JCK Poster

JCK Poster 3 (III-JCKP3)

Fetal and Neonatal Cardiology/Others
Chair: Han Zhang (Department of Cardiology, Shanghai Children’s Hospital, Shanghai, China)
Sun. Jul 9, 2017 1:00 PM - 2:00 PM  Poster Presentation Area (Exhibition and Event Hall)

1:00 PM - 2:00 PM

[III-JCKP3-02] A neonatal refractory A neonatal respiratory distress associated with case presentation and literature review: pulmonary artery sling

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In October, 2016, a 11-day-old male was admitted in our neonatal intensive care unit (NICU) as neonatal pneumonia with a 3-hour history of polypnea. Septic screen and other clinical examination were unremarkable, while the symptoms worsened on day 3 after he received antibiotics and atomization inhalation treatment. His oxygen saturation as well as heart rate couldn’t maintain. Then we used noninvasive examinations as echocardiography and computed tomography angiography (CTA) of the chest. The results turned out to be pulmonary artery sling (PAL) with compression of the distal trachea. Surgical repair of the PAS by re-implatatin of the left pulmonary artery from the main pulmonary artery was performed under cardiopulmonary bypass (CPB), and he was faring well since. This case is as a reminder to pediatric colleagues who are on the front line of diagnosis, should stay vigilant, especially when appropriate generate self-questioned clinical pictures that simply do not fit the preliminary diagnosis. The development of noninvasive imaging modalities as echocardiography and CTA has led to increased utilization of the entity. Surgical repair is the only way to release the compression of the airway due to the sling.