

EP08.37 Dextro-Transposition of the Great Arteries: Prenatal Echocardiographic Results and Neonatal Outcomes in a Retrospective study from Tertiary Center Lodz- Poland ICZMP (2014-2024)

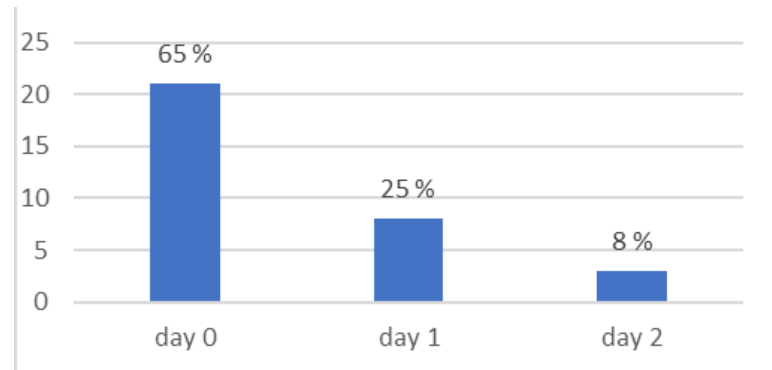


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Domiciles of 70 pregnant women with fetuses with d-TGA referred to Lodz in years 2014-2024 (over 6% in yellow).



Rashkind procedure (BAS) day for 32 newborns with d-TGA



● Polish Mother ' s Memorial Hospital Research Institute in Lodz

10 PRENATAL "RED FLAGS" FOR BAS

Critical 3rd-trimester fetal echocardiographic predictors:

1. FO anatomical diameter < 3 mm on the last prenatal scan.
2. FO narrowing compared to prior scan (≥ 30 -50% reduction).
3. Right-to-left FO velocity shunt > 80 cm/s.
4. Left-to-right FO velocity jet > 50 cm/s.
5. Bidirectional flow dynamic across the atrial septum.
6. "Spinnaker effect" (redundant atrial aneurysm bowing into LA).
7. Maximum pulmonary vein velocity ≥ 45 cm/s.
8. FO excursion/mobility restriction index via M-Mode $\leq 20\%$.
9. Middle cerebral artery (MCA) peak velocity > 80 cm/s.
10. Echo-to-delivery window > 14 days (high-risk monitoring gap).

CONCLUSION : Prenatal functional assessment of the foramen ovale in the late third trimester, within 14 days before delivery, was highly effective in predicting clinical condition of the neonate with d-TGA . No „red flags” - we advocate vaginal delivery and Prostin infusion. Identifying „red flags” suggested CS and in addition to i.v line with Prostin "fast-track," to the cath lab for Rashkind procedure (BAS) before anatomical correction via Arterial Switch Operation