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#### **ORIGINAL ARTICLE**

## Ebstein's anomaly in children: A single-center study in Angola



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#### **KEYWORDS**

Congenital heart disease; Congenital heart surgery; Valve lesion; Tricuspid valve; Cone reconstruction

#### Abstract

Introduction and Objective: Ebstein's anomaly is a rare complex congenital heart defect of the tricuspid valve. We aimed to describe the frequency, clinical profile, and early and short-term post-operative results in patients under the age of 18 years operated for this anomaly in a tertiary center in Angola.

Methods: A retrospective cross-sectional study was conducted over a period of 37 months. We analyzed all patients diagnosed with congenital heart defects.

Results: Of the 1362 patients studied, eight (0.6%) had Ebstein's anomaly; six patients (75%) were female. Mean age was  $69\pm59$  months. Five patients were in NYHA functional class III or IV. Mean cardiothoracic index was 0.72. Seven patients (87.5%) had severe tricuspid regurgitation and five (62.5%) had another associated congenital heart defect. All patients were operated: two had complications and one (12.5%) died in the early post-operative period. The mean follow-up time was  $1.22\pm0.6$  years, and mortality during follow-up was 12.5% (n=1). At the end of the study, of the five patients in whom cone reconstruction was performed, four (80%) were in functional class I. Mean cardiothoracic index decreased to 0.64. Three patients had mild and two had moderate tricuspid regurgitation. The patient who underwent cone reconstruction and a Glenn procedure was in functional class I.

Conclusion: The frequency of Ebstein's anomaly was similar to that in other centers. Cone reconstruction was viable in the majority of patients, with good early and short-term results. © 2015 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. All rights reserved.

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#### **PALAVRAS-CHAVE**

Cardiopatia congénita; Cirurgia cardíaca congénita; Lesão valvular; Válvula tricúspide; Reconstrução em cone

#### Anomalia de Ebstein em crianças: estudo unicêntrico em Angola

#### Resumo

Introdução e Objectivos: A anomalia de Ebstein é uma cardiopatia congénita complexa e rara da válvula tricúspide. Descrever a frequência, o perfil clínico e os resultados pós operatórios imediatos desta anomalia em criancas e adolescentes.

Métodos: Estudo transversal retrospetivo no único centro com tratamento integrado em cardiopatias congénitas em recém nascidos, crianças e adolescentes (<18 anos de idade) em Angola, num período de 37 meses. Foram analisados todos os doentes com diagnóstico de cardiopatia congénita. O diagnóstico foi feito com base no exame clínico e dados da ecocardiografia transtorácica e Doppler. Os ecocardiogramas foram realizados pelos Cardiologistas Pediátricos numa máquina Vivid 7 G.E.

Resultados: Foram analisados 1362 ecocardiogramas sequenciais. Oito doentes (0,6%) tinham anomalia de Ebstein, destes 6 (75%) eram do género feminino. As idades variaram entre 4 a 168 meses, a média foi de  $69\pm59$  meses. Cinco estavam em classe funcional III ou IV da NYHA. A média do índice cardiotorácico foi de 0,72. Sete doentes (87,5%) tinham regurgitação tricúspide grave e 5 (62,5%) tinham outra cardiopatia congénita associada. Todos os doentes foram submetidos a intervenção cirúrgica. Dois tiveram complicações no pós-operatório imediato. A mortalidade pós operatória foi de 12,5% (n=1).

Conclusão: A frequência da Anomalia de Ebstein encontrada foi semelhante a de outros Centros. A técnica de Cone foi viável na maior parte dos pacientes. A mortalidade pós operatória imediata foi baixa.

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#### List of abbreviations

**ASD** atrial septal defect CHD congenital heart defect CR cone reconstruction cardiothoracic index CTI EΑ Ebstein's anomaly MBT modified Blalock-Taussig NYHA New York Heart Association PAH pulmonary artery hypoplasia PDA patent ductus arteriosus

RV right ventricular TV tricuspid valve WPW Wolff-Parkinson-White

#### Introduction

Ebstein's anomaly (EA) is a rare complex congenital heart defect (CHD) of the tricuspid valve (TV) first described by Wilhelm Ebstein in 1866. It occurs in about 1 per 200 000 live births and accounts for less than 1% of all CHDs. The anatomical basis of EA consists in displacement by more than 8 mm/m² body surface area of the septal and posterior leaflets of the TV in relation to the position of the mitral valve anterior leaflet. The genetic etiology is unknown. The usual clinical presentation is cyanosis, heart failure, arrhythmia and sudden death. The severity and onset of symptoms depend on the degree of

displacement of the TV leaflets.<sup>3</sup> Transthoracic echocardiography is the gold standard for diagnosis of this entity.<sup>4,6</sup> EA may coexist with other CHDs, genetic syndromes, or Wolff-Parkinson-White (WPW) syndrome.<sup>2-4,9</sup> Surgical management of EA depends on the patient's age, the clinical presentation and association with other CHDs, and therefore the surgical approach should be individualized.<sup>9,10</sup> Ebstein's anomaly is classified among the category of CHDs that requires early and specific health care.<sup>7,8</sup> In this context, the present study aimed to describe the experience of a tertiary center in a developing country in managing this complex disease in patients less than 18 years old.

#### Methods

Based on the records of the Cardiothoracic Center of Clínica Girassol, previously described, <sup>11</sup> a retrospective study was performed that included all patients with CHDs over a period of 37 months (March 29, 2011 to April 29, 2014). Data on clinical presentation, chest X-ray, electrocardiography, echocardiographic studies and surgical reports were analyzed. Transthoracic echocardiography and Doppler studies was performed by pediatric cardiologists using a GE Vivid 7 system (GE Healthcare, Milwaukee, WI, USA) with multiple frequency probes (3S-RS, 4C-RS and RS-6S) in accordance with the recommendations of the American College of Cardiology/American Heart Association. <sup>12</sup> Only the first echocardiogram was validated. A diagnosis of EA was made when a displacement of the septal and posterior leaflets of the TV was observed of more than 8 mm/m² body

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