

Chapter 1 : Fetal Cardiology Simplified A Practical Manual [PDF] – Free Medical Books

Foetal cardiology has developed dramatically into a subspecialty in the past 25 years. The majority of people examining the foetal heart are not 'experts' in foetal cardiology and therefore find interpreting images, particularly in case of abnormality, rather difficult.

One of the main reasons for making an antenatal diagnosis is to detect major forms of cardiac abnormality early. Diagnosis of anomalies associated with significant morbidity and mortality in early pregnancy allows parents to consider all available options. Prenatal diagnosis also gives time to prepare families for the likely course of events after delivery and to optimise care for the baby at birth. Where appropriate, delivery can be planned at or near a centre with paediatric cardiology and paediatric cardiac surgical facilities. While treatment for the vast majority of cases will take place after birth, prenatal treatment may be considered in a few select cases. Additionally, the value of confirming normality and providing reassurance to anxious parents, particularly if they have already had an affected child, should not be underestimated. Antenatal diagnosis of congenital heart disease has become well established over the last 30 years and a high degree of diagnostic accuracy is available and expected in tertiary centres dealing with the diagnosis and management of fetal cardiac abnormalities. Virtually all major forms of congenital heart disease, as well as some of the minor forms, can be detected during fetal life, in experienced centres. There are, however, some lesions that cannot be predicted before birth, even in experienced hands, and this should be acknowledged. These include a secundum type of atrial septal defect and a persistent arterial duct, as all fetuses should have a patent foramen ovale and an arterial duct as part of the fetal circulation. In addition, some types of ventricular septal defect may be difficult to detect, either because of their size or position. The milder forms of obstructive lesions of the aorta and pulmonary artery can develop later in life with no signs of obstruction during fetal life. Prenatal detection of congenital heart disease

Screening for fetal congenital heart disease A two-tier system has developed for the examination of the fetal heart. Pregnancies at increased risk for fetal congenital heart disease are generally referred to tertiary centres for detailed fetal echocardiography, though the expected rate of cardiac abnormality is relatively low in these groups. The majority of cases of congenital heart disease, however, will occur in low-risk groups and these will only be detected prenatally if examination of the fetal heart is incorporated as part of routine obstetric ultrasound screening. Whilst four-chamber view examination is an effective method of detecting some of the severe forms of cardiac malformation before birth, some major lesions, such as transposition of the great vessels and tetralogy of Fallot, are often associated with a normal four-chamber view. Therefore, including examination of the arterial outflow tracts would greatly improve the prenatal detection rates of major life-threatening forms of congenital heart disease. Current national guidelines recommend examination of the outflow tracts in addition to the four-chamber view at the time of the fetal anomaly scan Table 1. Factors influencing antenatal screening for heart defects

Antenatal screening for major forms of heart abnormality is possible though there are many issues relating to its success. Detection of cardiac abnormalities is mainly dependent on the skill of sonographers performing routine obstetric ultrasound scans. A formal programme for education and training regarding the fetal heart is necessary to ensure that sonographers are taught the skills of fetal heart examination. As well as learning to obtain the correct views of the heart, sonographers must learn to interpret the views correctly. It is also very important that they maintain these skills. In order to detect anomalies, obstetric ultrasound units need to have appropriate and adequate ultrasound equipment. The time allowed for the obstetric anomaly scan will also influence how long can be spent examining the fetal heart and, thus, the detection rates of abnormalities. A very important aspect of antenatal screening is audit of activity, including monitoring and feedback of both false positive and false negative cases, as well as the true positives. Spectrum of abnormality detected in the fetus

The cardiac diagnoses in most large fetal cardiac series are generally skewed towards the severe end of the spectrum of cardiac abnormality, with the majority of abnormalities being 1Screening for congenital heart disease Table 1. Pregnancies at increased risk for fetal cardiac abnormality and indications for detailed fetal echocardiography. Maternal and familial factors identified at

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Chapter 2 : Fetal Cardiology Simplified PDF

This information is based on a single-centre experience of fetal cardiac abnormalities seen between and at the Evelina Children's Hospital, which is part of Guy's and St Thomas' NHS Foundation Trust, in London, UK.

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