


JOINT CARDIAC/SURGICAL/RADIOLOGICAL MEETING

Wednesday 21 February 1990

PRESENT:- Drs Jordan, Hartnell, Joffe, Bu'Lock, Wakley
Mr Wisheart, Mr DhasmanaRe: Joseph McLorinan, DoB 29.11.89, BCH 1347675
[REDACTED]Diagnosis: Complete AV septal defect
Downs Syndrome

The cardiac catheterisation findings were reviewed. There is evidence of a complete AV septal defect with a large common AV valve. Haemodynamically, the results are variable, because of co-existent right middle lobe and left lower lobe atelectasis and consolidation. The initial figures when pulmonary venous saturations were in the 60s, showed markedly elevated pulmonary vascular resistance above systemic level. However, following administration of 100% oxygen, there is evidence of profuse pulmonary blood flow with pulmonary arterial saturations rising to 97%, with a low pulmonary vascular resistance and resistance ratio of 0.02.

After some discussion, and in the light of Joseph's poor progress and difficulty in being weaned off ventilation, it was felt that a palliative operation would be preferable to attempting complete correction which is likely to have a low likelihood of success. The question of subglottic stenosis will be discussed prior to a final decision, and arrangements will probably then be made for pulmonary artery banding and ligation of the ductus (which looks fairly large) to be done as a first stage in the fairly near future.



H S Joffe
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