

Large and long PDAs in Infants

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Problems

- Smaller vascular access
- Large shunts
- PHT - Hyperkinetic
- Compromising aortic lumen (ADO I)
- Compromising LPA origin (ADO II)

BABA MOHD MUSTUFA 12D
M
PDA 1220/006991

DR. BHARAT DALVI
Dr. Balabhai Nanavati Hospital
20060617
164513.0000



Lao - 89 deg ,Caud - 3 deg
Zoom: 99%

SoftLink
International

Run 4 Of 11
Frame 20 Of 136

BABA MOHD MUSTUFA 12D
M
PDA 1220/006991

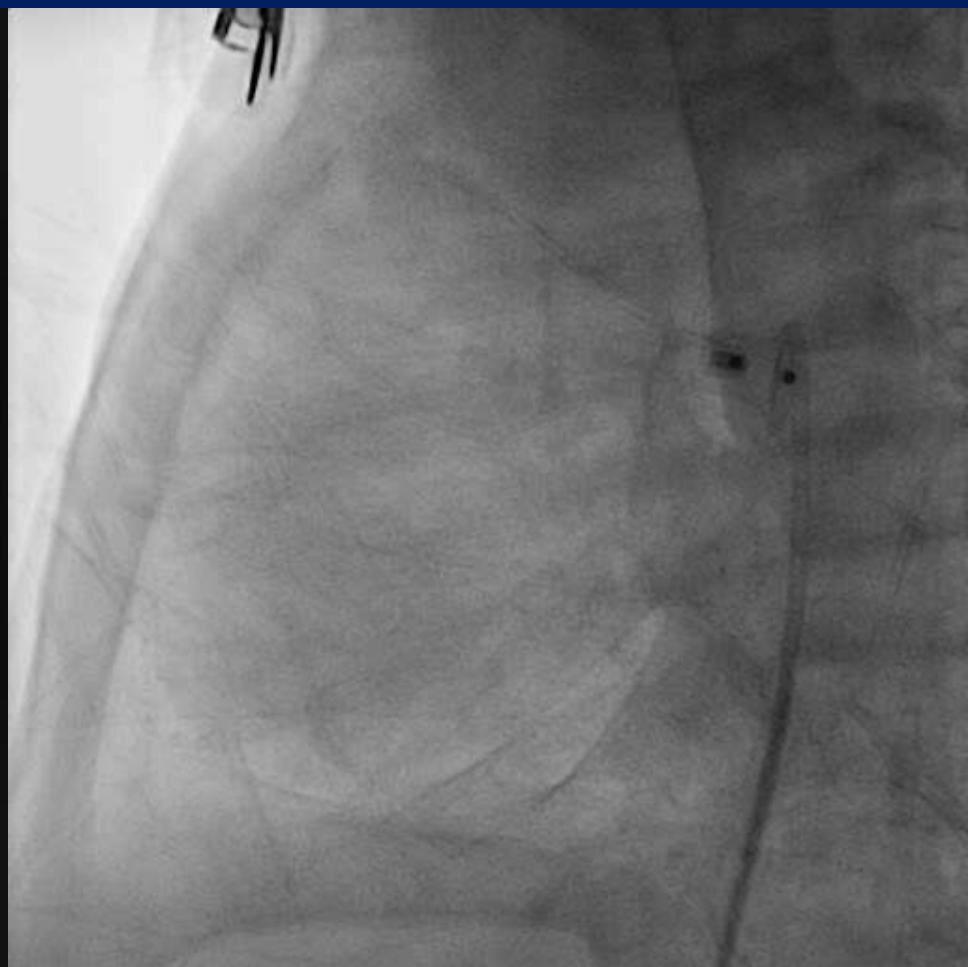
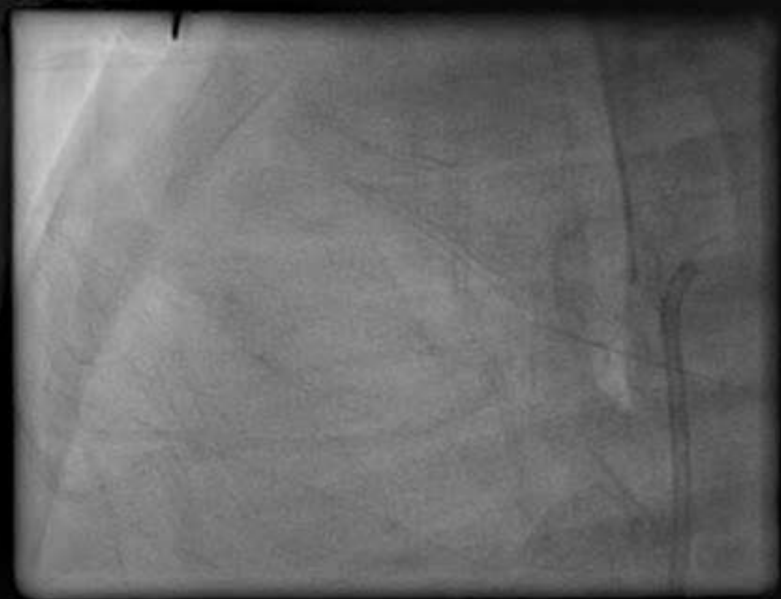
DR. BHARAT DALVI
Dr. Balabhai Nanavati Hospital
20060617
164513.0000

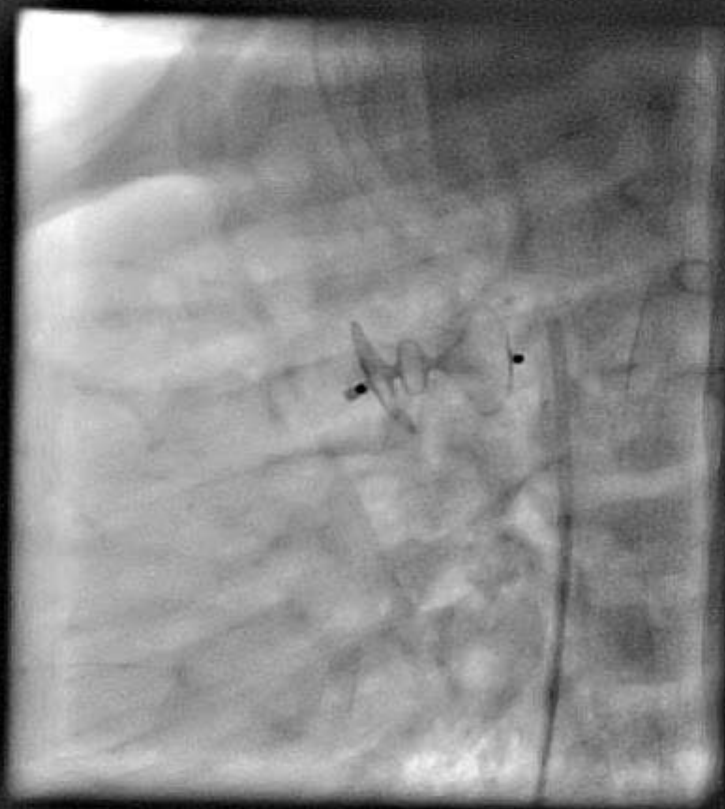
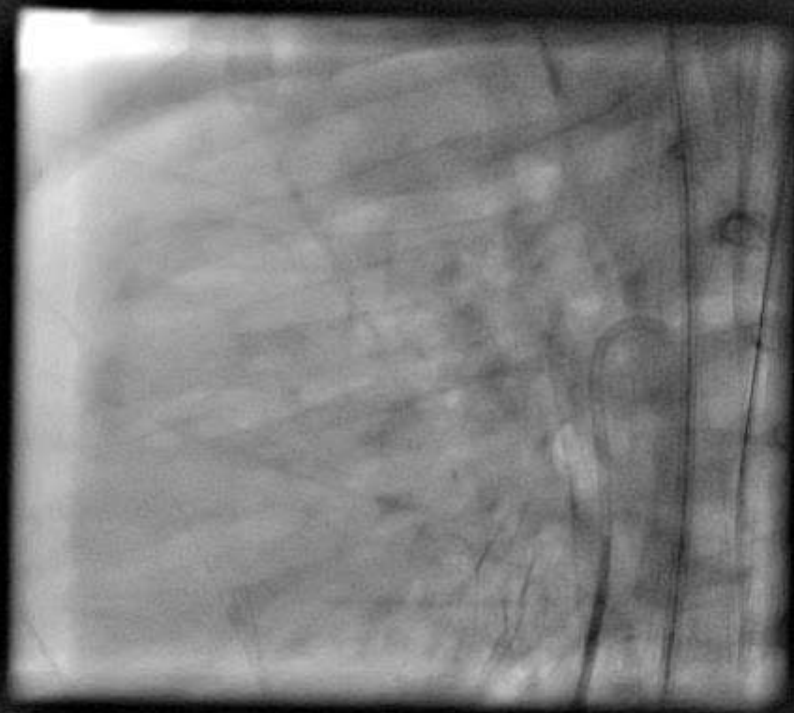


Lao - 89 deg ,Caud - 3 deg
Zoom: 99%

SoftLink
International

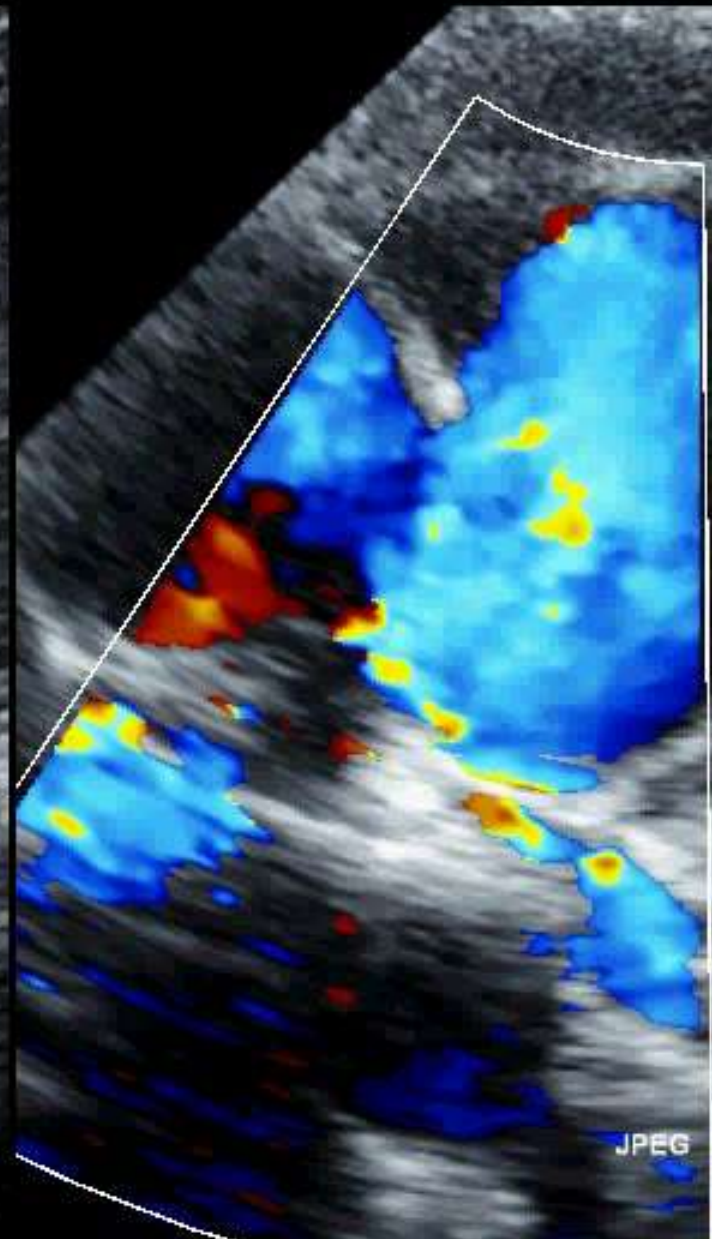
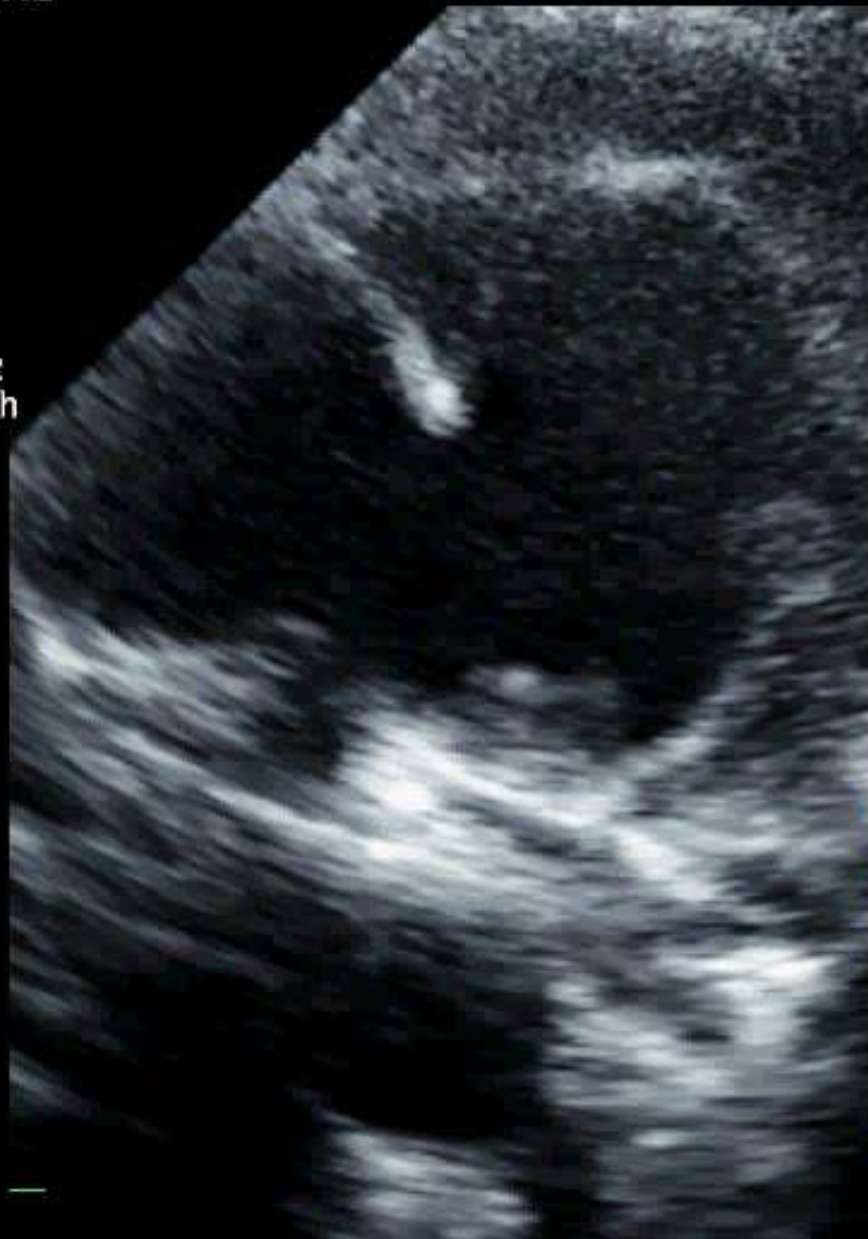
Run 10 Of 11
Frame 28 Of 94





FR 19Hz
8.1cm

2D
69%
C 50
P Off
Res
CF
80%
3.0MHz
WF High
Med



JPEG
*** bpm

Amplatzer Vascular Plug II

- No aortic retention disc
- No pulmonary retention disc
- 6-7 mm in length
- No polyester – Soft
- Very low profile
- 4Fr Sheath

Case 1

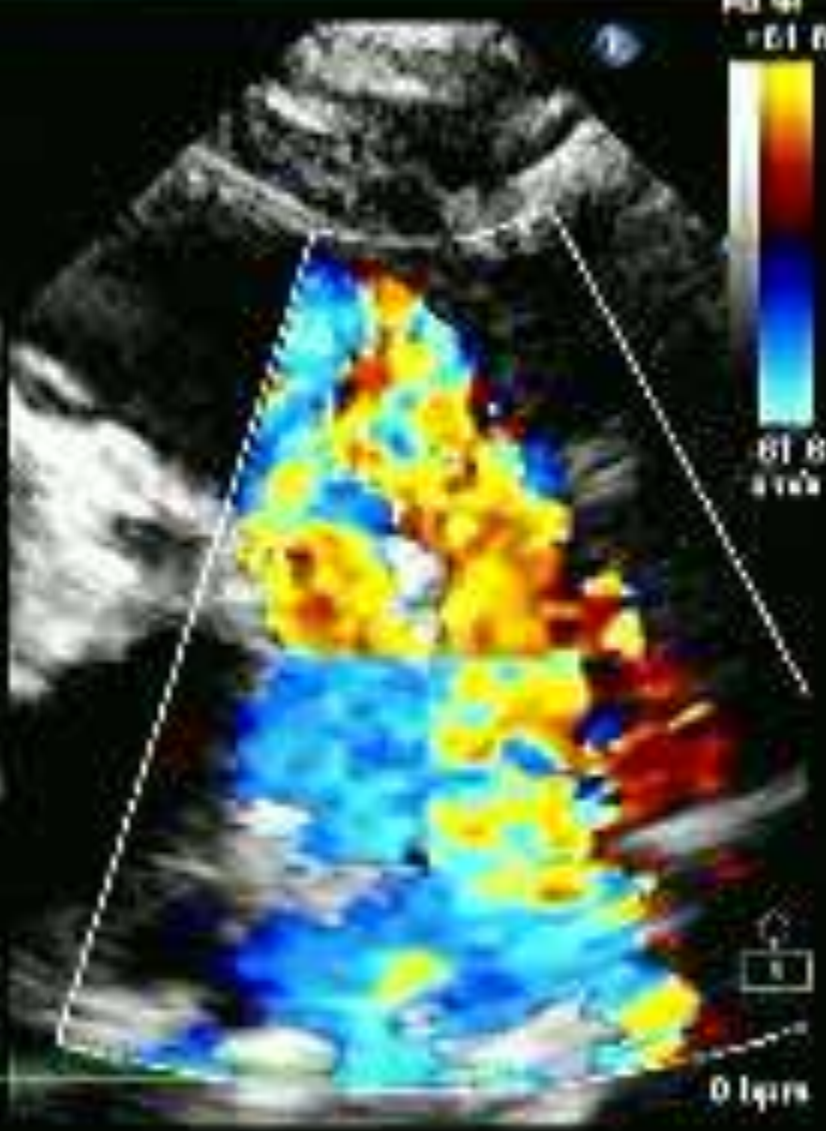
- 7 month old, 4.8 kg
- SOB, feeding difficulty and severe FTT
- Bounding pulses
- Continuous murmur

PHILIPS MOHD, 7M/M
DR B V DALVI

13/04/2015 08:40:44AM T151.5 MI 1.2
38-3/Ped-CHD

PR 30Hz
0.0dB

2D
Rf4
G 50
P Off
1Kpa
SE
7.7s
3.0V/2
WF H
Med



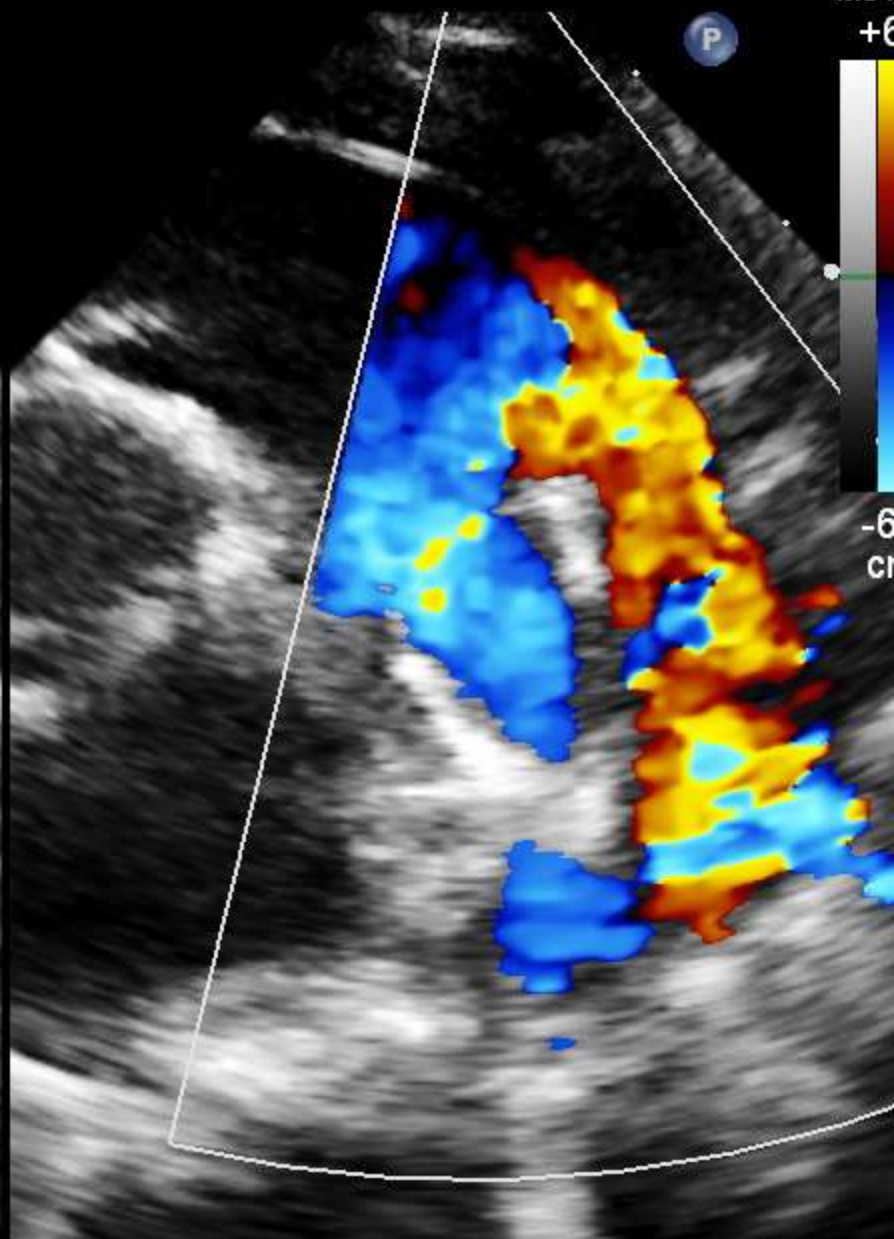
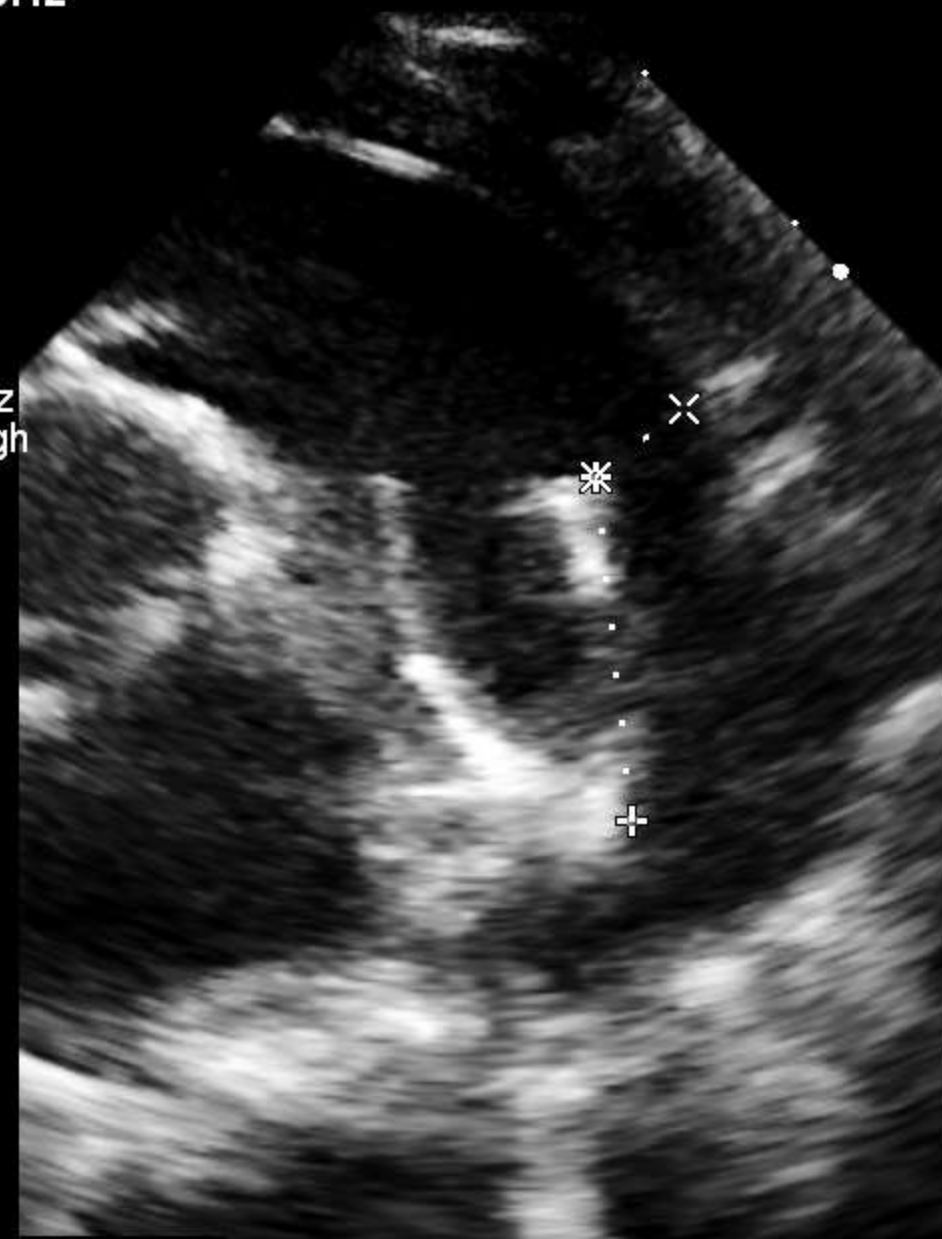
81.8
cm/s

81.8
cm/s

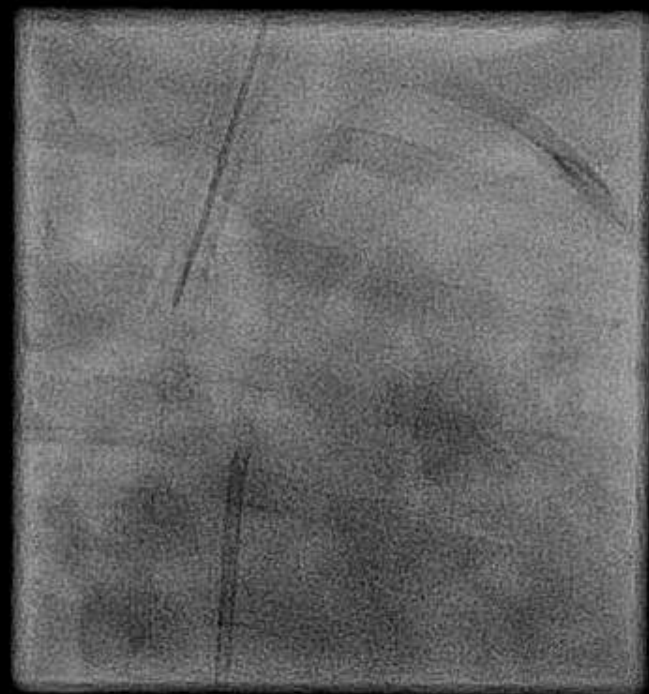
0.0cm/s

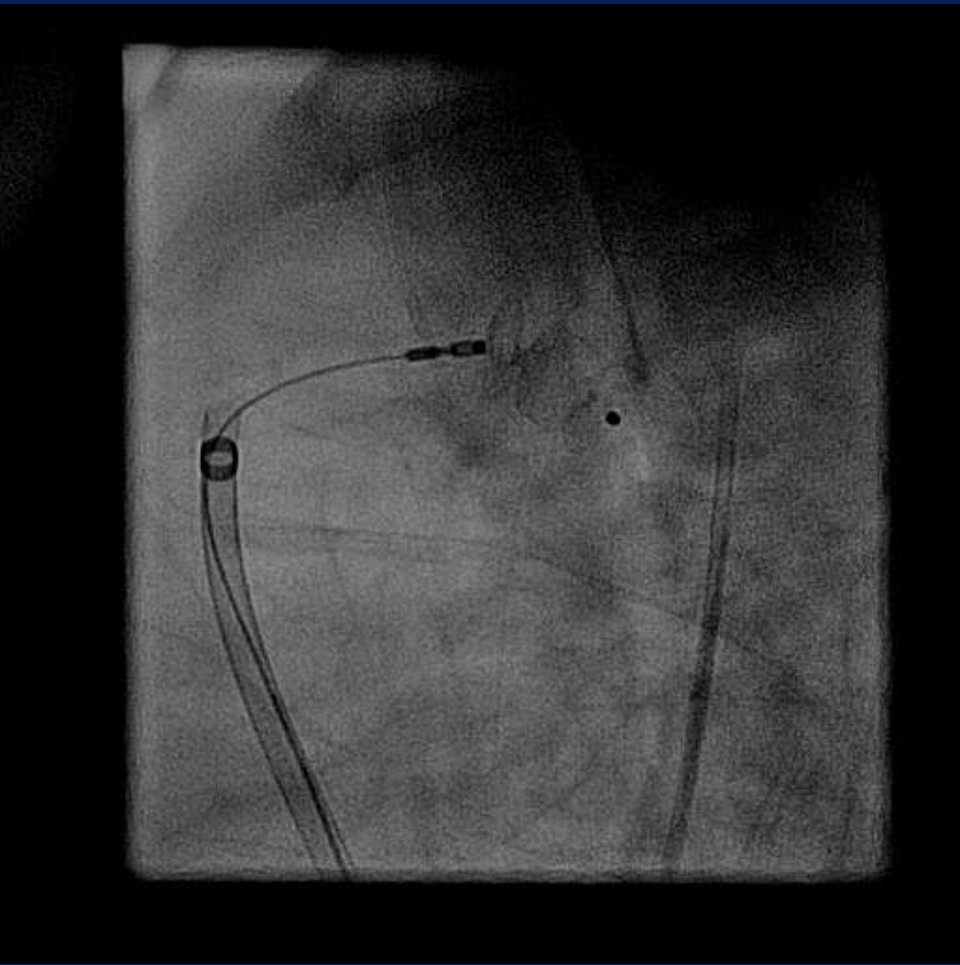
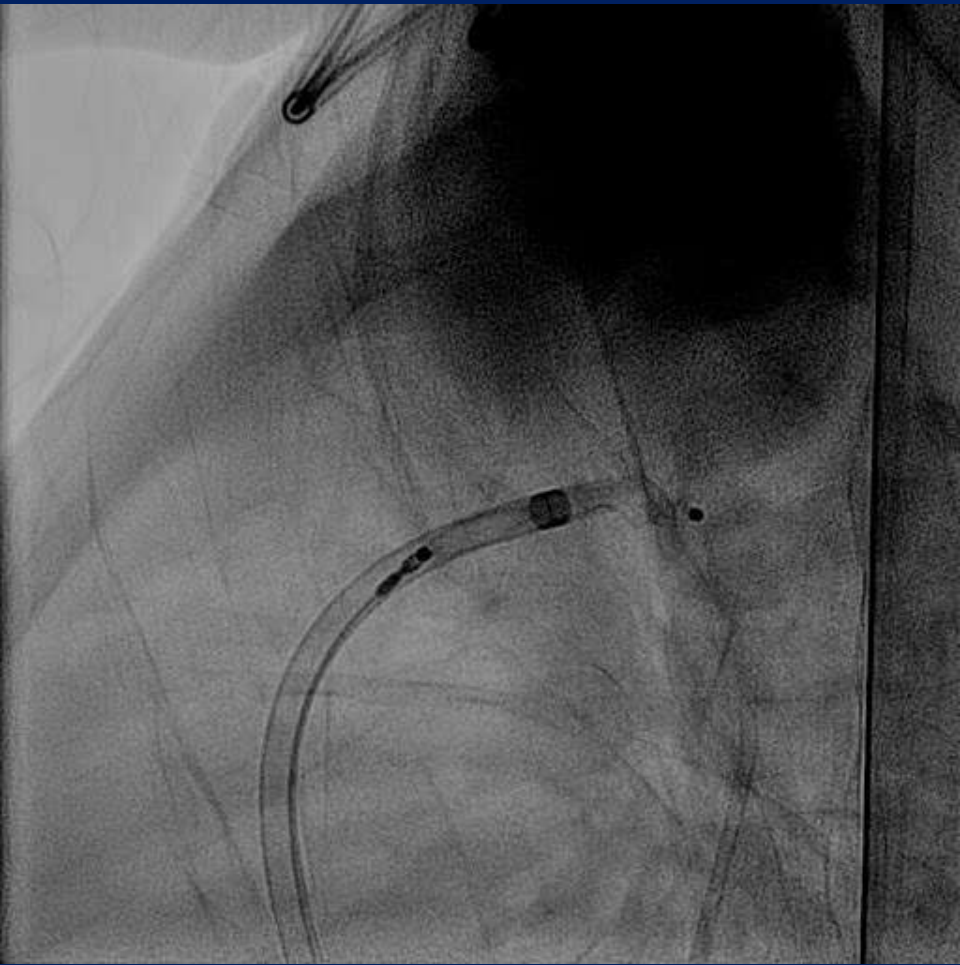
R 26Hz
0cm

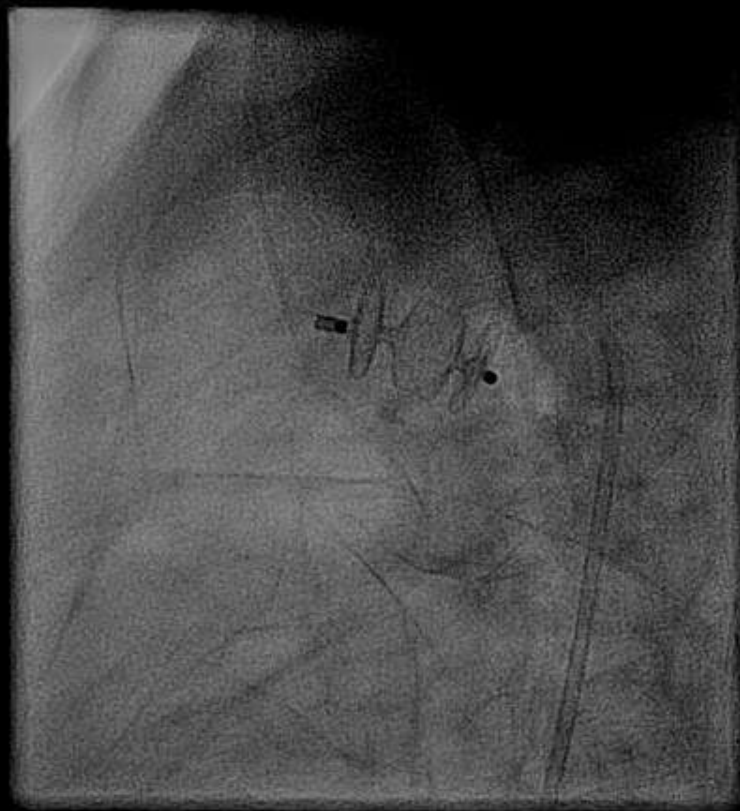
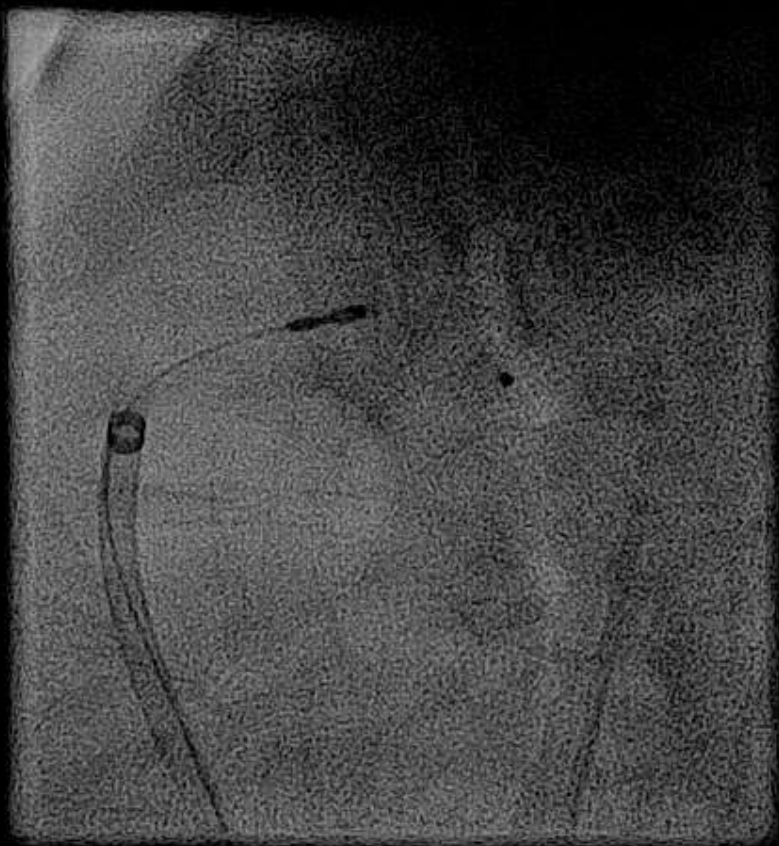
2
1%
50
Off
es
=
7%
0MHz
F High
ed



Dist 0.522 cm







FR 26Hz
7.0cm

2D
72%
C 50
P Off
Res
CF
77%
3.0MHz
WF High
Med



M3 M4
+61.6



-61.6
cm/s

JPEG

*** bpm

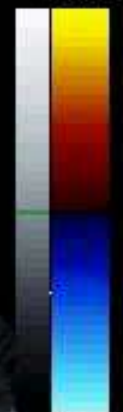
Case 2

- 3 month old, 3.2 kg
- SOB, feeding difficulty and FTT
- One episode of pneumonia
- Bounding pulses
- Continuous murmur
- Flow murmur across the MV

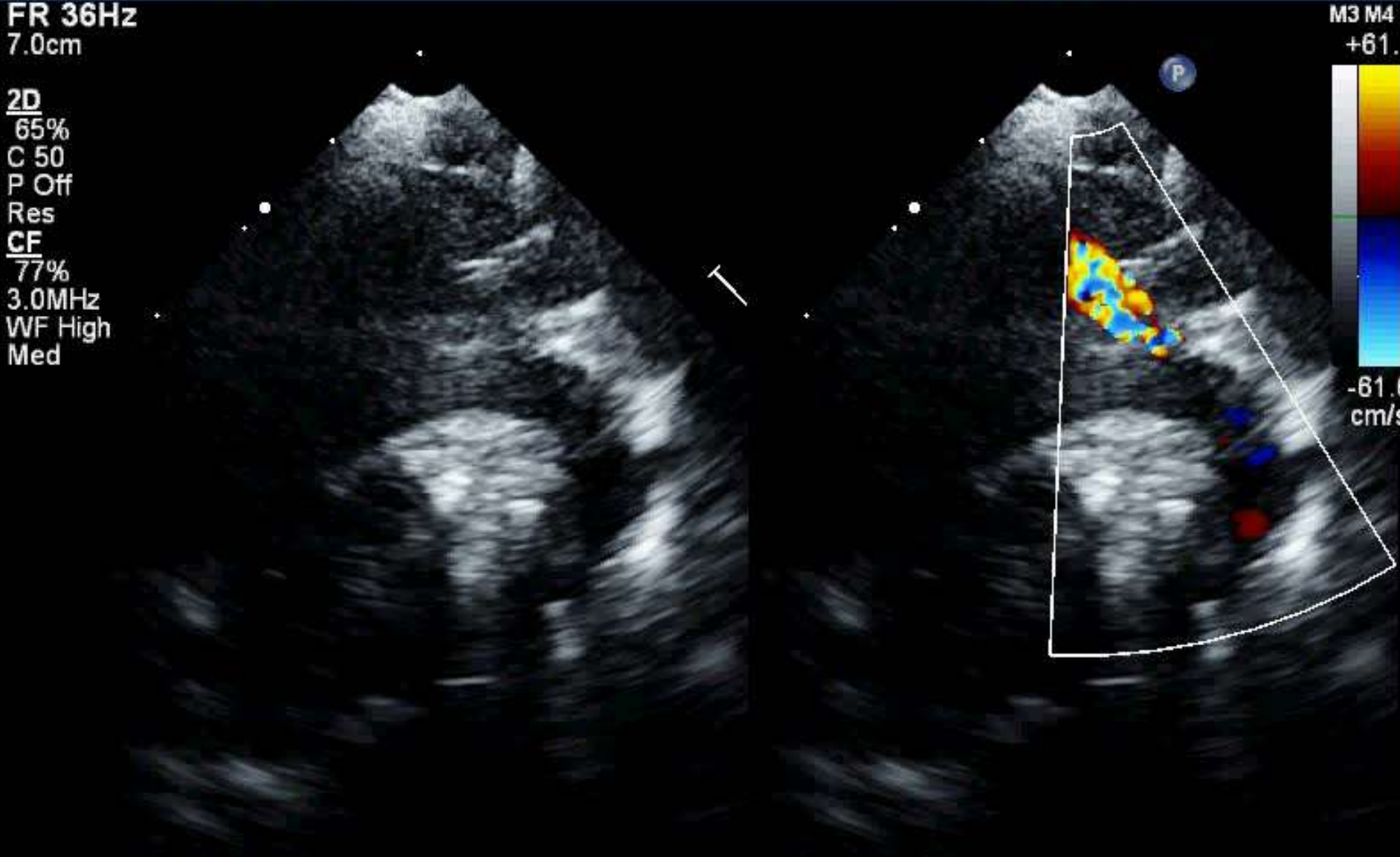
FR 36Hz
7.0cm

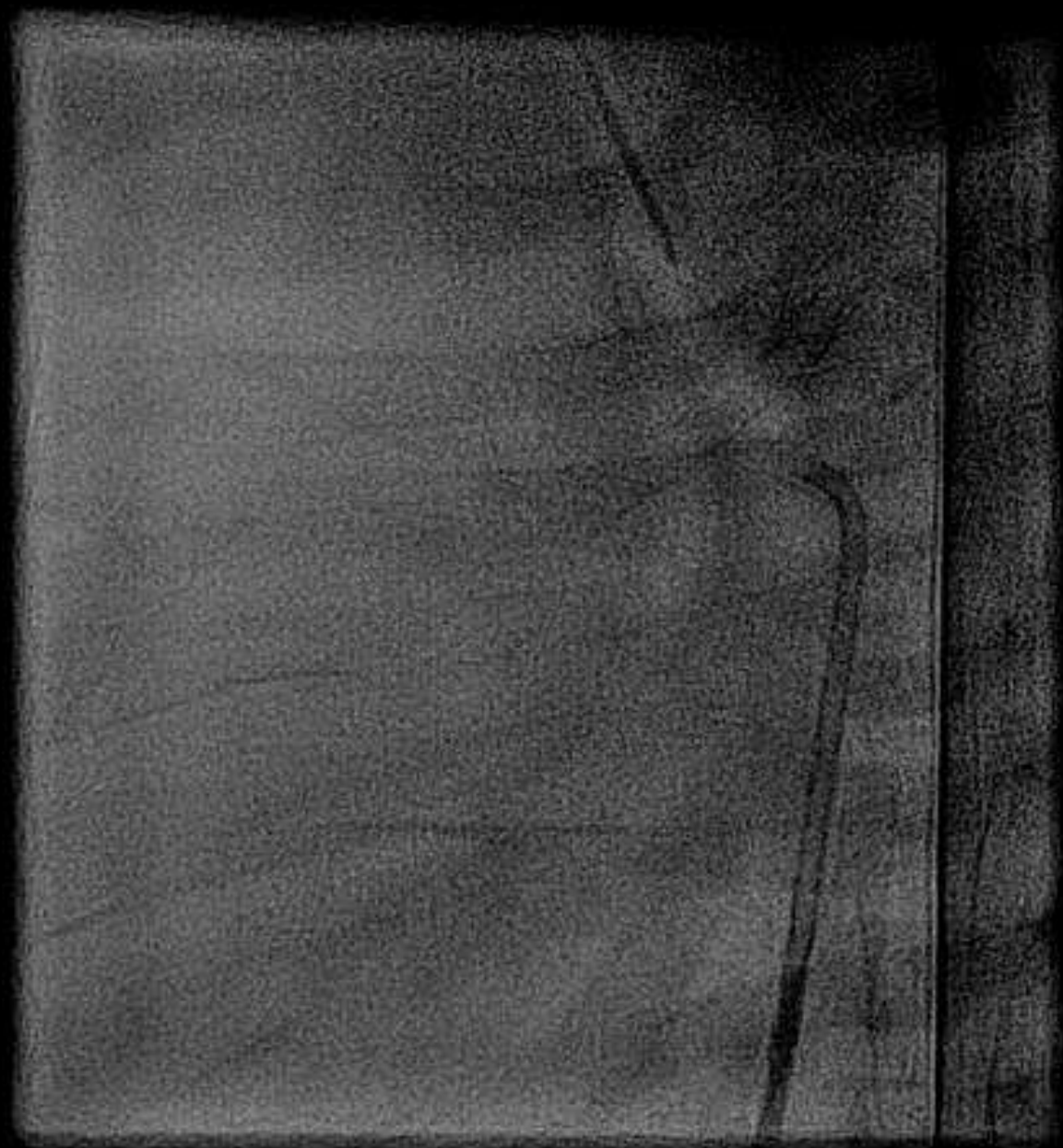
2D
65%
C 50
P Off
Res
CF
77%
3.0MHz
WF High
Med

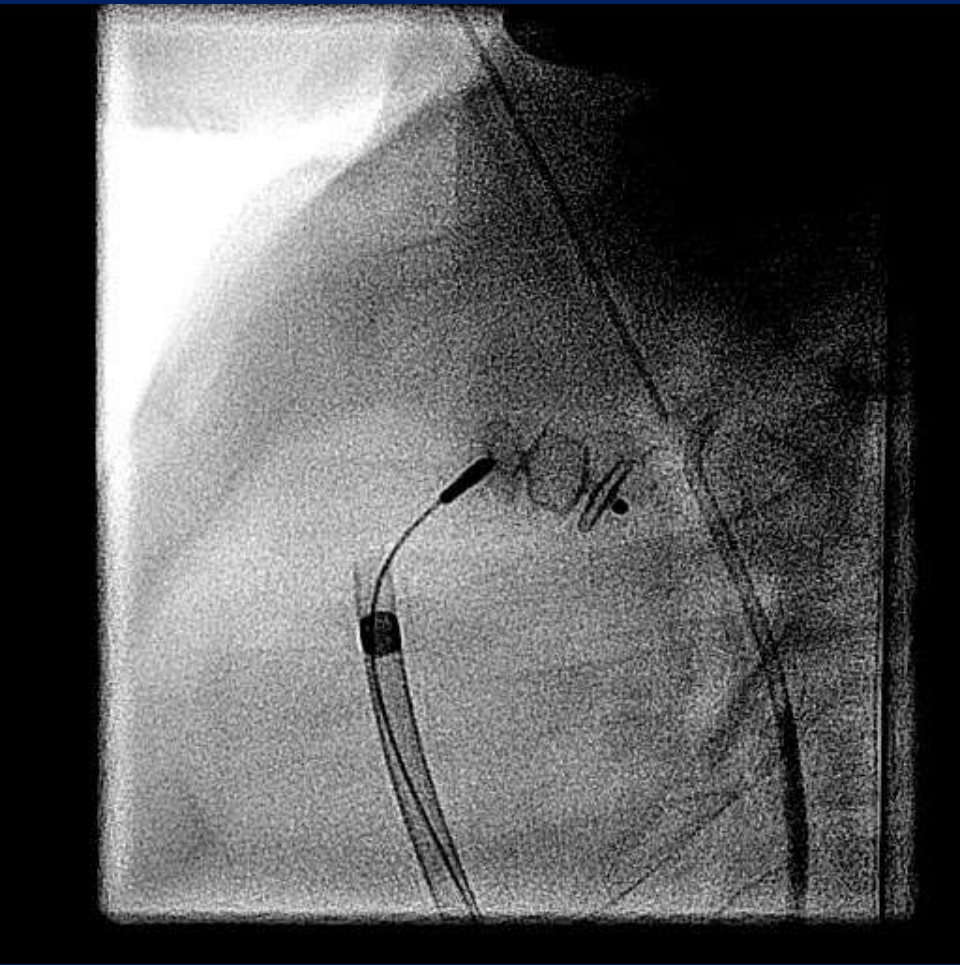
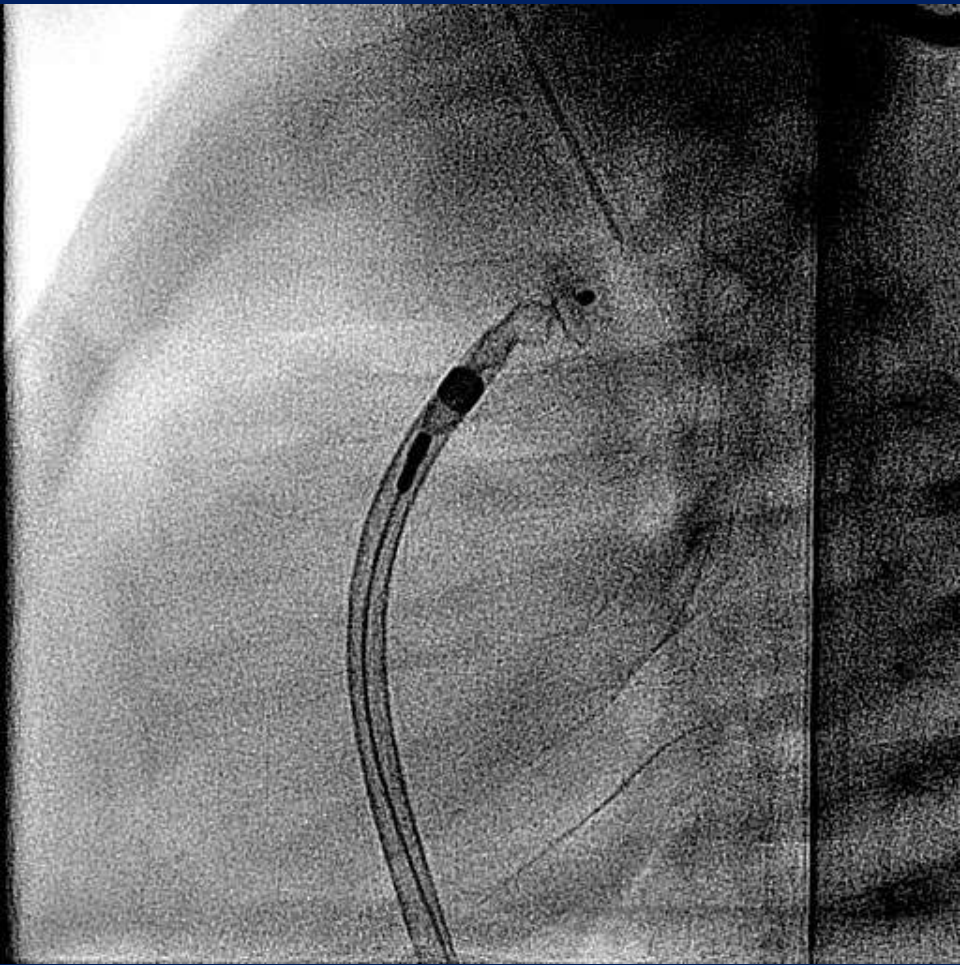
M3 M4
+61.6

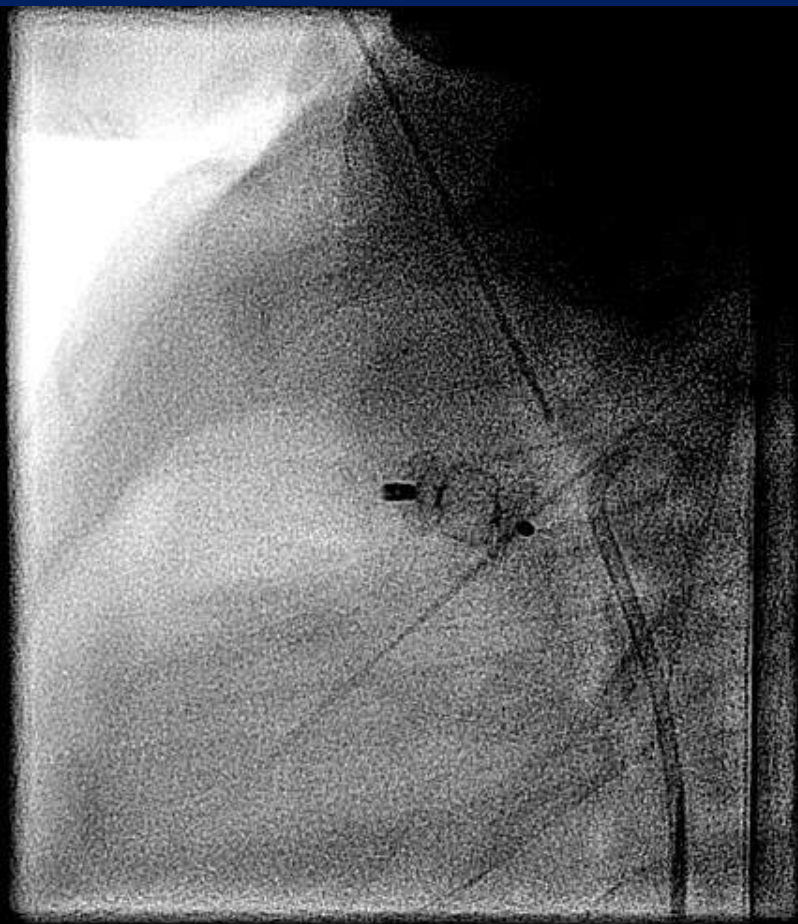
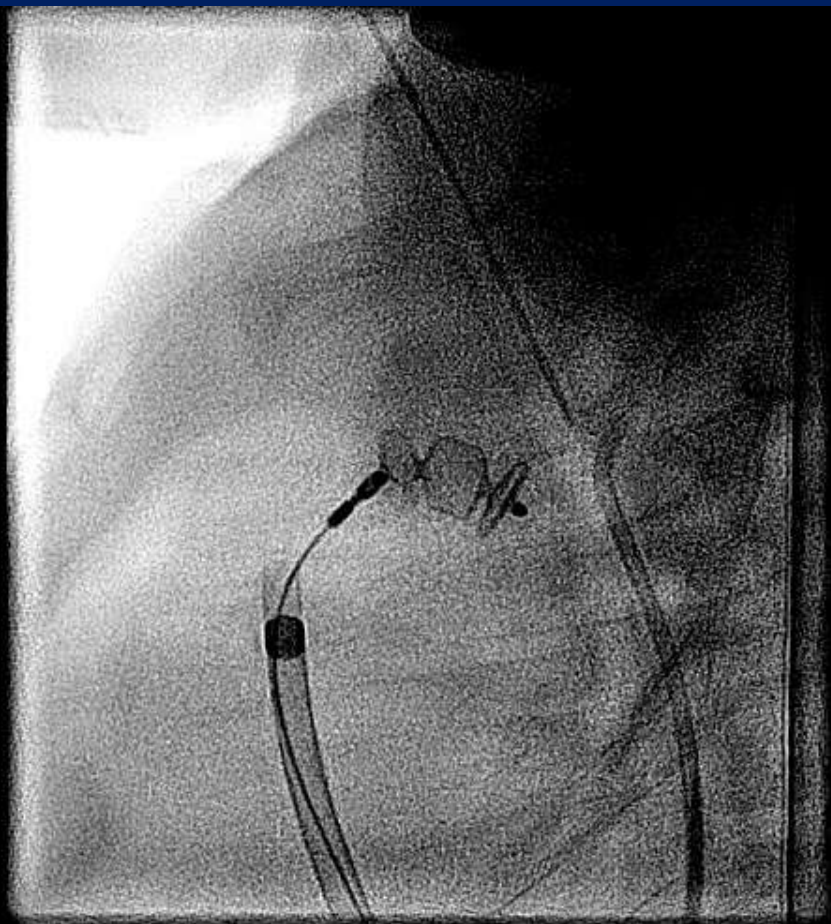


-61.6
cm/s





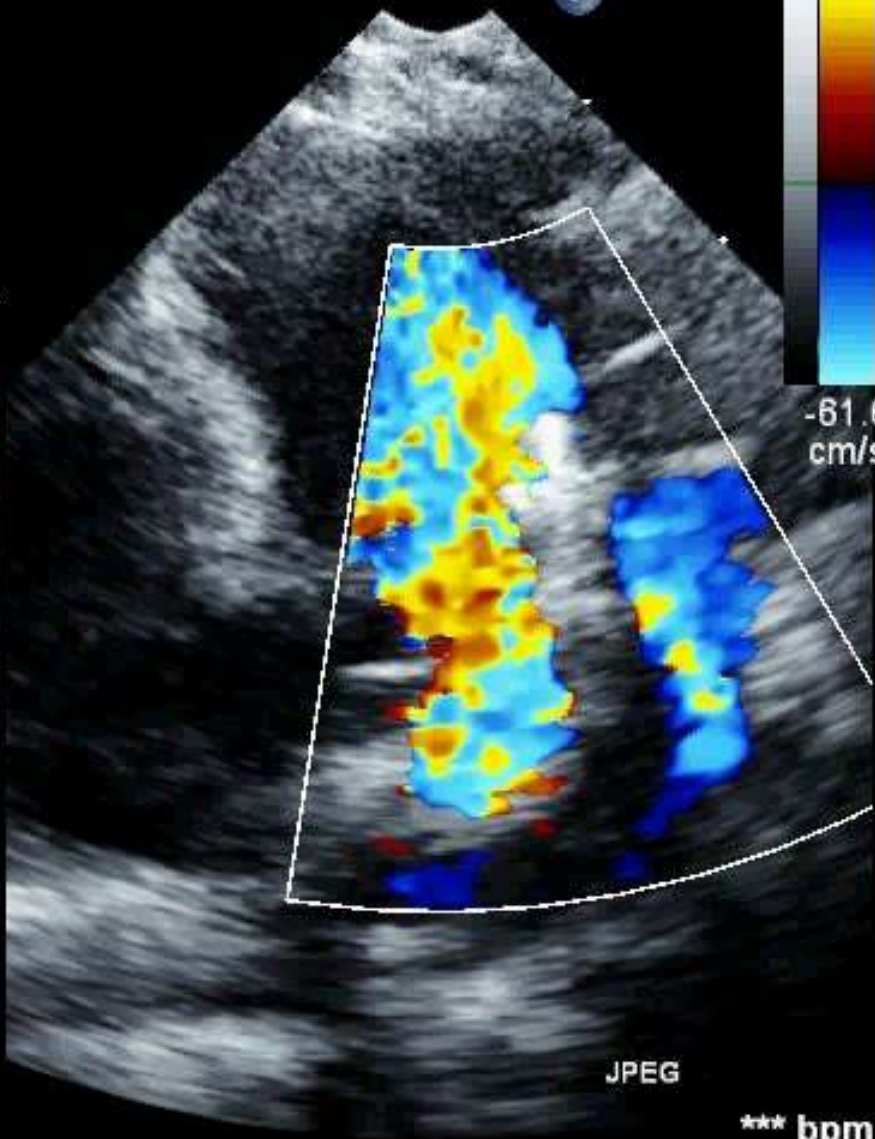




FR 32Hz
6.0cm

2D
65%
C 50
P Off
Res
CF
77%
3.0MHz
WF High
Med

M3 M4
+61.6



JPEG

*** bpm

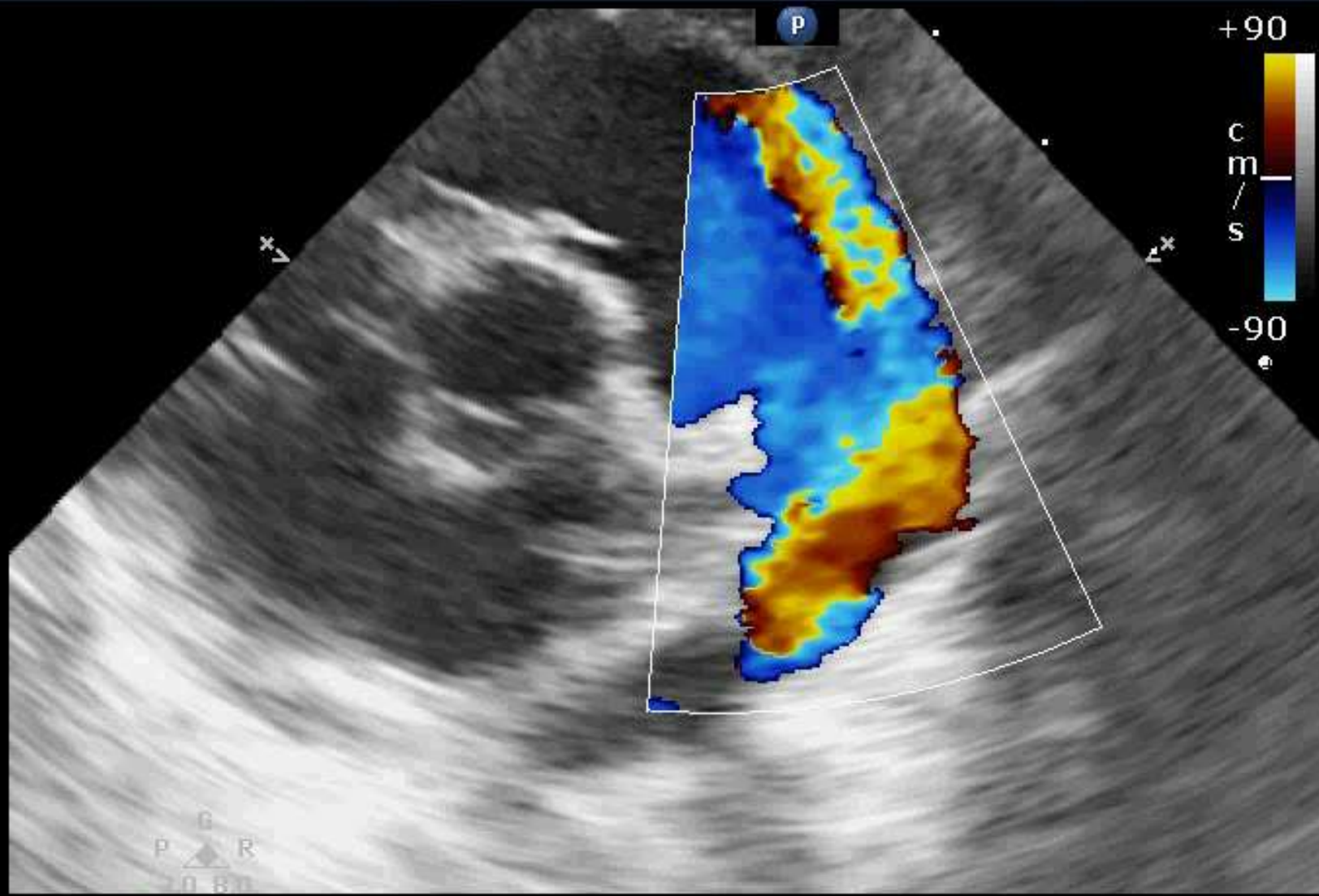
Case 3

- 11 month old, 4.9 kg
- Repeated RTI. 2 admissions for pneumonia
- Severe FTT
- Bounding pulses
- Cardiomegaly
- Continuous murmur
- Flow murmur

Ped Echo
S8-3
27 Hz
10.0cm

2D
Gen
Gn 42
C 50
6/3/0
100 mm/s

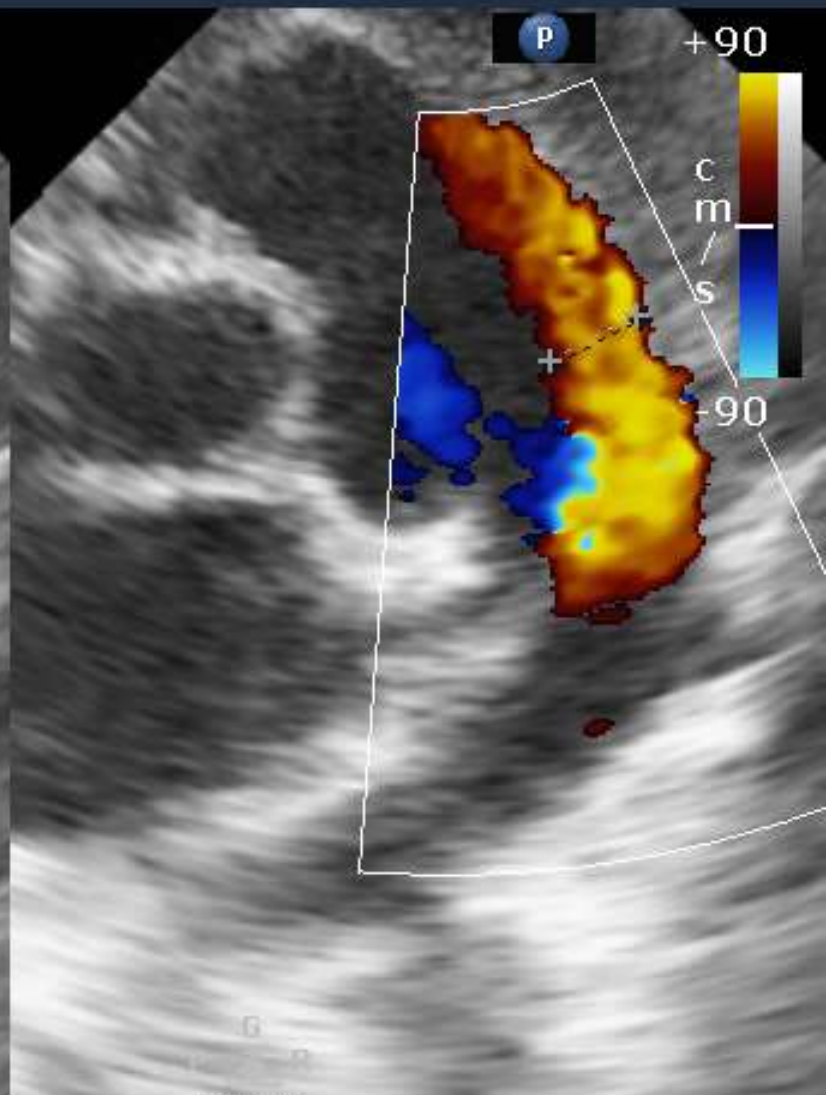
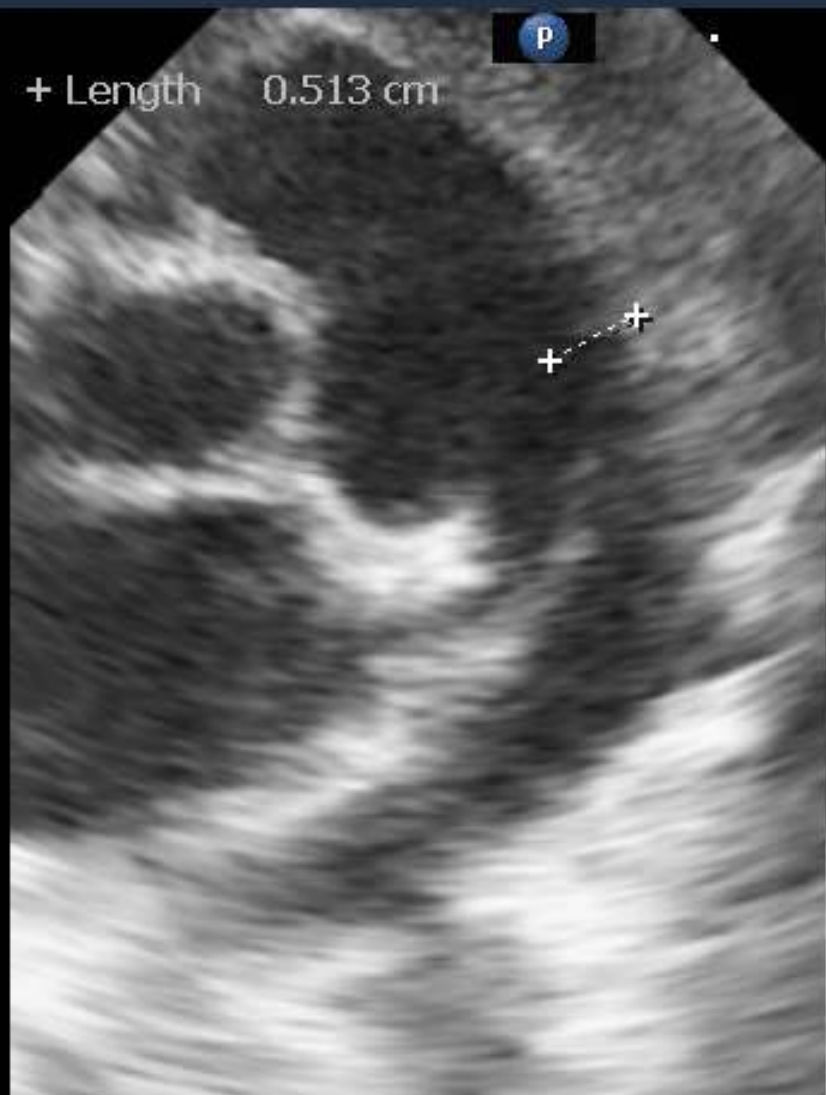
Color
3.1 MHz
Gn 60
4/4/0
Filtr Med



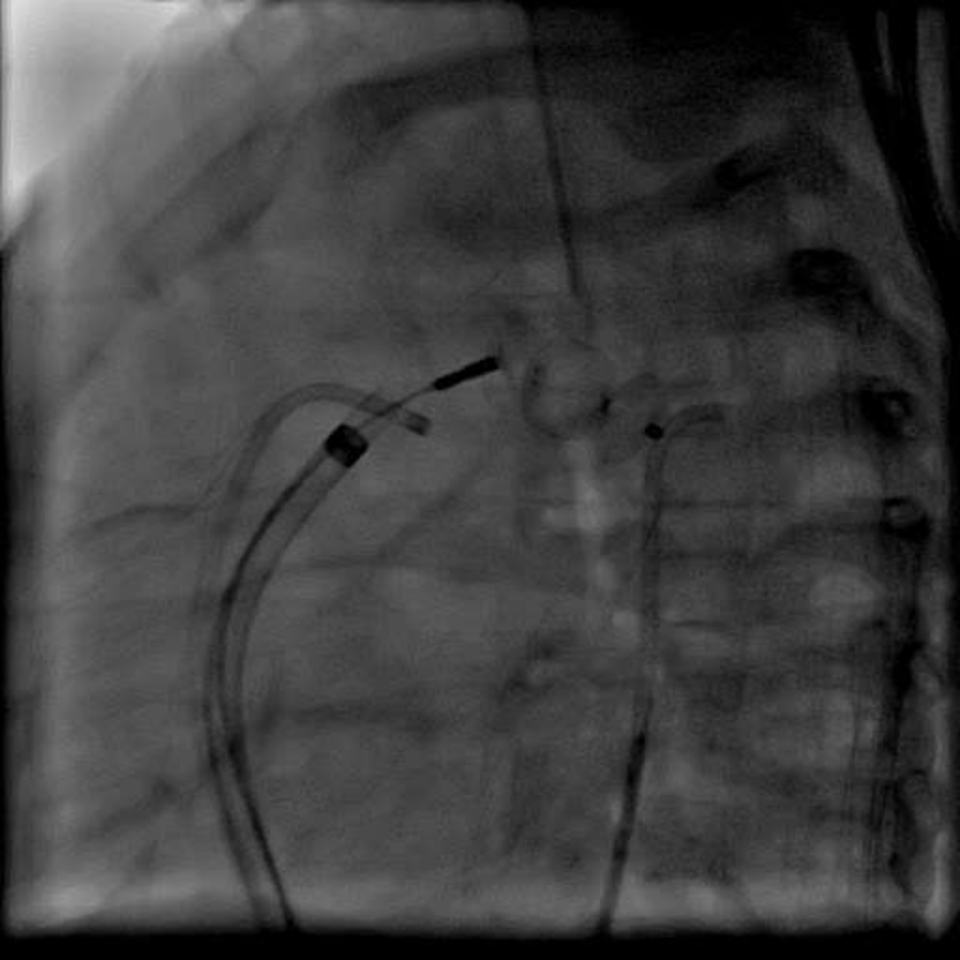
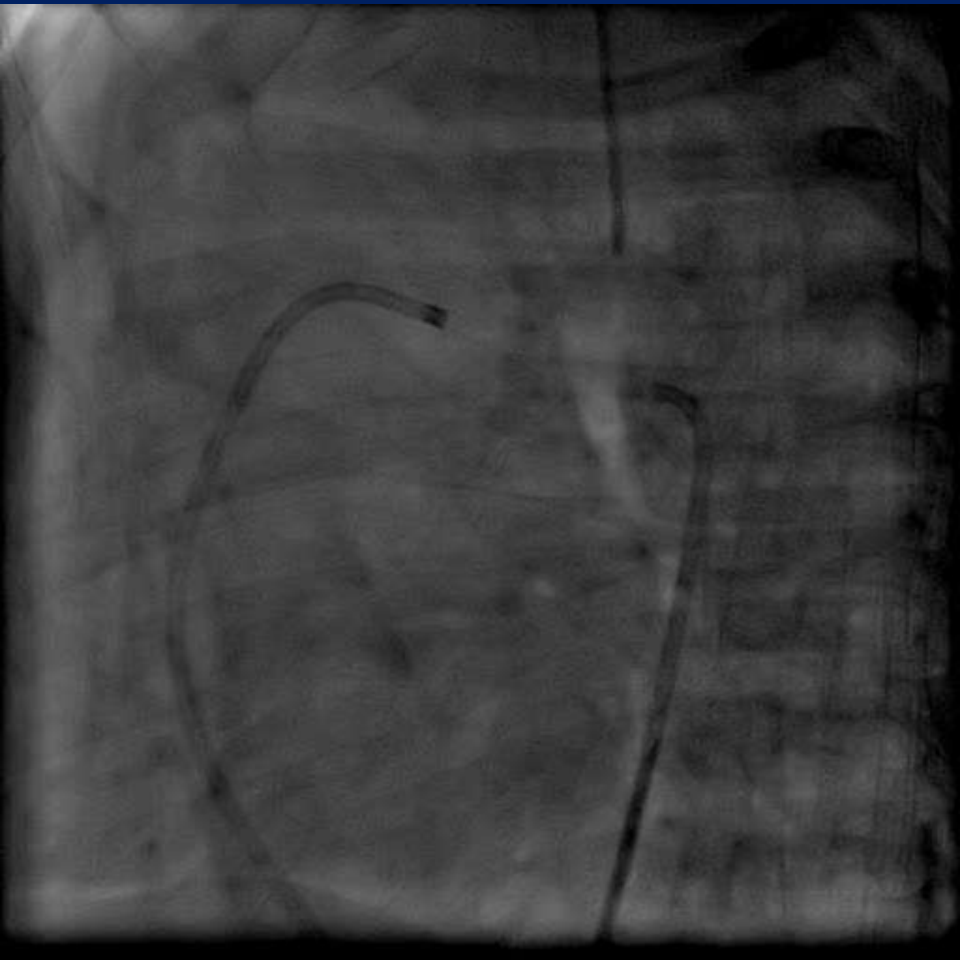
Ped Echo
S8-3
30 Hz
10.0cm

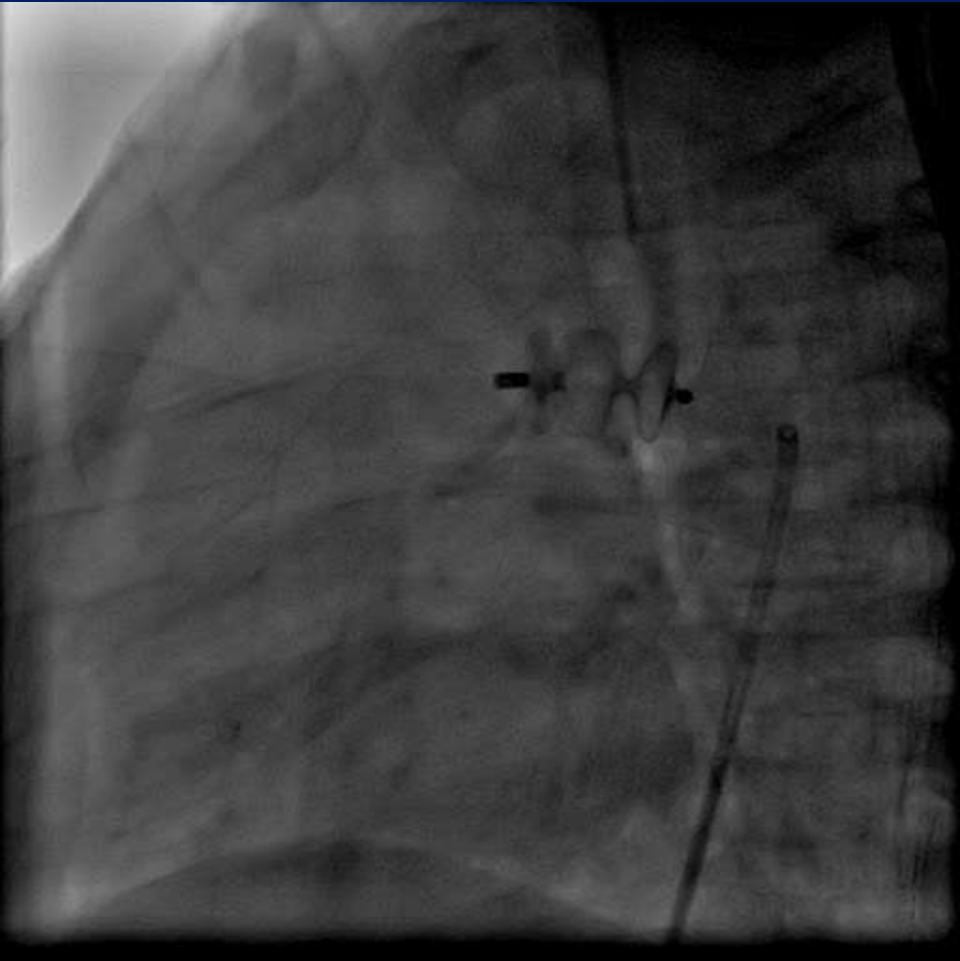
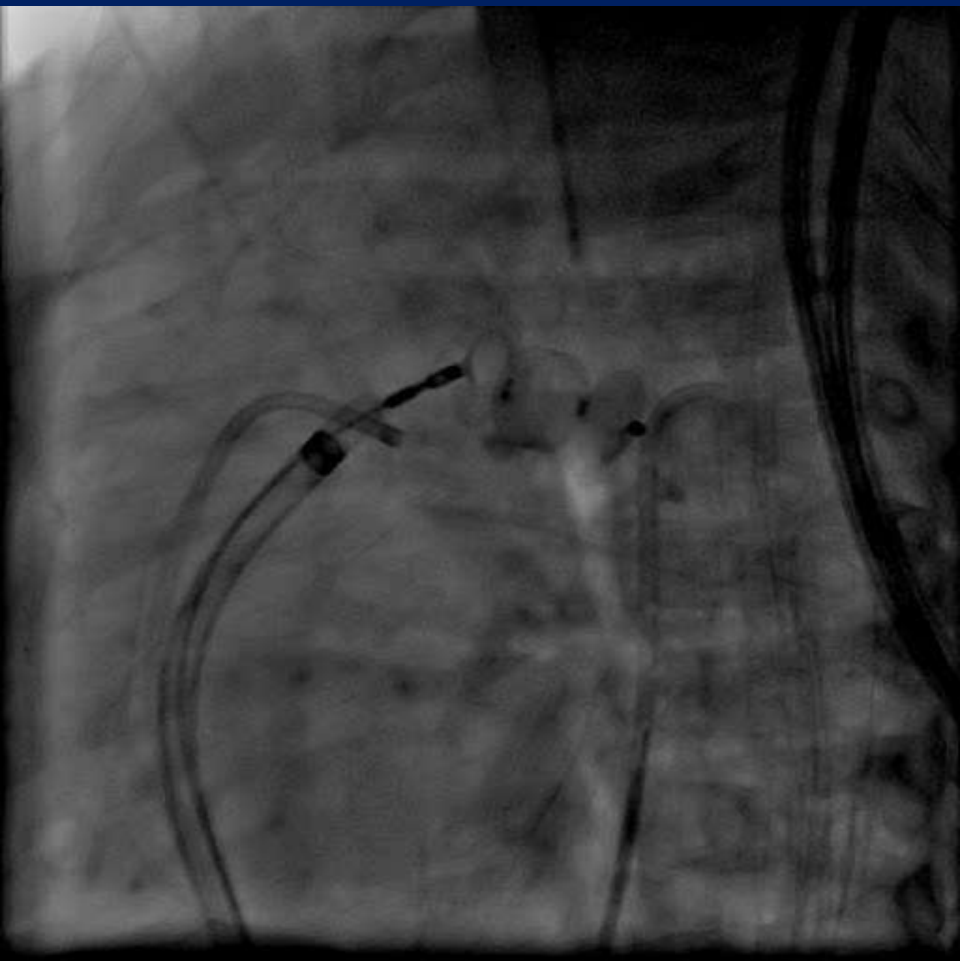
2D
Gen
Gn 42
C 50
6/3/0
100 mm/s

Color
3.1 MHz
Gn 57
4/4/0
Fltr Med



6
3.0 8.0

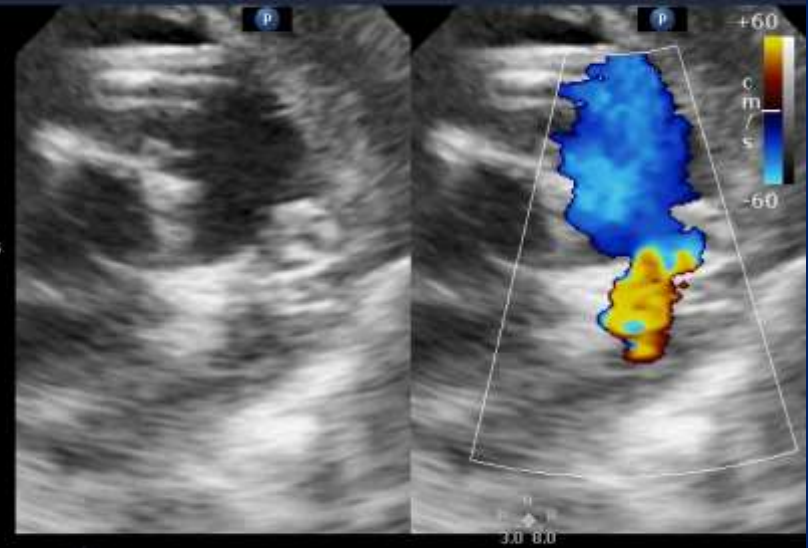




Ped Echo
S8-3
22 Hz
10.0cm

2D
Gen
Gn 36
C 50
6/3/0
100 mm/s

Color
3.1 MHz
Gn 44
4/4/0
Fltr Med



Ped Echo
S8-3
22 Hz
10.0cm

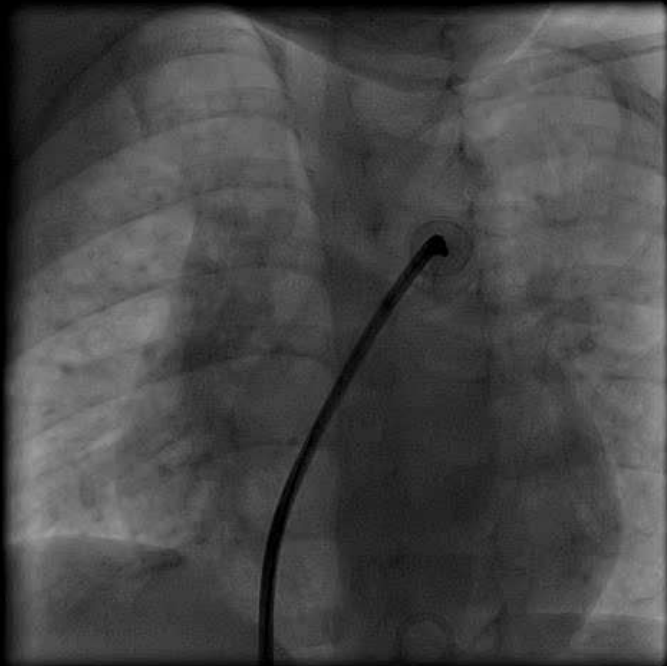
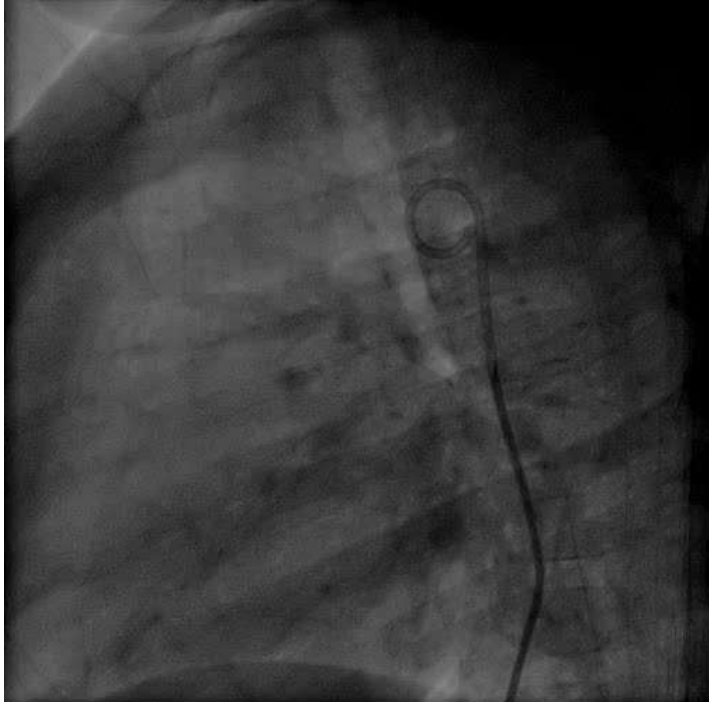
2D
Gen
Gn 36
C 50
6/3/0
100 mm/s

Color
3.1 MHz
Gn 44
4/4/0
Fltr Med



Case 4

- 1 year old child
- Repeated RTI and severe FTT
- Bounding pulses
- Large heart
- Continuous murmur

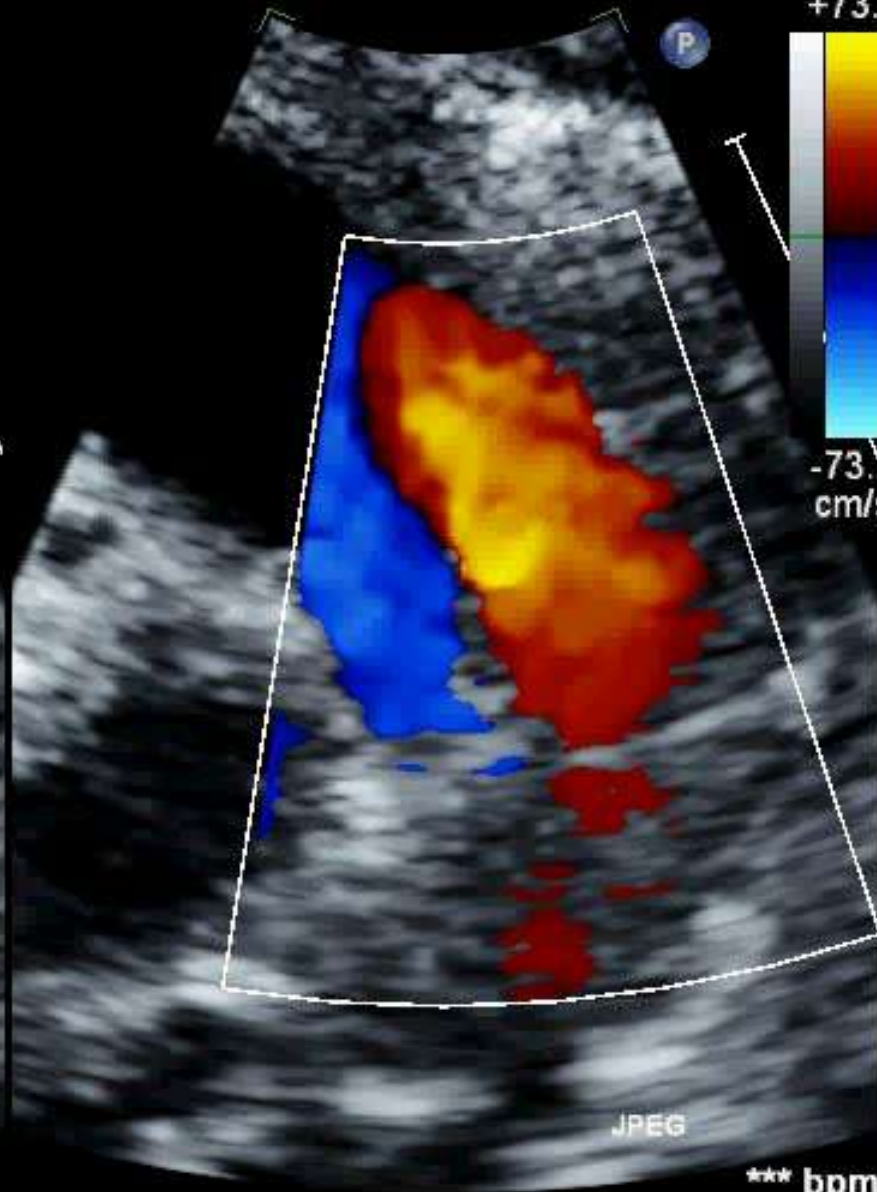


Case 5

- 1.5 month old
- Rubella syndrome
- Large PDA. No PPS
- 2 Admissions for heart failure
- Symptomatic despite medical treatment

FR 49Hz
3.7cm

2D
64%
C 50
P Off
Res
CF
77%
3.0MHz
WF High
Med



JPEG

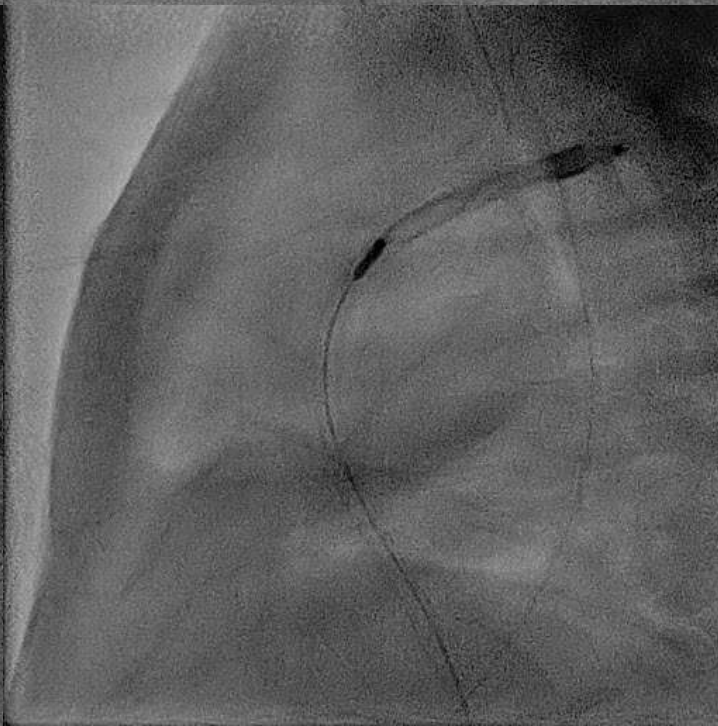
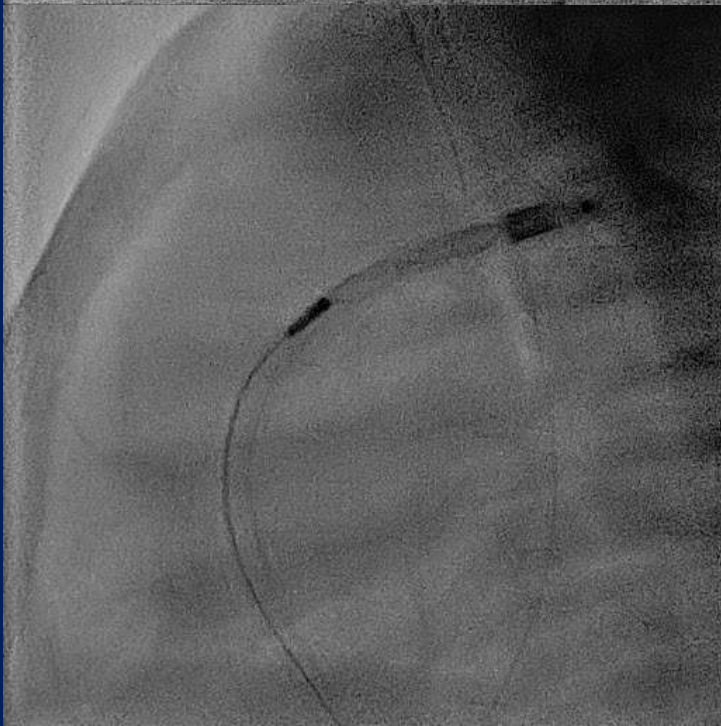
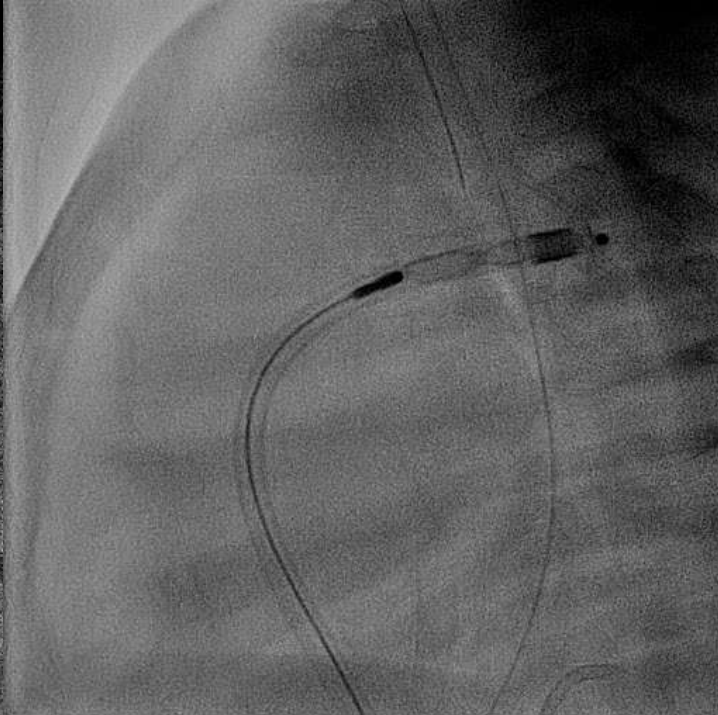
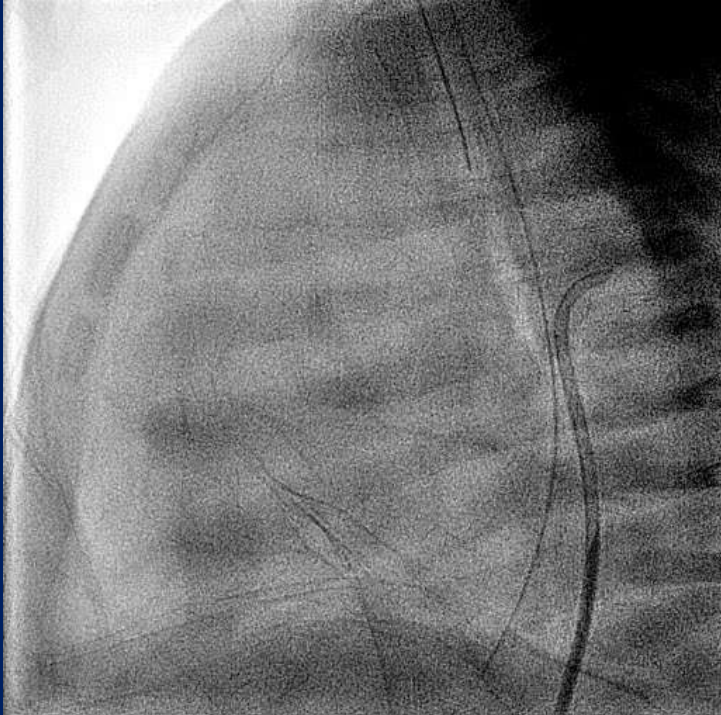
*** bpm

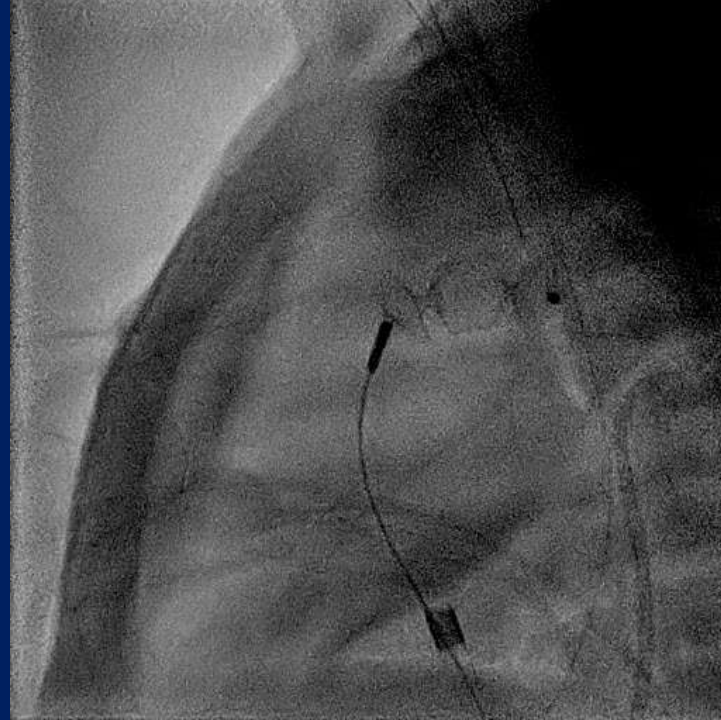
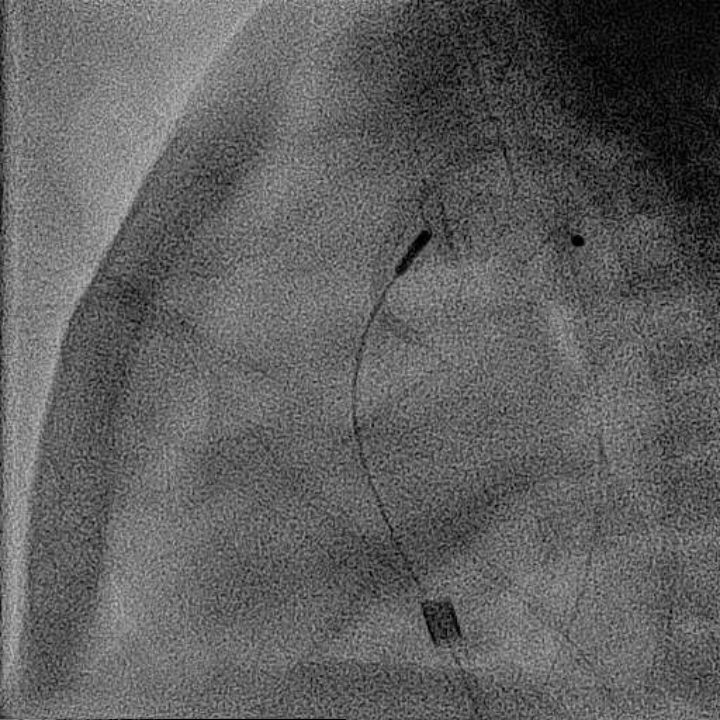
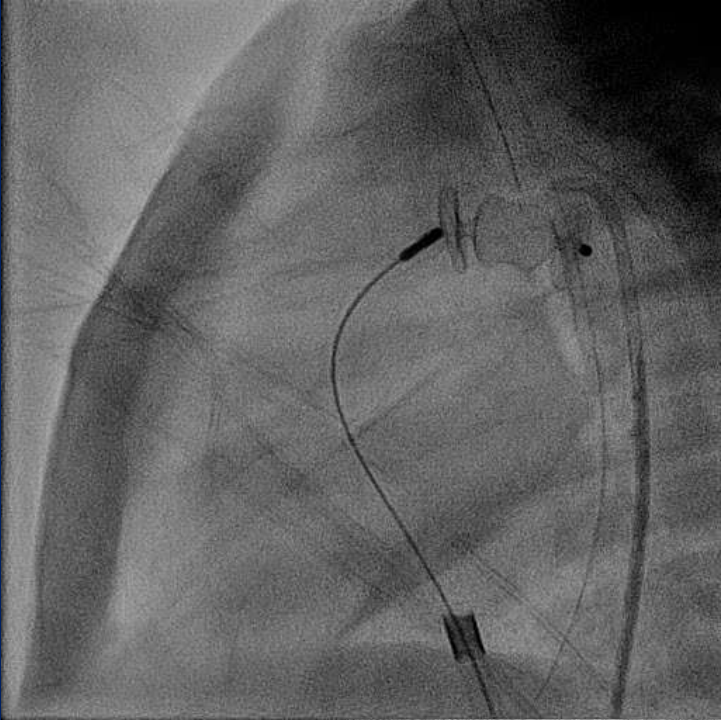
R 56Hz
0cm
2
8%
50
Off
es
=
7%
0MHz
F High
ed

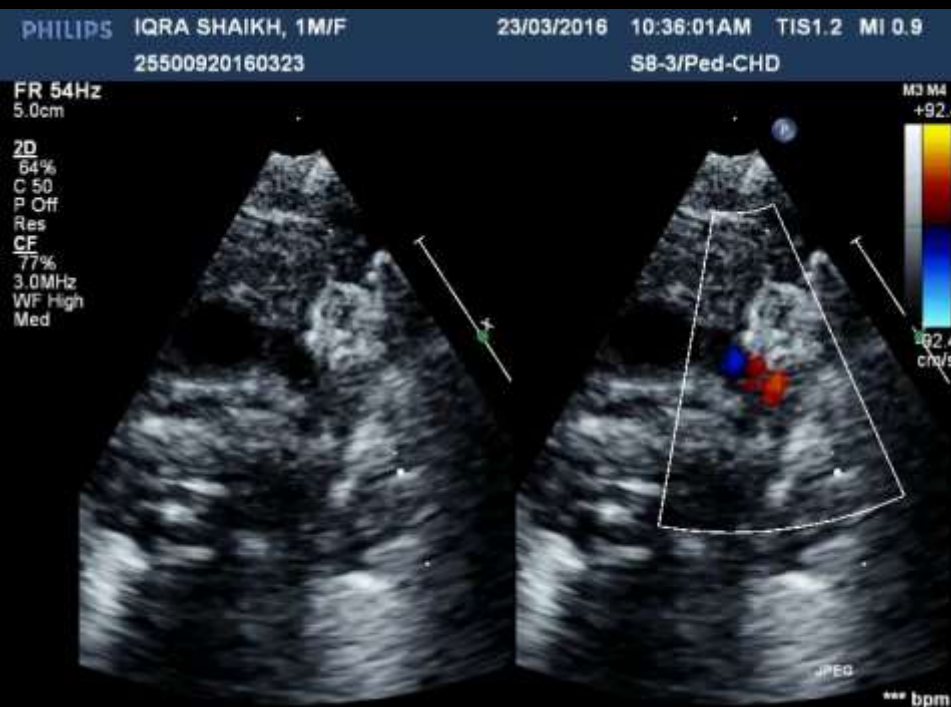
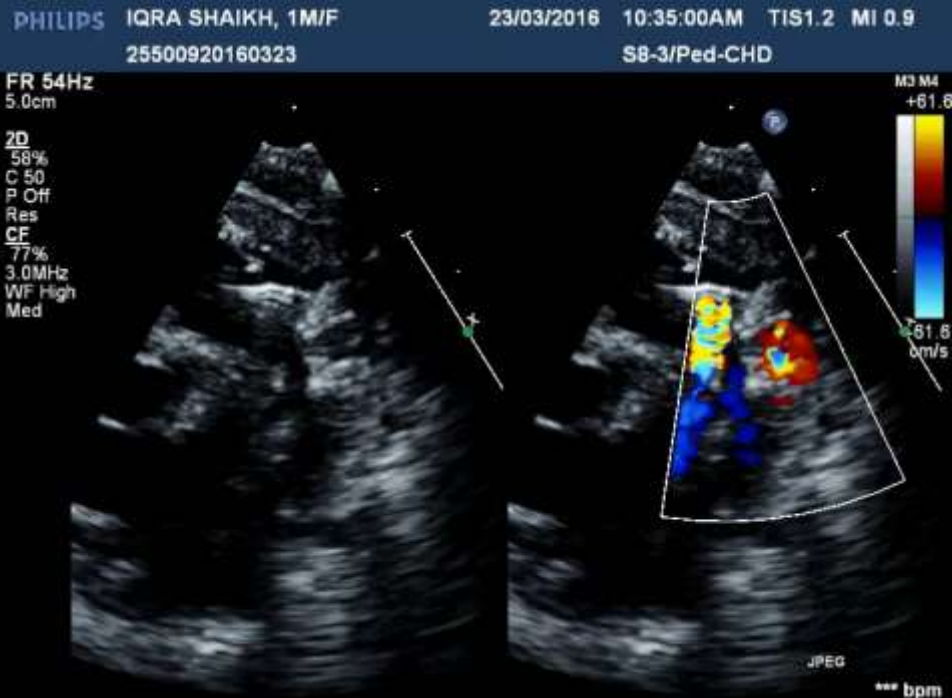
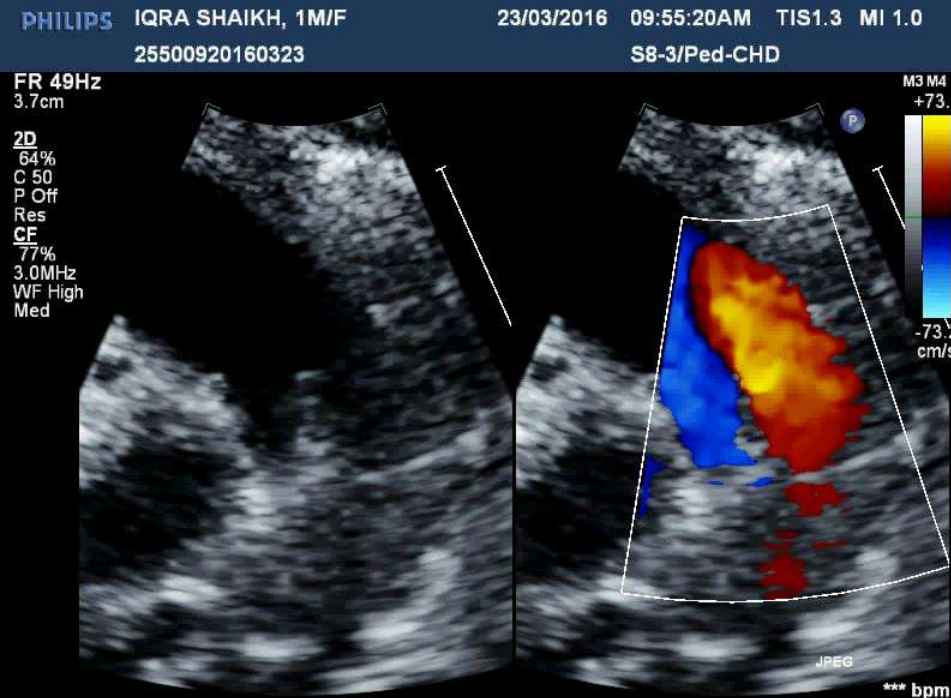
× Dist 0.409 cm
+ Dist 0.684 cm



M3
+7
-7
cm









Conclusion

- TCC of long and large PDAs in neonates and infants is challenging
- AVP II can be used safely in some
- Length of the duct is crucial
- No gradient in LPA should be accepted
- Surgical standby
- Can we extend the indication to preterms???