CLINICAL CASE OF SUPRAVENTRICULAR PAROXYSMAL TACHICARDIA IN PREVIOUSLY NEWBORN

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Introduction. Arrhythmias in newborns occur in 1-3% of pregnancies and may be hereditary, congenital or acquired. Most often, they are manifested as ventricular paroxysmal tachycardia. Fetal tachyarrhythmias are more often complicated by the development of congestive heart failure and watery fetuses.

Aim. To study the clinical features of paroxysmal tachycardia and hydrocephalus syndrome in previously newborns.

Materials and methods. The history of the newborn disease, literature data.

Results. The baby was born by a caesarean section with a weight of 1300g with an assessment on the Apgar scale of 3-5 points. A child from the second pregnancy on the background of colitis, II genera, premature, during the gestation period of 28 weeks due to the examination of signs of antenatal fetal distress during the ultrasound examination, arrhythmias of the cardiac activity, such as fibrillation of the atrium, fetal vesicidal syndrome, pulmonary hypoplasia. Objectively: the general condition is heavy, the skin is pale, acrocyanosis; paid attention to the pastosity of the upper and lower extremities. Above the light, various calibrated wet wheezing. Tone of heart is rhythmic, muffled. The stomach is tense due to ascites. The baby was examined by a pediatric surgeon. A puncture of the abdominal cavity was performed on the left, 250 ml of clear fluid was removed. Mother's blood group B (III) +, baby's B (III) +. The total bilirubin level is 34.6 mmol/l. In the first days of life, the clinical deterioration of the condition due to an increase in heart rate to 250 per minute. There were 2 episodes of paroxysmal ventricular tachycardia with a maximum heart rate of 288 per min. According to doppler-echocardiography: moderate dilatation of right atriums, open foramen ovale, open arterial duct. The contractile function of the myocardium is reduced. Attacks were stopped by infusion of a solution of ATP 0.3 mg/kg, cordarone at the rate of 5 mg/kg/day. Isotropic support of dopamine 1-5 mg/kg/min was conducted, noninvasive ventilator. In further examination of the signs

of inflammatory myocardial damage was not detected. In dynamics, with the reception of the cordarone, there were attacks of apnea, gas respiration, a decrease in oxygen saturation, bradycardia, which required the withdrawal of the drug. The state of the baby remained heavy during the month, then with positive dynamics. During daily monitoring of the heart rhythm, paroxysmal tachycardia attacks were not recorded. The baby is diagnosed with congenital heart rhythm disorders, supraventricular paroxysmal tachycardia. Open oval window, open arterial duct. Pulmonary hypertension in newborns. Perinatal hypoxic-ischemic lesion of the central nervous system, syndrome of tinnitus disorders.

Conclusion. Thus, the peculiarity of this case is the development of a dropsy syndrome of non-immune genesis in the fetus due to congestive heart failure with a non-corrected paroxysmal supraventricular tachycardia.