

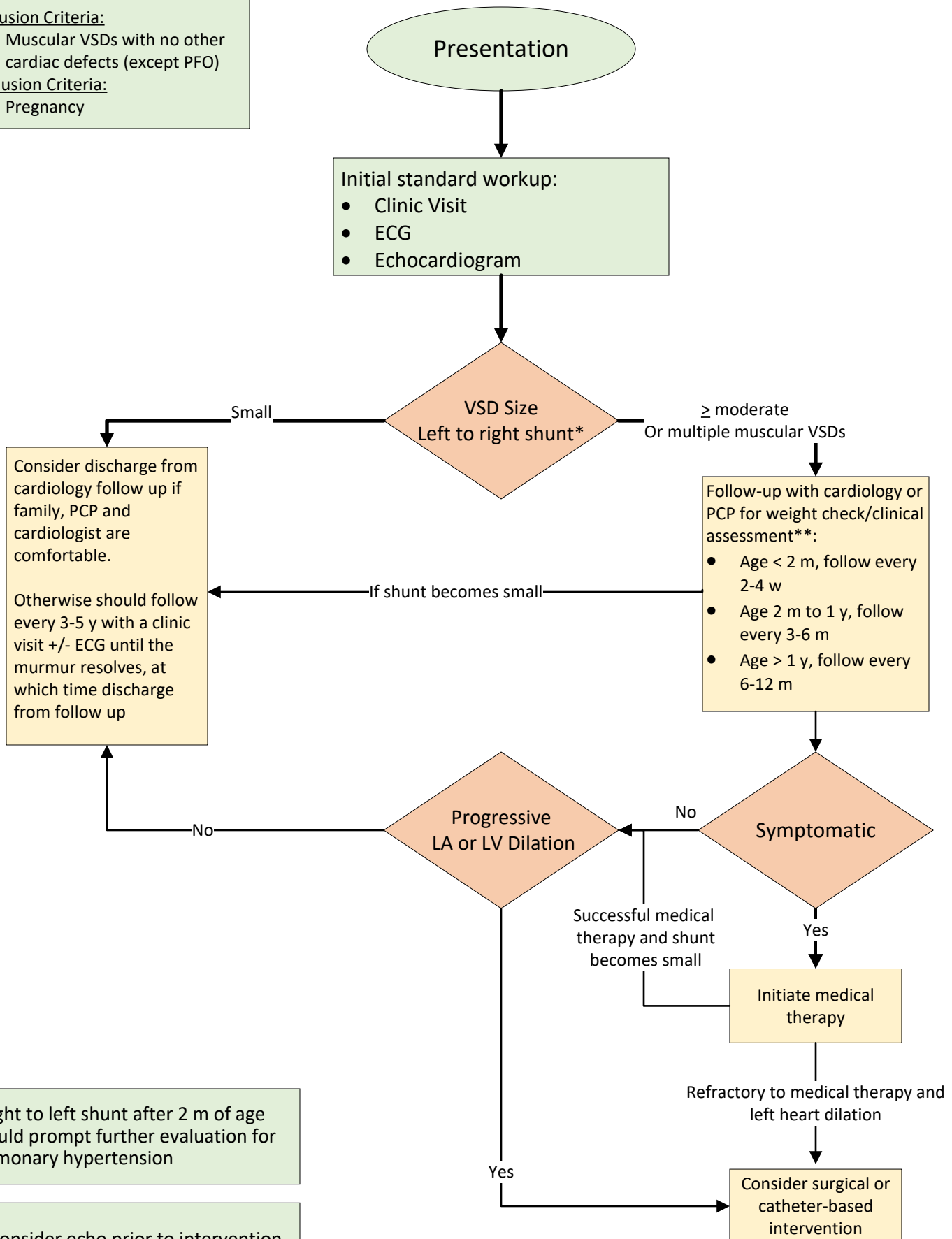
CHD Clinical Practice Algorithm: Muscular VSD¹⁻⁶

Inclusion Criteria:

- Muscular VSDs with no other cardiac defects (except PFO)

Exclusion Criteria:

- Pregnancy

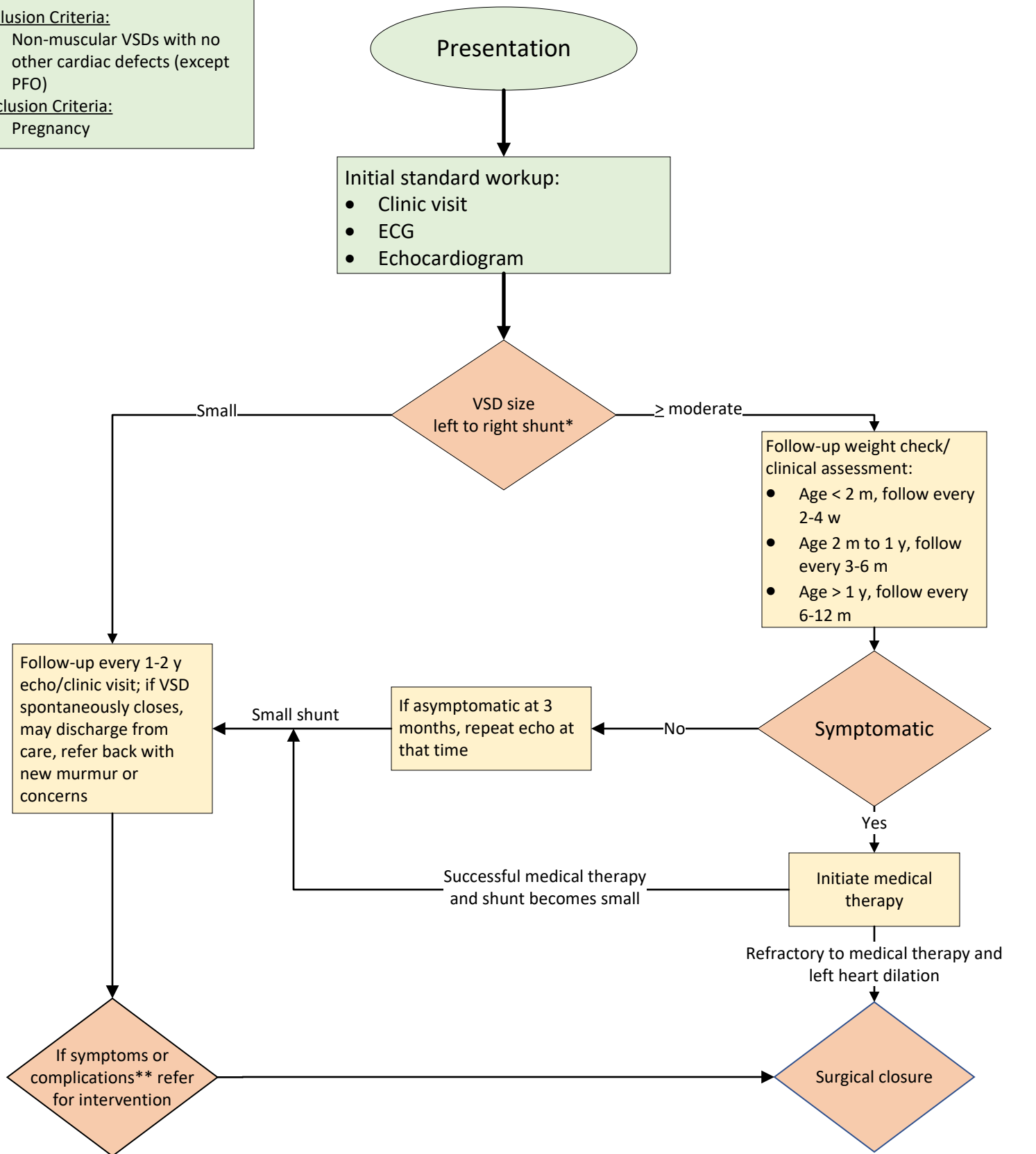


*Right to left shunt after 2 m of age should prompt further evaluation for pulmonary hypertension

**Consider echo prior to intervention or with clinical change

CHD Clinical Practice Algorithm: Non-Muscular VSD¹⁻⁶

- Inclusion Criteria:**
- Non-muscular VSDs with no other cardiac defects (except PFO)
- Exclusion Criteria:**
- Pregnancy



*Right to left shunt after 2 m of age should prompt further evaluation for pulmonary hypertension

**complications include aortic valve prolapse and aortic regurgitation, failure to thrive, progressive left heart enlargement, or development of double chamber right ventricle or subaortic membrane

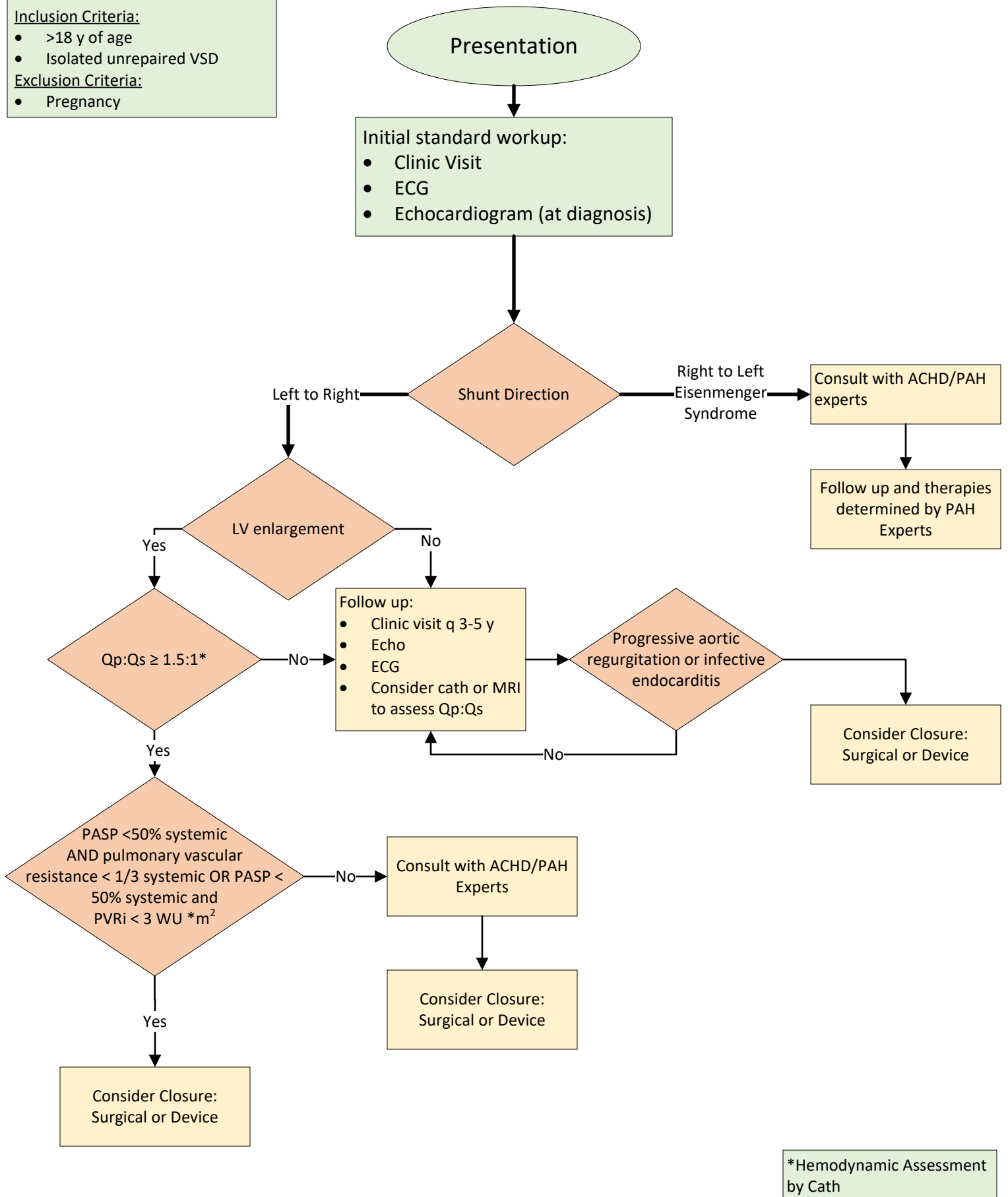
CHD Clinical Practice Algorithm: Adult Unrepaired VSD^{1,7,8}

Inclusion Criteria:

- >18 y of age
- Isolated unrepaired VSD

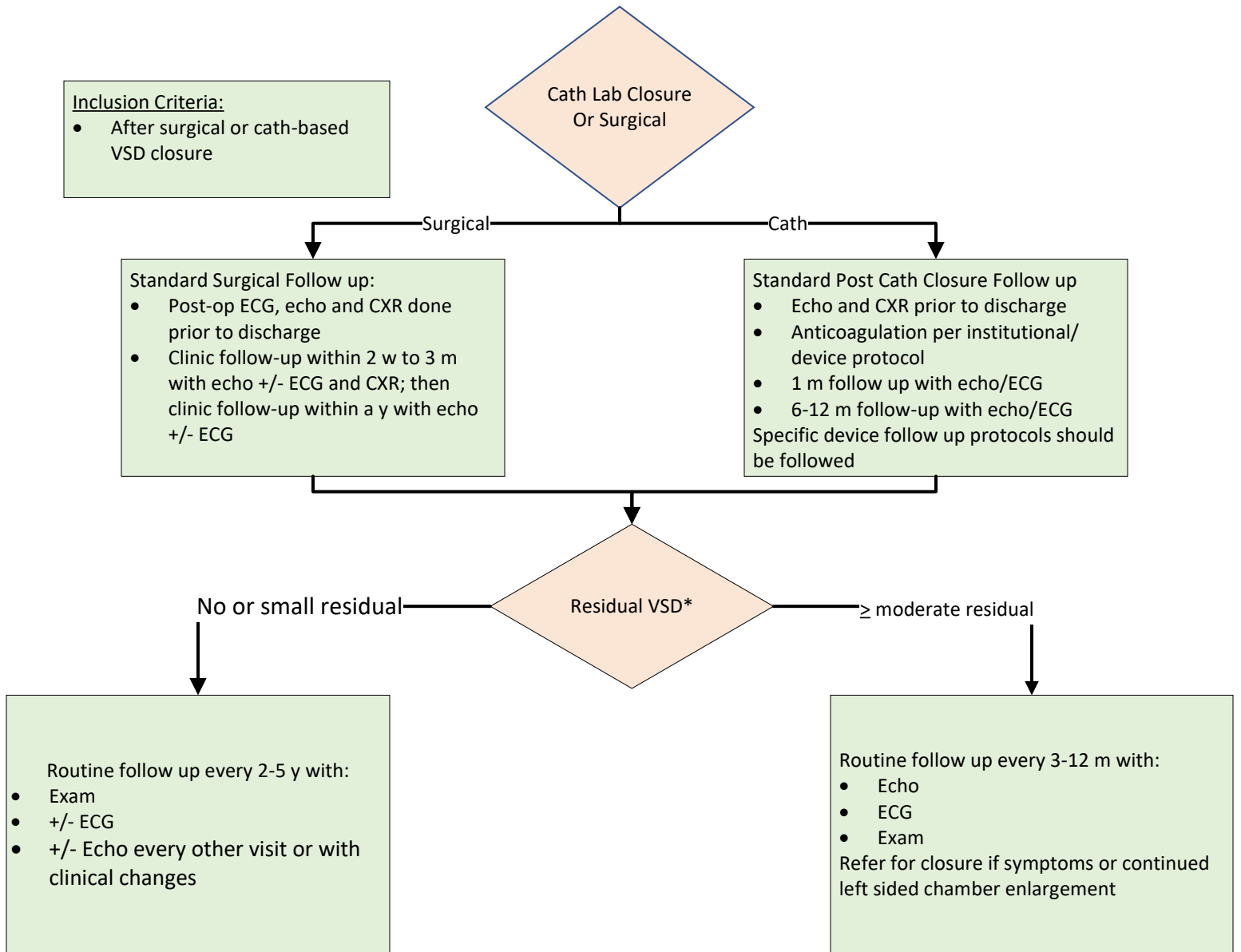
Exclusion Criteria:

- Pregnancy



*Hemodynamic Assessment
by Cath

CHD Clinical Practice Algorithm: Repaired VSD¹⁻⁶



* If there is aortic regurgitation or persistent LV dysfunction after intervention, more frequent follow-up +/- echo can be considered

References

1. Sachdeva R, Valente AM, Armstrong AK, et al. ACC/AHA/ASE/HRS/ISACHD/SCAI/SCCT/SCMR/SOPE 2020 appropriate use criteria for multimodality imaging during the follow-up care of patients with congenital heart disease: a report of the American College of Cardiology Solution Set Oversight Committee and Appropriate Use Criteria Task Force, American Heart Association, American Society of Echocardiography, Heart Rhythm Society, International Society for Adult Congenital Heart Disease, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, Society for Cardiovascular Magnetic Resonance, and Society of Pediatric Echocardiography. *J Am Coll Cardiol* 2020;75:657-703.
2. Hoffman JI, Rudolph AM. The natural history of ventricular septal defects in infancy. *Am J Cardiol* 1965;16:634-53.
3. Kidd L, Driscoll DJ, Gersony WM, et al. Second natural history study of congenital heart defects. Results of treatment of patients with ventricular septal defects. *Circulation* 1993;87:138-151.
4. Kleinman CS, Tabibian M, Starc TJ, Hsu DT, Gersony WM. Spontaneous regression of left ventricular dilation in children with restrictive ventricular septal defects. *J Pediatr* 2007;150:583-6.
5. Jortveit J, Leirgul E, Eskedal L, et al. Mortality and complications in 3495 children with isolated ventricular septal defects. *Arch Dis Child* 2016;101:808-13.
6. Minette MS, Sahn DJ. Ventricular septal defects. *Circulation* 2006;114:2190-7.
7. Baumgartner H, De Backer J, Babu-Narayan SV, et al.; ESC Scientific Document Group. 2020 ESC guidelines for the management of adult congenital heart disease. *Eur Heart J* 2021;42:563-645.
8. Stout KK, Daniels CJ, Aboulhosn JA, et al. 2018 AHA/ACC guideline for the management of adults with congenital heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2019;73:e81-e192.