

FOLLOW-UP OF CHILDREN AFTER CARDIAC SURGERY IN INFANCY:
THE UNNATURAL HISTORY OF SEVERE CONGENITAL
HEART DISEASE

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The effects of congenital heart disease are mainly determined by two factors: the severity of individual lesions and the presence (or absence) of other cardiovascular defects. In infants, especially neonates, requiring urgent surgery for congenital heart disease both factors are often present. This will be illustrated by the findings in those children who have cardiovascular defects amenable to closed-heart procedures or palliative operations. On the other hand, the most

common cyanotic congenital anomalies require correction in early infancy—TAPVD (total anomalous pulmonary venous drainage) and transposition of the great arteries (the latter even after seemingly successful palliative operation)—because of an otherwise very high mortality rate. It will be demonstrated from surgical results at the Hospital for Sick Children (Great Ormond Street), London, that age per se is no bar to successful corrective surgery. Particularly with respect to TAPVD, it is other factors which influence or even determine the death-rate of operation. Transposition of the great arteries with ventricular septal defect presents a special problem because of the early development of pulmonary vascular changes.

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