Pt. Copy.

Fortis Escorts
HEART INSTITUTE

Escorts Heart Institute and
Research Centre Ltd.
Okhla Road, New Delhi - 110 025 (India)
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Website : www.fortishealthcare.com
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DISCHARGE SUMMARY

PATIENT NAME: AKSHMA SINGH	AGE: 10 YEARS, 2 MONTHS & 24 DAYS, SEX: F
REGN: NO: 9531808	IPD NO: 4620/24/1201
DATE OF ADMISSION: 08/01/2024	DATE OF DISCHARGE: 22/01/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

1. **S/P Right Modified Blalock -Taussig Shunt (A 6 mm PTFE graft anastomosed end-side to the right subclavian artery + The other end of the graft anastomosed to the right pulmonary artery) + Azygos ligation and division through right posterolateral thoracotomy done on 16/07/2019 at Fortis Escorts Heart Institute, New Delhi for**

    - Congenital heart disease
    - **Tetralogy of Fallot**
    - **Valvular pulmonary atresia**
    - **Large perimembranous ventricular septal defect (bidirectional shunting)**
    - **Confluent and borderline narrow branch pulmonary arteries**
    - Tiny MAPCAs
    - History of lower respiratory tract infection
    - Prematurity (35 weeks)

2. **Now elective admission for definitive repair**

    - **Complex cyanotic congenital heart disease**
    - **Membranous Valvar pulmonary atresia**
    - **Large malaligned Peri membranous ventricular septal defect**
    - **Intact interatrial septum**
    - **Patent foramen ovale**
    - **Multiple collateral**
    - **Patent Right Modified Blalock Taussig Shunt, Between Right subclavian artery and right Pulmonary artery.**
    - **Dense adhesion with multiple collaterals in the area around BT shunt**
    - Right atrium dilated
    - Right ventricle hypertrophied pareital bands+

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- **Tiny antegrade flow across Pulmonary artery annulus**
- S/P Diagnostic catheterization done on 09/01/2024 at Fortis Escorts Heart Institute, New Delhi
- Mean PA Pressure (17 mmHg)
- PVRI (2.1 WU/m2)
- **Failure to thrive - BMI – 11.66 (< 3 Centile) Z score < - 3 SD**
- **Pre-operative fever**

OPERATIVE PROCEDURE

Right Modified Blalock Taussig Shunt Take down + Trans right atrial Dacron patch closure of ventricular septal defect + Infundibular muscle bundle resection + Pulmonary valve resection + Direct closure of patent foramen ovale done on 16/01/2024.

Right ventricular outflow tract took adequate Hegar of 14. Branch Pulmonary arteries admitted Hegar 10. Tricuspid valve checked for competency and found adequate.

RESUME OF HISTORY

Akshma Singh is a 10 years old male child (date of birth: 22/10/2013) from Bareilly who is a case of congenital heart disease. She is 1st in birth order and is a product of pre term (35 weeks) LSCS (lower segment caesarian section) delivery with average birth weight. Other sibling is apparently well. Maternal age is currently 34 years.

At months of age, she had history of lower respiratory tract infection for which she was evaluated. During evaluation, cardiac murmur was detected. Echo was done which revealed congenital heart disease. She was advised follow up in G.B Pant hospital.

There is no history of cyanotic spell, seizures or loss of consciousness.

She was seen at FEHI, New Delhi on 03/06/2019. Her saturation was at that time was 65%. Echo was done which revealed congenital heart disease - large perimembranous ventricular septal defect (bidirectional shunting), severe infundibular, valvar and supravalvar pulmonary stenosis, confluent branch pulmonary arteries, multiple MAPCAs from undersurface of arch. She was advised surgical management.

She was admitted at FEHI, New Delhi for further evaluation and management. On admission, her saturation was 65% in room air. Review Echo done here on 15/07/2019 revealed situs solitus, levocardia, D-loop, normal systemic and pulmonary venous drainage, AV concordance, intact interatrial septum, large perimembranous ventricular septal defect (bidirectional shunting), laminar inflow, laminar flow in left ventricular outflow tract, Tricuspid aortic valve, no AS, no aortic regurgitation, valvular pulmonary atresia, confluent and adequate branch pulmonary arteries,

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normal biventricular function, left arch, normal branching, no coarctation of aorta, no patent ductus arteriosus, no left superior vena cava, 2 tiny MAPCAs from undersurface of arch, right pulmonary artery 7mm, left pulmonary artery 6.5mm (Exp 8.5mm)

CT pulmonary angiography done on 07/06/2019 revealed

The study reveals: -

- Situs solitus; levocardia.
- Atrio-ventricular & Ventriculo-arterial concordance.
- A sizable peri-membranous type VSD is seen. There is overriding of aorta over the ventricular septum
- No atrial septal defect

Pulmonary arteries:

- **Hypertrophy of the infundibulum is seen, causing severe stenosis of the right ventricular outflow tract. MPA at level of annulus measures 8.9 X 6.5mm. MPA and branch pulmonary arteries are hypoplastic in caliber. The distal MPA measures 10.3 X 7.4mm.**
- Confluent branch pulmonary arteries are seen. Good arborization of both pulmonary arteries is seen in lung
- The right PA measurements are:-
  - Mediastinal part : 6.7mm
  - Hilar part : 5mm
- The left PA measurements are:-
  - Mediastinal part : 8.5mm
  - Hilar part : 5mm
- No PDA is seen

Aorta: -

- The aortic root appears dilated measuring approx 25.5 X 23.5mm. The ascending aorta appears mildly dilated measuring approx 29 X 27mm in dimension
- Both coronary arteries arise from separate coronary sinuses.
- The aortic arch is left sided with normal origin of arch braches
- DTA at level of diaphragm measures 11mm
- Atleast 2 MAPCAs are seen arising from undersurface of arch supplying both pulmonary arteries
- Few aortopulmonary collateral are also seen arising from bilateral subclavian arteries supplying bilateral pulmonary arteries
- Few arterial collaterals are also seen arising from coeliac axis coursing along the lower

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esophagus supplying right lower lobe.

Venous drainage:-

- Normal systemic and pulmonary venous drainage is seen.
- No left superior vena cava
- Trachea and major bronchi appear normal.
- Mosaic attenuation is seen in both lungs. Lungs show no consolidation
- No pleuro-pericardial effusion is seen.
- Visualized liver and spleen appear normal.

She underwent Right Modified Blalock -Taussig Shunt (A 6 mm PTFE graft anastomosed end-side to the right subclavian artery + The other end of the graft anastomosed to the right pulmonary artery) + Azygos ligation and division through right posterolateral thoracotomy done on 16/07/2019 and was discharged on 24/07/2019 after a smooth post-operative course

She was lost to follow up. She had history of chest pain for last 2 - 3 days associated with fever for last 2 – 3 days.

She was seen at FEHI, New Delhi on 28/07/2023. Her saturation at that time was 81% with weight of 16.1 Kg and Height 124 cm. Echo was done which revealed situs solitus, levocardia, D-loop, normal systemic and pulmonary venous drainage, intact interatrial septum, Tetralogy of Fallot with valvar pulmonary atresia, laminar inflow, trace tricuspid regurgitation, 2 equal papillary muscle, no mitral regurgitation, large malaligned perimembranous ventricular septal defect, no additional ventricular septal defect, confluent branch Pulmonary arteries, normal origin coronaries, patent well-functioning Blalock Taussig Shunt, good flow in branch Pulmonary arteries, left arch, normal branching, no Coarctation of aorta, no Patent ductus arteriosus, no left superior vena cava, multiple collateral, normal biventricular function, no collection, PA annulus 14mm (Exp 13.5mm), Right pulmonary artery 10mm, Left pulmonary artery 10mm (Exp 9.25mm), aortic annulus 2.4cm (Z score +5.5), aortic sinus 2.7cm (Z score +3.3).

She was advised cardiac cath followed by surgical management. She was started on betablocker therapy.

Now she is admitted at FEHI, New Delhi for further evaluation and management. On admission, her saturation was 81%, Her Hb 16.7/dl and Hematocrit 51.7% on admission.

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FOLLOW UP:

Long term cardiology follow- up in view of:-

1. **Possibility of recurrence of Right ventricular outflow tract obstruction**
2. **Free pulmonary regurgitation**
3. Mild tricuspid regurgitation
4. Tiny collateral from arch

Review on 24/01/2024 in 5th floor at 09:30 AM for wound review

Repeat Echo after 9 - 12 months after telephonic appointment

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

- Tab. Paracetamol 250 mg PO 6 hourly x one week
- Tab. Pantoprazole 15mg PO twice daily x one week
- Tab. Shelcal 250 mg PO twice daily x 3 months
- **Tab. Folic Acid 5 mg PO once daily x one year**

- **Tan. Lasix 15 mg PO thrice daily till next review**
- **Tab. Aldactone 12.5 mg PO thrice daily till next review**

- **All medications will be continued till next review except the medicines against which particular advice has been given.**

Review at FEHI, New Delhi after 9 – 12 months after telephonic appointment
In between Ongoing review with Pediatrician

Sutures to be removed on 30/01/2024; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring own your thermometer

- **Frequent hand washing every 2 hours**
- **Daily bath after suture removal with soap and water from 31/01/2024**

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing

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(DR. KEERTHI AKKALA)
(ASSOCIATE CONSULTANT
PEDIATRIC CARDIAC SURGERY)

(DR. K.S. IYER)
(EXECUTIVE DIRECTOR
PEDIATRIC CARDIAC SURGERY)

Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)

- **Poonam Chawla Mob. No. 9891188872**
- **Treesa Abraham Mob. No. 9818158272**
- **Gulshan Sharma Mob. No. 9910844814**
- **To take appointment between 09:30 AM - 01:30 PM in the afternoon on working days**

OPD DAYS: MONDAY – FRIDAY 09:00 A.M

In case of fever, wound discharge, breathing difficulty, chest pain, bleeding from any site call 47134500/47134536/47134534/47134533

Patient is advised to come for review with the discharge summary. Patient is also advised to visit the referring doctor with the discharge summary.

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