Prenatal diagnosis of suspected CHD with CCHB and PMAIVF at birth.

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Congenital complete heart block (CCHB) is a rare cardiac disorder affecting 1 in 15–20,000 patients. 1) Congenital complete heart block is associated with congenital heart disease in ~14–42% of cases . 2) Atrioventricular block is classified as congenital if diagnosed in utero, at birth, or within the first month of life 3) . PMAIVF Congenital /idiopathic pseudoaneurysm of the mitral-aortic intervalvular fibrosa is a rare cardiac anomalies. The typical finding of echocardiography is a pulsatile echo-free sac that expands in systole and collapses in diastole. 4)P-MAIVF is often associated with infection or surgical trauma 5)

We describe a case of a woman at 26 W referred to our center for prenatal diagnosis of large septal atrial defect . At fetal scan we detected a exuberant tissue at the level of the atrial septum in probable contiguity with the mitral valve. The baby was born prematurely due to rhythm abnormalities. Birth weight was 1,800 kg. EKG at the entrance showed a complete heart block with average rate of 68 bpm , at the two-dimensional (2D) transthoracic echocardiograms in 5 chamber and left venticular long axis we detected an echo-free sac in the mitral-aortic intervlvular fibrosa that expanded in systole and collpased in diastole. Other cardiac anomalies were: atrial septal defect and mild aortic regurgitation. Left ventricular function was moderately depressed. After 2 months in NICU the newborn was discharged and now is in close follow-up with 2D Echo and Ekg –Holter to establish the right timing to implant the pmk

References :

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Fig. 1 Postnatal Echo and EKG