METHODS OF EARLY DIAGNOSIS AND EXAMINATION OF EBSTEIN'S ANOMALY

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Abstract: Modern methods of studying the etiology, pathogenesis, clinical course of Ebstein's anomaly, development of modern methods of early diagnosis of Ebstein's anomaly, increasing the level of accuracy in testing methods of Ebstein's anomaly.

Key words: three-layer flap, fibrotic ring, intercompartmental barrier, drum stick, modern treatment, modern examination.

Ebstein's anomaly is a congenital heart defect aggravated by tricuspid valvular dysplasia and displacement of its leaflets into the right ventricular cavity. It occurs in 0.5-1.0% of all congenital heart defects. The shifted layer is often sharply deformed, thinned, the chords are shortened, the mastoid muscles are hypoplastic. In most cases, it spreads to the right ventricular endocardium or the interventricular septum, and in some cases, it can block the right ventricular outflow tract. The anterior layer of the three-layered valve is attached to the fibrous annulus. Its size is quite large, cylindrical, in some cases, the free part is attached to the exit area of the right ventricle, narrowing the blood outflow channel. will be divided. Above, the part located on the shifted layer forms a large gap with the right part. The lower lobe, located below the displaced layer, together with the trabecular (or apex) and outflow tract, functions as the right ventricle. The wall of the right ventricle was thickened, at the same time, the upper part of the right ventricle was sharply thinned, and an aneurysmal bulge appeared. Its thickness is 1-3 mm. The distal cavity of the right ventricle is normal or thickened.

Hemodynamics. When the three-layer valve layer moves a lot, the blood circulation in the lungs changes, signs of its deficiency are observed, and blood is pumped from right to left through the interlobular junction. Due to the fact that the distal part of the right ventricle pumps less blood into the pulmonary artery, the blood flow in the lungs decreases. In addition, during ventricular systole, the upper lobe of the right ventricle is in diastole, so the diastolic blood flow to the lower distal lobe decreases and the efficiency of ventricular systole decreases. Along with displacement of the three-layered valve layer, the enlarged fibrous ring leads to malposition of this valve, and in rare cases, stenosis. If tricuspid valve stenosis makes it difficult for blood flow to the distal chamber, due to the presence of insufficiency and paradoxical contraction of the

upper part of the right ventricle, a large amount of venous blood returns to the right chamber during ventricular systole. All this leads to hypertrophy and dilatation of the right lobe. As a result, the flow of blood from the poplar veins becomes difficult, and venous edema develops within the larger blood circulation. The pressure in the right compartment increases sharply. If there is a defect in the intercompartmental barrier, venous blood is pumped into the left ventricle. As a result, the work of the right lobe is eased, and the development of systemic craniofacial dysfunction is prevented. Displacement and dysplasia of the tricuspid valve leads to severe hemodynamic changes if there is no defect in the interventricular barrier or it is small.

Clinic. Ebstein's anomaly is detected in the first days and weeks of a child's life. If the disease goes well, its characteristic symptoms may not be observed for a long time. The patient's main complaints are pain in the heart area, shortness of breath, decreased resistance to physical activity, such as heart attacks and fainting. Isoptin, Aymalin, Kordaron are used to eliminate seizures.

In the objective examination, bruises of various degrees are determined in % of patients. In some cases, there is a bulging of the cervical vertebrae, the "drumstick" shape of the fingers and toes, and the "hourglass" shape of the timoglomus. The enlarged right lobe and right Due to the upper part of the ventricle, a "heart arch" is formed, which is sharply expanded, due to the displacement of the left ventricle, the peak impulse of the heart is in the area of the front subclavian line between the fifth and sixth ribs. The border of the heart expands sharply to the left and right.

On auscultation, the second tone over the pulmonary artery is weakened and muffled, the rhythm of a horse's heart beat. a three- or four-component rhythm (duplication of tones I and II. due to the appearance of additional tones III and IV) is heard. In most patients, a soft systolic murmur (tricuspid valve insufficiency) is detected on the left side of the sternum, between the fourth and fifth ribs. Diastolic noise indicates the formation of stenosis of the tricuspid valve opening.

Right ventricular type heart failure (dyspnea, tachycardia, hepatomegaly, pulsation of jugular veins) is observed in Ebstein's anomaly. A patient with tricuspid valve obstruction. When pulmonary artery stenosis and cardiomegaly develop, symptoms of decompression occur and this indicates a bad outcome. After their appearance, the patient lives on average two years.

Laboratory-instrumental tests. In the ECG of children suffering from this defect, the electrical axis of the heart shifts to the right, and an incorrect blockade of the right leg of the bundle of Gis is detected. In all networks, the QRS complex is low-amplitude, polyphasic. Type V WPW syndrome, partial tremors and swaying, paroxysmal tachycardia attacks can be observed.

In the x-ray of the chest organs, the image of the lungs is weakened. In most cases, cardiomegaly in the form of a spherical shape (Fig. 220) or an overturned cup,

an enlarged right atriovasal angle and an upward displacement of the right ventricle due to the tcpa fragment, the border of the right diaphragm is cut. it is determined to be visible (due to the reduction of the right ventricle). The vascular bundle is thinned. the left border of the heart is unchanged.

The diagnosis is confirmed using one- and two-dimensional echocardiography, cardiac catheterization, and angiocardiography methods.

Treatment. When tricuspid valvular dysplasia and its displacement into the right ventricular space are evident, the patient dies of early heart failure. In elderly patients who have not undergone surgery, chronic heart failure and rhythm disturbances lead to death. Oxygen saturation of blood in capillary vessels is below 80%. escalating cardiomegaly, rhythm disturbances, low effectiveness of drug treatment are indications for surgery.

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