Introduction

Background: Premature closure of foramen ovale has been proposed as a cause of hypoplastic left heart syndrome. Most infants with hypoplastic left heart syndrome have normal birth weight and a normal newborn physical examination. 

Hypoplastic left heart syndrome accounts for more than 25% of all cardiac deaths in the first week of life. In most cases, death occurs prior to premature closure of ductus arteriosus, a result of pulmonary vasoconstriction and resultant ventilation.

Purpose and Objective: Left sided obstructive heart disease present with similar clinical manifestations suggestive of cardiogenic shock with insignificant perfusion, progressive metabolic acidosis and cardiac vascular collapse. Infants presenting in this manner are often considered to be septic, and a complete septic workup is often initiated. The practitioner must consider the possibility of a hypoplastic heart disease presenting in this manner. Our case is a 10 day old term female with suspected sepsis with rapid deterioration. The patient was transferred to PICU for further management. Though abnormal wall ultrasonography improved significantly within 24 hours, clinical status was complicated by pulmonary hypertension of newborn.

Methods: The baby was admitted to a local children’s hospital for omphalitis with swelling around the umbilicus for 1 day. The patient was transferred to PICU and admitted to a local children’s hospital for omphalitis with swelling around the umbilicus for 1 day.

Results

In normal heart before birth, left sided structure fill primarily from left atrium and left ventricle, right sided structure fill from right atrium and right ventricle. In normal heart before birth, left sided structure fill primarily from left atrium and left ventricle, right sided structure fill from right atrium and right ventricle. Survival of infants with hypoplastic left heart conditions.

Discussion of Intervention

Our case is a 10 day old baby presented in ER with 1 day history of redness around umbilicus, induration of most of the abdomen, indurated around umbilicus, tympanic, no redness around umbilicus, crying when cleaning umbilical stump.

Conclusion

Our case is a 10 day old term female with suspected sepsis with rapid deterioration. The patient was transferred to PICU for further management. Though abnormal wall ultrasonography improved significantly within 24 hours, clinical status was complicated by pulmonary hypertension of newborn.

In our case we conclude that physicians should consider possibility of ductal dependent heart conditions especially in babies presenting in early neonatal period with cardiovascular insufficiency. In addition to sepsis work up in these babies, should aim at improving significantly PF of Persistent Fetal Circulation (PFC). This is very important in preventing the neonatal mortality associated with ductal-dependent heart conditions.