Dr. Neeraj Awasthy

DISCHARGE SUMMARY

Patient's Name: Mast. Anmol	
Age: 1 years	**Sex: Male**
UHID No: SKDD.895203	**IP No: 439729**
Date of Admission: 09.02.2022	**Date of Procedure: 10.02.2022** **Date of Discharge: 12.02.2022**
Weight on Admission: 10.6 Kg	**Weight on Discharge: 10.6 Kg**
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Moderate Sized Restrictive Mid Muscular VSD
- Dilated LA/LV
- Good Biventricular Function

PROCEDURE:

Transcatheter VSD device closure {6 x 4 mm ADO II} done on 10.02.2022

RESUME OF HISTORY

Mast. Anmol, 1 year 11 months male child 1st in birth order, out of a non consanguineous marriage following normal vaginal delivery, with birth weight of 2.5 kgs, cried immediately after birth. He was apparently well until 2 months of age when mother noticed poor weight gain and fast breathing, for which he was evaluated and suspected to be having CHD. After echo he was diagnosed as ACHD and started on oral medications after which he improved transiently. He has history of repeated episodes of cough and fast breathing (LRTI), also has history of suck rest suck cycle and sweating during feeding. Last episode was 1 month back. No history of hospital admission. He has completed all vaccination according to national schedule. No other significant illness. He presented to us for further evaluation and management. On admission he did not have fever or cough.

INVESTIGATIONS SUMMARY:

ECHO (07.02.2022):
Situs solitus, levocardia. AV, VA concordance. D-looped ventricles, NRGA. Normal pulmonary and systemic venous drainage. IAS intact. Moderate sized restrictive mid muscular VSD measuring 4.5 mm , shunting left to right, VSD gradient 70 mm Hg. Mild TR. No MR. No LVOTO/ No AR. No RVOTO / No PR. Normal septal motion. Dilated LA/LV. LVIDD 38 mm [Zscore +2.47]. No AR. LVEF 65%. Adequate LV/RV systolic function. Left arch, No COA/PDA/APW/LSVC. Confluent branch PAs. No IVC congestion. No pericardial effusion.

X RAY CHEST (09.02.2022): Normal scan.

MAX Healthcare

PRE DISCHARGE ECHO (11.02.2022):

S/P VSD DEVICE CLOSURE (ADO II 8 MM) DONE ON 10.2.2022

Situs solitus, levocardia. AV, VA concordance. D-looped ventricles, NRGA. Normal pulmonary and systemic venous drainage. IAS intact. VSD device in situ, No residual shunt. Mild TR. No MR. No LVOTO/ No AR. No RVOTO/ No PR. Normal septal motion. Dilated LA/LV, LVIDD 38 mm | Zscore +2.47 | No AR. LVEF 65%. Adequate LV/RV systolic function. Left arch, No COA/PDA/APW/LSVC. Confluent branch PAs. No IVC congestion. No pericardial effusion.

COURSE IN HOSPITAL:

In view of his diagnosis, symptomatic status and echo findings he was admitted and advised for **Transcatheter VSD device closure.** With all his pre op investigations, Echo reports, ECG and Chest x ray he was taken for transcatheter VSD device closure on 10.2.2022. In angiogram VSD was measured to be 4 mm in size so it was planned to use 6 x 4 mm ADO II device. Device was deployed successfully, with peri procedureal TTE confirmation of good deployment and no residual shunt. Post procedure echo showed well placed VSD device in situ, with no residual shunt, No AR and mild TR. Hemostasis was achieved and patient shifted to Cath Recovery for post procedural monitoring. Post procedure his ECG showed transient 1st Degree AV block so steroid was started and planned to give it for total for 5 days. His last ECG shows sinus rhythm with normal PR interval. Patient is now hemodynamically stable and he is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 110/min, sinus rhythm, BP 90/60 mm Hg, SPO2 99% on room air. Chest – bilateral clear

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of CHD
- Regular follow up with treating pediatrician for routine checkups

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Augmentin (5ml – 200mg) 5ml twice daily PO x 5 days then stop
- Tab. Deriona 2 mg thrice daily PO x 3 days then stop
- Tab Lanzol Junior 15 mg once daily PO x 5 days then stop

Review after 1 week in OPD.

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