

Complicated Closure Of a Ventricular Septal Defect In a 25-year Old Immigrant With Still Reversible Pulmonary Arterial Hypertension

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OVERVIEW

- Introduction
- Case
- Hemodynamics
- Changes in physiology on cardiac bypass
- Conclusion

CASE

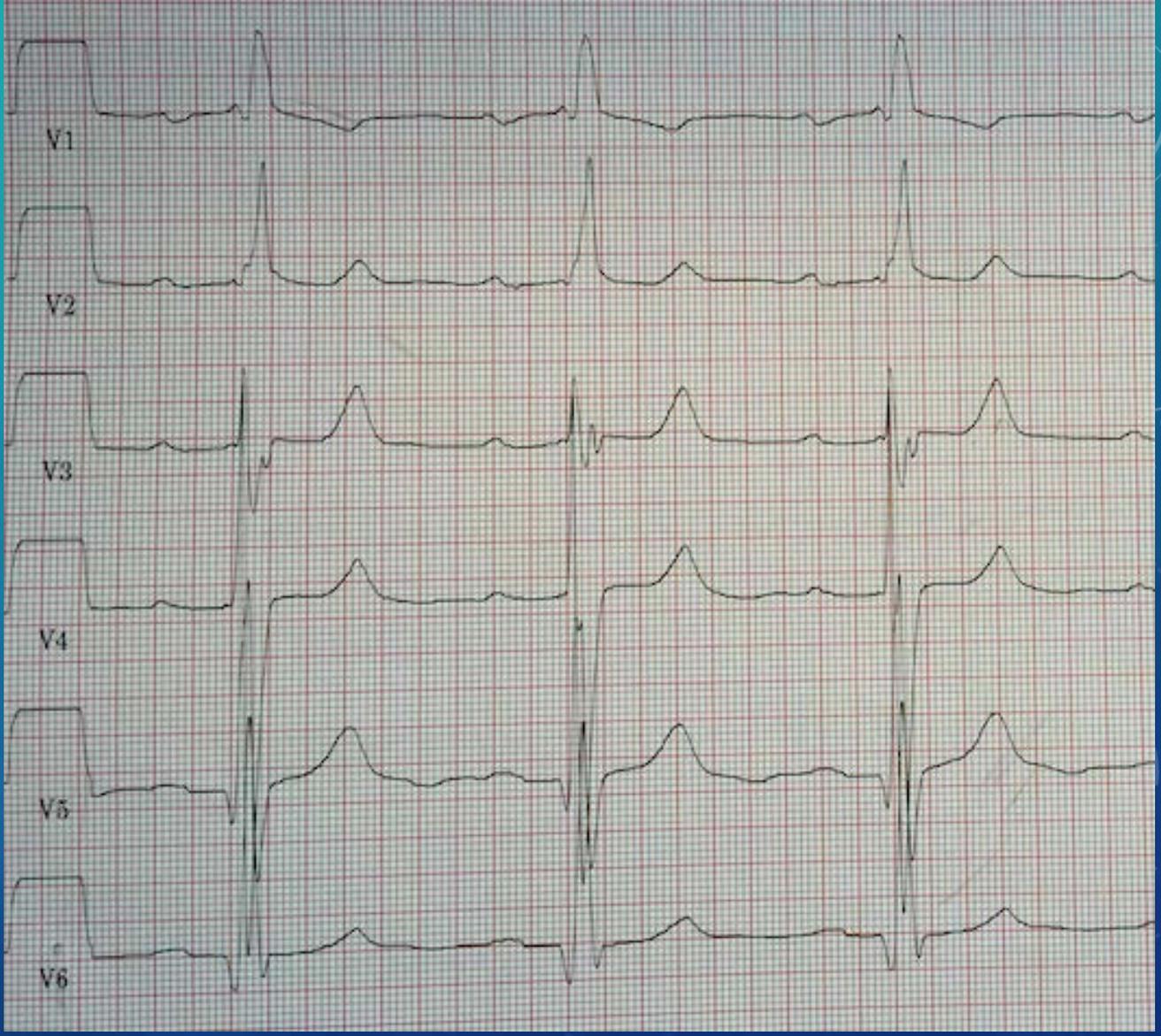
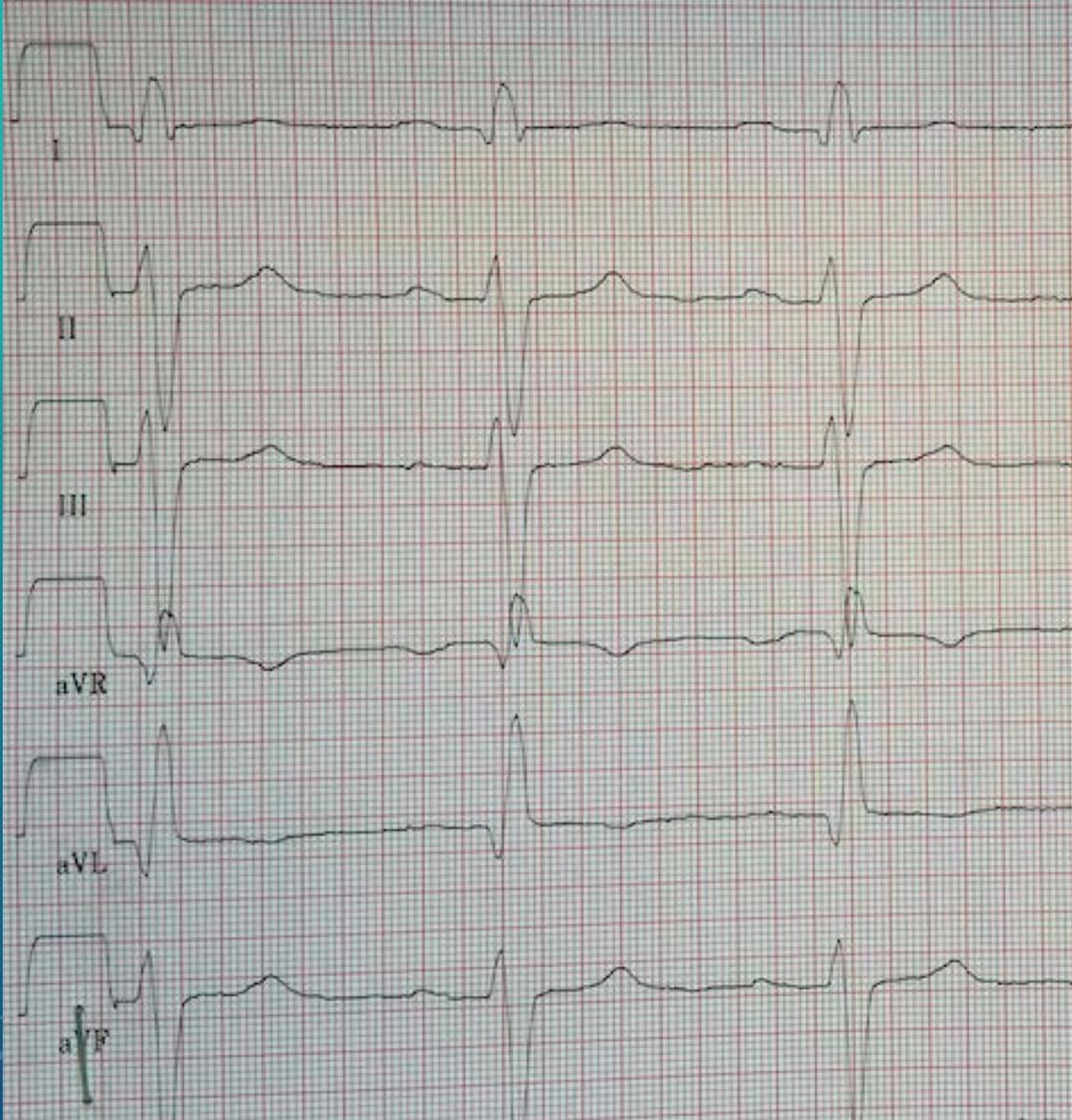
HPI: 25-year old immigrant from Eastern Europe p/w progressive dyspnea on exertion and fatigue

PMH: on digoxin for unknown heart condition

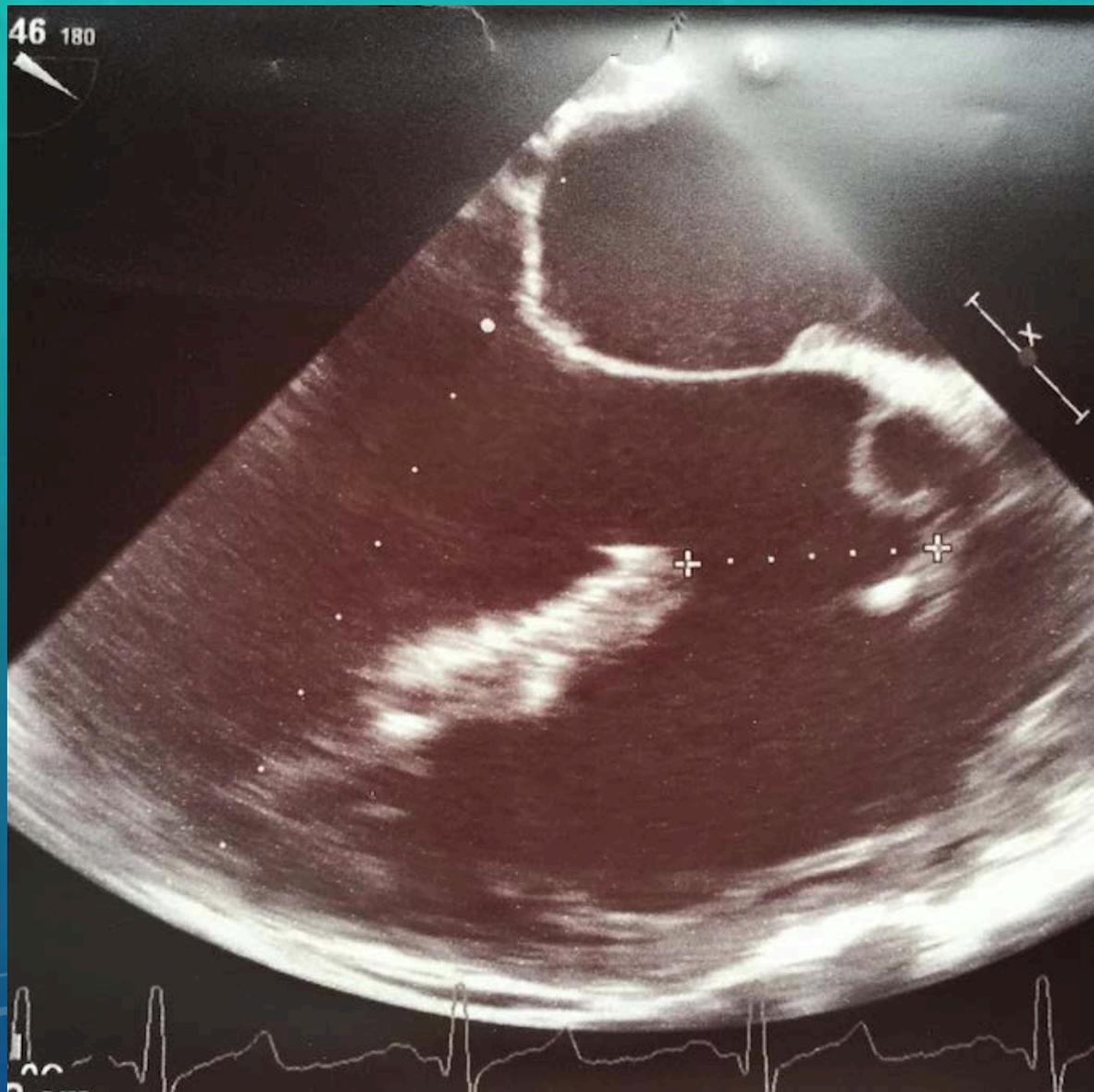
Vitals: BP 105/68 mmHg, HR 62/min

Exam: 4/6 pan-systolic murmur and a palpable thrill at the left lower sternal border

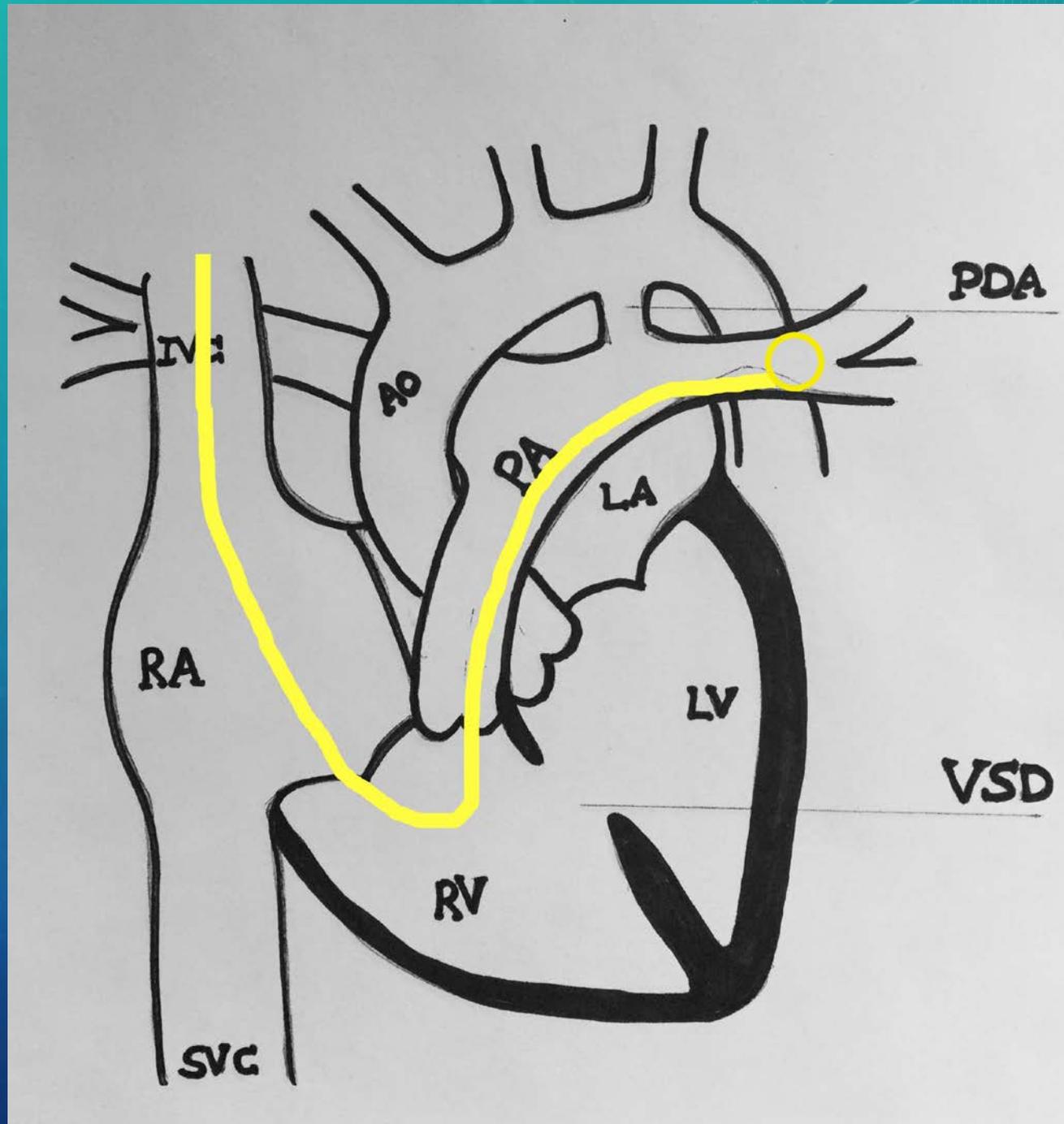
Labs: HGB 16.3 g/dl



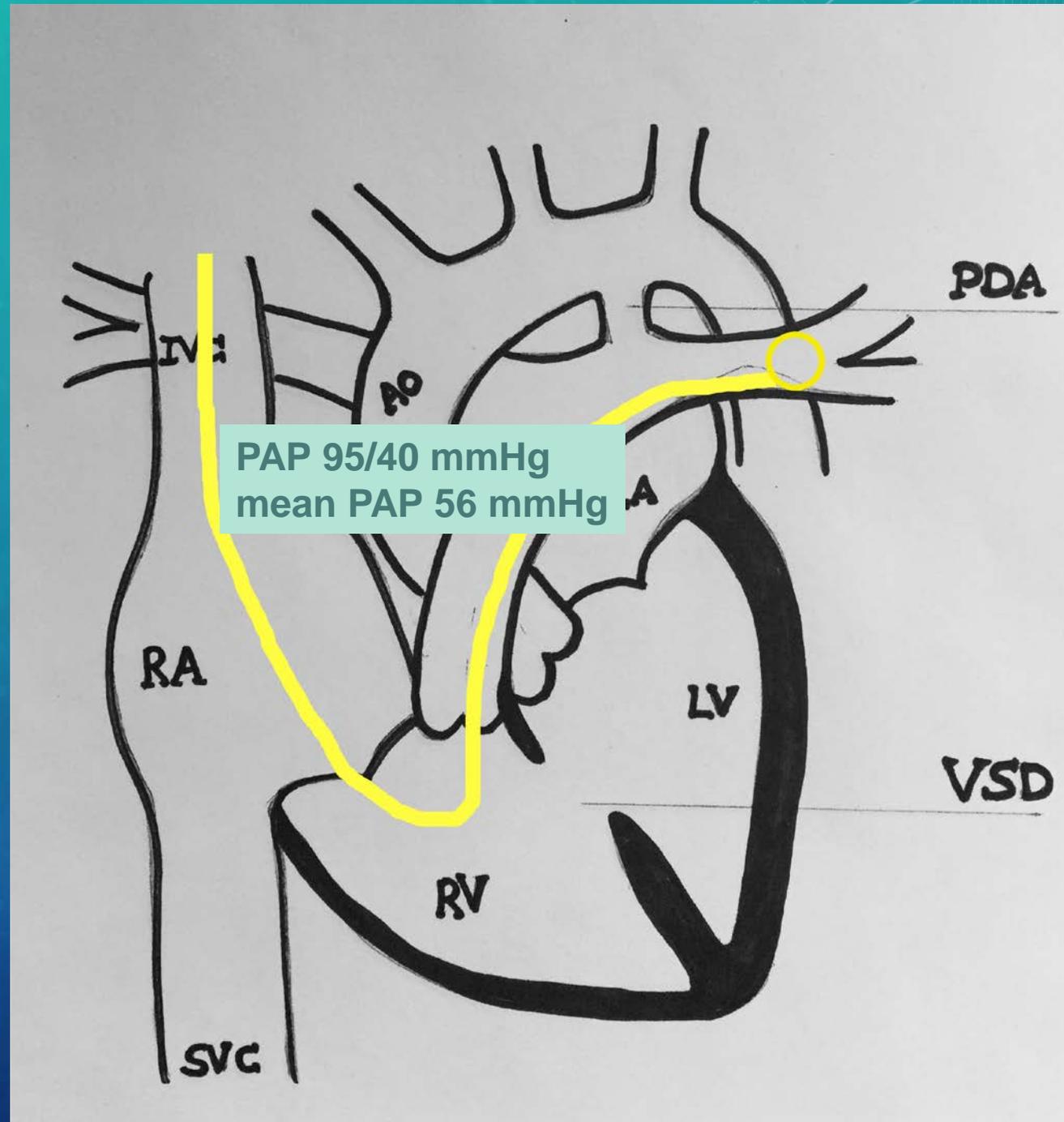




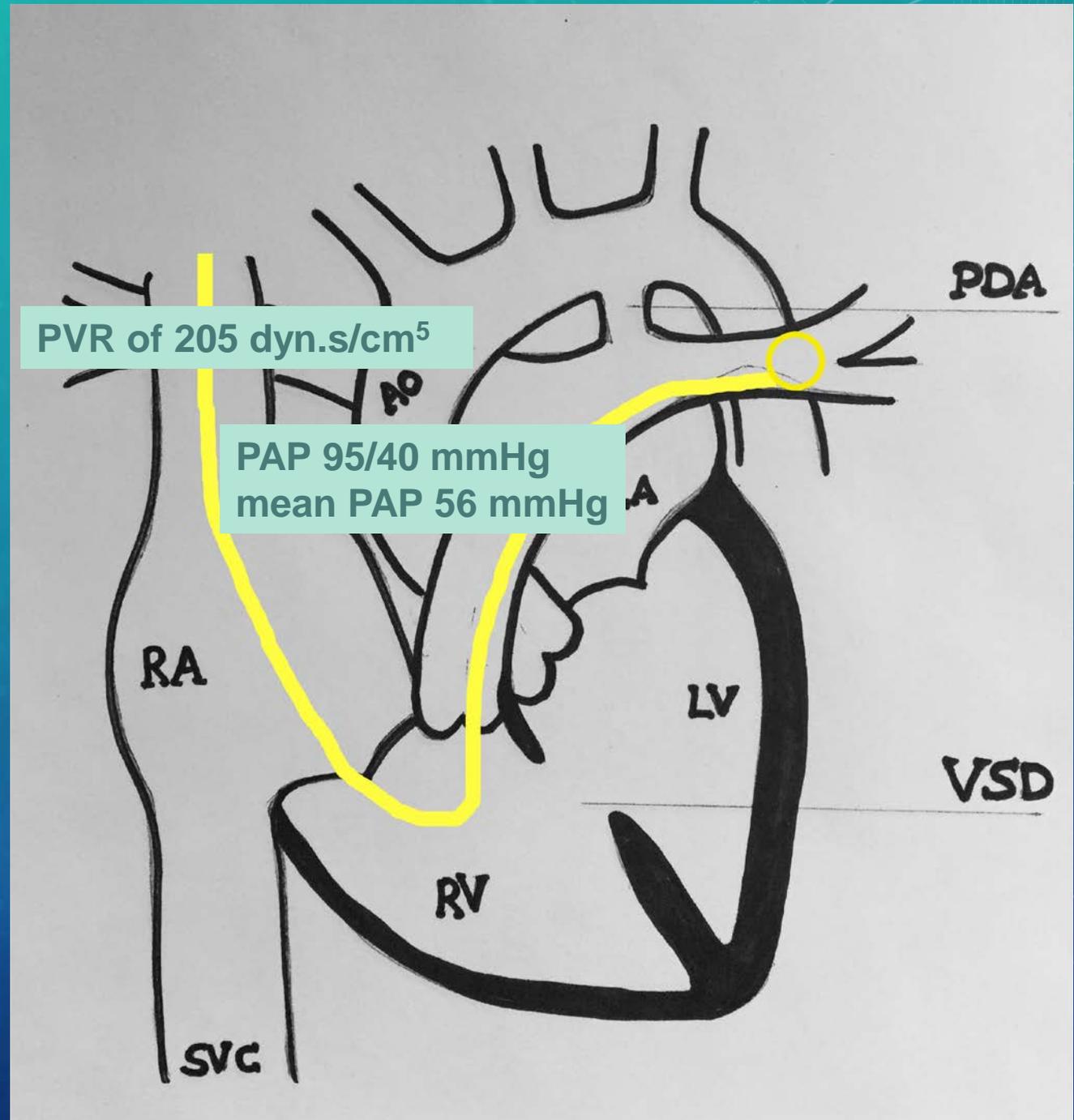
RIGHT HEART CATHETER



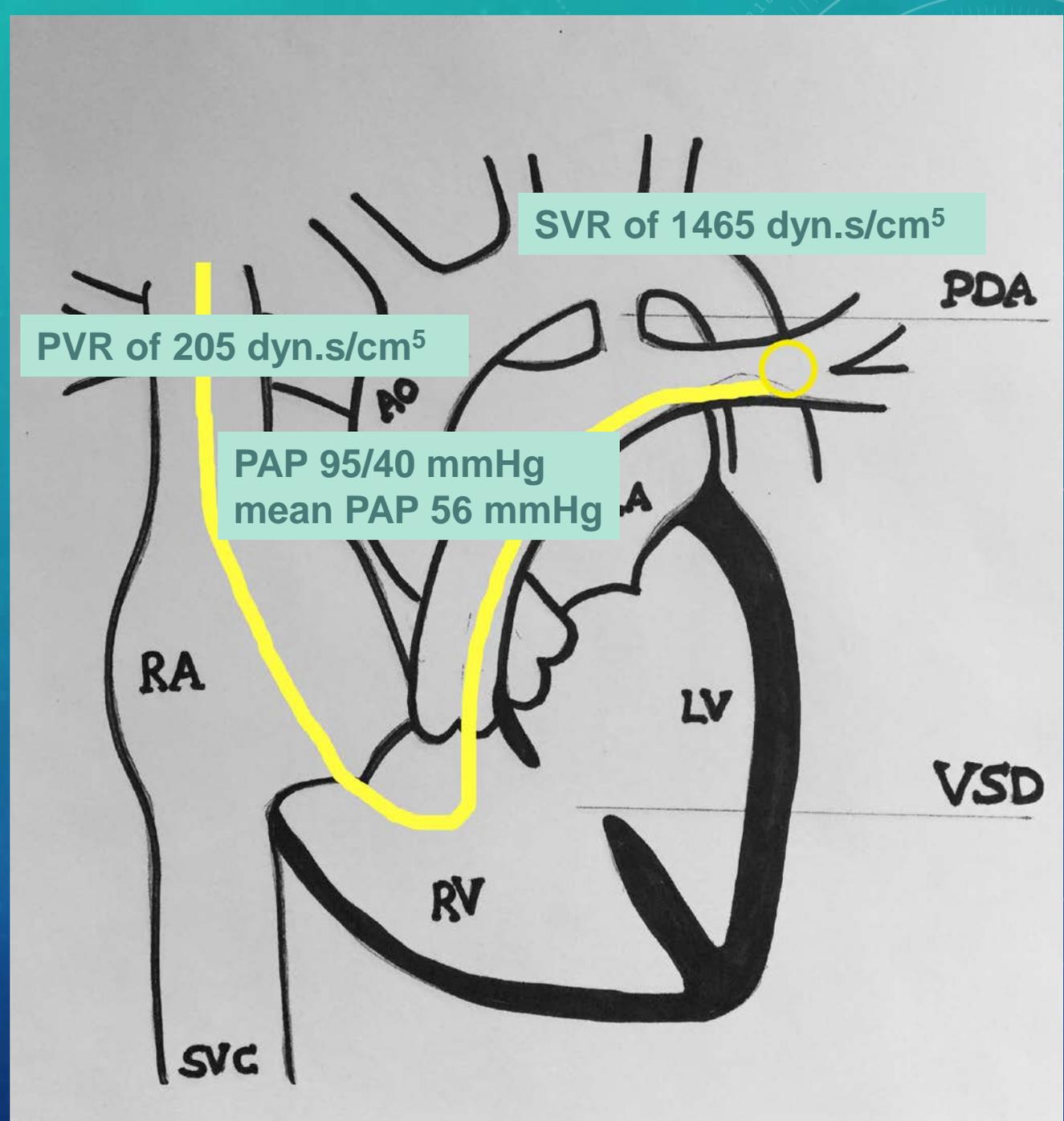
RIGHT HEART CATHETER



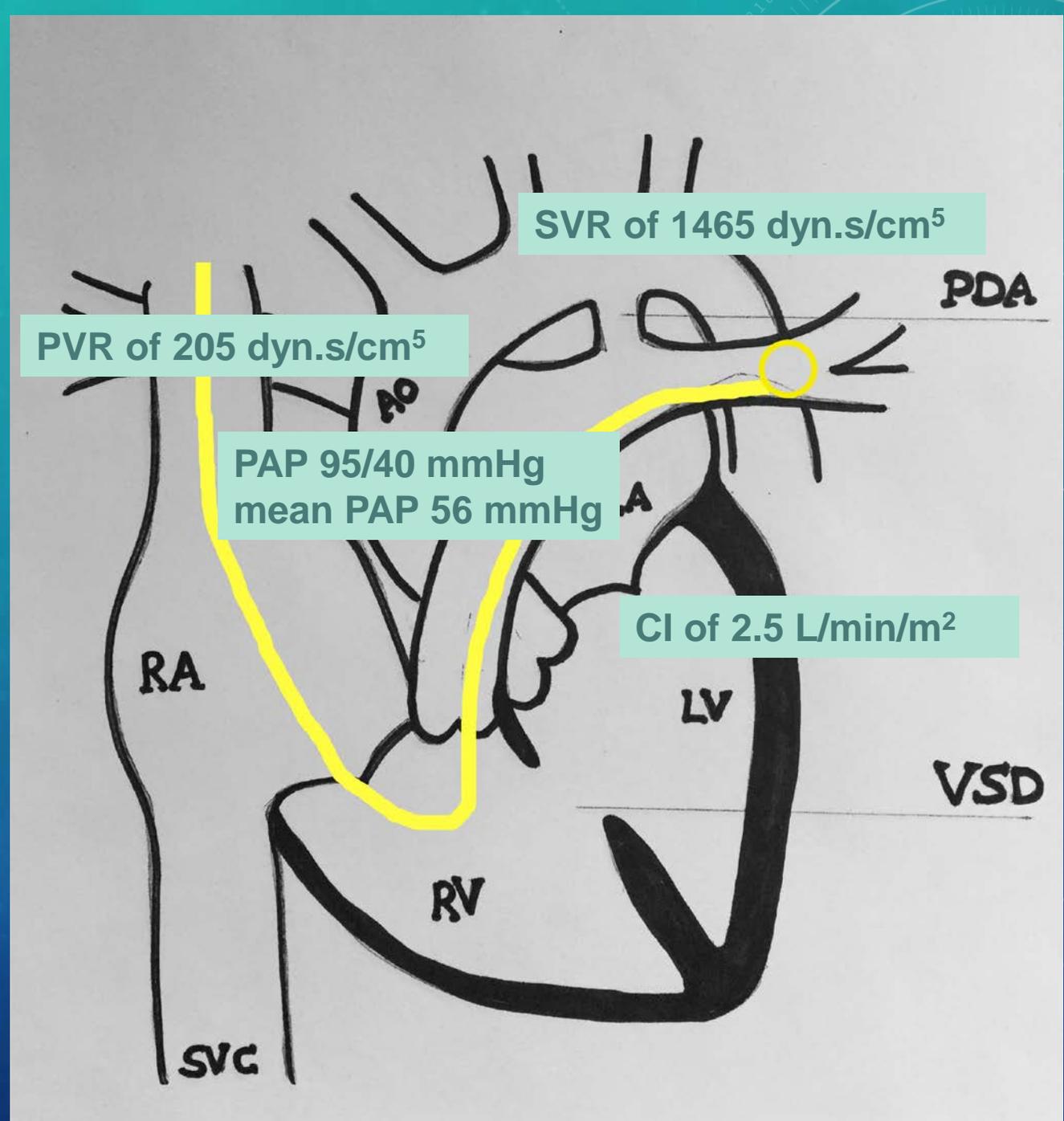
RIGHT HEART CATHETER



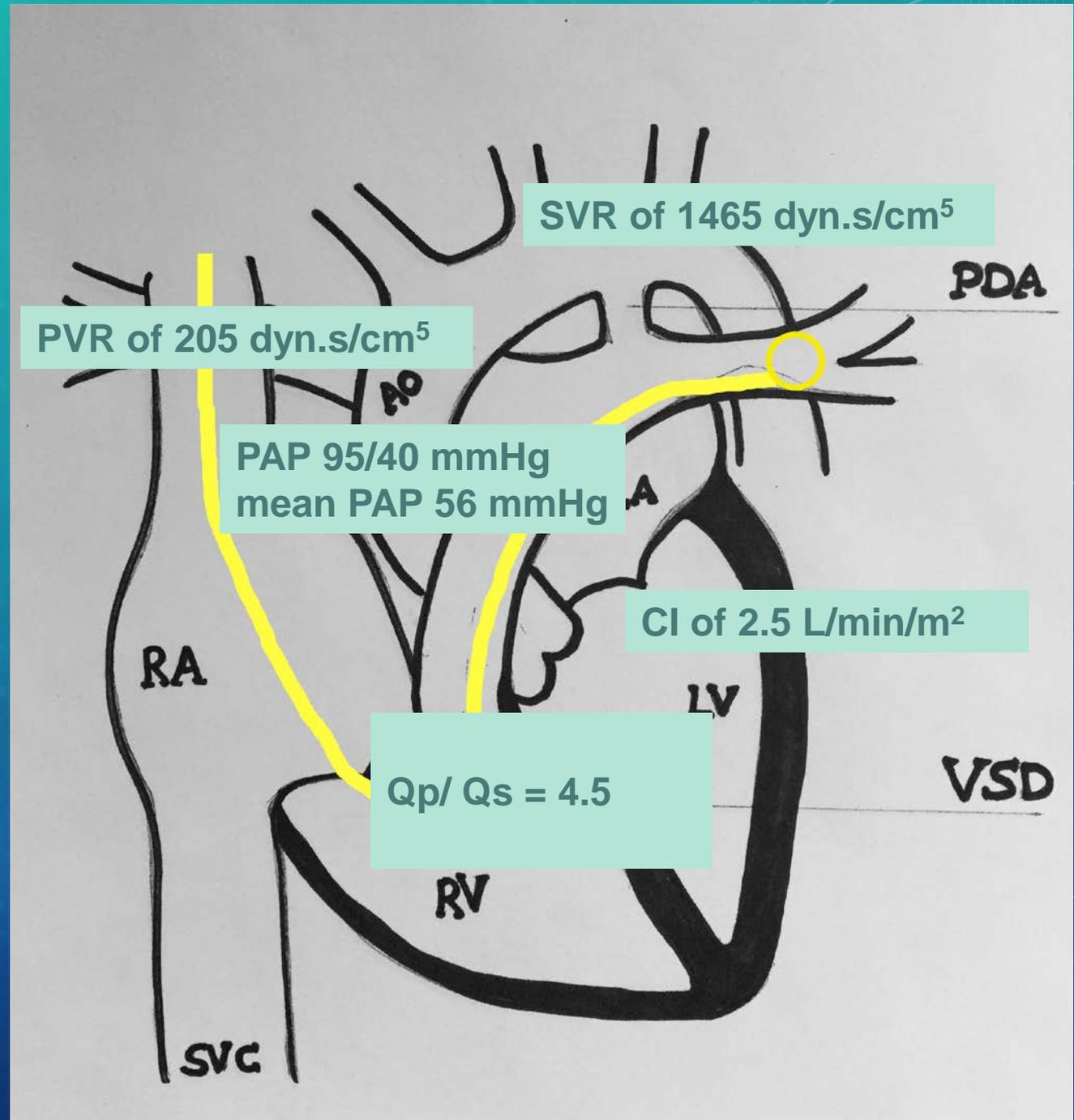
RIGHT HEART CATHETER



RIGHT HEART CATHETER

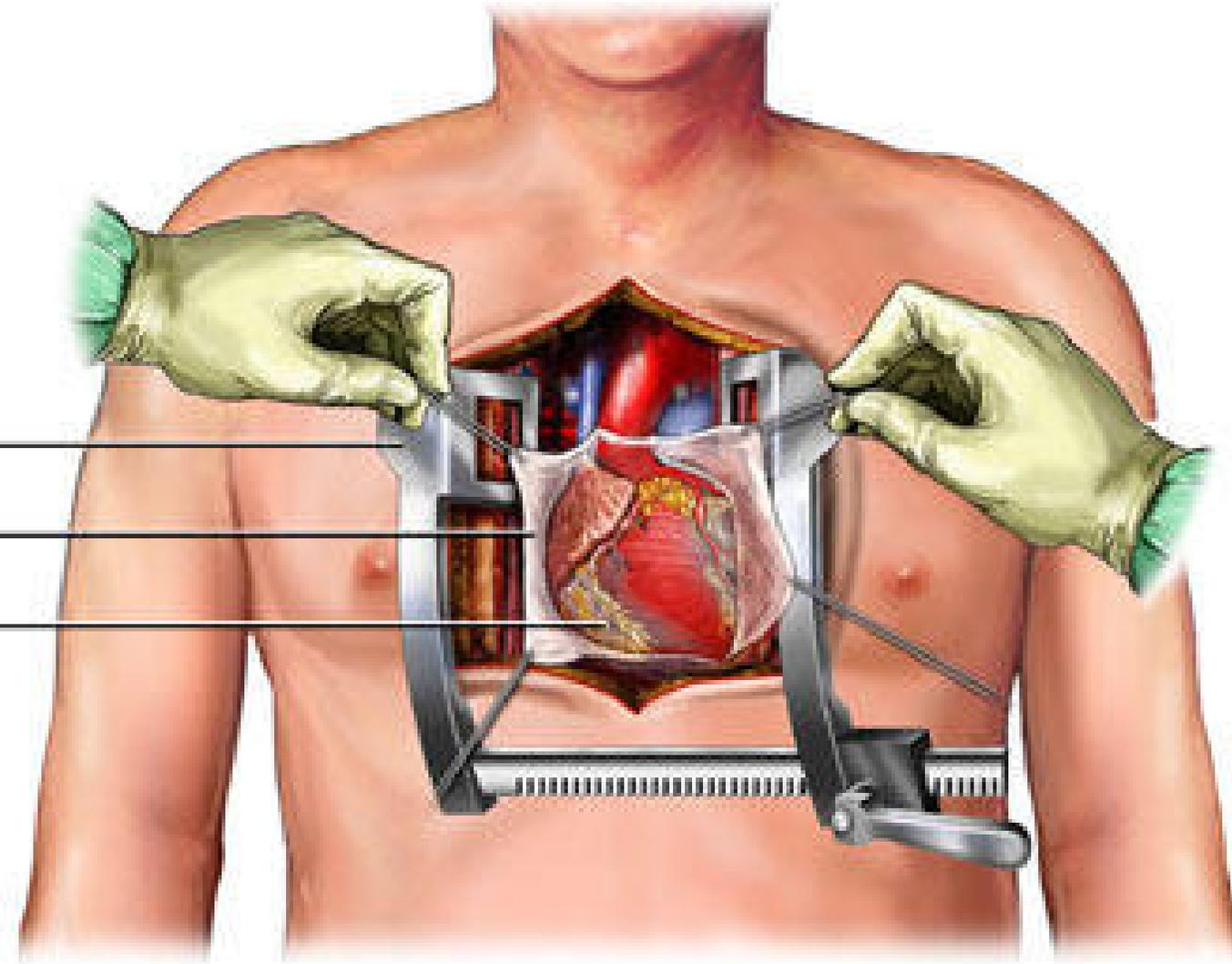


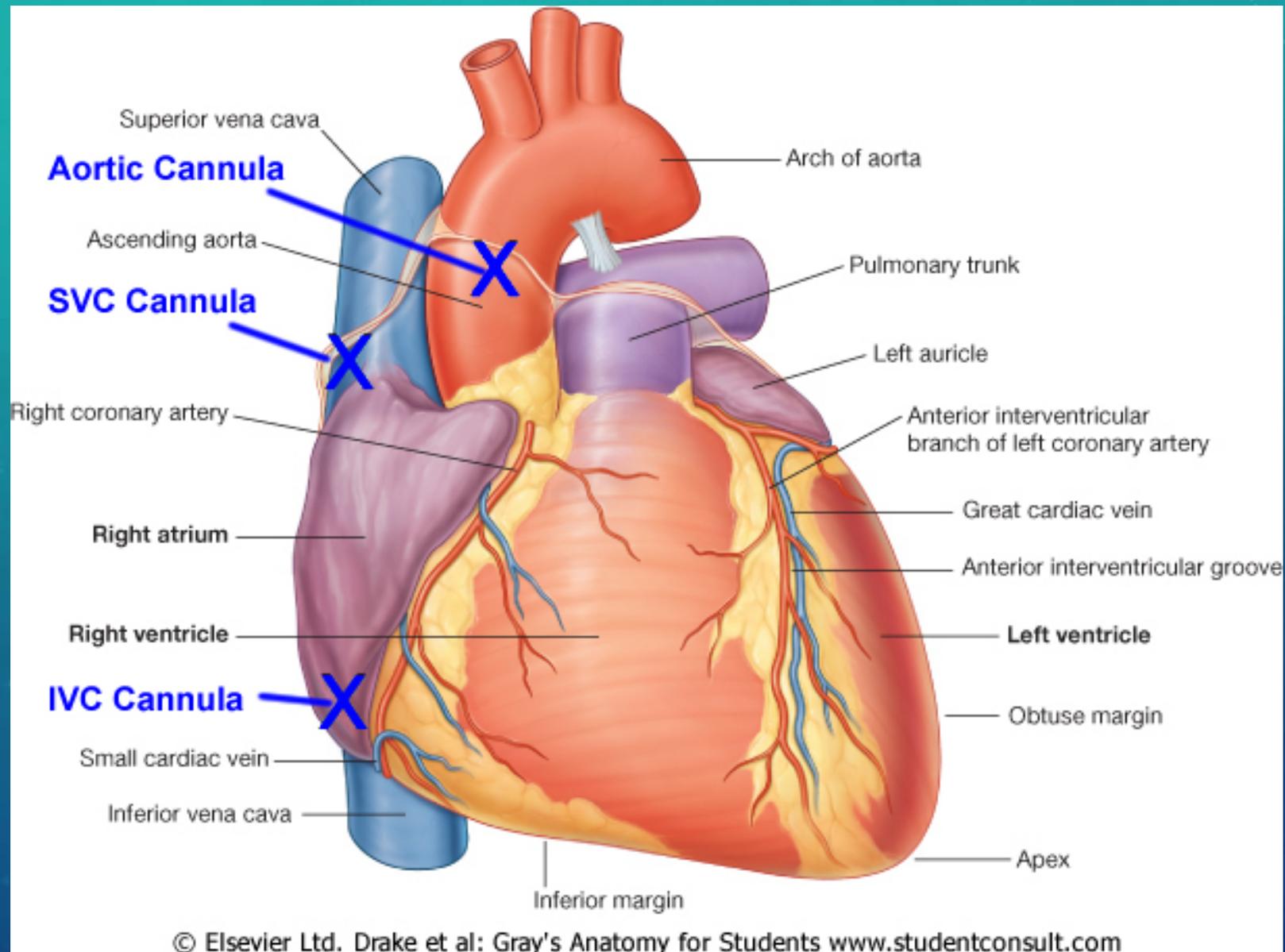
RIGHT HEART CATHETER



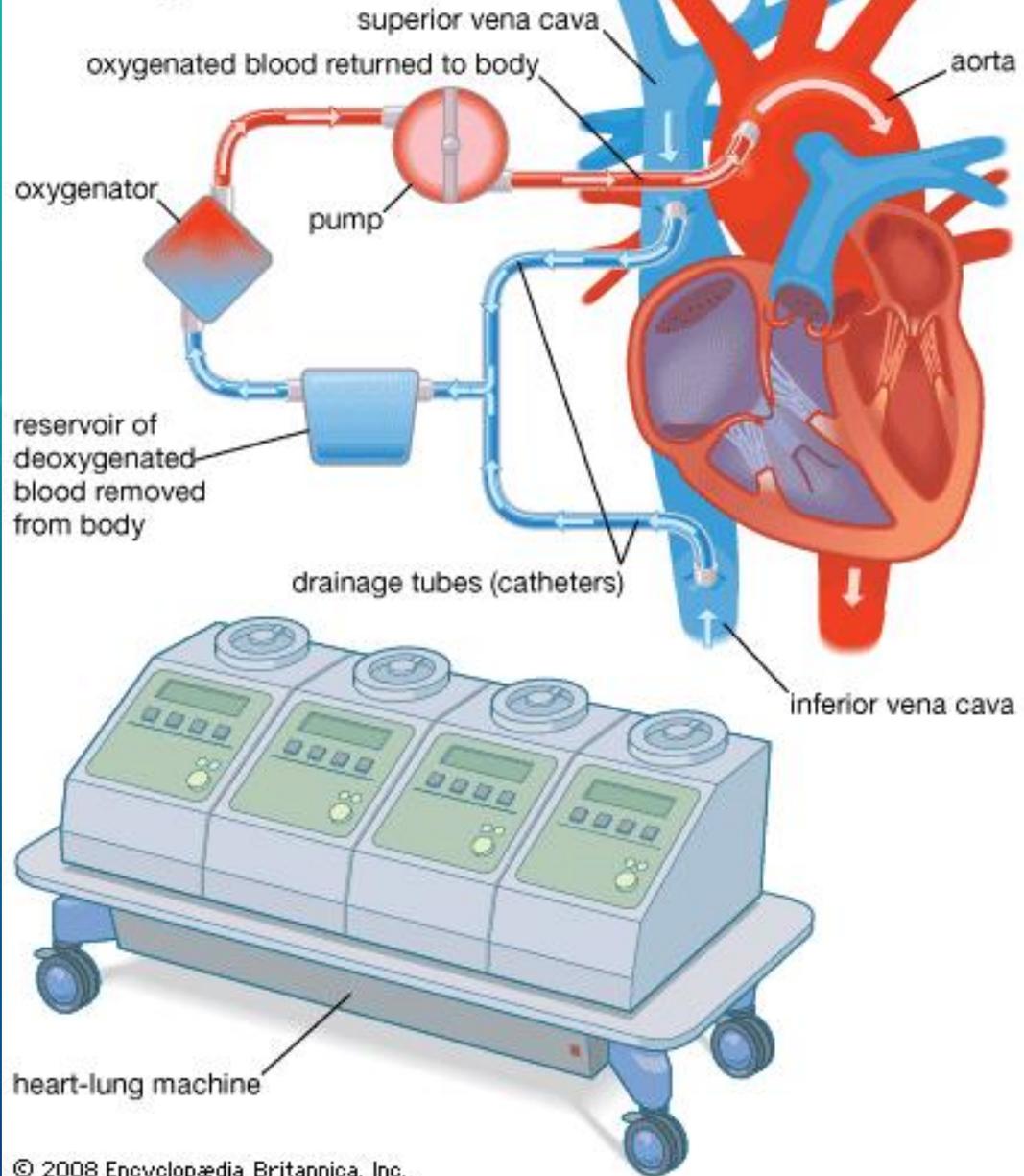


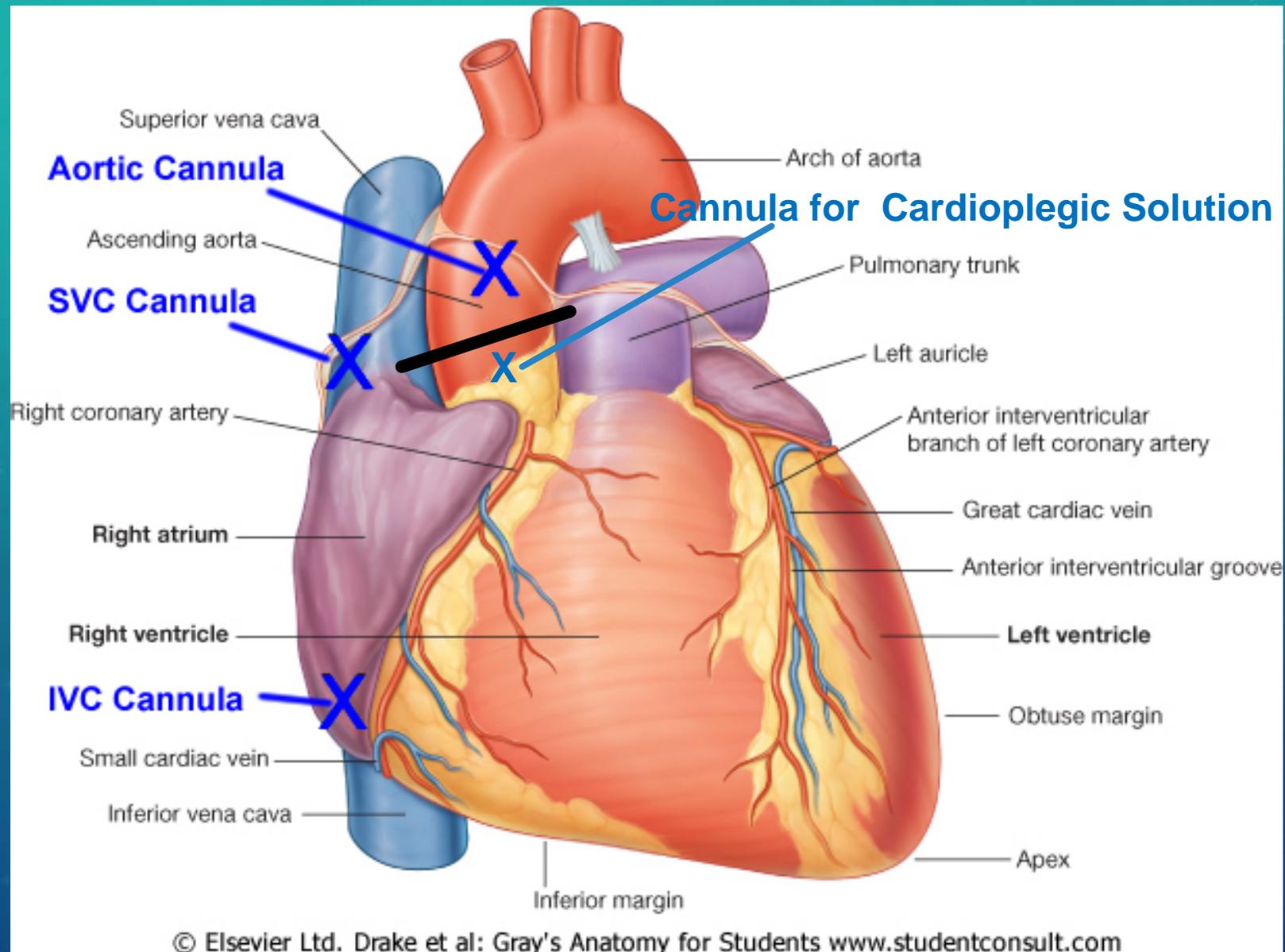
Retractor
Pericardium
Heart





Heart-lung machine



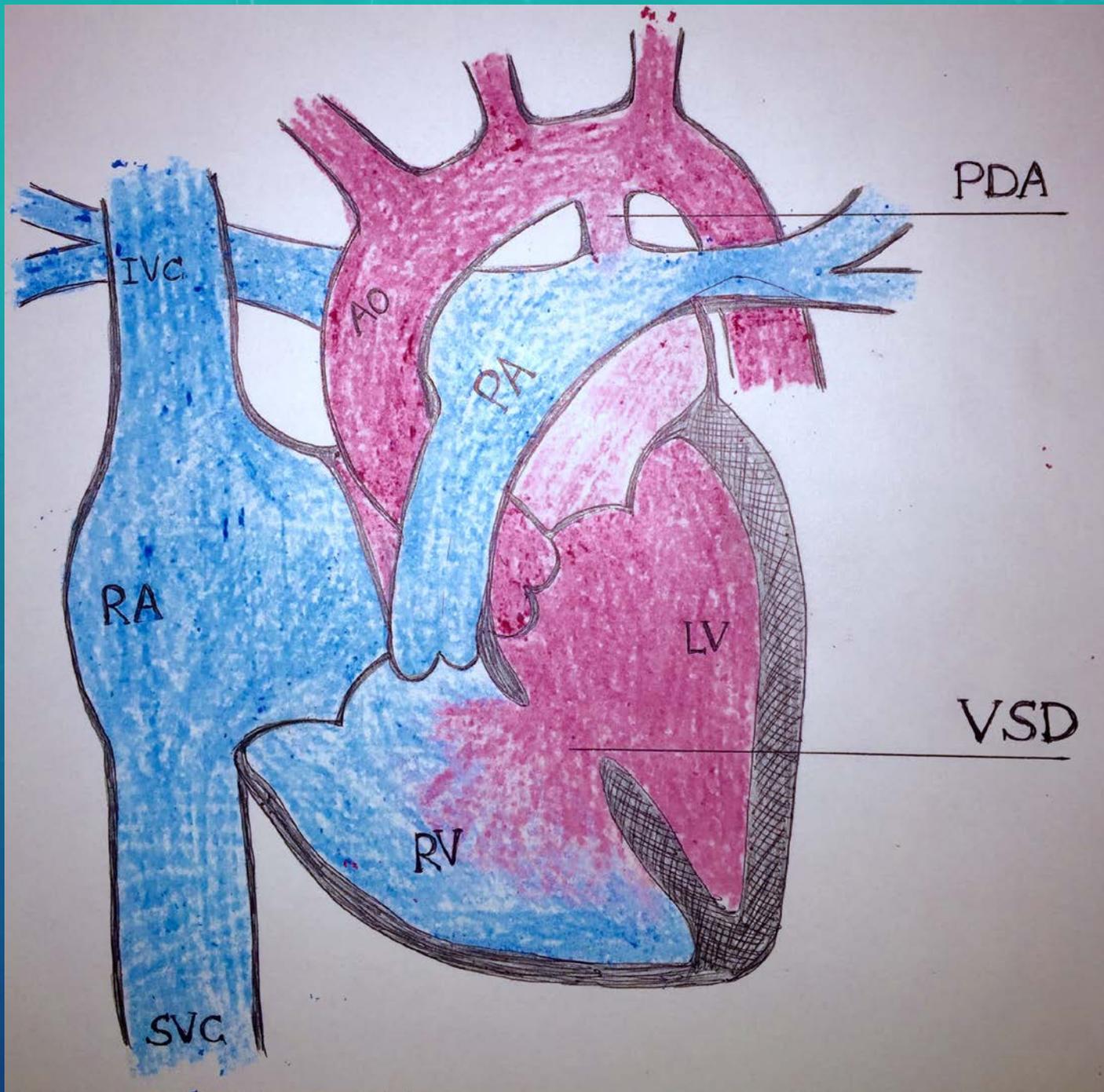


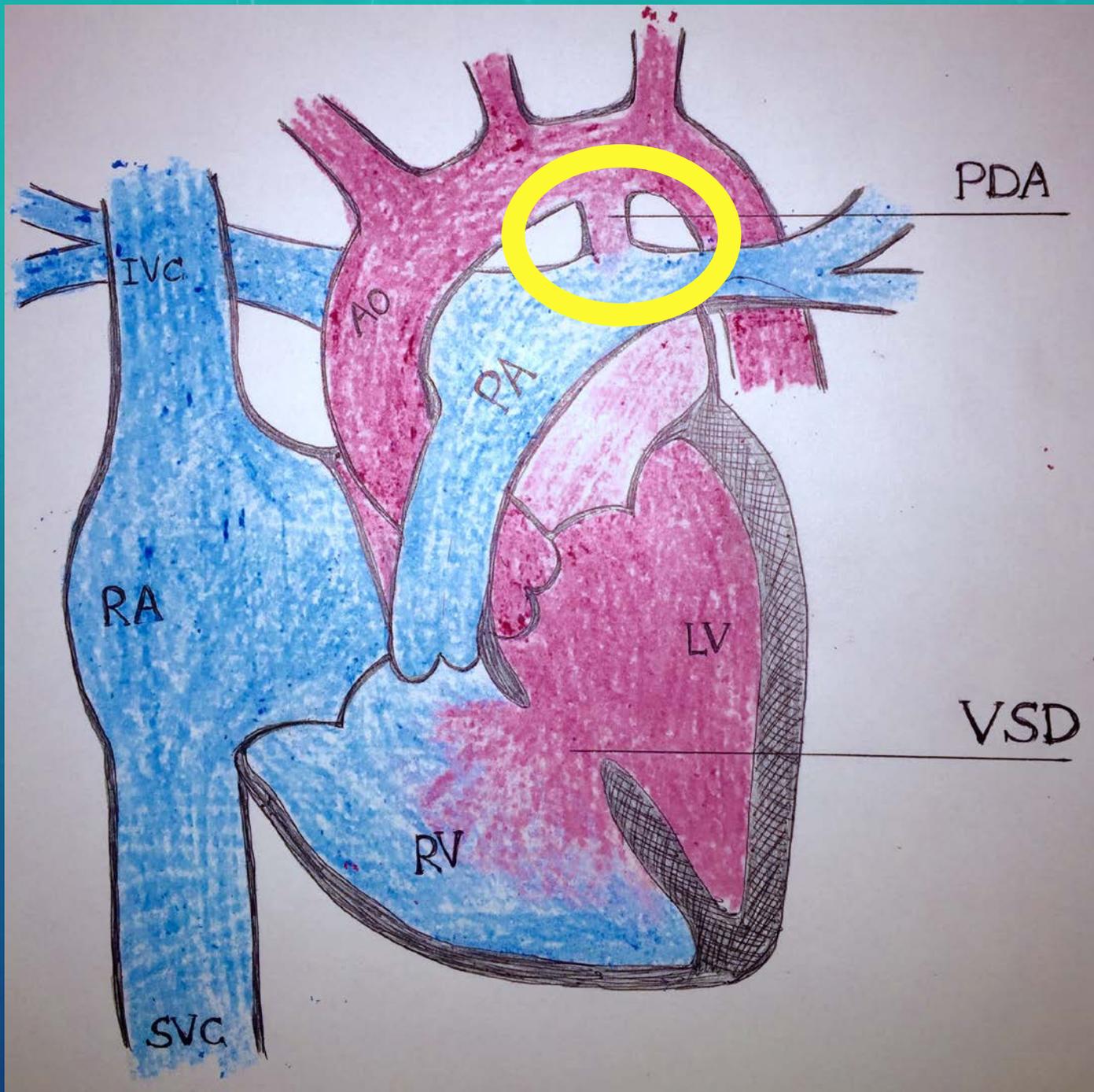


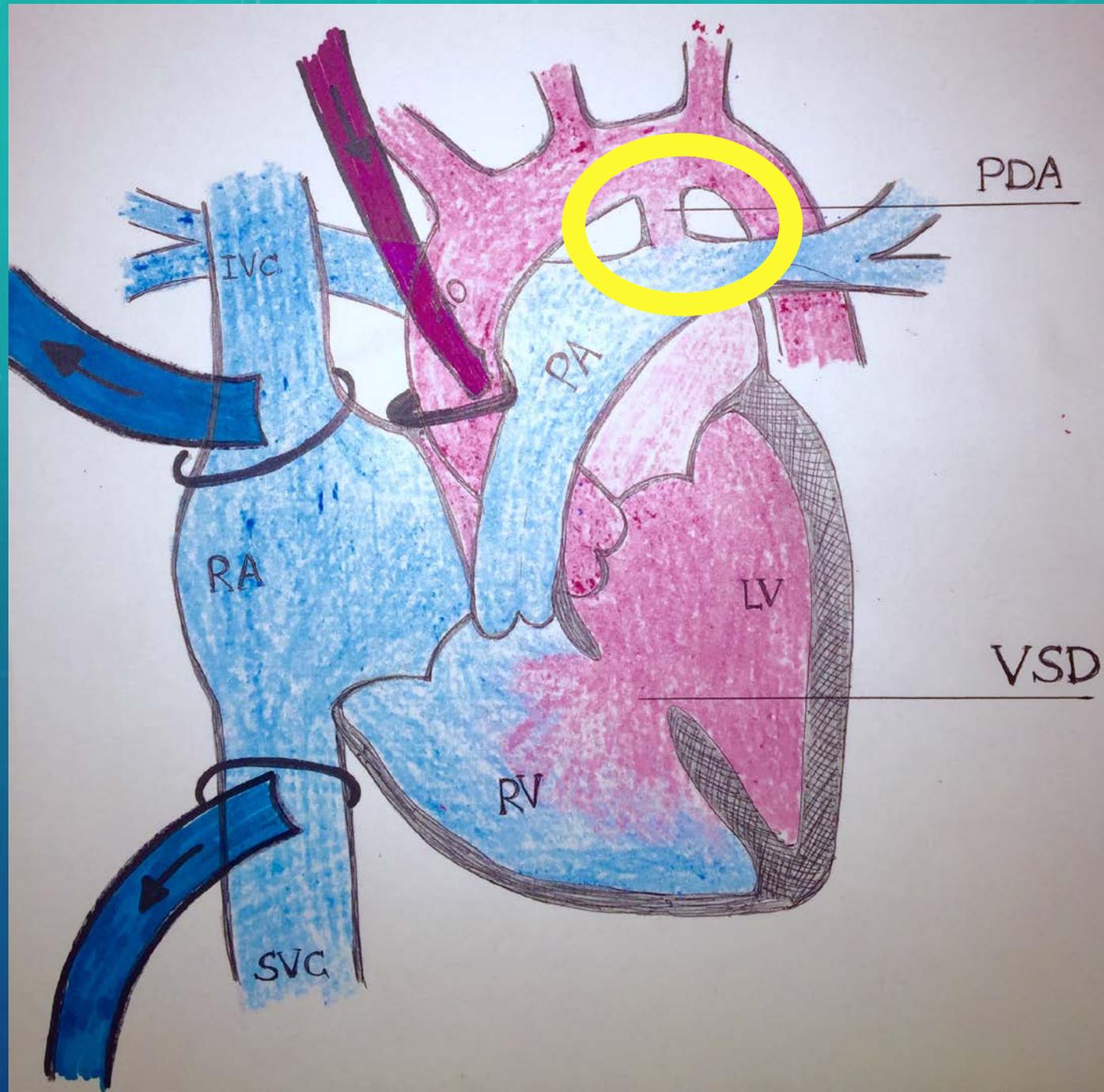
INTRAOPERATIVELY

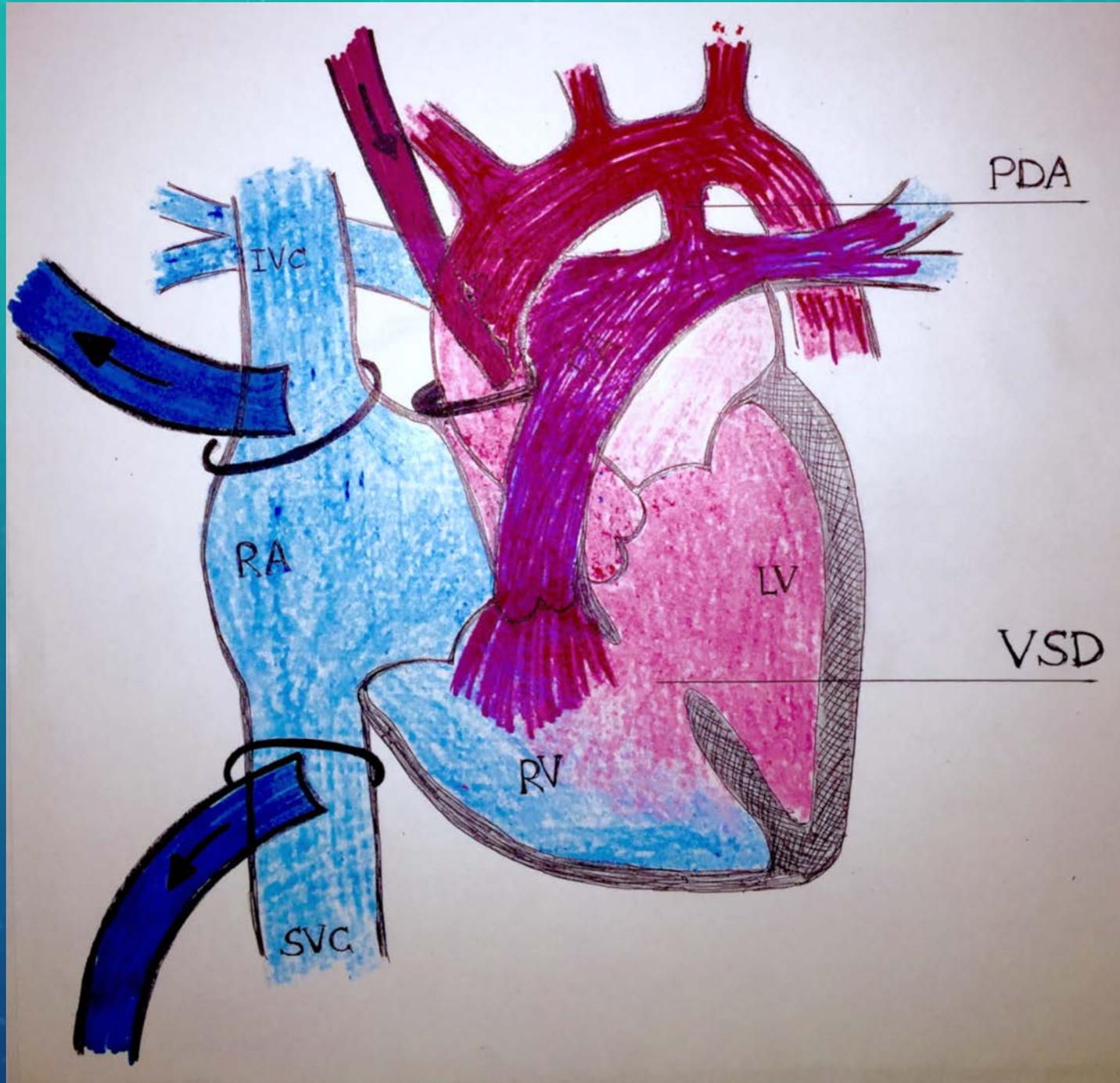
- Massive volume overload with distention of both ventricles
- Inability to unload the heart

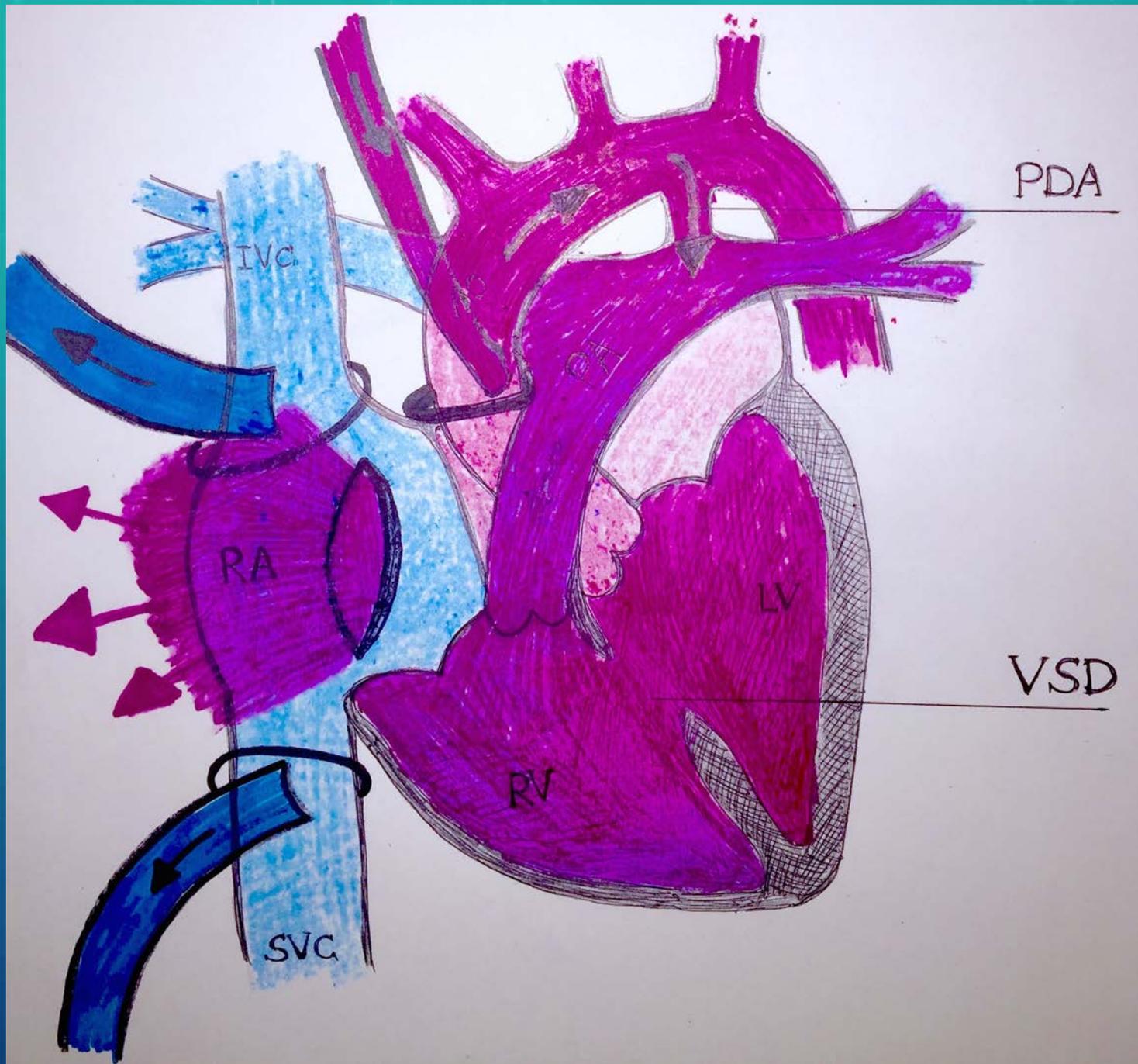


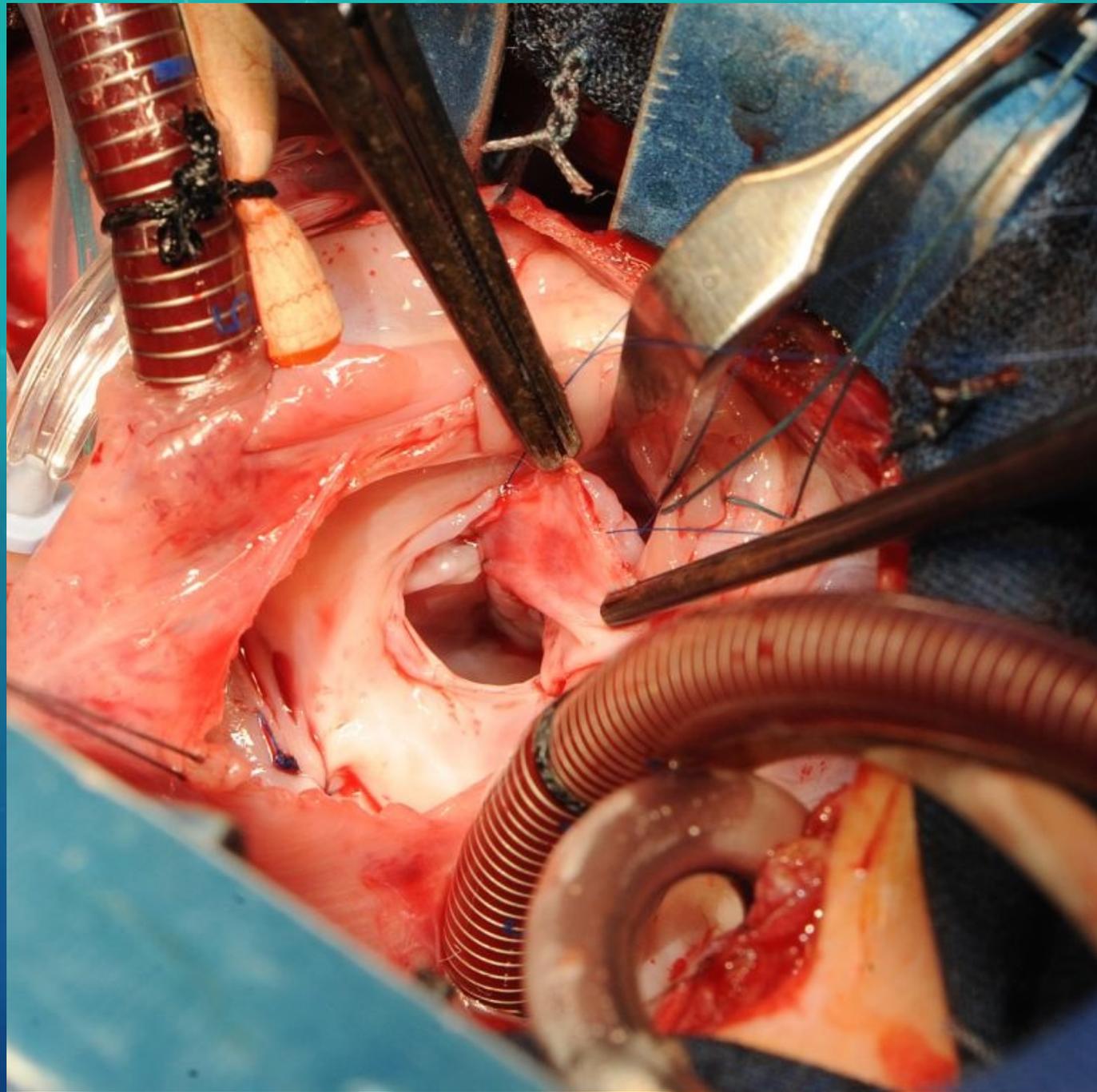






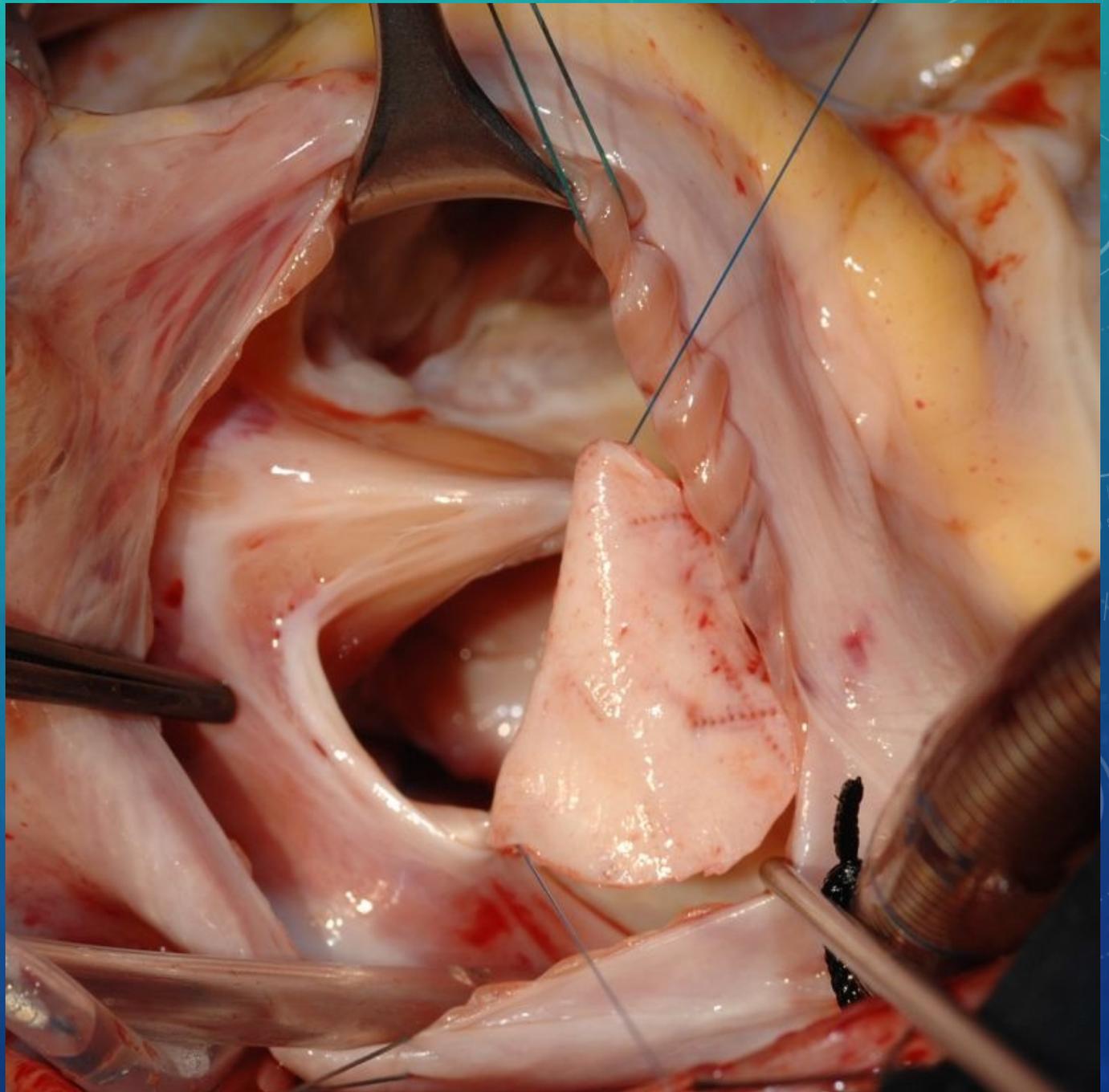






- Uneventful postop course:

- Nitric oxide
- Sildenafil
- PAP down to 42/25 mmHg





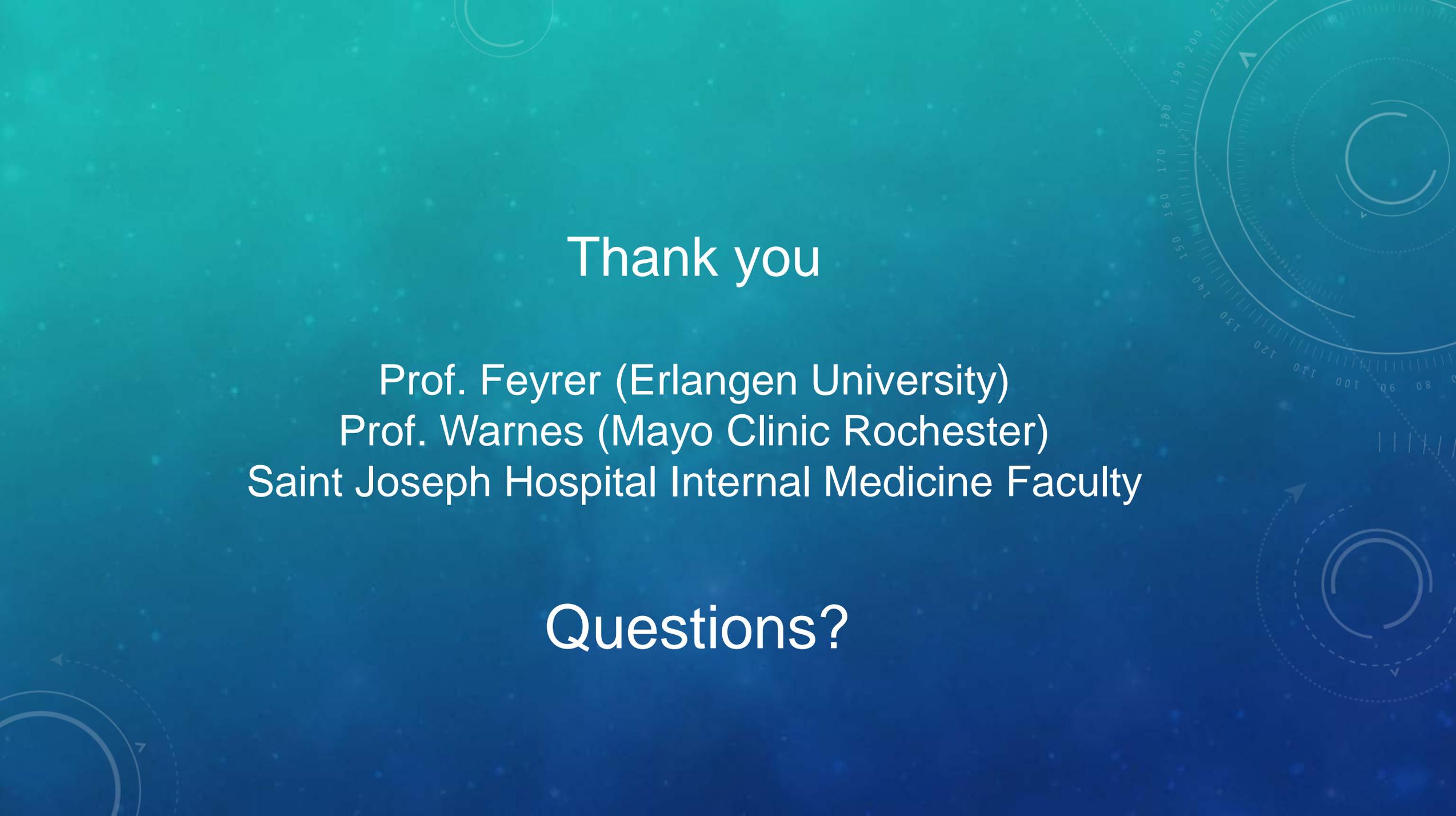
REMARKABLE POINTS

- Relatively normal life for 23 years
 - No progression to Eisenmenger's (contraindication to repair)
- 



CONCLUSION

- PDA can easily be missed on Echo



Thank you

Prof. Feyrer (Erlangen University)
Prof. Warnes (Mayo Clinic Rochester)
Saint Joseph Hospital Internal Medicine Faculty

Questions?