

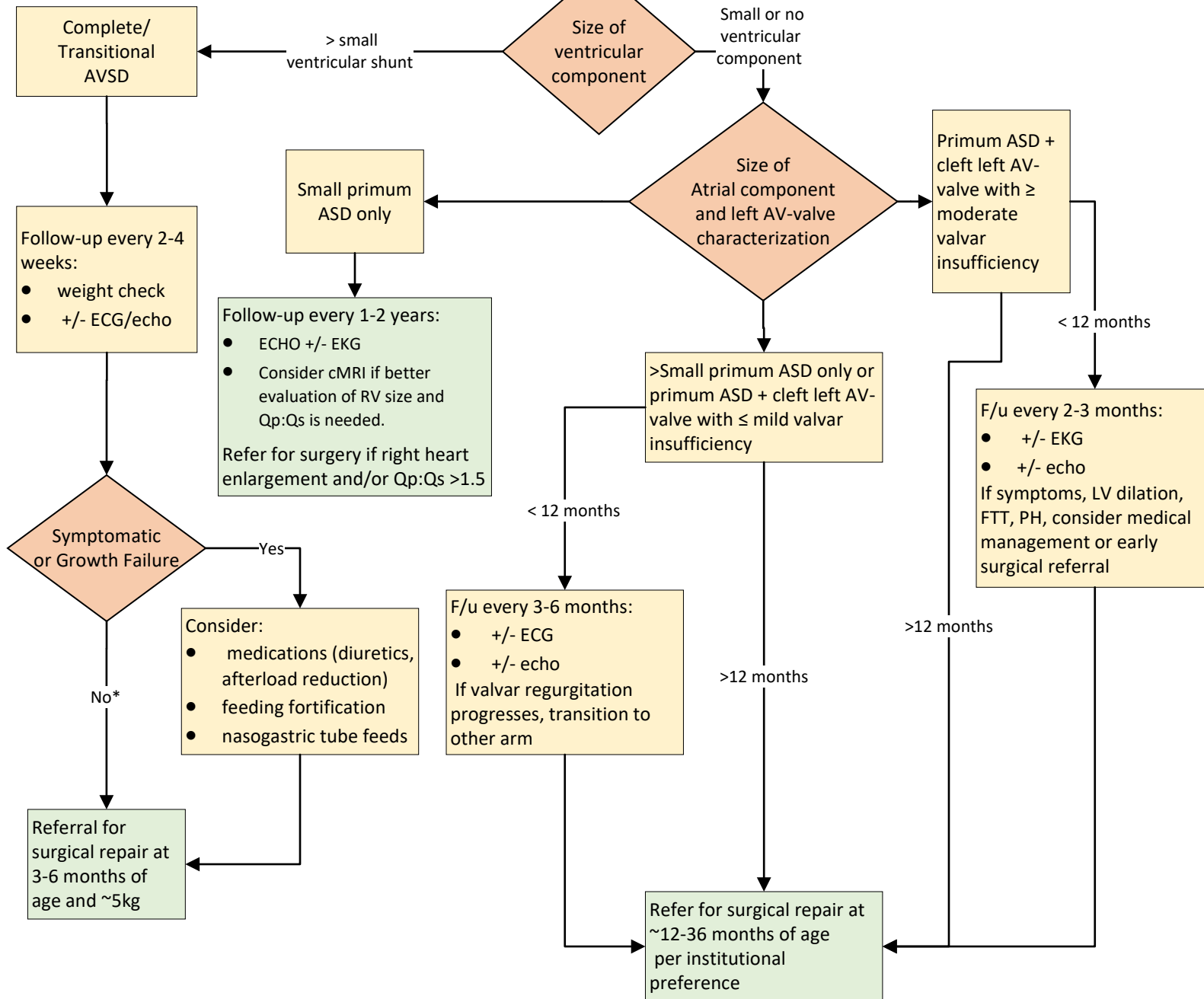
CHD Clinical Practice Algorithm: Unrepaired AVSD <18 years¹⁻⁸

Exclusion criteria:

- Pre-term infants <32 weeks
- Unbalanced AVSD or AVSD with other CHD
- Genetic conditions except trisomy 21
- Heterotaxy
- Pregnancy

Initial Standard Workup:

- Clinical Assessment
- Echocardiogram (at diagnosis)
- ECG

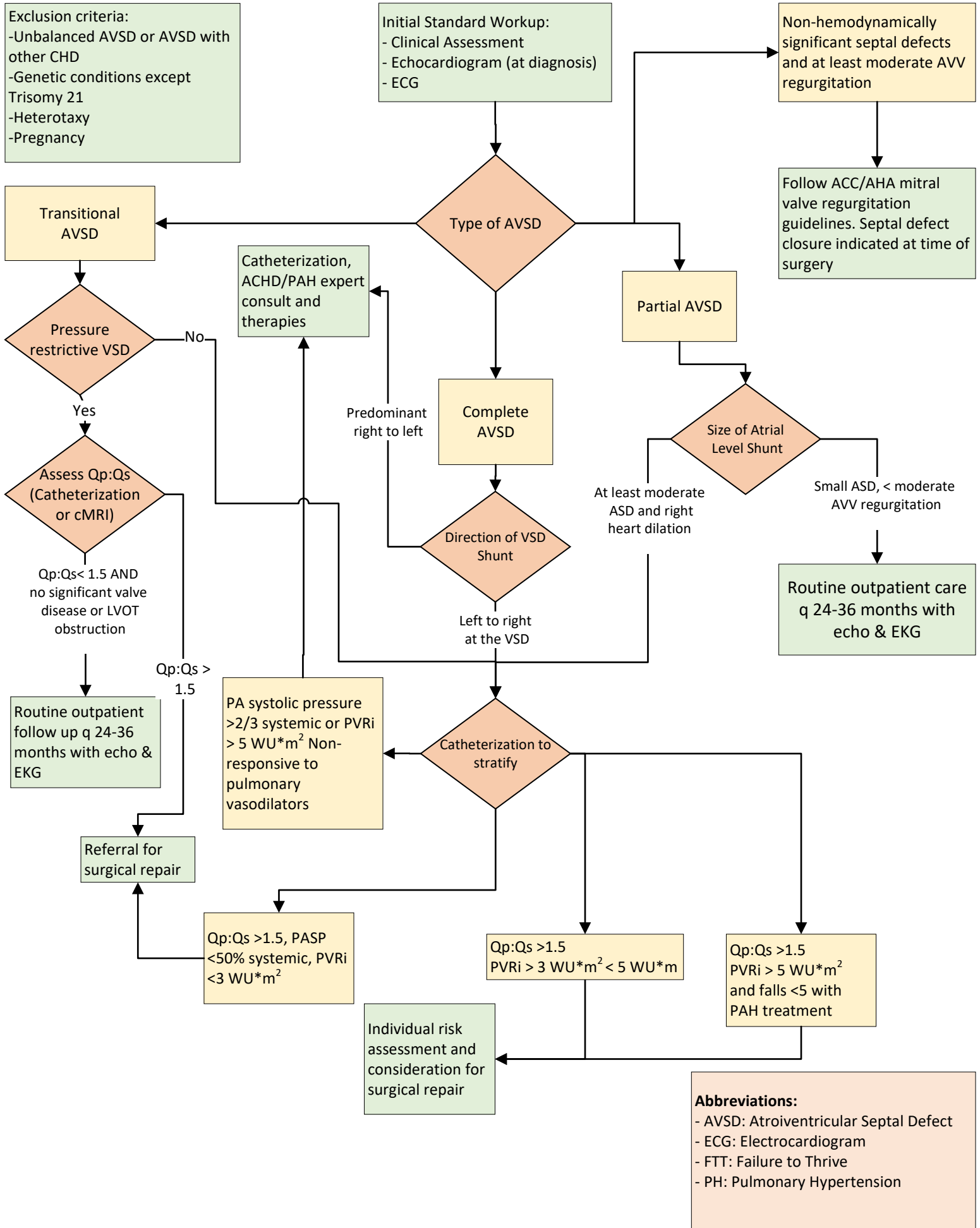


* Right to left shunt after 2 months of age should prompt further evaluation for PH; be aware of potential for PH in the post-op period in asymptomatic patients

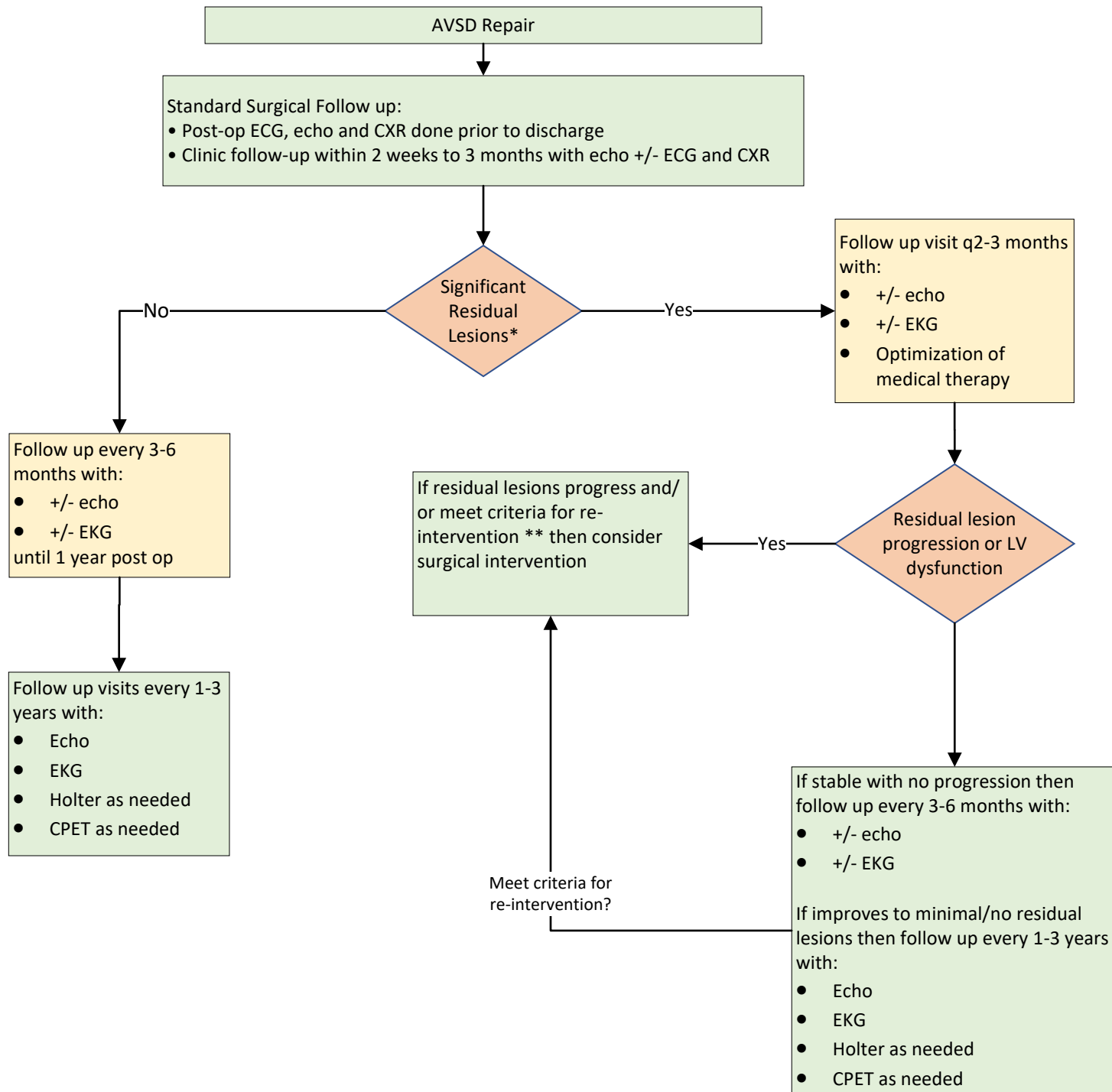
Abbreviations:

- AVSD: Atrioventricular Septal Defect
- ECG: Electrocardiogram
- FTT: Failure to Thrive
- PH: Pulmonary Hypertension

CHD Clinical Practice Algorithm: Unrepaired AVSD ≥18 years ^{4,9,10}



CHD Clinical Practice Algorithm: Repaired AVSD ^{4,5,10}



* Significant Residual Lesions include any of the following:

- > mild left AV valve regurgitation or stenosis
- > small residual VSD shunting
- > mild LV outflow tract obstruction
- Left ventricular dysfunction

**Surgical Reintervention Indications:

- Symptoms
- Moderate or worse left AV valve disease with progressive left heart dilation and/or pulmonary hypertension
- Severe LV outflow tract obstruction (peak echo gradient of ≥ 50 mmHg) or < 50 mmHg and LV dysfunction/symptoms.⁴
- Decline in left ventricular systolic function secondary to a residual lesion
- Moderate or worse residual VSD with progressive left heart dilation, Qp:Qs > 1.5 ⁴

References

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