

ANOMALIA D'EBSTEIN AMB SHUNT CIRCULAR

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COMP

Volume
510

30°/43H
Routine Sepi
HH PI 7.20 - 3.10
AO 95%
Gn 1
C6 / M
FF3 / E
SRI II 2 / CRI

vi

vd

ad

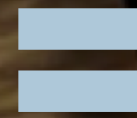
Desplaçament
apical vàlvula
tricúspide



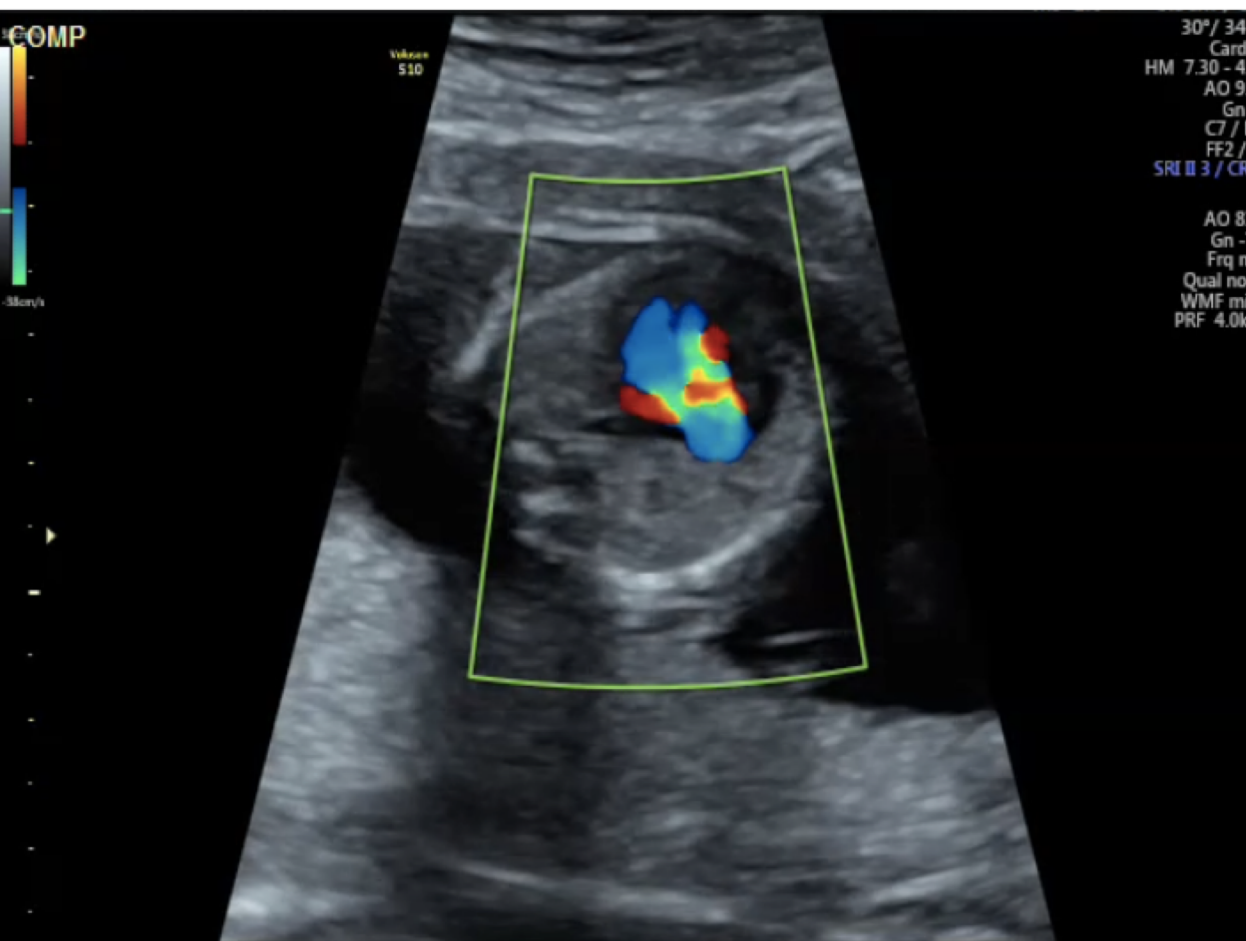
Atrialització
ventricle dret



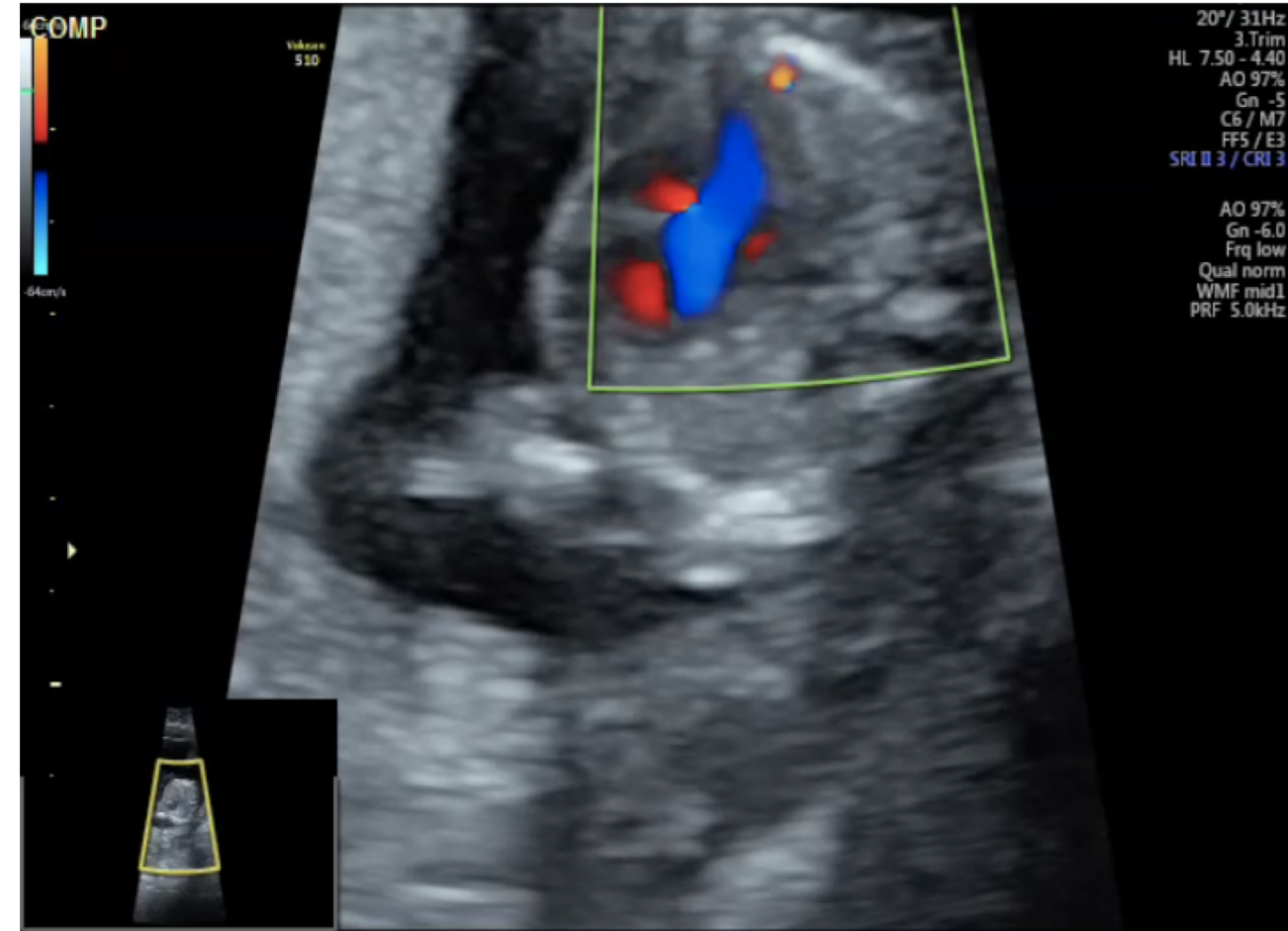
Ventricle dret
hipoplàsic



ANOMALIA
D'EBSTEIN



INSUFICIÈNCIA TRICUSPÍDIA SEVERA

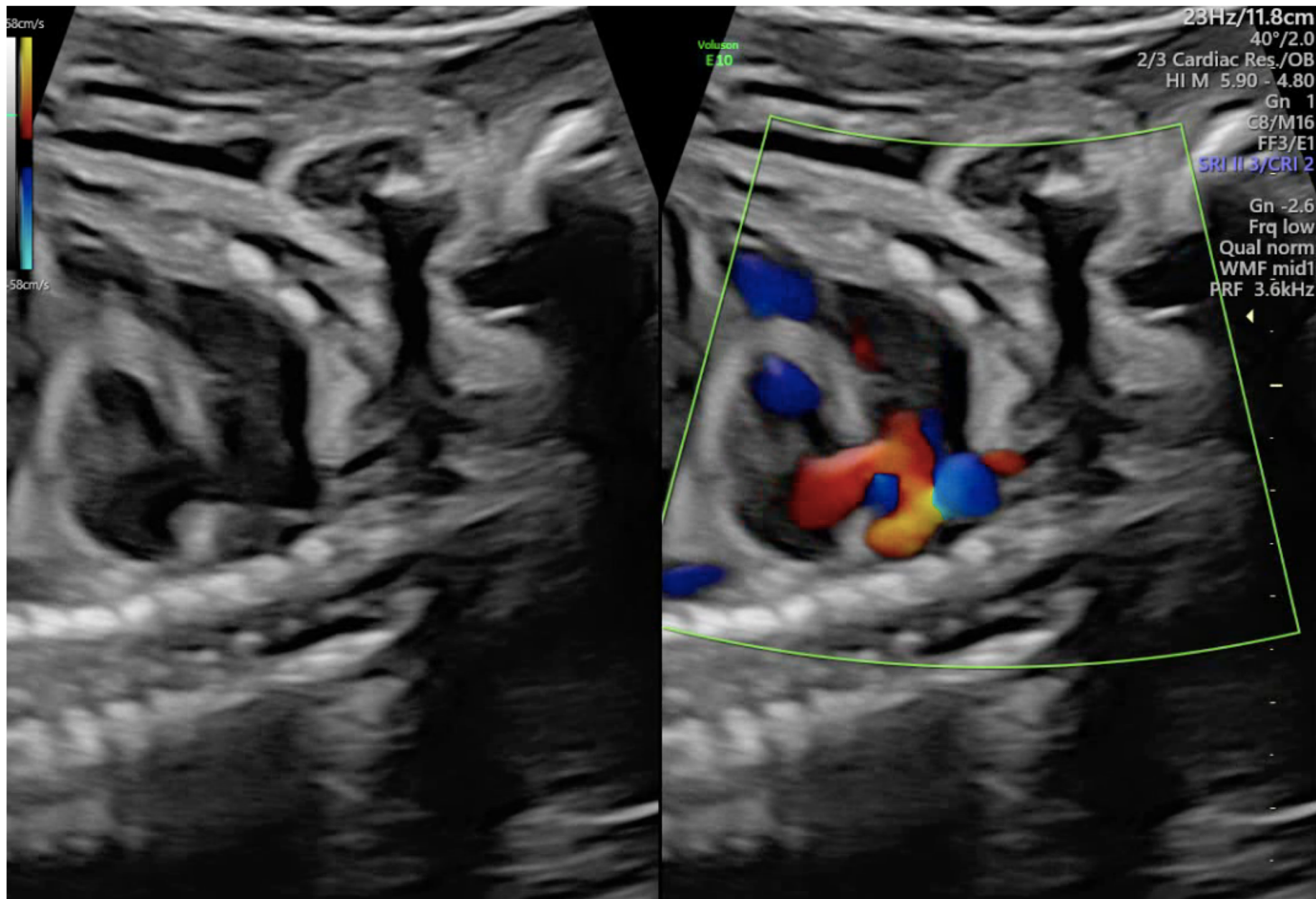


INSUFICIÈNCIA PULMONAR

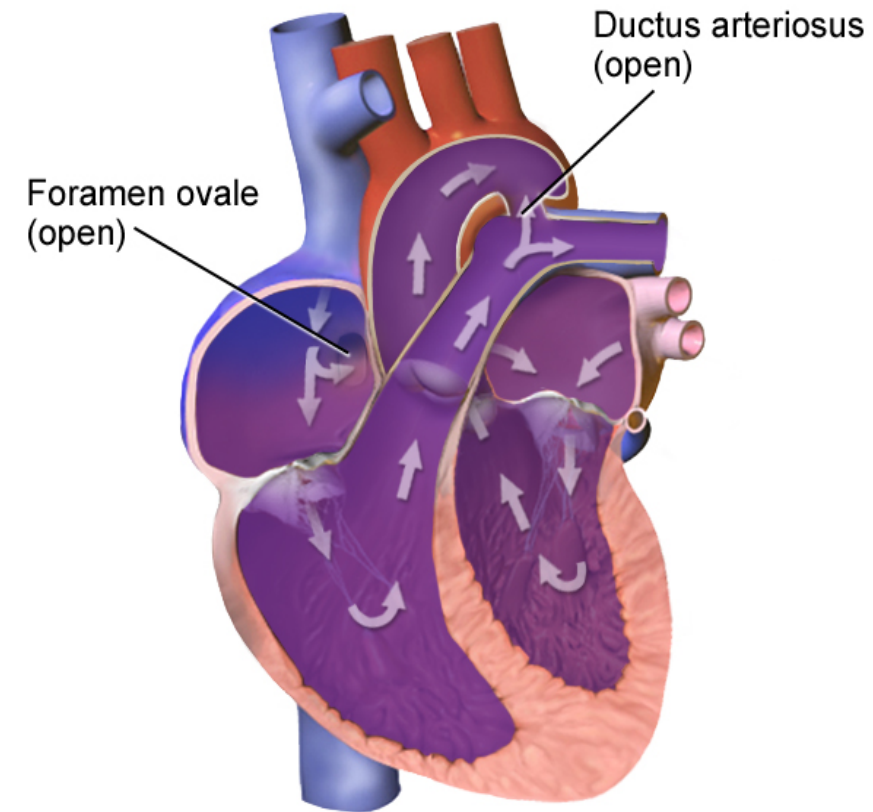
Table 3. Summary of the more recent literature on the prediction of perinatal mortality in Ebstein's anomaly (EA)

Authors, year	Study population	Perinatal outcome	Prognostic predictors
Lasa et al. [14], 2012	EA/TVD (complex CHD excluded) Period 2000–2008 <i>n</i> = 21 fetuses (mean GA = 25 weeks; range 17–37) [*5 cases LTFU]	TOP: 2/16 (13%) IFD: 2/16 (13%) Hydrops: (6%) Perinatal survival: 57%* *[excluding TOP]	Increased RA area index Shorter combined LV isovolumic contraction and relaxation time
Freud et al. [3], 2015	EA/TVD (complex CHD excluded) Period 2005–2011 (23 centers/North America) <i>n</i> = 243 fetuses (mean GA $\pm$ SD = 27 $\pm$ 5.9 weeks) [*11 cases LTFU] (diagnosed <24 weeks = 30% = 65/215 cases)	TOP: 15/243 (6%) IFD: 41/243 (17%) Hydrops: 6% Perinatal survival: 55%* *[excluding LTFU + TOP] Neonatal survival: 70%* *[excluding LTFU + TOP + IFD]	GA at dx <32 weeks Increased TV annulus diameter z-score Pulmonary regurgitation pericardial effusion
Wertaschnigg et al. [11], 2016	EA/TVD (complex CHD excluded) Period 2000–2014 <i>n</i> = 52 fetuses (mean GA = 23 weeks; range 18–40) <i>n</i> = 27 newborns (mean age = 6 days; range 0–28) [*11 cases LTFU]	TOP: 5/52 (12%) IFD: 8/47 (17%) Neonatal death: 10/47 (21%) Perinatal survival: 62%* *[excluding TOP] Neonatal survival: 1 month: 86% *[excluding IFD]	Lower GA, lower birth weight Increased CTR Increased RA area index Severe TR Retrograde flow at arterial duct Pulmonary regurgitation High SickKids score
Selamet Tierney et al. [4], 2017	EA/TVD (complex CHD excluded) Period 2005–2013 <i>n</i> = 51 fetuses (mean GA = 21 weeks; range 18–24) [*all cases with a second echo 4 weeks apart]	Severe EA criteria*: (1) <24 weeks: 33/51 (65%) (2) >24 weeks: 44/51 (86%) [*pulmonary regurgitation or CTR >0.48 or TV annulus z-score >5.6]	Severe EA score TV annulus diameter z-score
Torigoe et al. [15], 2019	EA/TVD (complex CHD excluded) Period 2000–2015 <i>n</i> = 36 fetuses (mean GA = 33 weeks; range 18–37) (diagnosed <24 weeks = 22% = 8/36 cases) [*1 case LTFU]	TOP: 2/35 (6%) IFD <22 weeks: 2/35 (6%) IFD >22 weeks: 4/31 (13%) Neonatal death: 6/31 (19%) Perinatal survival: 68%* *[excluding TOP/IFD <22 weeks]	TRIPP score: TR peak velocity LV myocardial performance index Pulmonary artery flow Ductus arteriosus flow
Current study	EA (complex CHD excluded for prediction analysis)* Period 2002–2018 <i>n</i> = 31 fetuses (mean GA = 22.5 weeks; range 18–27.6) [*6/31 cases associated with other CHD]	TOP: 15/31 (48%) IFD: 3/16 (19%) Neonatal death: 4/13 (31%) Perinatal survival: 56%* *[excluding TOP]	CTR Relative RA area ratio TV displacement index

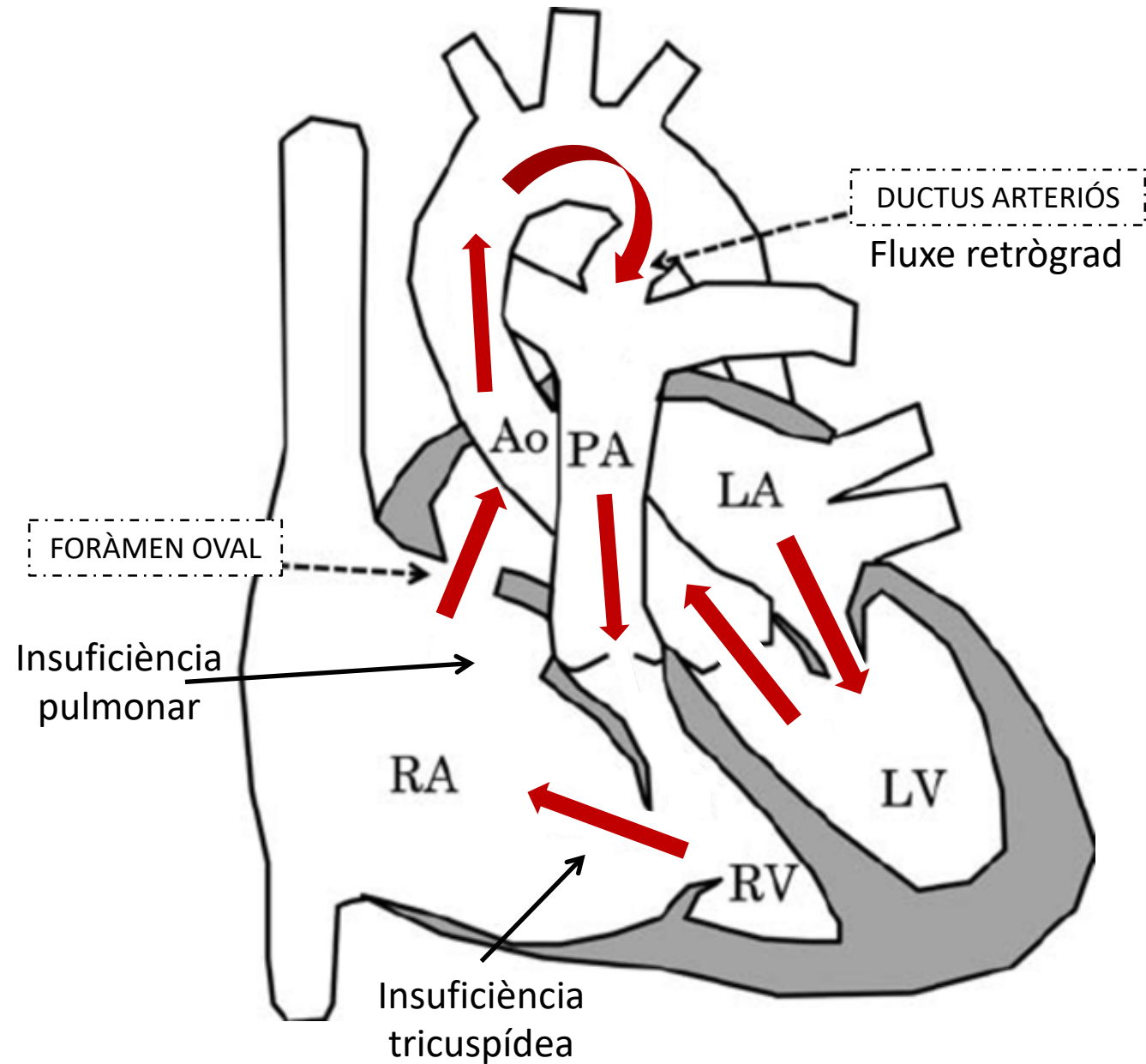
SHUNT CIRCULAR

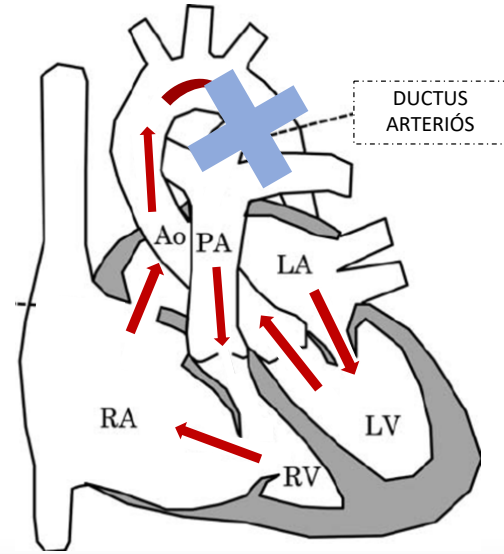


CIRCULACIÓ FETAL NORMAL



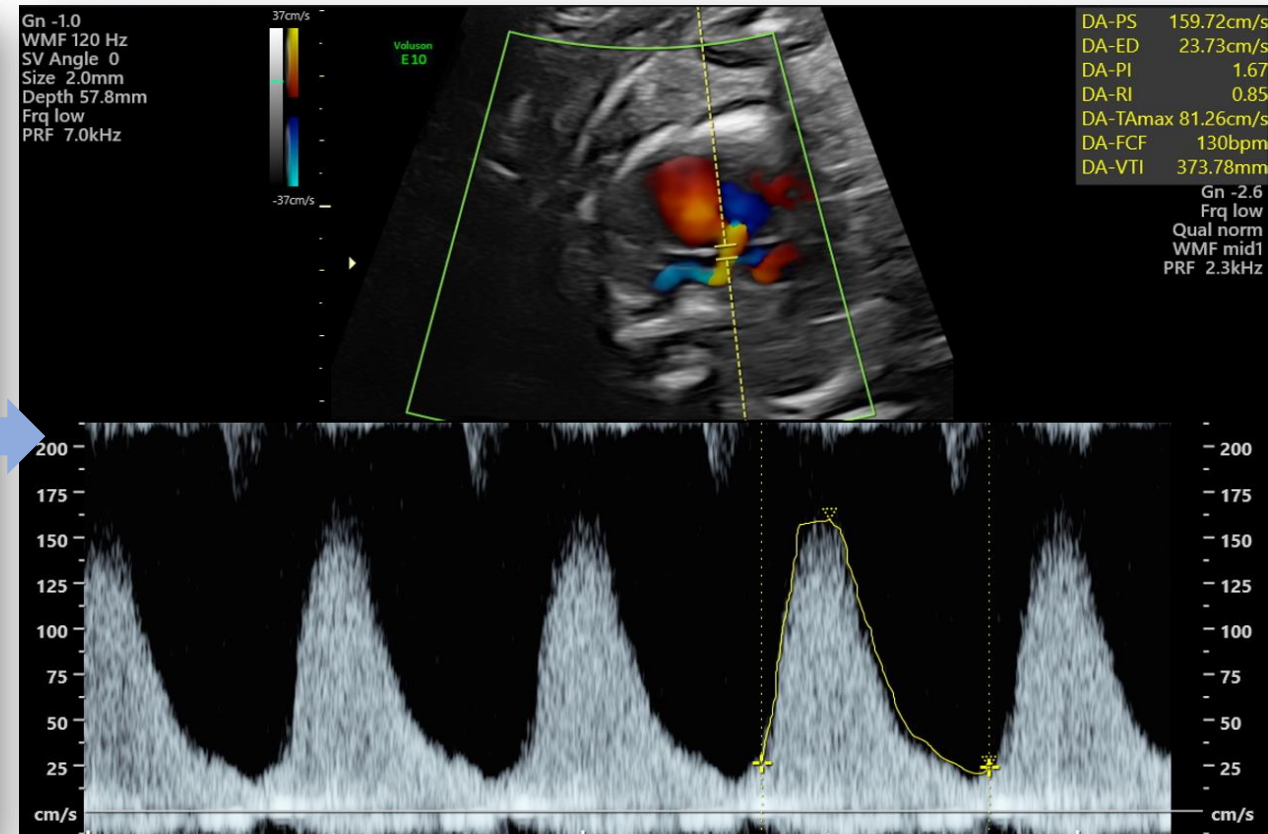
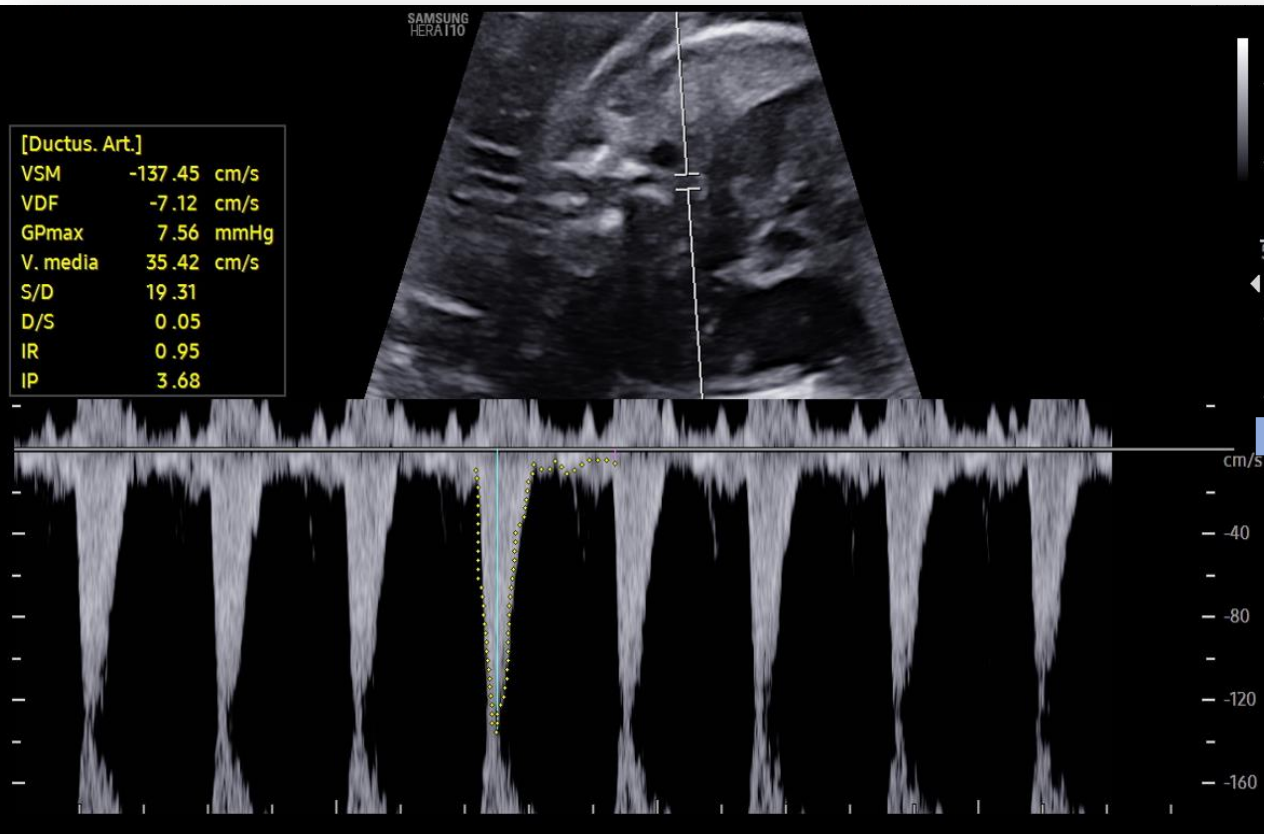
SHUNT CIRCULAR

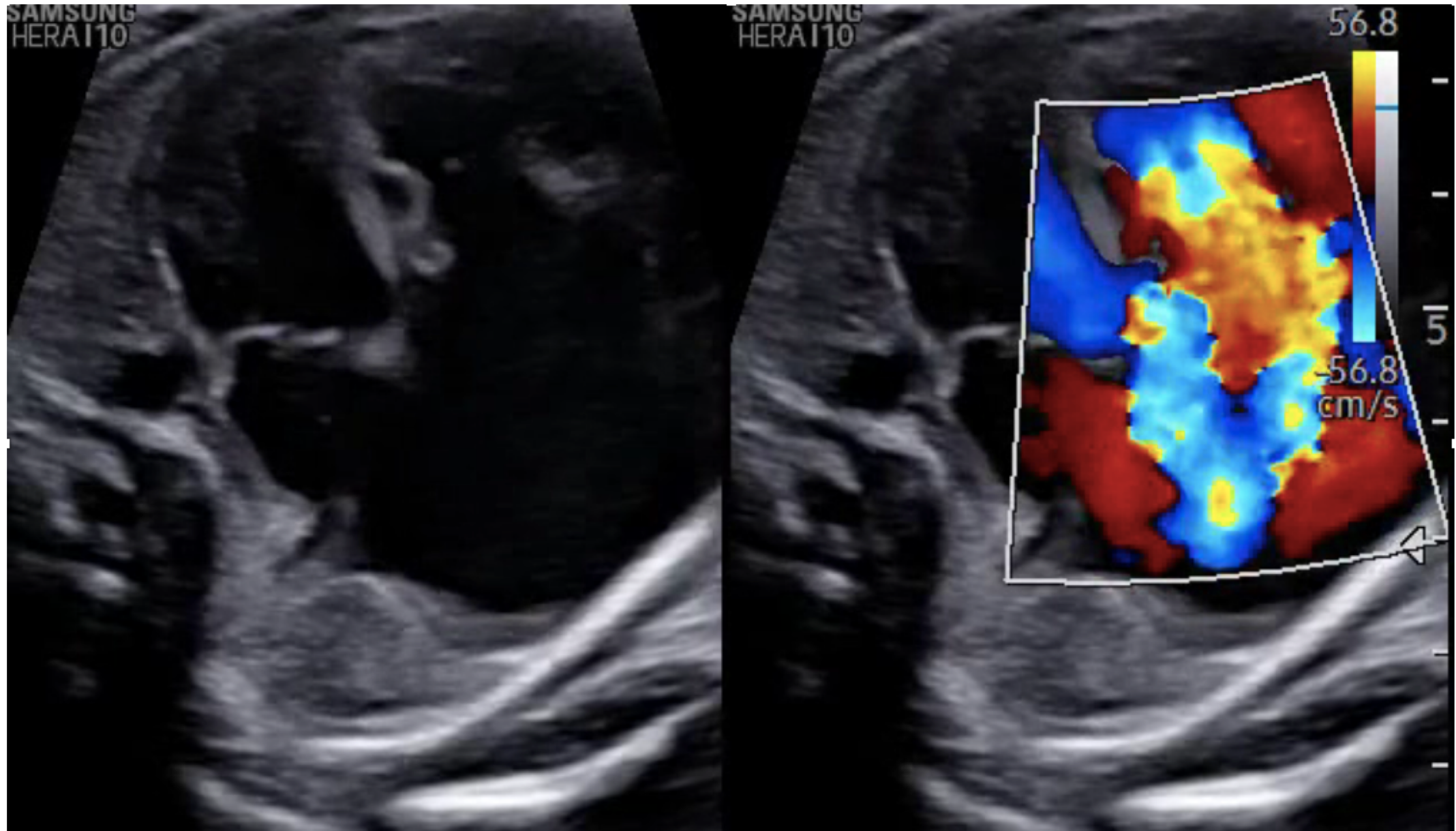




Restricció del ductus arterios:

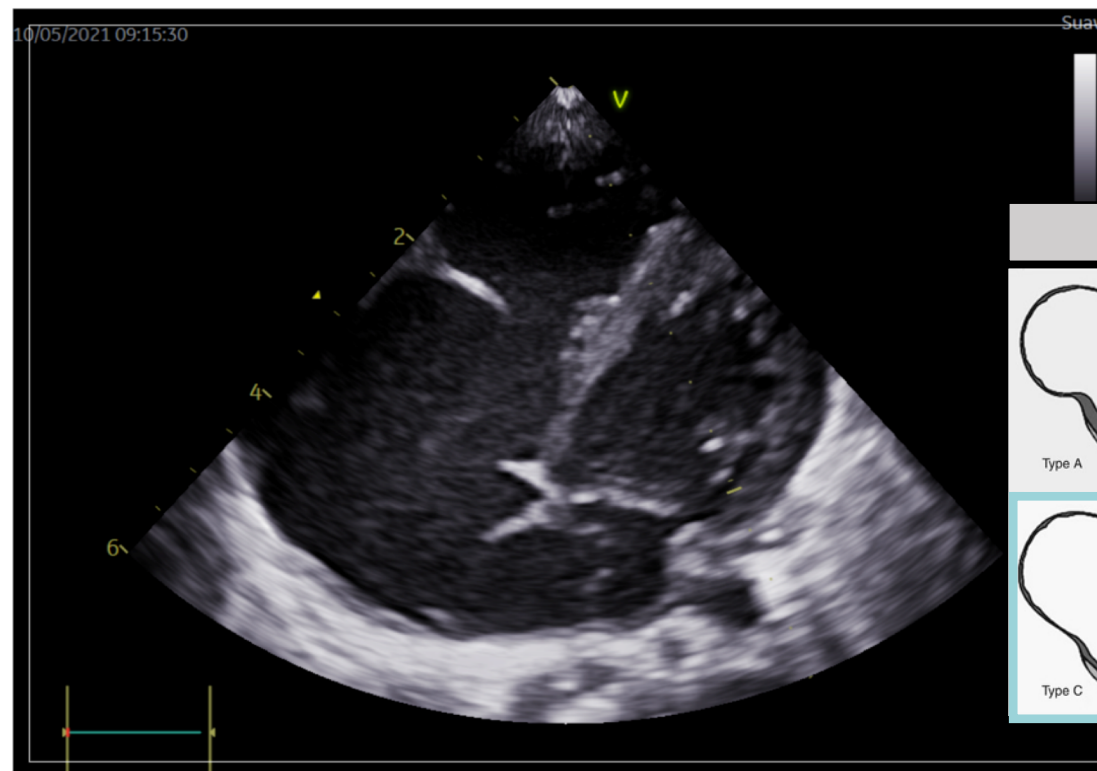
- Indometacina
- Ibuprofè



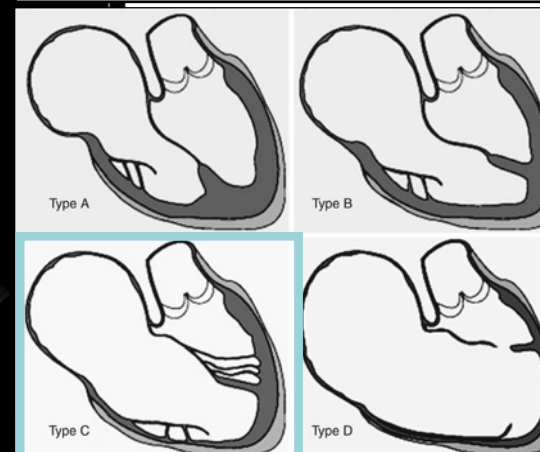


ECOGRAFIA POSTNATAL

Anomalia d'Ebstein severa
 tipus C de Carpentier



CLASIFICACIÓ DE CARPENTIER

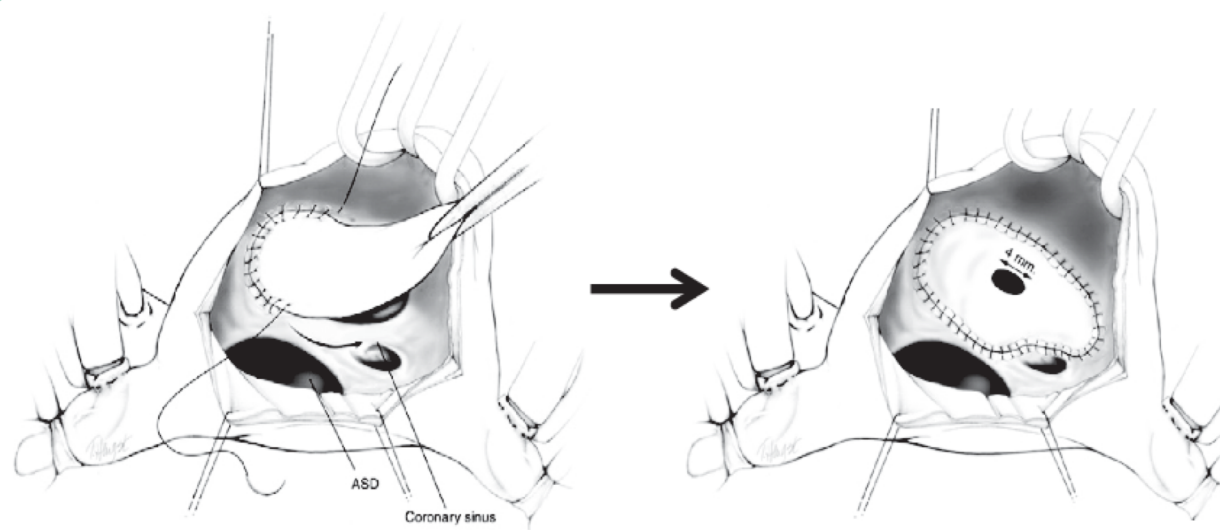


TIPO A: El volum del VD es adequat.

TIPO B: VD atrialitzat però moviment normal de la valva anterior de la tricúspide.

TIPO C: Moviment de la valva anterior de la tricúspide severament restringit, que pot causar obstrucció al tracte de sortida del VD.

TIPO D: Atrialització del VD quasi completa.



CIRURGIA POSTNATAL

Cirurgia de Starnes



MOLTES GRÀCIES PER L'ATENCIÓ