



DISCHARGE SUMMARY

Patient's Name: Baby Preeti	
Age: 10 years	Sex: Female
UHID No: SKDD.908455	IPD No : 452531
Date of Admission: 03.06.2022	Date of Procedure: 04.06.2022 Date of Discharge: 06.06.2022
Weight on Admission: 17.6 Kg	Weight on Discharge: 17.6 Kg
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Severe valvar pulmonary stenosis
- Dilated RA/RV
- Doming Pulmonary valve
- Suprasystemic RVSP

PROCEDURE:

BALLON PULMONARY VALVULOPLASTY [8 mm X 30 mm Tyshak II Balloon] done on 04.06.2022

RESUME OF HISTORY

Baby Preeti, 10 years female child, 3rd in birth order, result from a non-consanguineous Marriage, born term via normal vaginal delivery, the child cried immediately after birth. She was a referred case from Gorakhpur for BPV. She was diagnosed as a case of critical pulmonary stenosis in Gorakhpur when she had a doctor visit in the school. She was also not gaining weight and had history of cyanosis and cough. She was admitted to this center for further management.

INVESTIGATIONS SUMMARY:

ECHO (03.06.2022):

Situs solitus, Levocardia, AV, VA Concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. Severe valvar pulmonary stenosis with 86PG mmHG, doming PV, PV annulus- 10mm, Mild PR, Post stenotic MPA dilated. PFO shunting right to left shunt. Mild TR, TV annulus :20mm. Trivial MR. No AR. Flat septal motion. TAPSE: 11cm, S':8. RA size:25 X 26, RV size:53 x48 mm, Dilated RA, RVH, Suprasystemic RVSP. Adequate LV/RV systolic function. Left arch, No COA/PDA/APW/LSVC. Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (03.06.2022): cardiomegaly. Left lower zone obscured by the cardiac silhouette. Both lungs showed prominent vascular markings. CP angles clear.

PRE DISCHARGE ECHO (06.06.2022):

Situs solitus, Levocardia, AV, VA Concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. Flow turbulence across the pulmonary valve with 40 PG mmHG,. PFO shunting right to left shunt. Mild TR. Trivial MR. No AR. Flat septal motion. TAPSE: 16cm, S':8. RA size:39 X 31, RV size:61 x44 mm, Dilated RA, RVH, Suprasystemic RVSP. Adequate LV/RV systolic function. Left arch, No COA/PDA/APW/LSVC. Normal coronaries. No IVC congestion. No collection.

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COURSE IN HOSPITAL:

On admission, the patient was investigated including echo was done which revealed findings as detailed above. In view of her diagnosis, symptomatic status and echo findings she was advised **BALLON PULMONARY VALVULOPLASTY (8 mm X 30 mm Tyshak II Balloon) done on 04.06.2022**. With all pre procedure investigations and pre anesthetic checkup, child was taken up for BPA. Procedure was uneventful and post procedure showed decrease in gradient across the pulmonary valve PG.40 MMHG. Patient remained stable all through the procedure, sheaths were removed and hemostasis achieved. Child was shifted to Pediatric CTVS ICU with stable hemodynamics then she was shifted to Ward and now she is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 60 /min, sinus rhythm, BP 90 /60 mm Hg, SPO2- 89% on room air. Chest – bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Severe valvar pulmonary stenosis- BALLON PULMONARY VALVULOPLASTY**
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Tab. Lasix 20 mg twice daily (8am-4pm)
- Tab. Aldactone 25 mg twice daily (6am-6pm)
- Tab. Digoxin .25mg half tab twice daily(6am-6pm)
- Tab. Shelcal 500 mg twice daily (9am-9pm)
- **Immunization as per national schedule with local pediatrician.**

Review after 1 month 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



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