MAX Healthcare

DISCHARGE SUMMARY

Patient's Name: Baby of Pragati Tomar	
Age: 2 months	**Sex: Male**
UHID No: SKDD. 885716	**IPD No : 437597**
Date of Admission: 18.01.2022	**Date of Procedure:19.01.2022** **Date of Discharge: 21.01.2022**
Weight on Admission: 5.7 Kg	**Weight on Discharge: 5.7 Kg**
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- S/P COA repair
- Severe Juxtaductal Re-Coarctation with post stenotic dilatation
- Bicuspid Aortic Valve
- Mild LV systolic dysfunction

PROCEDURE:

Transcatheter Coarctation of Aorta Ballooning (Tyshak II 5 x 20 mm/6 X 20mm) done on 19.1.2022

RESUME OF HISTORY

Baby of Pragati Tomar, 2 & 1/2 months male child, a product of a non consanguineous marriage, born at term via normal vaginal delivery, birth weight 3.15 Kg, without any post natal problem. Antenatally the child was diagnosed as coarctation of aorta at level 2 scan and underwent COA repair 2 months back. No history of hospital admission,No history of cyanosis, feeding difficulties. Bowel and bladder normal. Baby was at regular follow up and during follow up echocardiography re-coarctation of arota was noted. At admission, the child had no history of fever, cough or any other illness. He has admitted to this center for further evaluation and management.

INVESTIGATIONS SUMMARY:

ECHO (10.01.2022):

S/P COA reapir (Extended resection with anastomosis done on (11/11/2021)

Situs solitus, levocardia, AV, VA concordance, D-Looped ventricles, NRGA. Normal pulmonary and systemic venous drainage. Intact IAS/IVS. Severe coartation of aorta, arch gradient 70mm Hg, with diastolic spill. Transverse arch- 5.3 mm. Bicuspid aortic valve, RCC + NCC fusion. No LVOTO, No AR Mild TR, Max PG-50mmHg. Trace MR. No RVOTO, Mild PR, Peak gradient of-30mmHg. Mild LV systolic dysfunction.

	MM	Z SCORE
AV ANNULUS	6.3	-2.73
SOV	12	+0.35
STJ	8.0	-0.99
AAO	7.2	-3.0
LVIDD	28	+2.16
LVIDS	21	+3.24
LVFS	22%	
LVEF	50%	

Max Super Specialty Hospital, Saket
(East Block) - A unit of Devki Devi Foundation
(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)
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Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (18.01.2022): cardiomegaly and superior mediastinal widening. Evidence of intervention is noted in the left paramediastinal location. Non-homogeneous opacity seen in the left mid zone. Rest of the lungs and CP angles clear.

ECHO (20.01.2022):
S/P Transcatheter Coarctation of Aorta ballooning(TYSHAK II 5 X 20 MM/6 X 20 MM) done on 19.1.2022
S/P COA reapir (Extended resection with anastomosis done on (11/11/2021)
Situs solitus, levocardia, AV, VA concordance, D-Looped ventricles, NRGA. Normal pulmonary and systemic venous drainage. Intact IAS/IVS. Good flow across the coarct segment, Arch gradient 30 mmhg with no diastolic tailing,Bicuspid aortic valve, RCC + NCC fusion. No LVOTO, No AR Mild TR, Trace MR. No RVOTO, Mild PR, Adequate LV/RV systolic function.

	MM	Z SCORE
AV ANNULUS	6.3	-2.73
SOV	12	+0.35
STJ	8.0	-0.99
AAO	7.2	-3.0
LVIDD	30	+2.16
LVIDS	20	+3.24
LVFS	34%	
LVEF	64%	

Normal coronaries. No IVC congestion. No collection.

COURSE IN HOSPITAL:
In view of his diagnosis, symptomatic status and echo findings we planned for admission and transcatheter Coarctation of Aorta ballooning. With all pre procedure investigations and pre anesthetic checkup, child was taken up for the procedure on 19.1.2022. Procedure was uneventful , post ballooning hemodynamics were recorded which showed significant decreased gradient between Ascending Aorta and Descending aorta and the descending aortogram showed good flow across the coarctation site and the descending aorta. Patient remained stable throughout the procedure, sheaths removed, hemostasis achieved, and the child shifted to Pediatric CTVS ICU in hemodynamically stable condition. Child was shifted back to Ward on the same day, now he is fit for discharge.

Condition at Discharge:
Patient is hemodynamically stable, afebrile, HR 126 /min, sinus rhythm, BP 92/58 mm Hg, SPO2-98% on room air. Chest – bilateral clear.

DIET
- Breastfeeding/EBM

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

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TREATMENT ADVISED:

- Syp. Augmentin (5ml=200mg) 3.5 ml twice daily (9am-9pm) - PO x -5 days then stop
- Tab. Inderal 10mg 1/3 tab thrice daily (6am-2pm-10pm)- PO to continue till further review
- Syp. Crocin 3.5 ml as and when required

Review after 1 week in OPD.

Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

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In case of Emergency symptoms like: **recurrent / severe chest pain, severe breathlessness, drowsiness, increased in blueness or decreased urine output,** kindly contact Emergency: 26515050

For all OPD appointments

- **Dr. Neeraj Awasthy in OPD with prior appointment (Mobile No.: 9811962775 & Email: n_awasthy@yahoo.com).**

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