DIU Cas Clinique 1 CIV

Philippe Acar
Toulouse
JULES

- 15 ans
- 58 kg et 168 cm
- Dyspnée stade 2
- TA 120/80 mmHg
- SS holosystolique 4/6
JULES
JULES
QUESTIONS 1

1- Le shunt est VG-VD
2- Le shunt est VG-OD
3- Le shunt est VG-VD et VG-OD
4- Le shunt G-D est significatif
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2- Le shunt est VG-OD
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JULES
JULES
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QUESTIONS 2

1- Le sac anévrysmal est unique
2- Le sac anévrysmal est double
3- Le feuillet septal tricuspid est concerné
4- Le feuillet antérieur tricuspid est concerné
1- Le sac anévrysmal est unique
2- Le sac anévrysmal est double
3- Le feuillet septal tricuspid est concerné
4- Le feuillet antérieur tricuspid est concerné
GERBODE DEFECT

Syndrome of Left Ventricular-Right Atrial Shunt

Successful Surgical Repair of Defect in Five Cases, with Observation of Bradycardia on Closure

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The variation of a membranous ventricular septal defect which has its major flow into the right atrium has been recognized for many years. More recently the opportunity which advances in intracardiac surgery offer has made it possible to close such defects with relatively low mortality rate. This makes it desirable to study the variations in clinical and laboratory observations which facilitate the recognition in advance of the exact location of the shunt. It is the purpose of this paper to describe the essential clinical features of five instances of left ventricular-right atrial shunt. All were successfully closed with the aid of extracorporeal circulation. It was of interest to observe that upon temporary closure of the defect manually, with an intact circulation, the systemic blood pressure rose and the pulse slowed in an identical manner as has been observed to take place upon closure of a peripheral arteriovenous fistula or a patent ductus arteriosus.

Although such lesions have been described for many years, only five patients have been reported who have had a complete clinical study including cardiac catheterization and in whom surgical repair of the lesion has been attempted. One of these patients survived. An earlier case report called attention to the cardiac catheterization findings that one would expect in the presence of the lesion, although in this case this study was not done.

In addition to there being an opening, which is essentially between the left ventricle and right atrium, there is usually some defect in the septal leaflet of the tricuspid valve adjacent to the margin of the shunt. This further allows the escape of blood into the right atrium.

Material and Methods

Phonocardiograms were recorded using a Sanborn Twin Beam Cardiellec at paper speeds of 75 mm. per second. Murmurs were graded from 1 to 4 according to their loudness. Catheterization studies were performed in the usual manner and all blood samples were analyzed using the Van Slyke technic. Blood flows were calculated using the Fick principle and assuming a normal oxygen consumption for each patient. Pulmonary venous blood was assumed to be 95 per cent saturated. Inferior and superior vena cava blood oxygen contents were averaged to obtain the peripheral arteriovenous difference. If only a superior vena cava sample was obtained this value was used. In each patient the ratio of pulmonary blood flow to peripheral blood flow was

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Annals of Surgery September 1954


GERBODE DEFECT

Fig. 4. Drawing showing the essential aspects of left ventricular-right atrial shunt. a) Type of defect in 4 out of the 5 patients. b) Type of defect in Case 3.
DIRECT GERBODE DEFECT

Millan et al.
*Int J Cardiol*
2012;157:e52-e53
INDIRECT GERBODE DEFECT

Wu et al.
*Pediatrics*
2006;117:e262-e267
GERBODE SAC SIMPLE

Gradient VG-OD
GERBODE SAC SIMPLE

- 76 ans
- Asymptomatique
- Souffle systolique
GERBODE SAC SIMPLE

Agoston et al.  
Heart  
2005;1562
GERBODE SAC DOUBLE
GERBODE SAC DOUBLE
GERBODE SAC DOUBLE

Acar et al.  
*Echocardiography*  
2011;28:E140-E142
GERBODE EVOLUTION

- Sac simple

- Sac double
  (Chirurgie, Endoc)

Wu et al.
Pediatrics
2006;117:e262-e267