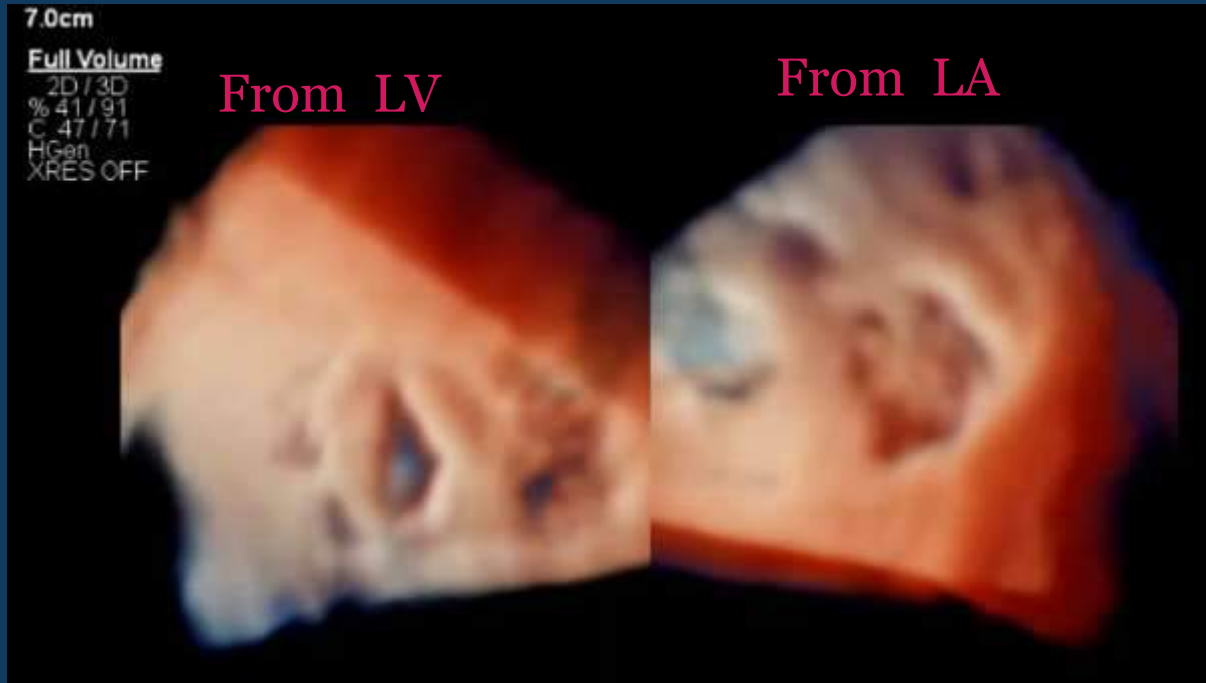
- Improvement in bronchiolitis symptoms
- Weaned from CPAP to HFNC
- Continued tachypnea
- CXR
- Started diuretic and enalapril



HOD 6-10

- Progressively increasing desaturations with agitation/ stimulation
- Dexmetomidine for sedation
- Escalating care
- Considerations for surgical repair

3DE MV



3DE VSD

From RV

AV

TV



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From LV



MV

SURGICAL CONSIDERATIONS

- Shunt ?
- Complete repair ?
- Catheter procedure?

OPERATIVE FINDINGS

- Dysplastic mitral valve leaflets with deep scallops, calcifications of papillary muscles
- Aorta entirely committed to RV, VSD was small and needed enlargement
- LV walls appeared thin

Procedure: Mitral valvuloplasty, VSD enlargement with LV to aorta baffle and transannular patch with infundibular muscle resection , ASD closure

POST-OPERATIVE FOLLOW UP

- POD # 5 – LV function improved , but severe MR
- POD # 5 – MVR with mechanical valve
- Continues to recover in CICU with chylothorax and respiratory issues

Thank you !



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