Clinical features and current management of ventricular septal defects (VSD): a Tunisian experience

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Introduction: Ventricular septal defects (VSD) are the congenital heart defects most frequently. Their isolated form represents more than 20% of congenital heart disease. The aim of our study is to analyze the epidemiological, clinical features of VSD and to assess the survival and outcome of affected babies after surgery in a Tunisian pediatric population.

Methods: It is a retrospective study of 30 patients admitted in the Pediatric department of Sahloul hospital from January 2005 through December 2011. Inclusion criteria were: isolated VSD diagnosed by echocardiography and hospitalized in the service.

Results: VSD accounted for 16% of the congenital heart diseases hospitalized in our department. The mean age at diagnosis was 4 months ½. The consanguinity rate was 43.3%.

The primary clinical symptoms were dominated by failure to gain weight (53%), heart failure (37%) and recurrent wheezing and respiratory distress (33%). Eight children (26.6%) had Trisomy 21.

Echocardiography showed that membranous defects were by far the most common type (63.3%). Pulmonary hypertension was already present at diagnosis in 63.3% of patients. Twenty one children (70%) received symptomatic medical treatment. Only 12 (40%) underwent surgery: 11 had a surgical closure of VSD and a single child had a pulmonary artery banding. Postoperative complications were: postoperative heart block, persistent pulmonary hypertension or residual VSD.

Conclusion: VSD still suffer from the delay of the diagnosis and the surgical treatment in our country. Unfortunately patients operated late have worse short and long-term outcome.