

Introduction

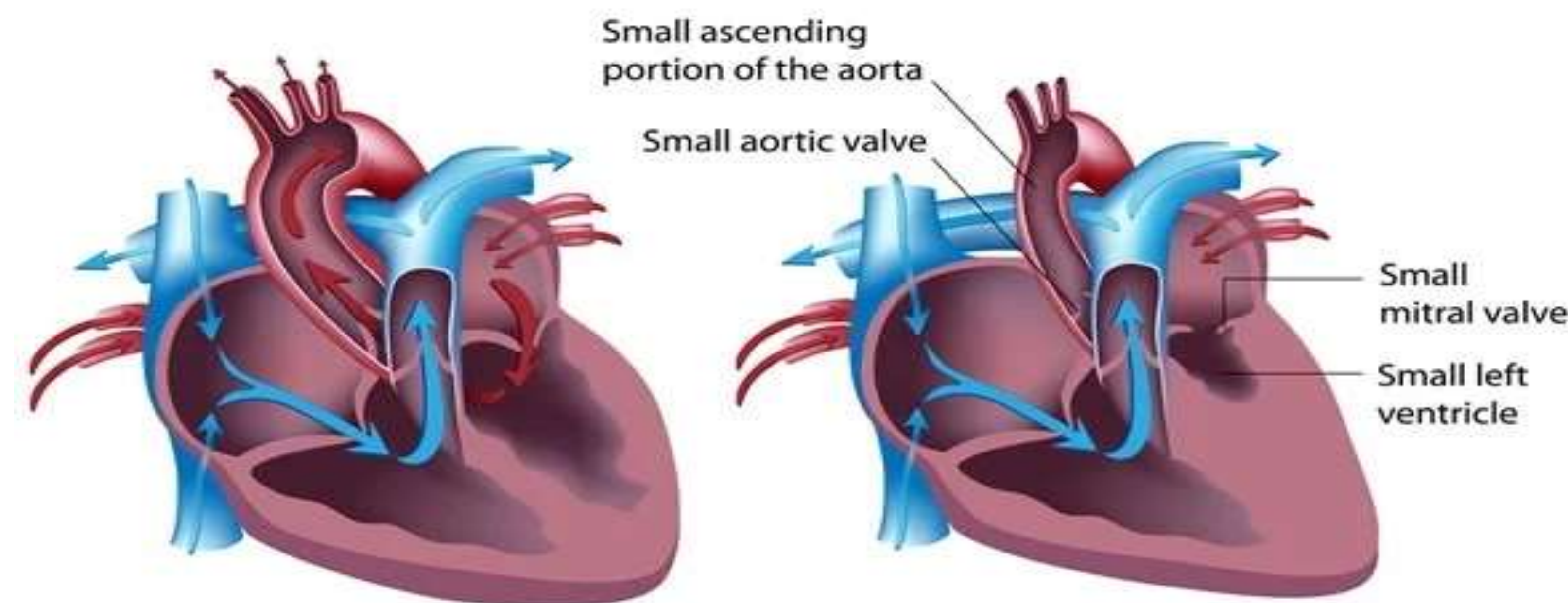
- Hypoplastic left heart syndrome (HLHS) accounts for 1.4-3.8% of all cases of congenital heart disease (CHD) and is responsible for 23% of cardiac deaths occurring in the first week of life.
- Importance of multidisciplinary intrapartum approach focusing on early diagnosis, timely caesarean.
- Immediate neonatal stabilisation and subsequent surgical procedure in managing HLHS with high neonatal mortality.

Case Report

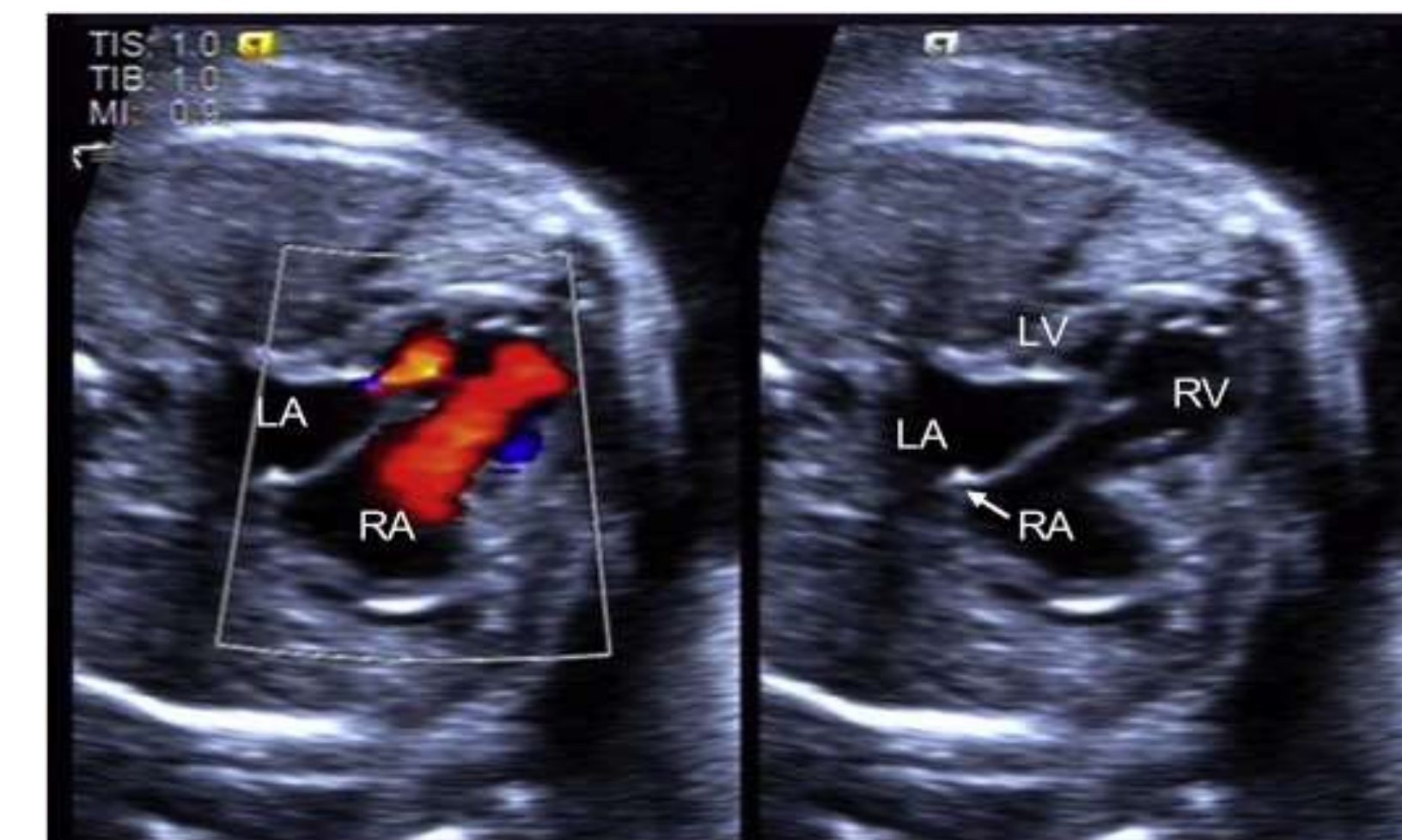
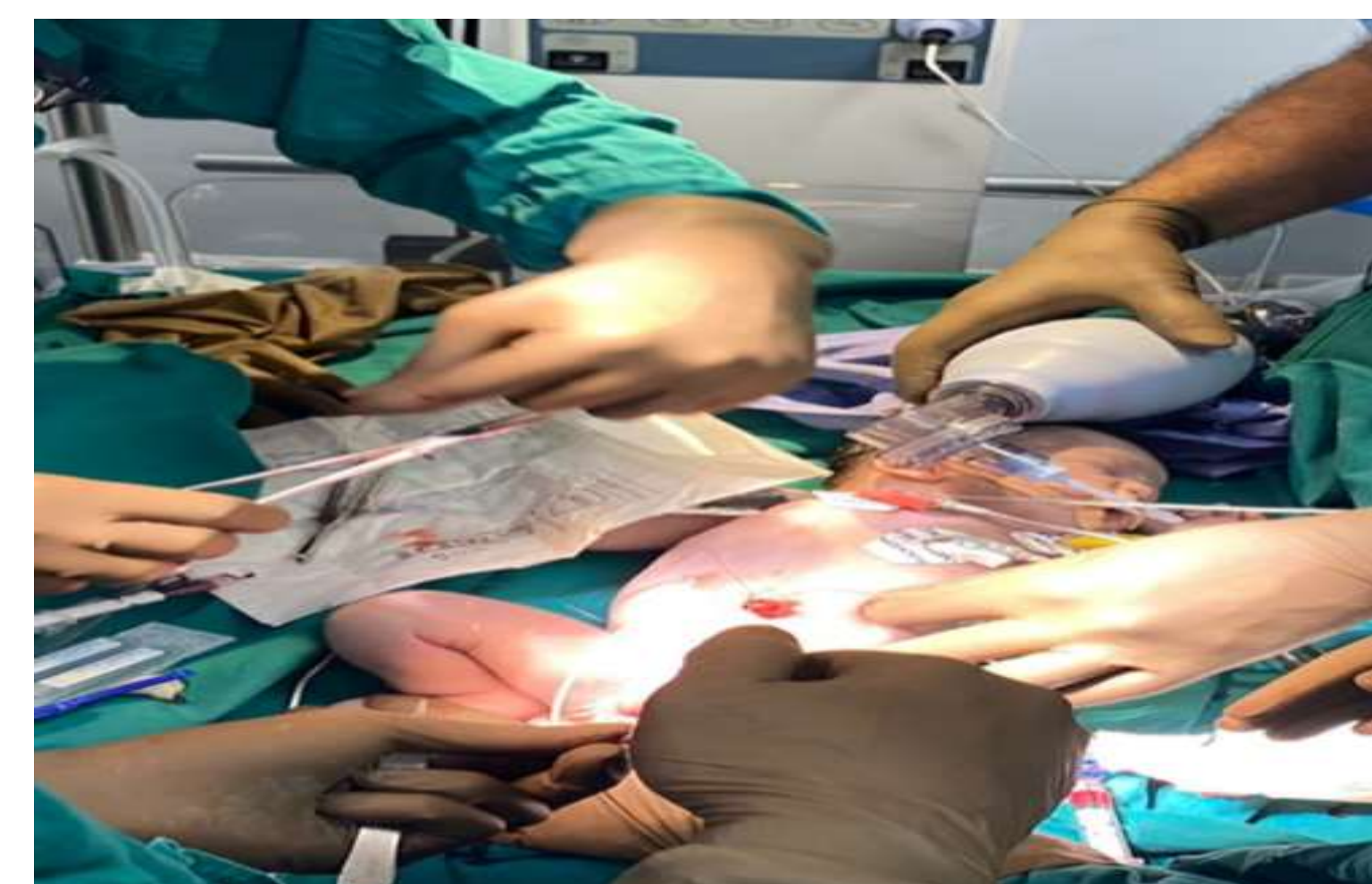
- 30-year-old woman was transferred to our hospital at 37 weeks 6 days of pregnancy with HLHS which was diagnosed at 27 weeks gestation.
- Decision of caesarean section was taken with a MDT approach at 38 weeks in the presence of a Paediatric intensive care team, cardiologist, cardiothoracic surgeon and anaesthetist.
- After the delivery, delayed cord clamping to allow placental foetal perfusion till foetal 2D echo was performed by a fetal cardiologist.

Normal Heart

Hypoplastic Left Heart Syndrome



Intra-operative



- Baby stabilized by the intensive care team, and the decision of Norwood's procedure was taken.
- Baby underwent open cardiac surgery at the age of 40minutes.

Discussion

- Hypo plastic left heart syndrome (HLHS) is a complex cardiac anomaly that causes systemic perfusion failure by the left ventricle.
- HLHS needs complex surgical treatment among all cardiac anomalies, and is incompatible with life if it remains untreated.
- HLHS incidence of 2–3/10,000 live births and constitutes 3–4% of all cardiac anomalies

Conclusion

- . Early diagnosis combined with Multidisciplinary is essential for optimizing maternal and neonatal outcome.
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- Elective delivery at well equipped tertiary care centre, plays pivotal role in improving survival rates .

References

1. NC-ND 4.0 · Geburtshilfe Frauenheilkd 2019; 79(08): 863-872
2. Ginekologia Polska 2021, vol. 92, no. 4