CASE REPORT

UNCORRECTED TETRALOGY OF FALLOT IN A 30-YEARS OLD
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ABSTRACT: Tetralogy of Fallot is the most common form of cyanotic congenital heart disease. Survival after the age of 12 years without corrective surgery is rare. We present the case of a 30 year-old man with uncorrected tetralogy of Fallot.

KEYWORDS: TOF: Tetralogy of fallot, CCHD: Congenital cyanotic heart disease.

INTRODUCTION: Tetralogy of Fallot is the most common form of cyanotic congenital heart disease accounting for about 10% of all cases of congenital heart diseases. It consists of interventricular septal defect, right ventricular outflow tract obstruction, an overriding aorta and right ventricular hypertrophy. Without corrective surgery, few patients with tetralogy of Fallot reach adulthood with an average life expectancy of 12 years. We present the case of a 30-year old man with an uncorrected tetralogy of Fallot.

CASE REPORT: A 30 year-old man presented to our O.P.D. with hemoptysis recurrent easy fatigue ability, breathlessness on moderate exertion and palpitations from childhood. There was no history of paroxysmal nocturnal dyspnoea; neither was there pedal, facial or abdominal swellings. Patient also gives history of similar complaint one year back. The patient is not a known hypertensive, diabietic or asthmatic. On examination, he was plethorich, had both central and peripheral cyanosis and grade 3 finger clubbing. There was no peripheral oedema. Cardiovascular system examination revealed a pulse of 84 beats per minute, moderate volume and regular. The blood pressure was 118/80 mmHg, apex beat was localised in the 5th left intercostal space within the mid clavicular line and there was left parasternal heave. On auscultation, there was first and second heart sounds, loud pulmonary component of second heart sound, and grade 4/6 pansystolic murmur which was loudest at the left lower sternal edge. The chest was clinically clear. The haematocrit was 60.4% (Hb 21.1gm%). His serum electrolyte, urea and creatinine levels were normal. Chest radiography was normal. Electrocardiography showed sinus rhythm, right atrial enlargement, biventricular hypertrophy. Echocardiography showed a large ventricular septal defect, 40% overriding of aorta, septal wall measuring 11 mm in diastole, with left ventricular ejection fraction of 61%. Severe pulmonary stenosis with pulmonary forward velocity of 4.61m/s, PSG mm Hg. The patient is clinically stable at present.

DISCUSSION: Although uncorrected tetralogy of Fallot has been reported in patients as old as 52 years to 86 years,1-6 this is the oldest patient to the best of our knowledge with uncorrected tetralogy of Fallot being reported in our environment. Without corrective surgery 10% of patients survive to their thirties while only 3% reach their forties
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Or older. three main factors have been identified for the longevity in natural survivors with unoperated tetralogy of Fallot. First is the small pulmonary artery with presumed slow development of Sub pulmonary obstruction. another factor identified is that of left Ventricular hypertrophy, it is said that left ventricular hypertrophy acts by delaying the shunting of blood from the right to left ventricle. the third factor is extra cardiac shunting Including patent ductus arteriosus or systemic to pulmonary Shunting through internal mammarys. hypoxic spells has been documented as the most common cause of death in uncorrected tetralogy of Fallot.

CONCLUSION: Uncorrected tetralogy of Fallot occurring at 30 years is rare in our environment.

REFERENCES:
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Image 1: Cyanosis with plethoric face
Image 2: Grade 3 clubbing