

## *Dilated cardiomyopathy in a newborn, a case report*

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### *Abstract*

Cardiomyopathy is defined by the presence of a dilated left ventricle (LV) with systolic dysfunction in the absence of a hemodynamic cause that can produce the existent dilation and dysfunction, including physiological (e.g., sepsis) or anatomic causes with either abnormal loading conditions (eg, coarctation of the aorta) or ischemia (eg, coronary artery anomalies). The estimate from the United States was 1.1 cases per 100 000 person-years, About 50% of cases in children and adolescents were characterized as dilated cardiomyopathy (DCM), with 10% to 25% of cases in this category attributable to acute myocarditis. Hypertrophic cardiomyopathies (HCMs) make up 35% to 50% of cases, and restrictive cardiomyopathies (RCMs) make up <5% of cases in children. The incidence of HCM was 3 times higher in children <1 year of age than in older children. Left ventricular (LV) myocardial noncompaction (LVNC) accounted for ≈5% of cases. This kind of pathology have an elevated mortality, and is no very usual in new born. The present report is the case of a male newborn that at 14 days old that get admission at emergency room by respiratory distress syndrome, with out other symptoms, with antecedent of have cough and nasal flux 24 hrs before, with out treatment, in the film of x ray with cardiomegaly and increase of the vascular tram, need mechanical ventilation, present holosistolic murmur, not infectious signs by clinic and laboratory, later present 4 heart attack that revert with advance cardiopulmonary reanimation, the echocardiogram report left ventricule very dilated and slimmed, important dilatation of venous low cava, hours later presents an increase in the holosistolic murmur have a heart arrest without respond to heart compression and finally dies. We are interested in this case because the presence of dilated cardiomyopathy in the newborn is not very common, so the emergency doctor should think about this pathology and be prepared for its attention, however mortality is very high and should be oriented management to try to help the patient

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### *Biography:*

Dr.Francisco Javier Sanchez Reyes, master in health administration system, specialist in pediatrics since 2005, chief in charge of pediatrics division in General Hospital of Tlalnepantla since 2016 to 2018, sub chief in charge in pediatric division in Maternal – Pediatric Hospital of Atizapan since 2018 to the actuality, in private consuiter since 2005.