

Congenital Cardiac Malformations

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Among the first 5 causes of infant mortality in children under 1 year in Venezuela, congenital anomalies represent 20.4% occupying the second place, within them the congenital cardiac malformations correspond to 5.8%; and in children under 28 days of age, congenital cardiac malformations 4.9%.

The most frequent congenital cardiopathies are:

- Interventricular communication.
- Driving Arterial Duct
- Interauricular communication
- Pulmonary stenosis
- Tetralogy of Fallot
- Transposition of Great glasses
- Full AV channel
- Abnormal connection of pulmonary veins
- Hypoplasia of the Left Ventricle.

These malformations are diagnosed in the fetal period with a technique called Fetal Echocardiography where the fetal structure and its function are evaluated. From 16 weeks of gestation it can be done by the pediatric cardiologist or the perinatologist obstetrician.

Once born, these children with a prenatal diagnosis of congenital heart disease should be evaluated by the child cardiologist to corroborate these diagnoses and establish a work plan in conjunction with the pediatrician-neonatologist, until a surgical resolution is reached if the case merits it. care that these children should have cardiac from birth and depending on their clinical conditions may require care in units of intensive neonatal therapy, to improve their clinical conditions to reach the corresponding surgical corrections in each case. There are congenital heart diseases that do not merit corrected in the neonatal period, that is, they are not critical and that their care is the same as a normal child. I refer to the maternal care of newborns as well as their controls by pediatricians and child cardiologists. This applies to children who are already They bring an antenatal diagnosis of congenital heart disease.

Now that we do when we do not have a prenatal diagnosis of heart disease, we know that 95 to 98% of children are born in hospitals and that they are evaluated by pediatricians, evidencing the first symptoms or clinical signs at birth such as heart murmurs, discoloration in blue skin and mucous membranes, cyanosis, heart rhythm disorders, respiratory distress, generalized hypotonia. Which leads to be evaluated by the child cardiologist. There may be cases where these symptoms and signs are not detected or not present in the neonatal period therefore parents should be alert to the presence of them in addition to the already mentioned fatigue and excessive sweating with breastfeeding, fainting, convulsions should immediately consult the pediatrician who will then be referred to the child cardiologist.

We know that the causes of congenital heart malformations are multifactorial, such as chromosomal, viral infections, rubella type, varicella; environmental issues such as smoking, alcoholism, drugs, maternal diseases such as diabetes, lupus erythematosus, epilepsy, AIDS. Therefore, the mother must have a good control of pregnancy from the beginning to inform her about these risk factors, in addition they should have a good diet, not smoke, not drink alcohol or drugs. Reinforce vaccines placed in childhood even before getting pregnant to prevent infections that could generate cardiac malformations such as rubella and chicken pox. Prevention of metabolic disorders such as diabetes, lupus, collagenopathies. Anomaly of fetal growth that could indicate a chromosome (13, 18, 21) which may have congenital cardiopathies.

Its location on several chromosomes causes a familial predisposition factor. This is why the presence of a heart disease in the family multiplies the risk of its presentation twice as much. The deficiency of mothers treated for congenital heart disease has an incidence 4 times higher. which should instruct parents who have a history of congenital heart disease the risk they have to repeat in their offspring, therefore should receive genetic counseling by a geneticist who will conduct their relevant studies.

It should be noted that these patients should be evaluated by a medical team consisting of obstetricians-perinatologists-children's cardiologists and geneticists. For the best follow-up and take appropriate medical behaviors when these children are born.

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