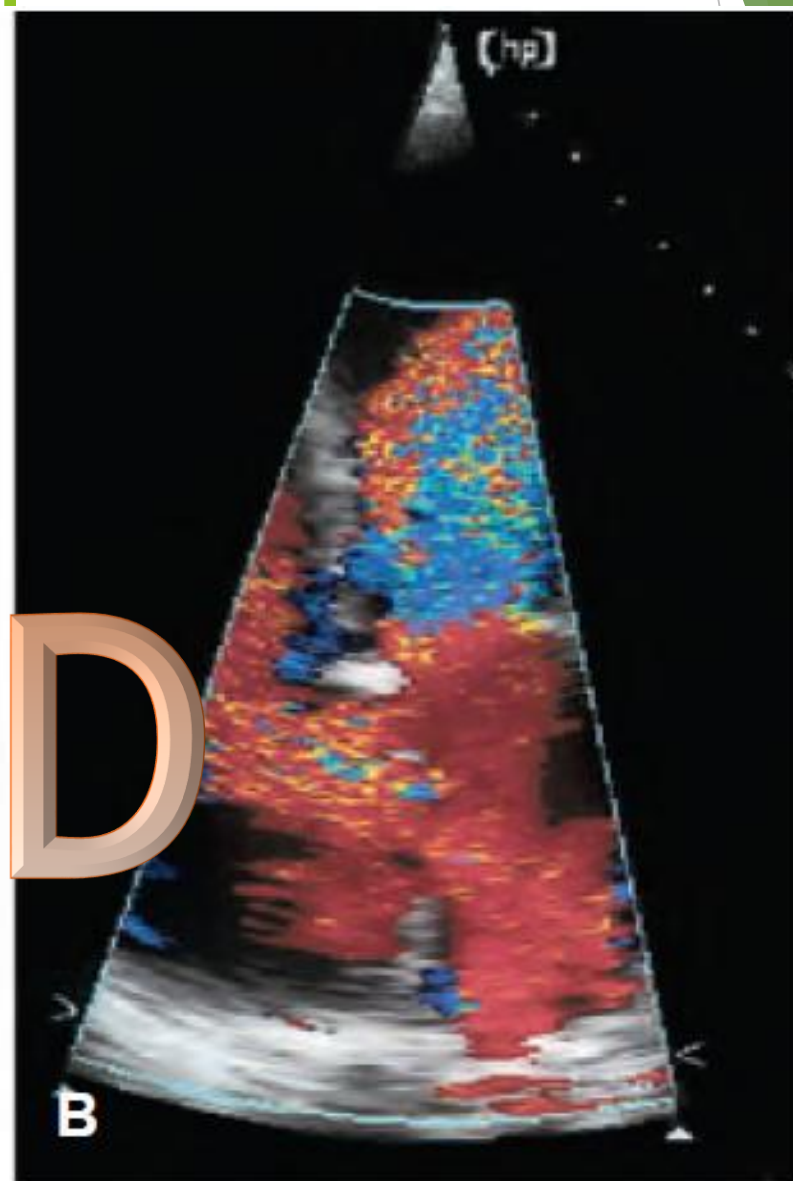




اعداد : د محمد المجبل



ASD



ESC

European Society
of Cardiology



2020 ESC Guidelines for the management of adult congenital heart disease

What is new in the 2020 Guidelines?

In patients with shunt lesions and non-invasive signs of PAP elevation, invasive measurement of PVR is mandatory.

Adjusted recommendations for shunt closure (when $Q_p:Q_s \geq 1.5$) according to calculated PVR:

<3 WU: class I for ASD, VSD, and PDA

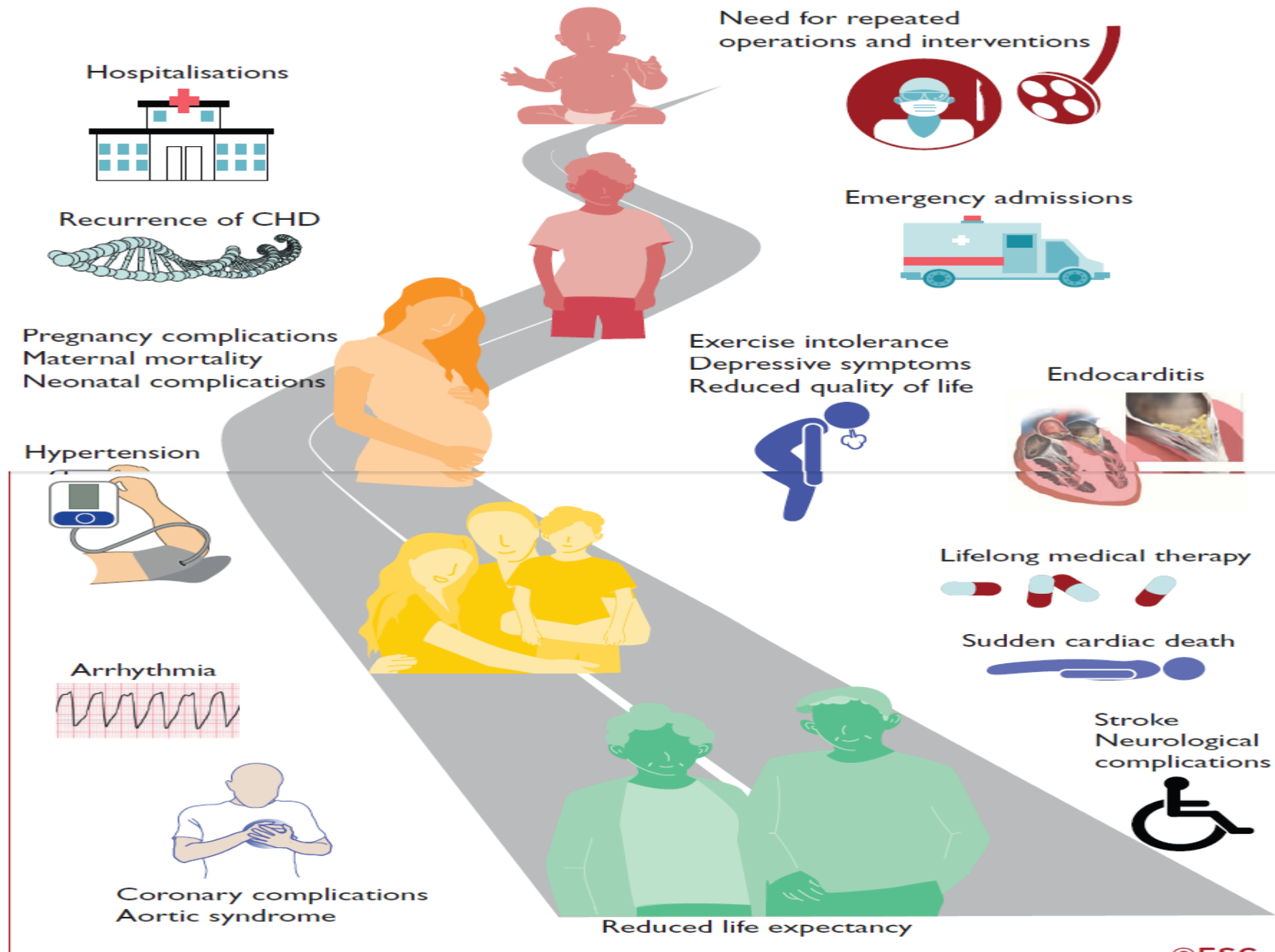
3–5 WU: class IIa for ASD, VSD, and PDA

≥ 5 WU but decreasing to <5 WU after targeted PAH treatment: class IIb for ASD (fenestrated closure only)

≥ 5 WU for VSD and PDA (careful individual decision in expert centres); class IIb

≥ 5 WU despite targeted PAH treatment: class III for ASD.

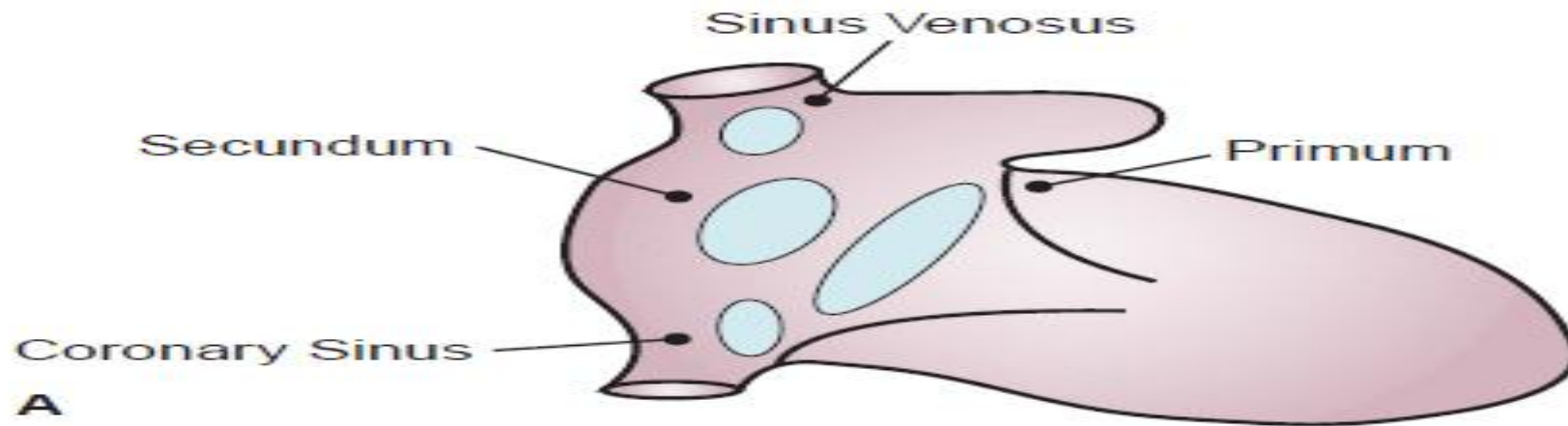
Congenital heart disease ~ A lifelong chronic condition



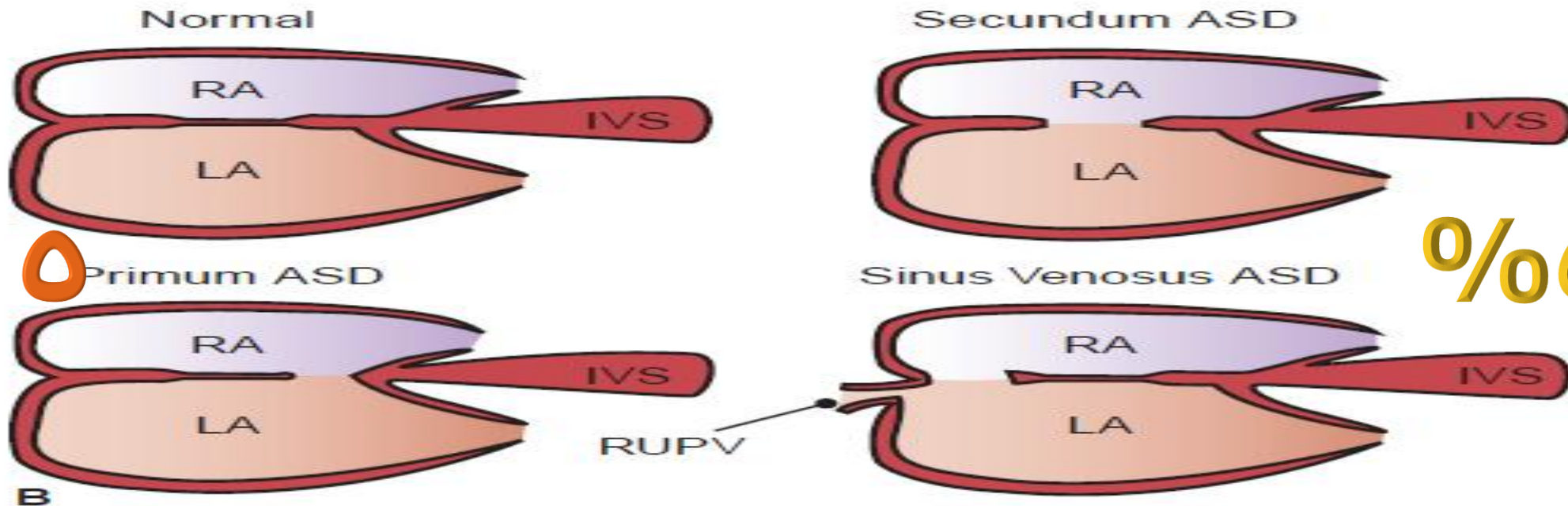
The background features a series of overlapping, semi-transparent green triangles and polygons in various shades of green, creating a dynamic, abstract pattern. A solid green rectangle is positioned in the center-left area.

ASD

ASD



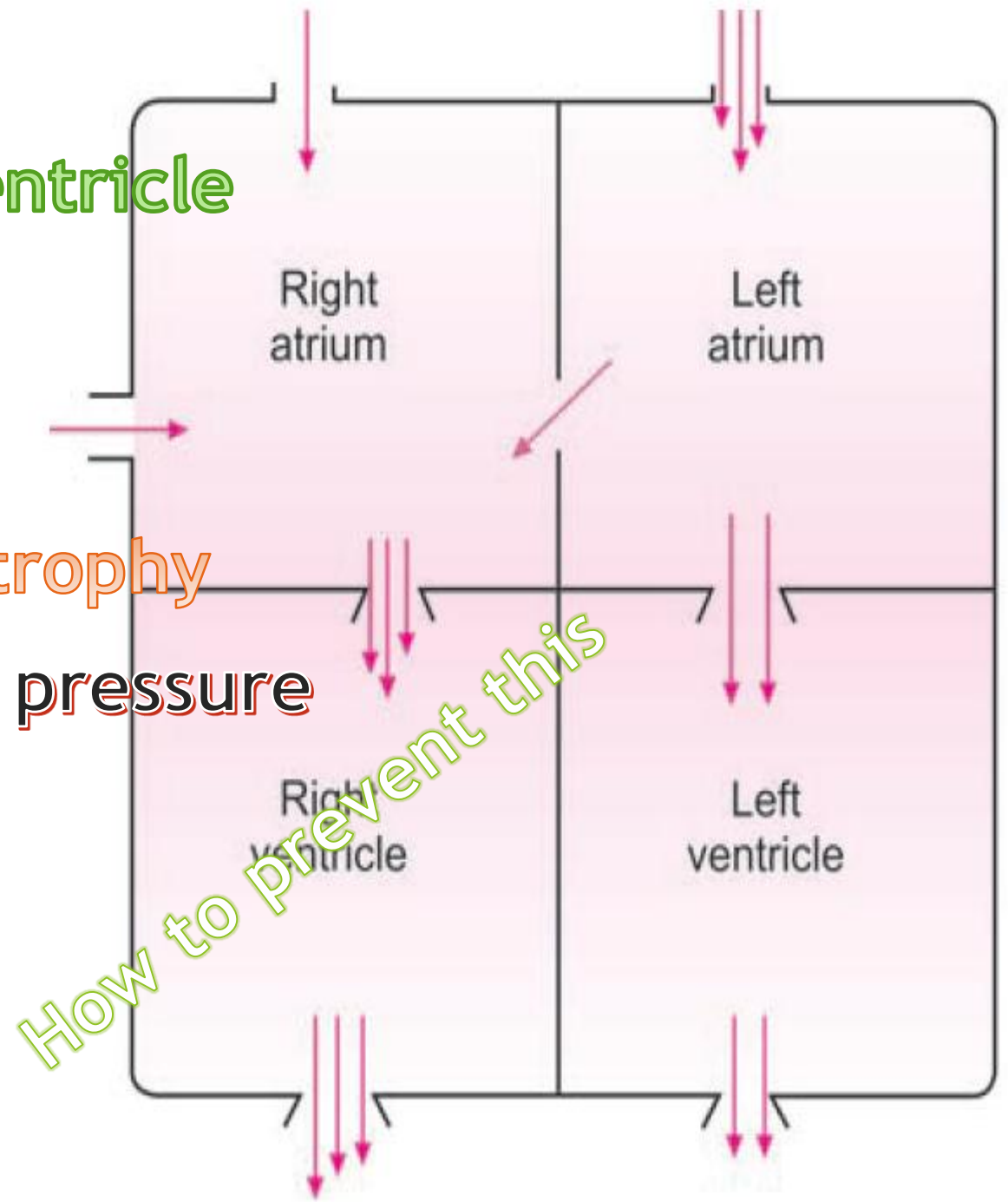
%^<◆



%00

%10

A defect of 1 cm or more
diastolic overloading of right ventricle
increased pulmonary blood flow
Right ventricle enlarges
marked right ventricular hypertrophy
elevation of pulmonary arterial pressure
Reversal of shunt
Eisenmenger's syndrome



shunt fraction: Q_p/Q_s ; the ratio of pulmonary to systemic blood flow used to assess the severity of intracardiac shunts. Q_p/Q_s can be assessed by Doppler echocardiography, invasive oximetry, or cardiac MRI.

RV volume overload?^a

No

Suspicion of paradoxical embolism?

No

No closure

Yes

Closure^b

IIa

Yes

Pulmonary arterial hypertension (PVR ≥ 3 WU)?

No

LV disease?

No

Closure^c

I

Yes

Balloon testing →
weigh benefit vs. risk of
closure before decision^d

Yes

PVR < 5 WU and $Q_p/Q_s > 1.5$

No

Yes

Closure

IIa

PVR falls below 5 WU after PAH treatment and $Q_p/Q_s > 1.5$

No

No closure

III

Yes

Fenestrated closure

IIb

اغلاق عن طريق القثطرة وفاة ١ %

أسبرين مدة ٦ أشهر

نسبة نجاح متساوية بين الجراحة

والقثطرة

نتائج ممتازة في حال عمر أقل من

٢٥ سنة

يصلح فقط في الثانوية

ايكو عبر المري قبل التداخل عبر القثطرة



هل ينتقل للأولاد ؟

from 2-50% and is higher in affected women than men

Foetal echocardiography in affected couples is recommended at 19-22 weeks gestation and can be done as early as 15-16 weeks gestation

Follow-up recommendations

assessment of a residual shunt, RV size and function, TR and PA by echocardiography, and assessment of arrhythmias by history

patients and referring physicians should be informed about the possible late occurrence of tachyarrhythmias

After device closure, regular follow-up during the first 2 years and then, depending on results, every 35 years is reasonable

Follow-up recommendations

AF becomes more common. In patients who undergo ASD closure aged >40 year

Exercise/sports

no restrictions in asymptomatic patients before or after intervention without PH, significant arrhythmias, or RV dysfunction; limitation to low-intensity recreational sports in PAH patients

Pregnancy

low risk in patients without PH, although there may be an increased risk of paradoxical embolism. Patients with pre-capillary PH should be counselled against pregnancy

IE prophylaxis

recommended for 6 months after device closure

