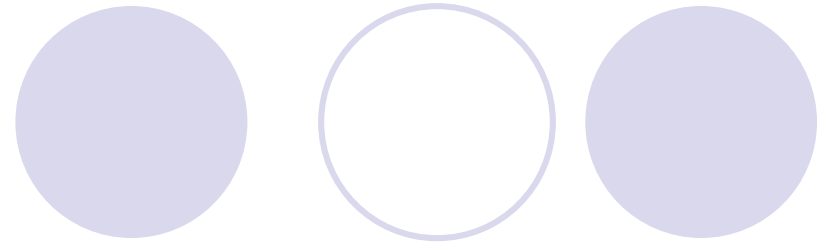
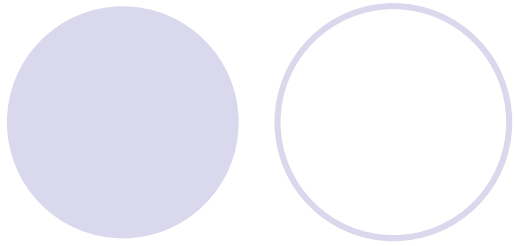


# Malformatie de cord cianogena - boala Fallot

Dr. ANCA POPOIU

# Istoric

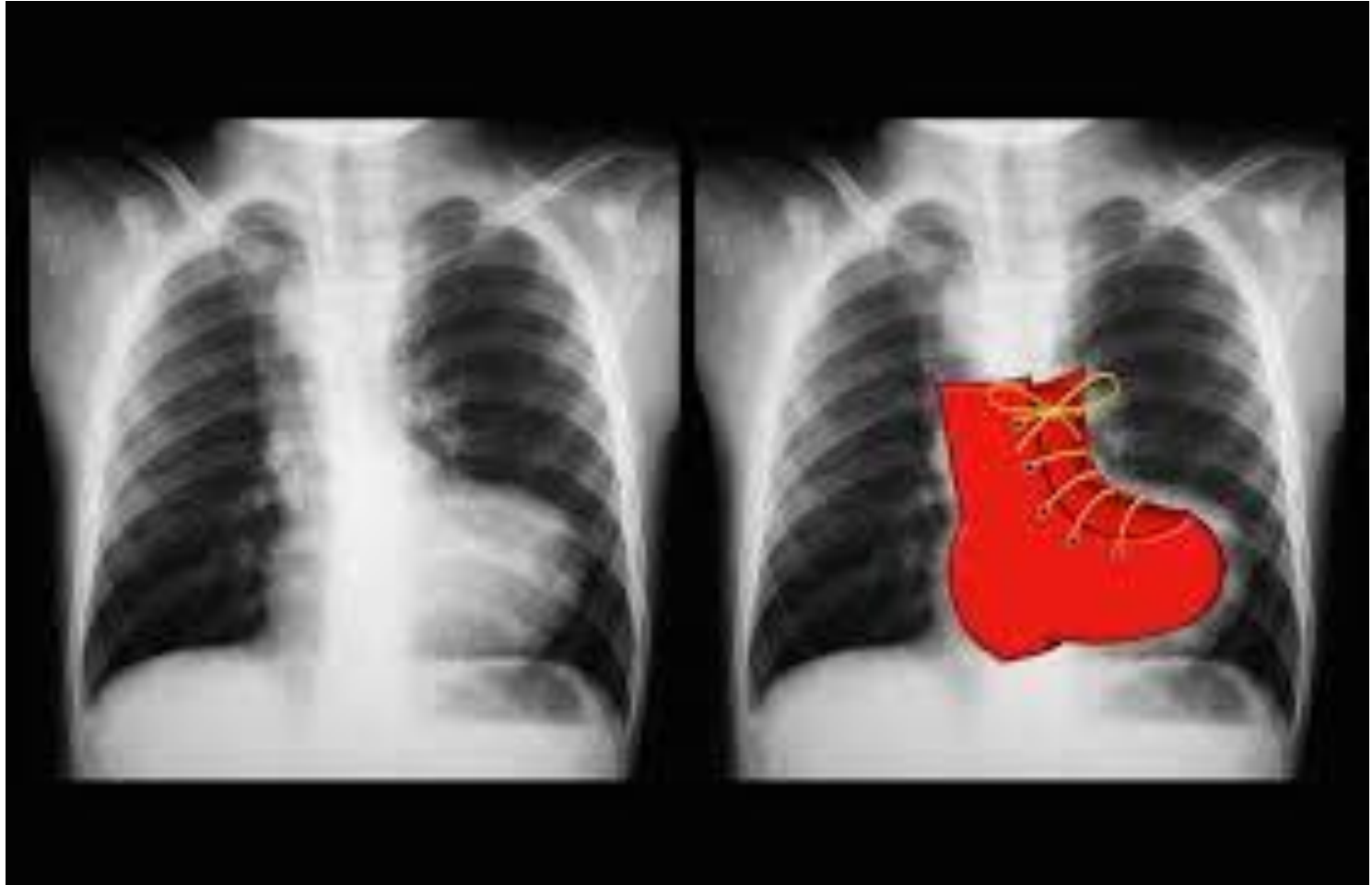
- Copil de 4 luni, sex fem, cunoscut de la nastere cu boala Down si complet nedispensarizat
- Varsta mamei – 41 ani – factor de risc pentru aparitia bolii Down
- Conditie social modesta, al 10 –lea copil al cuplului, dar ingrijit.
- Mama observa ca sugarul oboseste la supt
- Se cianozeaza ( invineteste) cand plange



- Greutate mai mica 5000g, nascut cu 3100 g, tesut celular subcutanat mai slab reprezentat
- Cianotic cu saturatii de Oxigen = 84% ( Normal 95 – 100%)
- Facies tipic de boala Down
- Suflu sistolic



# Diagnostic – RX toracic – “cord in sabot”

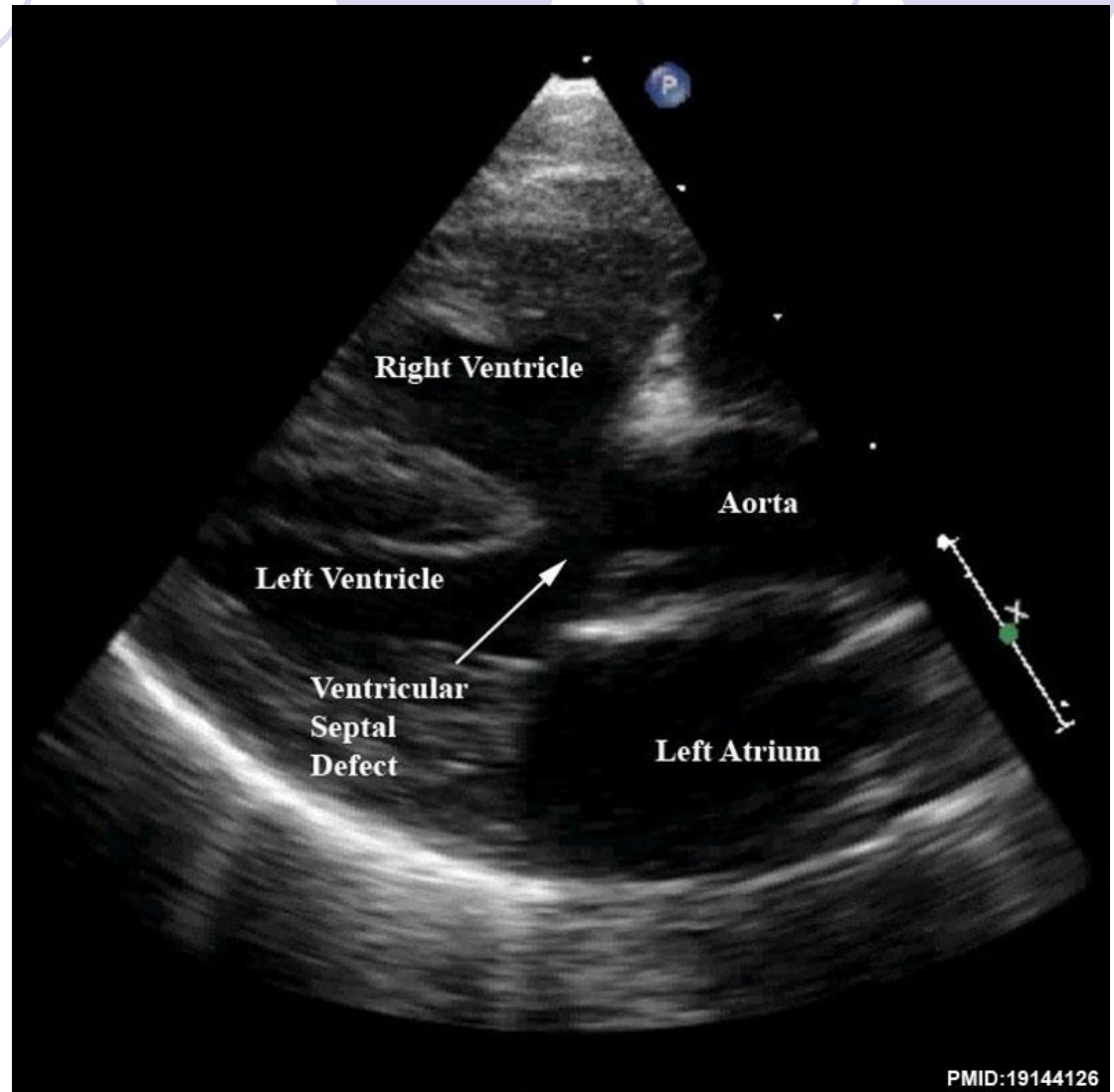


# ECG Hipertrofie ventriculara dreapta

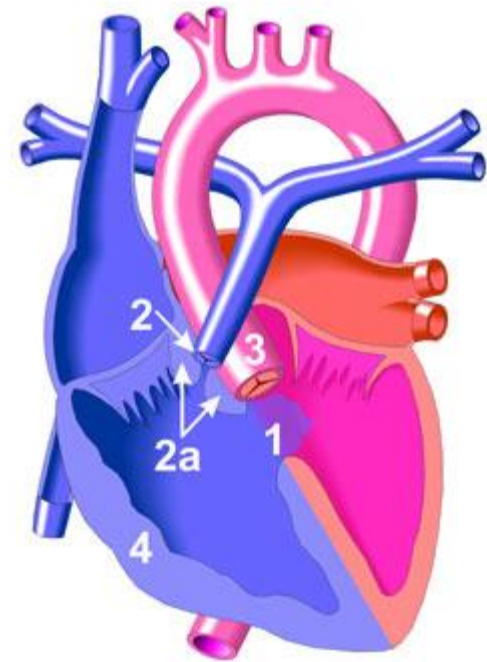
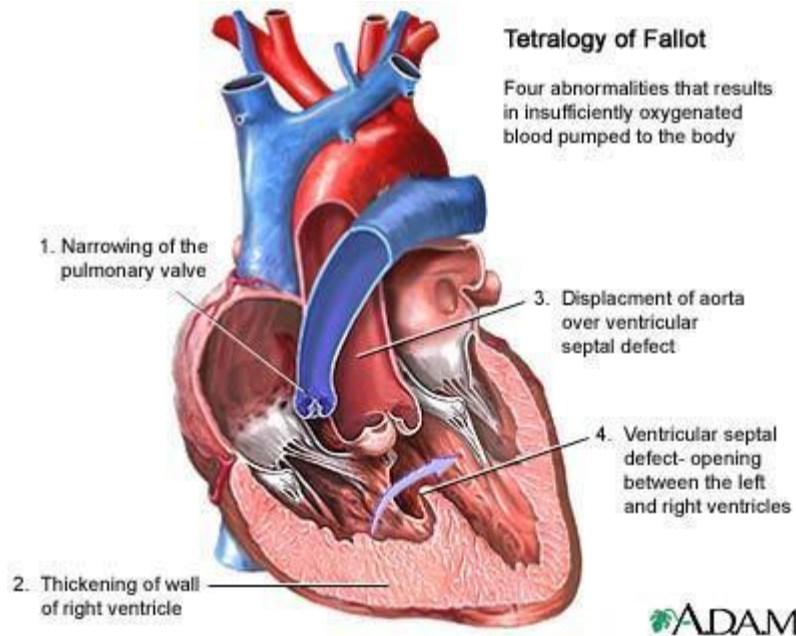


# ECHO cardiac:

- Boala Fallot
- Defect septal ventricular +
- aorta dextropusa +
- stenoza de artera pulmonara



# Reprezentare schematica

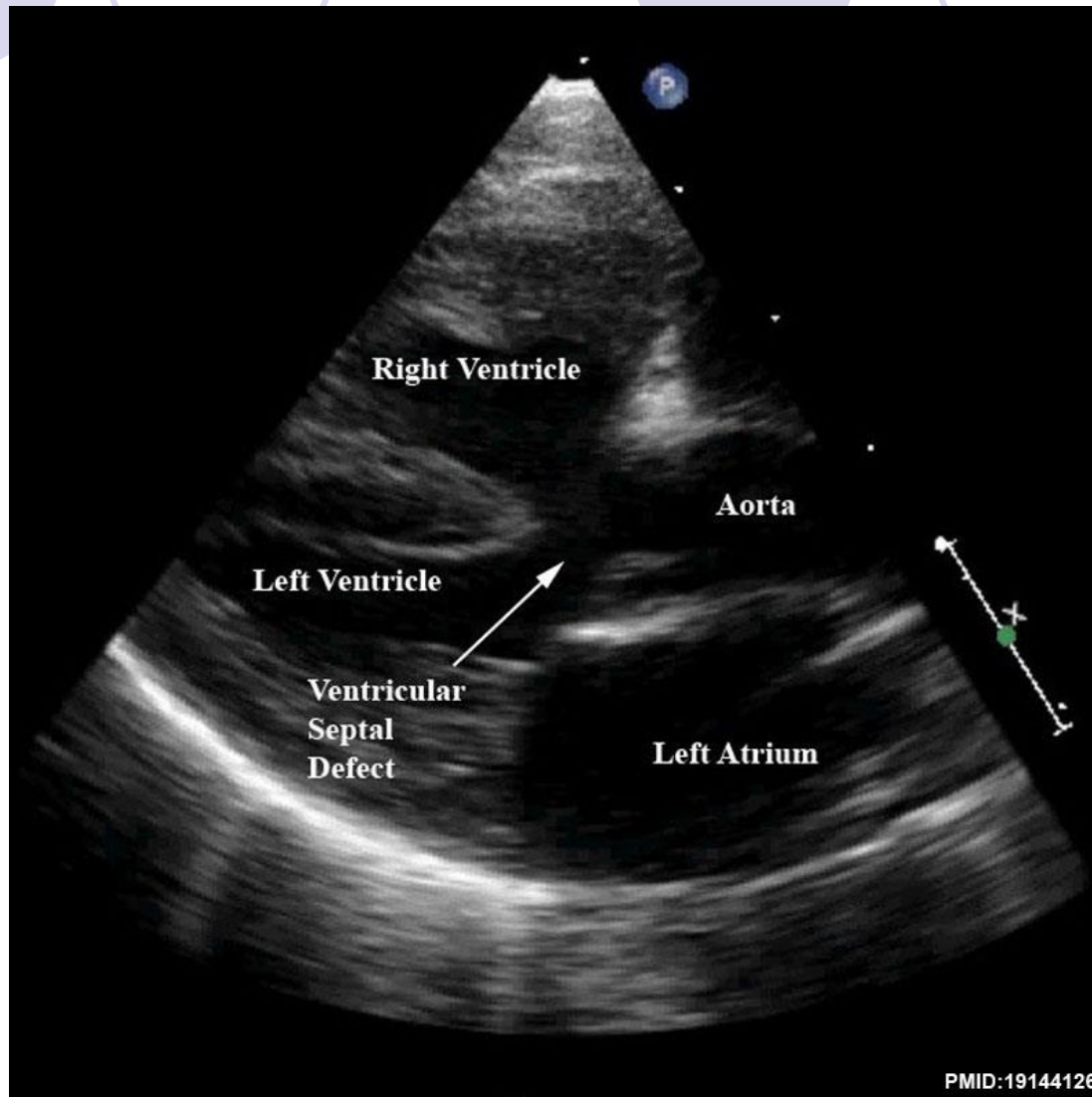


## Tetralogy of Fallot


From the PedHeart Resource. [www.HeartPassport.com](http://www.HeartPassport.com)  
Courtesy of Scientific Software Solutions, Inc.



# ANALIZE



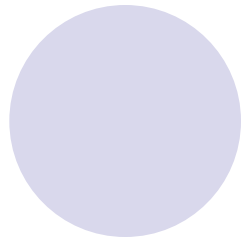
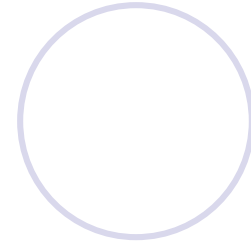
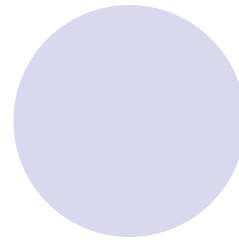
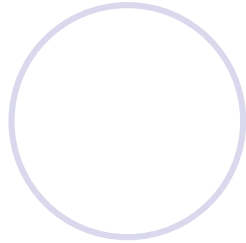
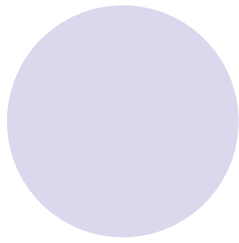


- 
- Din cauza cianozei –
  - Bolnavii cu boala Fallot – cea mai frecventa malformatie de cord cianogena, vor avea un numar mai mare de globule rosii – eritrocite = poliglobulie cu risc de a forma tromboze.
  - Sugarul a avut o “criza hipoxica” in care a inceput sa planga, apoi brusc s-a invinetit foarte rau si a devenit pentru scurt timp inconstient – complicatie care anunta necesitatea interventiei chirurgicale.



# Interventia chirurgicala

- Ideal se realizeaza in functie de severitate intre 4 luni si 1 an.
- Operatie care se realizeaza curent in tara noastra.
- Copii necesita insa intimp monitorizare cardiologica pentru ca pot sa dezvolte mai ales ca adolescenti sau adulti tulburari de ritm.



- Sugarul nostru a fost operat la 6 luni si a evoluat spectaculos dupa aceea



# Recuperarea postinterventie

- Este relativ rapida aprox 2 saptamani postoperator
- Primele semne sunt disparitia cianozei, capacitatea de a se alimenta fara sa mai oboseasca cand suge la sugar, respectiv crestere ponderala buna cu recuperare ponderala la copilul mai mare.
- Dupa interventie pot sa duca o viata normala, copii mai mari pot participa la sport, fara insa a face sporturi de performanta