

A Case Report on an Adolescent Male with A Left Ventricular to Right Atrial Shunt, a Gerbode Defect

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Abstract

Background: Gerbode Defect is a rare cardiac anomaly in which the left ventricle communicates to the right atrium. It is usually congenital and accounts for <1% of all congenital heart defects. Acquired cases may result from complications of certain illnesses like endocarditis, myocardial infarction, trauma, or after a previous cardiac surgery. This is a case of an adolescent male with a congenital Gerbode Defect in heart failure.

Objective: To present a case of a male adolescent with a Congenital Gerbode Defect in heart failure.

Case: A 14-year old male presented with Gerbode Defect in heart failure. His symptoms began at 2 months old with an acute onset of dyspnea. During his adolescent years, there was progression of the dyspnea that was manifested even at rest. A trans-esophageal 2D echo showed Congenital Heart Disease, Ventricular Septal Defect perimembranous type, with Gerbode defect and left ventricle to right atrial shunt. The right ventricle was dilated with associated volume and pressure overload and severe pulmonary hypertension, with a right ventricular systolic pressure of 80mmHg. He was managed medically for heart failure and concomitant pneumonia and was advised surgical correction of the congenital heart defect.

Summary: We are presented with a case of a male adolescent with a congenital Gerbode defect in heart failure. Patients presenting with this heart defect may vary from asymptomatic to heart failure. Surgical closure of the defect is recommended and close and regular follow ups should be emphasized.

Biography:

Camille Uy has completed her medical education at the age of 24 years from Cebu Institute of Medical. She completed her post graduate internship in Perpetual Succour Hospital and is currently training as a 2nd year pediatric resident there.

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