

## Clinical Cardiology :Close ventricular septal defect using occluders produced in China - Mingguo Xu -Shenzhen Children's Hospital

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Ventricular congenital heart defect (VSD) may be a common congenital heart condition in children. There are two methods to treat VSD in China, surgical operations and interventional operations using occluders produced in China. In our department, we've treated 1500 cases using occluders produced in China from 2005 to 2017. The technique success rate is above 99.8%. The speed of complications is a smaller amount than 1%. The complications include Adams-Stokes syndrome, occlude transposition, femoral arteriovenous fistula and thrombosis in arteria femoralis and vein. We followed up these cases after the operation, which showed that the long-term effects are definite. There's no case evidence of death thanks to this procedure. We concluded that children with VSD are often cured with interventional therapy using occluders produced in China with satisfactory results. A ventricular congenital heart defect (VSD), a hole within the heart, may be a common heart defect that's present at birth (congenital). The opening (defect) occurs within the wall (septum) that separates the guts 's lower chambers (ventricles) and allows blood to pass from the left to the proper side of the heart. The oxygen-rich blood then gets pumped back to the lungs rather than bent the body, causing the guts to figure harder. A little ventricular congenital heart defect may cause no problems, and lots of small VSDs close on their own. Medium or larger VSDs may have surgical repair early in life to stop complications. Congenital heart defects arise from problems early within the heart's development, but there's often no clear cause. Genetics and environmental factors may play a task. VSDs can occur alone or with other congenital heart defects. During fetal development, a ventricular congenital heart defect occurs when the muscular wall separating the guts into left and right sides (septum) fails to make fully between the lower chambers of the guts (ventricles). Normally, the proper side of the guts pumps blood to the lungs to urge oxygen; the left side pumps the oxygen-rich blood to the remainder of the body. A VSD allows oxygenated blood to combine with deoxygenated blood, causing the guts to figure harder to supply enough oxygen to the body's tissues. VSDs could also be various sizes, and that they are often present in several locations within the wall between the ventricles. There could also be one or more VSD. It is also possible to accumulate a VSD later in life, usually after attack or as a complication following certain heart procedures. Ventricular septal defects may run in families and sometimes may occur with other genetic problems, like mongolism. If you have already got a toddler with a heart defect, a genetic counselor can discuss the danger of your next child having one. The foremost common explanation for a VSD may be a congenital heart defect, which may be a defect from birth. Some people are born with holes already present in their heart. They'll cause no symptoms and take years to diagnose. A rare explanation for a VSD is severe injury to the chest. Ventricular septal defects (VSD) are usually considered non-life-threatening, usually

closing spontaneously or causing symptoms of congestive coronary failure, which may be surgically treated in time to save lots of the patient's life. Ventricular septal rupture (VSR) may be a rare but lethal complication of myocardial infarct (MI). The event occurs 2-8 days after an infarction and sometimes precipitates shock. Ventricular congenital heart defect (VSD) is defect in interventricular septum (wall dividing left and right ventricles of heart). What's it? VSD may be a hole within the wall separating the 2 lower chambers of the guts. In normal development, the wall between the chambers closes before the fetus is born, in order that by birth, oxygen-rich blood is kept from mixing with the oxygen-poor blood. An outsized VSD is a smaller amount likely to shut completely on its own, but it's going to get smaller over time. Large VSDs often cause symptoms in infants and youngsters, and surgery usually is required to shut them. VSDs are found in several parts of the septum. Medicines could also be used temporarily to assist with symptoms, but they do not cure the VSD or prevent permanent damage to the lung arteries. Closing an outsized VSD by heart surgery usually is completed in infancy or childhood even in patients with few symptoms, to stop complications later. Ventricular septal defects happen during fetal heart development and are present at birth. In some cases, the tendency to develop a VSD could also be thanks to genetic syndromes that cause extra or missing pieces of chromosomes. Most VSDs, though, haven't any clear cause. For many people with a ventricular congenital heart defect, good oral hygiene and regular dental checkups can prevent endocarditis. Follow exercise recommendations. Children with small defects or a repaired hole within the heart will usually have few or no restrictions on activity or exercise. A rise in blood flow across the opening to the lungs can cause the lungs to become congested. Because the guts and lungs need to work harder, a baby with a ventricular congenital heart defect will become in need of breath, particularly with the exertion of feeding (which is that the most exercise a baby does). A further weakness is that although all newborns had a neonatal echocardiogram, the sort of VSD wasn't recorded in many. Since none had mongolism, this doesn't affect our overall conclusion that a prenatally visualized VSD isn't related to a big risk for mongolism. A ventricular congenital heart defect is an abnormal opening within the interventricular septum that leads to the shunting of blood from the ventricle to the proper ventricle during systole. This shunting of blood causes a loud, harsh, pansystolic murmur that's best heard at the left lower sternal border. VSDs are usually diagnosed with an echocardiogram, or ultrasound of the guts. VSDs defects are often diagnosed as early as 12 weeks gestation. This will be dis- covered before birth, but is usually overlooked until after birth. There could also be a murmur (abnormal heart sound) or other abnormality that indicates the matter.

## Biography

Mingguo Xu has completed his PhD from Sun Yat-Sen University and Postdoctoral Studies from The Johns Hopkins Hospital. He is the Director of Pediatric Department in ShenZhen Children's Hospital. He is an expertise in pediatric cardiology, including interventional therapy

of congenital heart disease and the basic research of Kawasaki disease. He has published more than 11 papers in reputed journals.

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