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Acyanotic Taussig – Bing Heart

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“Taussig-Bing Heart” is a form of DORV characterized by subpulmonary VSD, Double conus and side-by-side great arteries and it is frequently associated with aortic coarctation, arch hypoplasia, subaortic obstruction and atypical coronary arteries. It was first described in 1949 by Helen B. Taussig and Richard J. Bing at Johns Hopkins hospital, Baltimore in a 5.5 year old girl. Richard Van Praagh differentiated it from transposition of great arteries in which pulmonary-mitral continuity is present, but it is absent in Taussig-Bing heart. The dilated pulmonary artery overrides the ventricular septum, but does not override the LV cavity at all and pulmonary stenosis does not occur. The VSD is not a membranous or conal septal or intrinsically defective and it is due to an abnormality of distal conal free walls and lies to the left of crista supraventricularis and above or antero-superior or postero-superior to the septal band. Subsequently described a spectrum of Taussig-Bing hearts depending on the overriding of pulmonary artery as right sided, intermediate, left-sided and malalignment of infundibular septum is a fundamental requisite to define these hearts, collectively termed as “Taussig-Bing complex”.

A 14-year old acyanotic boy, presented with severe left-sided AV valve regurgitation and bradycardia. ECG revealed left sided morphologic right ventricular hypertrophy (RVH) as evidenced by a loss of septal Q waves in left precordial leads, suggesting ventricular inversion and a congenital high grade AV block. Echocardiography revealed primary origin of both L-transposed great arteries from the left-sided morphologic right ventricle, suggesting a ‘double-outlet morphologic right ventricle’ with ‘double discordance’ and a subpulmonary VSD of Taussig-Bing type. The left-sided morphologic tricuspid valve is severely regurgitant due to rheumatic process. resulting in heart failure.

Systemic AV valve regurgitation is a potential risk factor for morphologic RV dysfunction and without this complication, function well into late adulthood. Cardiac resynchronization therapy improves the hemodynamics of failing systemic right ventricle in patients with wide QRS on ECG, but is technically challenging. Early pacemaker placement is recommended in the setting of complete heart block with RV dysfunction, bradycardia or heart failure and urgently done during or after the surgical intervention when bradycardia is intolerable. The evolution of surgical repair for Taussig-Bing anomaly has progressed from atrial baffle procedures to arterial switch with VSD closure or intraventricular repair. Of these intraventricular repairs, Patrick-McGoon operation has been used for antero-posterior great artery anatomy by tunnelling the left ventricular flow anterior to the pulmonary valve. The other, Kawashima operation is used for side-by-side great artery anatomy by tunnelling left ventricular flow posterior to the pulmonary valve. The need for surgical interventions vary according to the associated defects and several options are available.

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Biography

Ramachandran Muthiah, Consultant Physician & Cardiologist, Zion hospital, Azhagamandapam, Morning Star hospital, Marthandam, Kanyakumari District, India. Born on 10/5/1966 at keezhkulam village. Mother name Swornam from this village and father Muthiah belongs to Enayam Thoppu (both parents are farmers). Completed primary school education at Anaan vilai in keezhkulam and secondary school education at Concordia Higher secondary school, Pootteti. Got married with agricultural scientist Rajula shanthy in 1992 and having one son Jeremy, separated as divorce in 2004 vindictively and thereafter further marital status prevented. Having one sister Litta padmavathy and now remaining with poor, orphan girl R.Russulsy (who sustained serious head injury due to bike hit and suffering high sugar status) as a care taker and follower. Completed MBBS in 1988 under Madurai Kamaraj University at Tirunelveli medical college, M.D. in General Medicine in 1996, D.M. in cardiology in 2003 under Tamil Nadu Dr.MGR Medical University, Chennai, India and completed 6 months course in Interventional cardiology at Batra Hospital, New Delhi under National Board of examinations, Ministry of health, Govt of India in 2006. Worked as medical officer in Rural health services for 5 years (keezhachekkarakudi and Aryappapuram Primary health centres, ESI hospital, Singanallur at Coimbatore) and in teaching category as Assistant Professor at Madras medical college, Coimbatore medical college, Thoothukudi medical college and Professor at Dr.SMCSI Mission hospital & Medical college, Karakonam, Trivandrum and Azeezia Medical college, Kollam. Troubled a lot in both tamil nadu and kerala states as police arrest at both kanyakumari and thoothukudi medical colleges, psychiatric custody at madurai medical college, Beemapally in trivandrum and jail imprisonment in balaramapuram, trivandrum in kerala state as steps taken to finish my life and career at these states and nation. Published many papers in Cardiosource, American College of Cardiology Foundation, Case Reports in Clinical Medicine (SCIRP) and Journal of Saudi Heart Association. Special research on Rheumatic fever and Endomyocardial fibrosis in tropical belts, Myxomas, Infective endocarditis, apical hypertrophic cardiomyopathy, Ebstein's anomaly, Rheumatic Taussig-Bing Heart, Costello syndrome and Tetralogy of Fallot.

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