

Useful contacts

Hospital	21 043 1000
Department	21 043 3121
Coragem association	21 043 3174
Mutual help group	21 043 3122

Ventricular septal defect (VSD)

What is it?

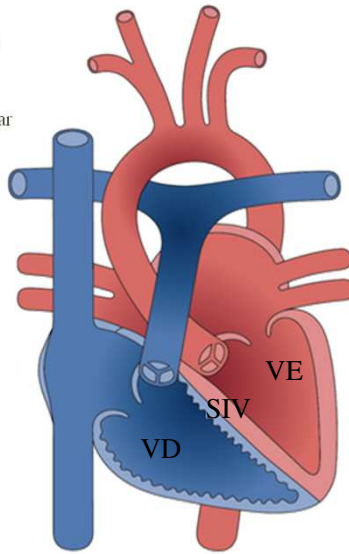
As the name suggests, it is a defect in the interventricular septum – the wall that separates the ventricles – forming a communication between the two and conditioning a greater flow of blood to the lungs through it. It is one of the most frequent congenital heart diseases, having several classifications according to its anatomical location.

The cause of this anomaly during the heart's development in fetal life is not fully known, with both genetic or environmental factors being possibly involved.

Normal heart

Caption

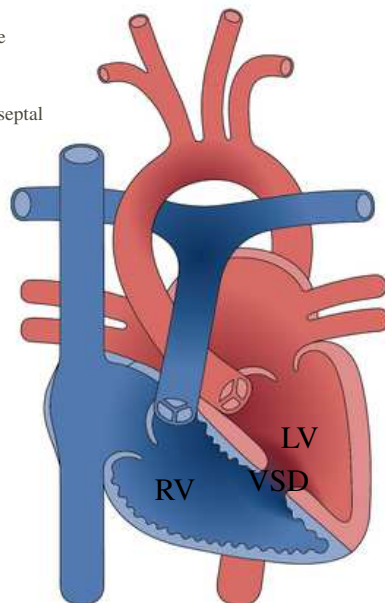
- RV – right ventricle
- LV – left ventricle
- IVS – interventricular septum



Ventricular septal defect

Caption

- RV – right ventricle
- LV – left ventricle
- VSD – ventricular septal defect



How is it diagnosed?

Usually, the attending physician detects a heart murmur with or without associated symptoms that depend on the lesion's type and the developmental stage of the baby's or child's life it is detected. Most frequent signs and symptoms are tiredness during feeding and progressive intolerance to exertion, with difficulty in weight progression.

You will be referred to a Pediatric Cardiology consultation where after clinical and echocardiographic evaluation, the diagnosis will be confirmed and a follow-up strategy will be drawn up in order to monitor the disease progression, prevent and identify potential complications and plan the needed treatment.

How is it treated?

It is not uncommon to see that a certain type of VSD doesn't have clinical repercussions that justify intervention, and it is perfectly possible to maintain regular surveillance without limitations to everyday life, and furthermore it may even close spontaneously.

Treatment types

In certain cases, a conjunction of signs and symptoms develop progressively that require a therapeutic approach.

Depending on several factors, namely the type of injury, the clinical condition, the age and weight of the patient, the approach can initially be through medication but there may be need to consider a definite treatment with a surgical or percutaneous procedure (catheterization).

Other procedures

Other tests may also be necessary to obtain better detailed images and better characterize the lesion, such as a transesophageal echocardiogram (TEE).

This exam is done with sedation and the probe is placed through the mouth to the esophagus, such as an endoscopy, allowing greater proximity to the heart and therefore better detail.

In the future

In most cases the correction is definitive and with no complications and the patient may shortly return to the usual routines without major limitations, whether physical, intellectual or reproductive.

Follow-up

In the short term, the instructions given by the medical and nursing staff at the time of discharge from hospital must be respected, namely medication, limitation of physical activity, removal of stitches, etc.

In the medium / long term, a regular follow-up must be maintained but it will be increasingly spaced, according to the plan drawn up by your Pediatric Cardiologist and / or Cardiac Surgeon.

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Acknowledgments

Adapted diagrams of:
<http://www.chd-diagrams.com>.