

Patient's Name: Shivansh		Email : neeraj.awasthy@maxhealthcare.com	
Age: 1 Month		Sex: Male : n_awaythy@yahoo.com	
UHID No: SKDD.917335		IPD No : 460940	
Date of Admission: 22.08.2022		Date of Procedure: 23.08.2022 Date of Discharge: 26.08.2022	
Weight on Admission: 2.8 Kg		Weight on Discharge: 2.8Kg	
Pediatric Cardiologist : DR. NEERAJ AWASTHY			

DISCHARGE DIAGNOSIS

- Bicuspid Aortic Valve
- Severe Valvar Aortic Stenosis
- Concentric LVH

PROCEDURE:

Percutaneous Transcatheter Aortic valvuloplasty using Tyshak Mini 5 x 20mm AND Tyshak Mini 6 x 20mm done on 23.08.2022.

RESUME OF HISTORY

Mast. Shivansh, 1 month male child, 1st in birth order result of non consanguineous marriage was cried immediately after birth NVD 2.6kg. patient was admitted first at rainbow children hospital with complaints of fast breathing since 3 days and poor oral acceptance. as baby was in severe respiratory distress and had signs of poor perfusion he was intubated and kept in mechanical ventilator in pa-ac mode. patient also had seizure at 3rd DOA was treated with phenobarbitone. patient also had hypo kalemia and hypocalcemia for which he was treated. so the patient is send for further management in our center.

INVESTIGATIONS SUMMARY:

ECHO (22.08.2022): Situs Solitus, Levocardia, AV, VA Concordance, D-Looped Ventricles, NRG, Normal pulmonary and systemic venous drainage, PFO shunting left to right mean gradient of 4mmHg, Trivial TR, Mild MR, No RVOTO, AV annulus : 6.5mm ; Bicuspid Aortic Valve ; Severe valvar AS with peak gradient of 74mmHg and mean of 50mmHg, Concentric LVH, Adequate LV/RV Systolic Function, LVEF:60%, Left Arch, No COA/PDA/APW/LSVC, Normal Coronaries, No IVC Congestion, No Collection.

X RAY CHEST (24.08.2022): Rotation is present. Near total opacification of the left hemithorax is noted. No focal lesion is seen in the visualized right lung. Right CP angle is clear. Left CP angle is obscured. Endotracheal tube and Ryles tube seen in situ.

PRE-DISCHARGE ECHO (26.08.2022): S/P Percutaneous Transcatheter Aortic valvuloplasty using Tyshak Mini 5 X20 mm and Tyshak Mini 6 x 20 mm (25.08.2022),

Situs Solitus, Levocardia, AV, VA Concordance, D-Looped Ventricles, NRG, Normal pulmonary and systemic venous drainage, PFO shunting left to right mean gradient of 4mmHg, Trivial TR, Mild MR, No RVOTO, Bicuspid Aortic Valve, Flow turbulence over aortic valve peak gradient of 50 mmHg and mean of 30mmHg, Concentric LVH, Adequate LV/RV Systolic Function, LVEF:60%,

**COURSE IN HOSPITAL:**

On admission, the patient was investigated including echo was done which revealed findings as detailed above. In view of his diagnosis, symptomatic status and echo findings he underwent **Percutaneous Transcatheter Aortic valvuloplasty using Tyshak Mini 5 X20 mm and Tyshak Mini 6 x 20 mm 23.08.2022.** 5x20mm Tyshak Mini balloon was taken over the wire positioned across the valve and balloon was dilated till complete disappearance of waist. Post ballooning Echo showed mean gradient of 37mmHg. Thus we planned to dilate with higher sized balloon. 6x20mm Tyshak Mini balloon was taken over the wire and was dilated till complete disappearance of waist. Post ballooning echo showed good bolus across the valve with mean gradient of 23mmHg with No AR. The procedure was uncomplicated and well tolerated by the patient. Now he is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR140/min, sinus rhythm, BP 95/60 mm Hg, SPO2-98% on room air. Chest – bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Percutaneous Transcatheter Aortic valvuloplasty using Tyshak Mini 5 x 20mm AND Tyshak Mini 6 x 20mm done on 23.08.2022.**
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Vitamin D3 drop 1 ml once daily (2pm)
- Drop Fluroped (10mg/1ml) 0.3ml PO OD
- Drop Cefixime (25mg/1ml) 0.8ml PO BD for 5 days
- **Immunization as per national schedule with local pediatrician: to start 4 weeks after surgery**

Review after 1 month in OPD.

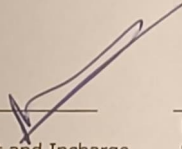
Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

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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

For all OPD appointments

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



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