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Congenital Heart Disease

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Abstract

A Congenital Heart Defect (CHD) is an anatomic abnormality of the heart or major vessels that develops during fetal development. The exact cause of all congenital cardiac defects is not known. Congenital cardiac disease affects about 8 out of every 1000 live births. A ventricular septal defect is the most frequent type of heart abnormality.

Fallot's tetralogy and transposition of the major arteries are examples of cyanotic cardiac disease. In childhood, both are susceptible to change. The separation of the systemic venous flow by a cavopulmonary link, also known as a Fontan circulation, is used to treat more complex cyanotic lesions.

During pregnancy, such abnormalities can occur in the fetus as it develops in the uterus. Heart valve defects, atrial and ventricular septal defects, stenosis, heart muscle abnormalities, and a hole in the heart's inner wall cause blood circulation problems, heart failure, and death.

Keywords: Blood clots • Irregular heart rhythm • Atrial fibrillation

Introduction

The most frequent abnormality in humans is Congenital Heart Disease (CHD). Throughout adulthood, children with CHD's psychomotor development has been proven to be delayed in various ways. Many of these impairments in brain maturation can be seen as early as the embryonic stage, and they frequently result in brain injury and developmental delays in premature babies. The most common syndromes in CHD patients are Down syndrome and velocardiofacial syndrome. Mendelian syndromes, non-syndromal single gene illnesses, and teratogens are all examples of teratogens. There are various risk factors that contribute to CHD development, including genetic variables as well as environmental factors. Parentral maternal illnesses or exposures linked to an elevated risk of CHD can be divided into modifiable and non-modifiable categories. Depending on whether the patients have clinical cyanosis, congenital cardiac abnormalities can be classed as acyanotic or cyanotic. It can be detected by a doctor by listening to the heartbeats. Congenital heart disease is diagnosed using echocardiograms, transesophageal echocardiograms, electrocardiograms, chest X-rays, cardiac catheterization, and Magnetic Resonance Imaging (MRI). To conduct a genetic study, DNA is collected from the blood, then DNA sequence analysis is performed, and any errors in the nucleotide sequence of DNA are identified. Genes on chromosome 1 reveal certain nucleotide sequence abnormalities in congenital cardiac disease.

Conclusion

The anesthesiologist faces a considerable hurdle when dealing with congenital heart disease. Because of the growing number of surviving children and adults, as well as the increased complexity of disease in survivors, every anesthesiologist should be familiar with the primary types of CHD. Children with CHD have a higher anaesthetic risk, with a higher probability of cardiac arrhythmias. At present, balloon pulmonary valvuloplasty is the preferred treatment. The indications for intervention and those for surgery. Early identification, a greater knowledge of the underlying causes of such abnormalities, single ventricle palliation, cardiopulmonary bypass, and heart transplantation has all made significant improvements. As a result, more people are surviving and reaching maturity.

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