

Les pathologies cardiaques congénitales chez l'adulte

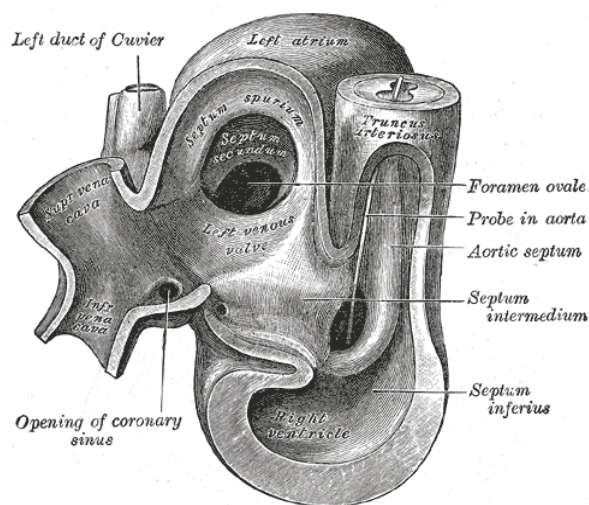
Prof. Pierre WAUTHY

3 décembre 2015

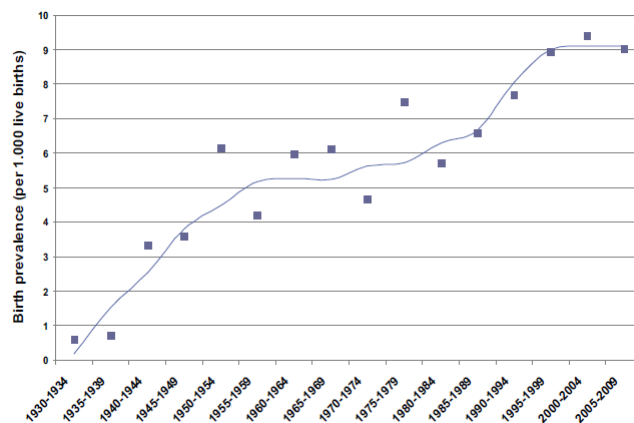
Medicine
Département
Chirurgie

10e journée de formation du Département de
Médecine Critique du CHU Brugmann

Définition



Prévalence à la naissance



JACC Vol. 58, No. 21, 2011
November 15, 2011:2241-7

van der Linde *et al.*
Birth Prevalence of Congenital Heart Disease

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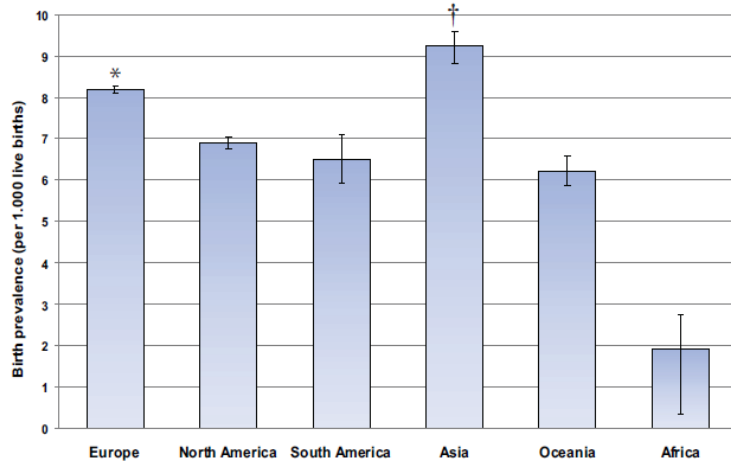
Epidémiologie

- Méthodes diagnostiques : échocardiographie se généralise dans les années '70
- Environnement
- Exposition aux toxiques
- Amélioration prise en charge prématurés
- Augmentation âge maternel
- Augmentation des GUCH en âge de procréer

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Epidémiologie



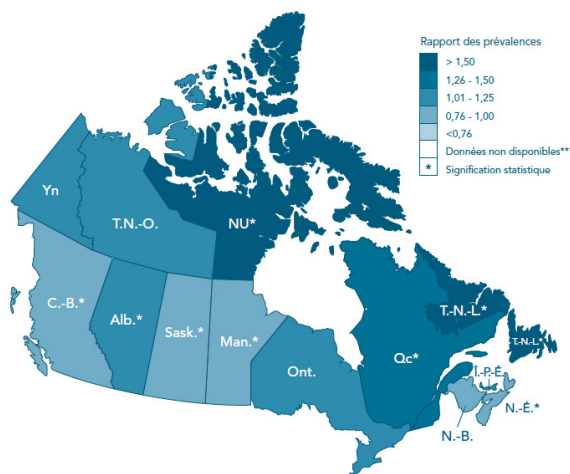
JACC Vol. 58, No. 21, 2011
November 15, 2011:2241-7

van der Linde *et al.*
Birth Prevalence of Congenital Heart Disease

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Epidémiologie



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Epidémiologie

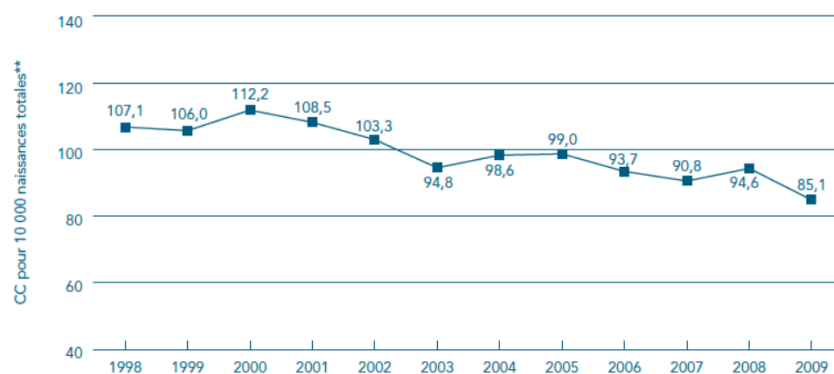
Prévalence des cardiopathies congénitales (CC) dans le monde, par région/pays, 2000–2005 combinées

Région/pays	Prévalence des CC*
Styrie (Autriche)	153,4
Hainaut (Belgique)	66,6
Zagreb (Croatie)	53,9
Odense (Danemark)	89,1
Paris (France)	83,8
Mayence (Allemagne)	119,0
Émilie Romagne (Italie)	68,6
Malte	152,5
Nord des Pays Bas	60,8
Norvège	102,7
Ukraine	77,8

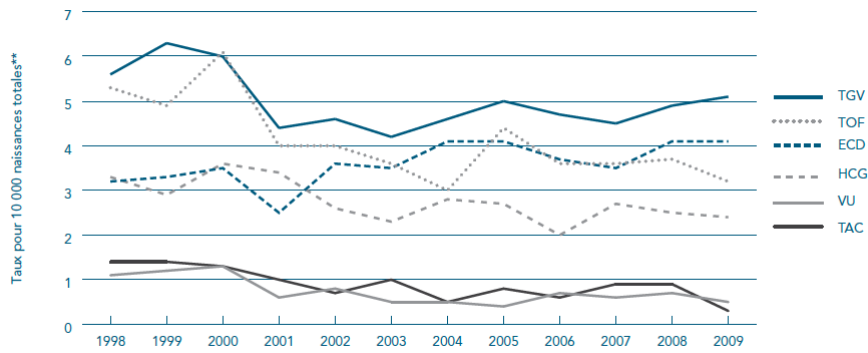
Source : Special Report: Congenital Heart Defects in Europe, 2000–2005 EUROCAT 2009³.

*Le numérateur du taux englobe les cardiopathies congénitales relevées dans les naissances vivantes, les décès intra utérins et les interruptions de grossesse; les taux sont exprimés pour 10 000 naissances totales (naissances vivantes et mortinaissances).

Epidémiologie



Epidémiologie malformations



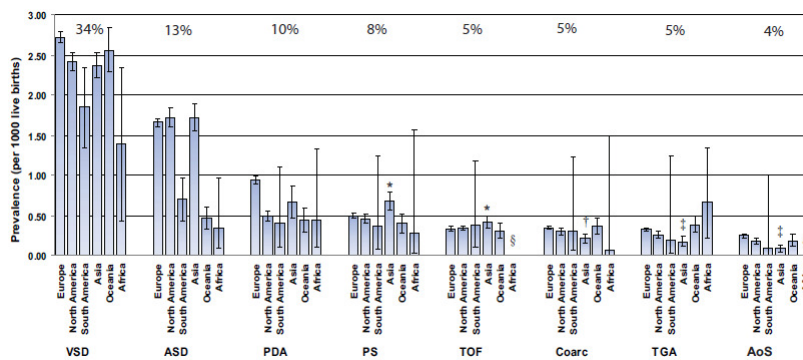
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Epidémiologie malformations



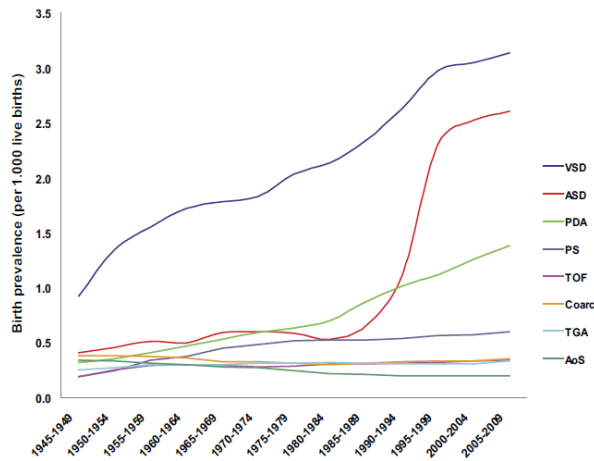
JACC Vol. 58, No. 21, 2011
November 15, 2011:2241-7

van der Linde *et al.*
Birth Prevalence of Congenital Heart Disease

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Evolution



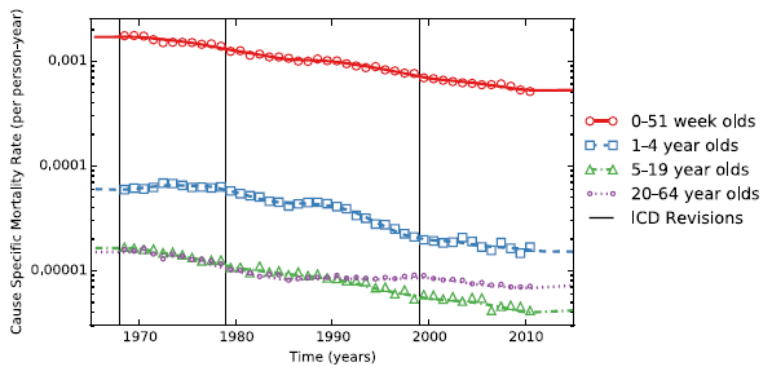
JACC Vol. 58, No. 21, 2011
November 15, 2011:2241-7

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Evolution Mortalité Spécifique

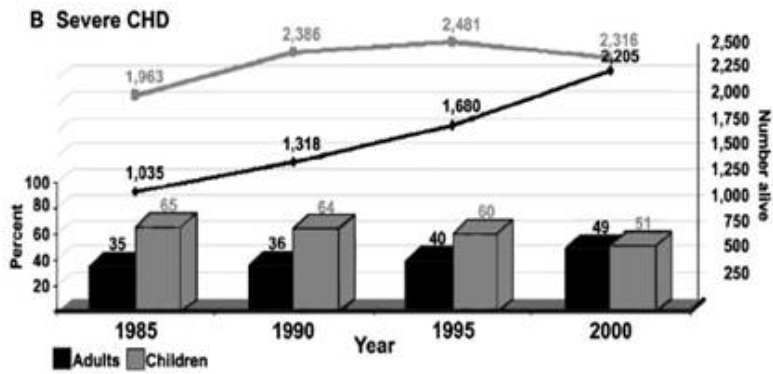


Benziger *et al.* *Population Health Metrics* (2015) 13:29
DOI 10.1186/s12963-015-0063-z

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Epidémiologie GUCH



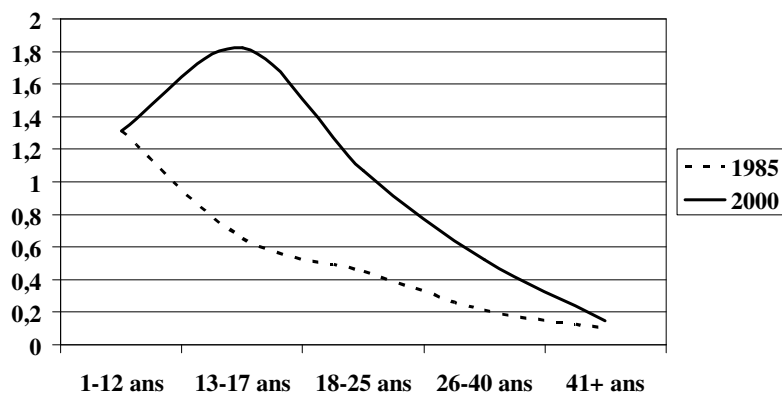
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Epidémiologie GUCH



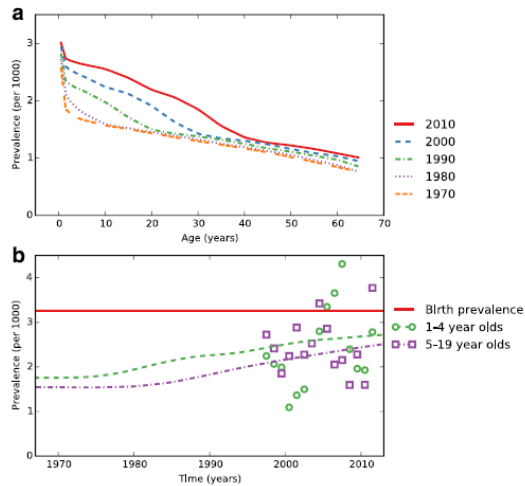
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Epidémiologie GUCH



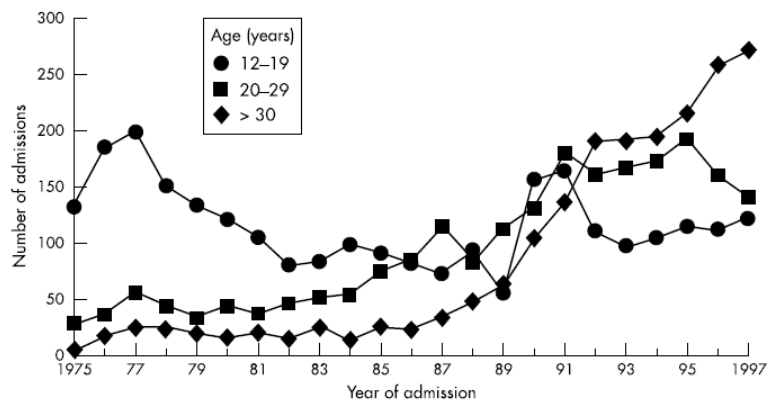
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Benziger et al. *Population Health Metrics* (2015) 13:29
DOI 10.1186/s12963-015-0063-z

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Epidémiologie GUCH UK

Grown-up congenital heart disease

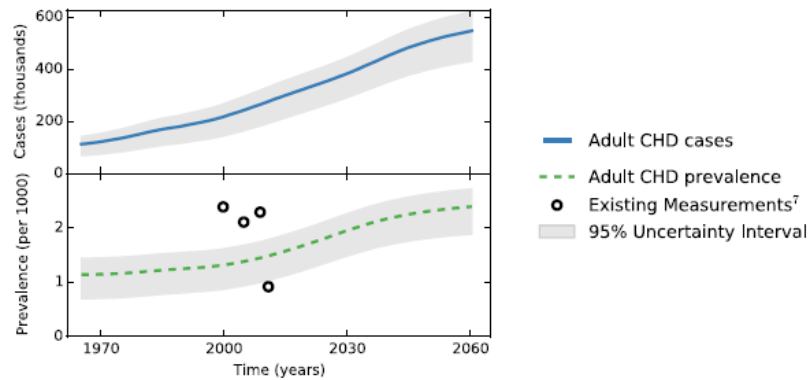


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Heart 2002;88(Suppl I):i1-i14

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Perspectives



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Benziger et al. *Population Health Metrics* (2015) 13:29
DOI 10.1186/s12963-015-0063-z

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INTERNATIONAL JOURNAL
of NURSING PRACTICE

International Journal of Nursing Practice 2015; 21: 556–565

◇ RESEARCH PAPER ◇

An evaluation of a specialist nursing service for adult patients with congenital heart disease

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Susan McLaren PhD BSc (Hons) RN

Emeritus Professor, Faculty of Health and Social Care, London South Bank University, London, UK

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Lynda Filer RN MSc

Independent Researcher, London, UK

Accepted for publication October 2013

Hatchett R, McLaren S, Corrigan P, Filer L. *International Journal of Nursing Practice* 2015; 21: 556–565
An evaluation of a specialist nursing service for adult patients with congenital heart disease

The purpose of this study was to evaluate grown-up congenital heart (GUCH) patients' experiences and satisfaction with the delivery of a nurse specialist service, including perceived priorities and recommendations for future service delivery. A service evaluation utilizing descriptive, cross-sectional survey principles was conducted over a 2 year period. Postal questionnaires were sent to three patient cohorts (general adult $n = 747$; pregnancy $n = 202$; learning disability $n = 72$). Quantitative data were analysed using descriptive statistics. **The majority of respondents were satisfied with the nursing care provided, including information provision, time made available to discuss needs, emotional support, well-being, self-management and symptom distress.** Priority areas included timely information and advice; specialist knowledge and expertise; effective care coordination, monitoring and support. Accessibility, contact and responsiveness were dominant. A majority of patients agreed that their first, second and third-rated priorities had been met. **Findings identified strong commitment, support and satisfaction with the GUCH nurse specialist service.**

Key words: adult congenital heart disease, nurse-led services, patient experience, patient needs, service evaluation.

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Progrès...

Does congenital heart disease severely jeopardise family life and pregnancies? Obstetrical history of women with congenital heart disease in a single tertiary centre

Marielle Morissens^{a1, a1}, Pierre Viart^{a2}, Laura Tecco^{a3}, Pierre Wauthy^{a4}, Simone Michiels^{a5}, Hugues Dessy^{a6}, Sophie Malekzadeh Milani^{a7}, Thierry Verbeef^{a1} and Jose Castro Rodriguez^{a1}
[Cardiology in the Young](#) / Volume 23 / Issue 01 / February 2013, pp 41-46

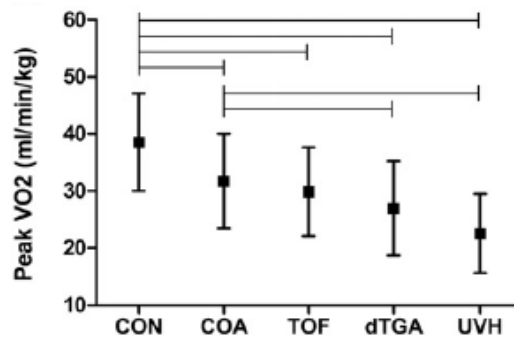
Management of Pregnancy in Patients with Congenital Heart Disease

Ian S. Harris, M.D. 1,2,*
[Prog Cardiovasc Dis.](#) 2011 ; 53(4): 305-311. doi:10.1016/j.pcad.2010.08.001.

Psychological and Cognitive Functioning in Children and Adolescents with Congenital Heart Disease: A Meta-Analysis

Petra A. Karsdorp,1 MA, Walter Everaerd,1 PHD, Merel Kindt,1 PHD,
 and Barbara J.M. Mulder,2 MD, PHD
[Journal of Pediatric Psychology](#) 32(5) pp. 527-541, 2007

Qualité de vie GUCH



	CON	COA	TOF	dTGA	UVH
n	122	155	93	67	19
Male	74/94	100/57	65/28	47/20	7/12
Age (years)	29.2 (8.6)	27.5 (8.8)	25.6 (7.2)*	22.6 (6.6)**	22.9 (5.0)
Weight (kg)	71.3 (12.1)	71.4 (14.3)	67.3 (13.9)	66.4 (13.4)	66.2 (10.2)
Height (cm)	177 (16)	174 (13)	173 (9)	172 (9)*	169 (11)
Age at surgery (years)	6.9 (3.3)	5.7 (4.5)	1.0 (1.2)**	8.6 (5.8)*	

R. Buys et al. / *International Journal of Cardiology* 153 (2011) 26-30

Historique du CHU Brugmann



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De nos jours...

Cardiology in the Young (2011), 21, 39–45
doi:10.1017/S1047951110001332

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Original Article

Ten-year experience with surgical treatment of adults with congenital cardiac disease

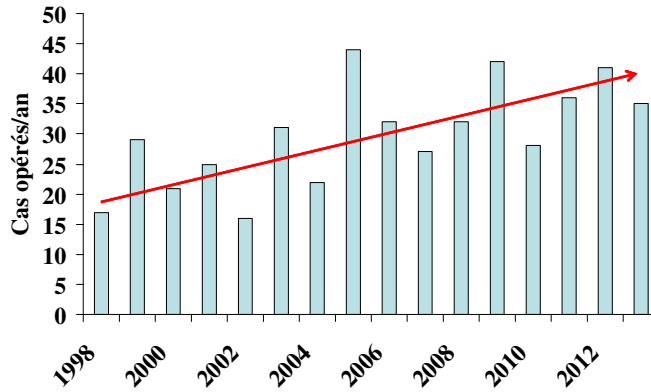
Pierre Wauthy,¹ Jacques Massaut,² Ahmed Sanoussi,¹ H el ene Demanet,¹ Marielle Morissens,³
Nasroolla Damry,⁴ Hughes Dessy,⁵ Sophie G. Malekzadeh-Milani,⁵ Frank E. Deuvaert¹

¹Department of Cardiac Surgery; ²Department of Intensive Care; ³Department of Cardiology; ⁴Department of Radiology, Brugmann University Hospital; ⁵Department of Paediatric Cardiology, University Childrens Hospital Queen Fabiola, Bruxelles, Belgium

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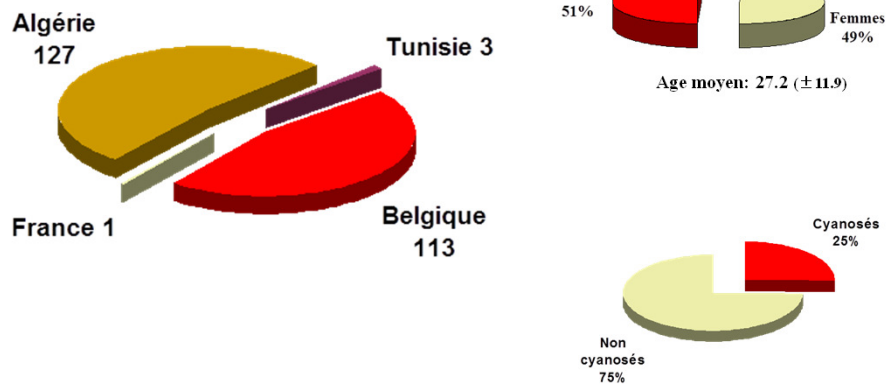
Evolution



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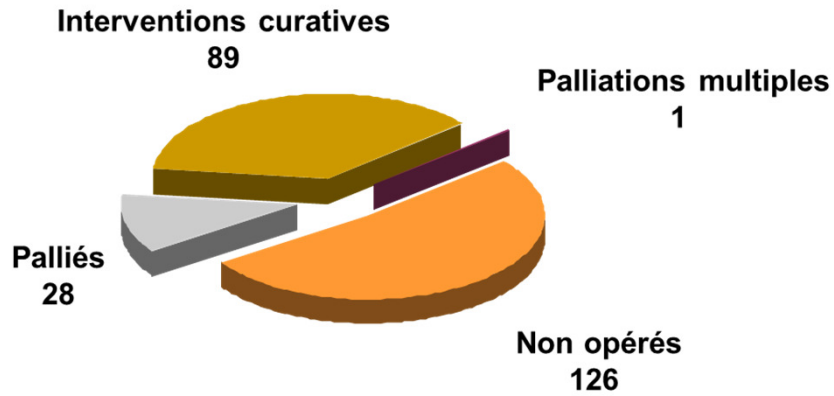
Population



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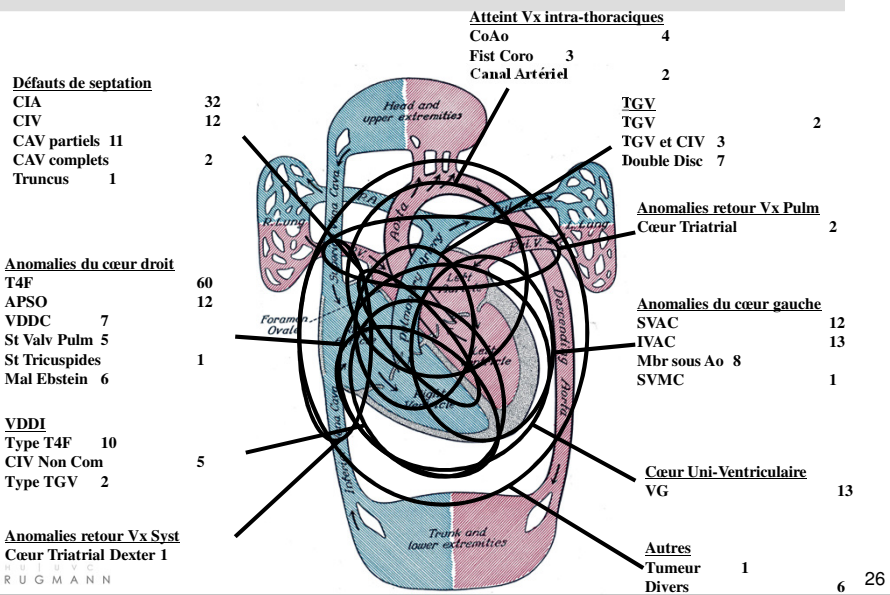
Population



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Pathologies



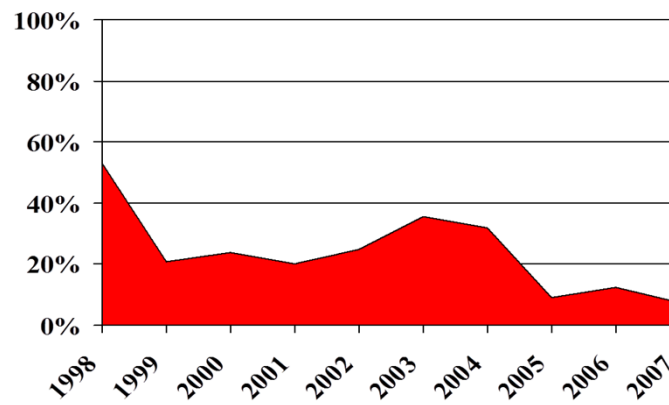
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Méthode diagnostique



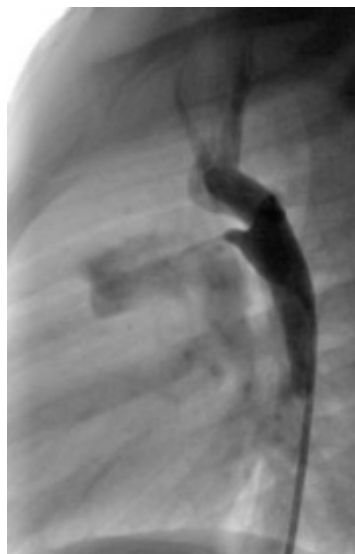
Cathétérisme



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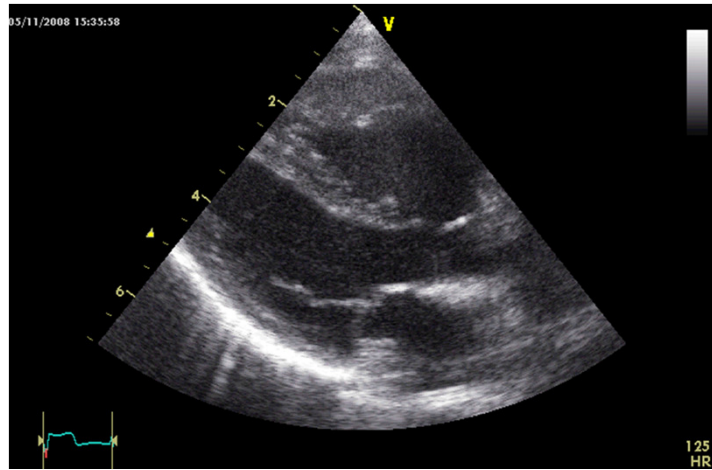
Cathétérismes



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Echographies



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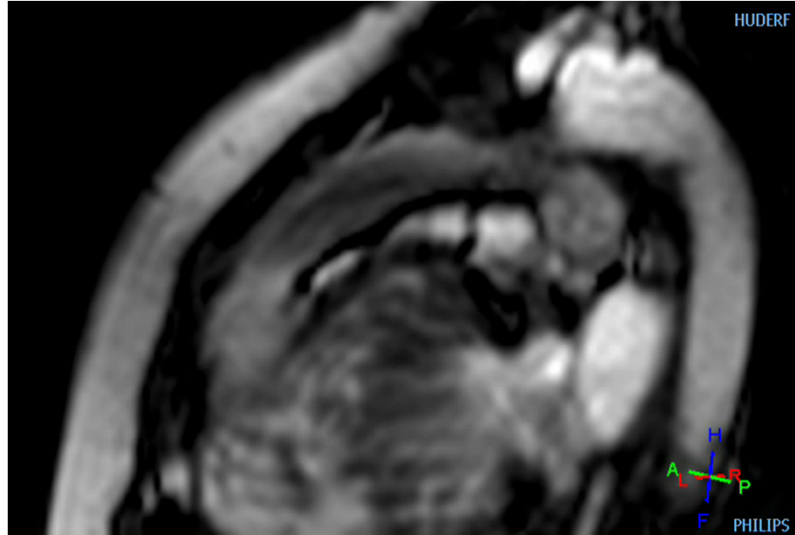
CT scanner



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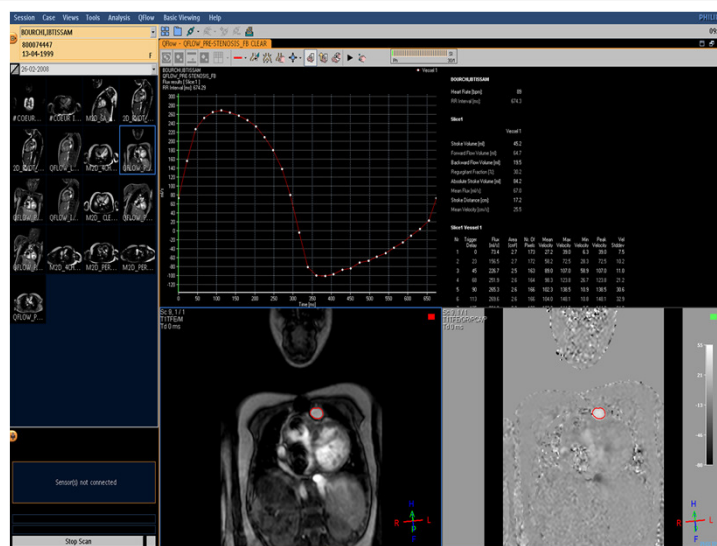
RMN



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RMN



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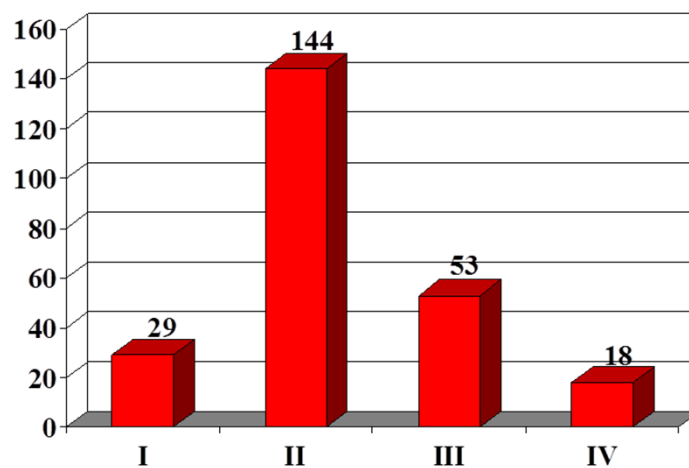


Spécificités techniques

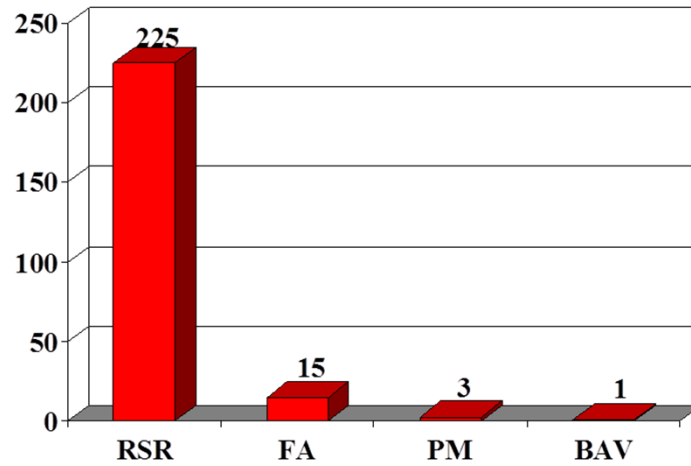


	Anatomie	Dynamique	Pression	Quantifier flux	Quantifier reflux	Quantifier sténose
Echographie	++	+++	+	+++	++	++
Cathétérisme	+	+	+++	+	+	+++
CT Scanner	+++	-	-	-	-	+
RMN	++	++	+	++	+++	++

Classe fonctionnelle NYHA



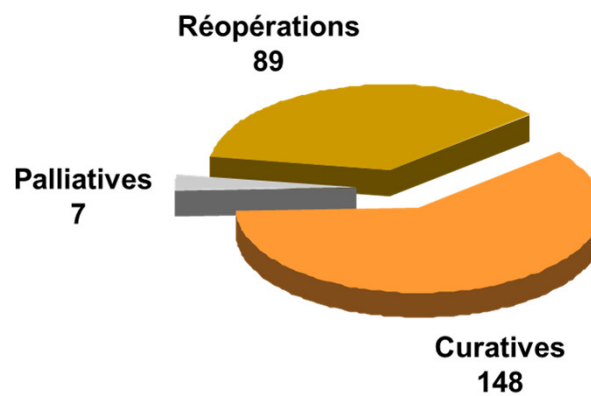
Rythme cardiaque



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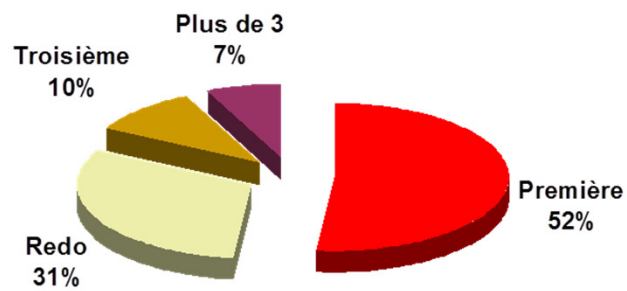
Types d'interventions



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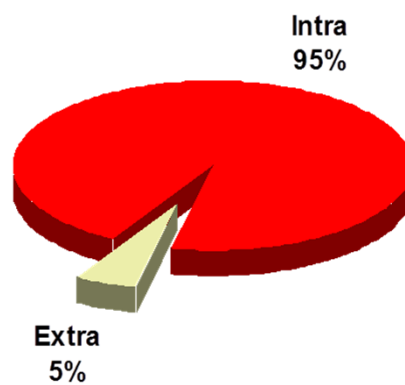
Nombre d'interventions subies



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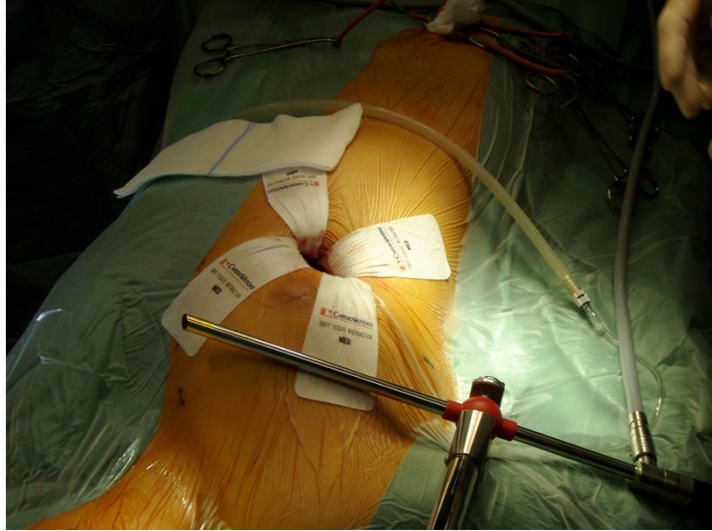
Interventions



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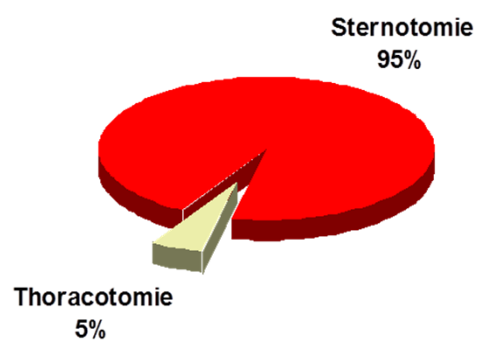
Voie d'abord ?



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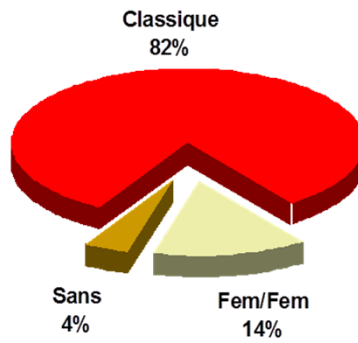
Voie d'abord



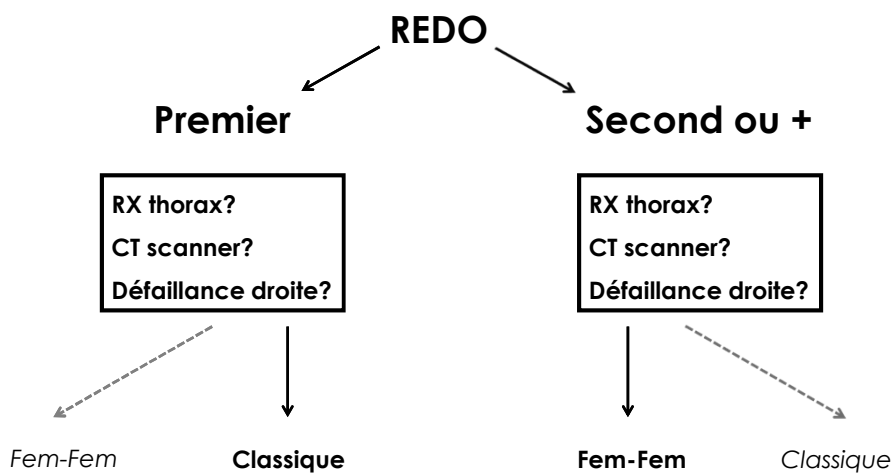
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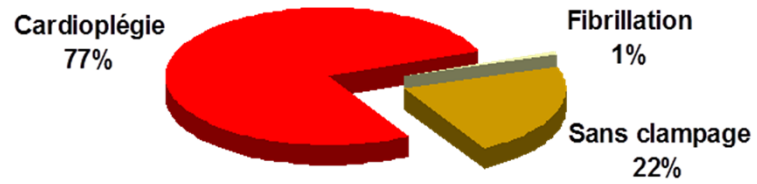
Type de CEC



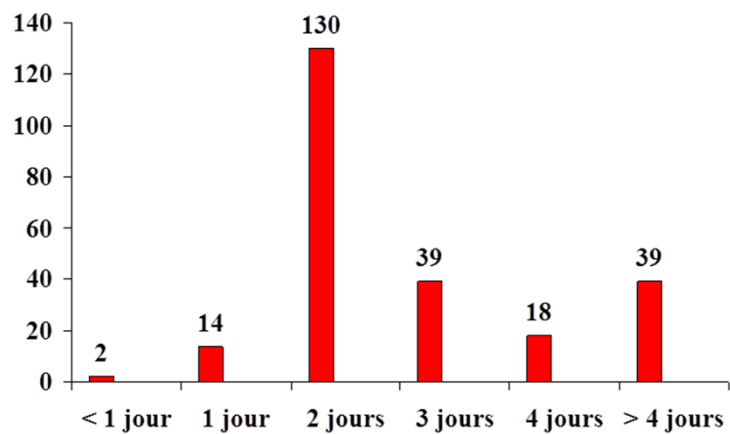
Organigramme décisionnel



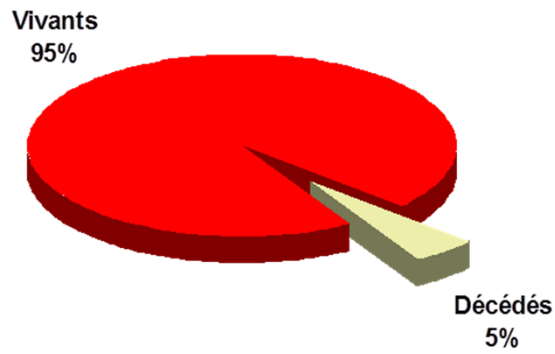
Protection myocardique



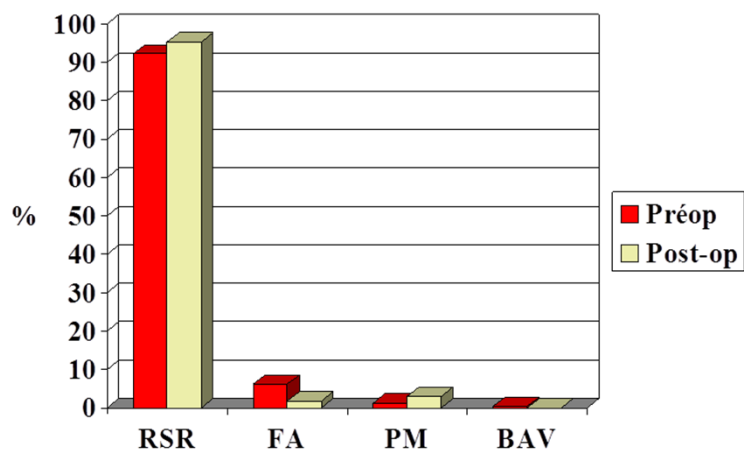
Séjour USI



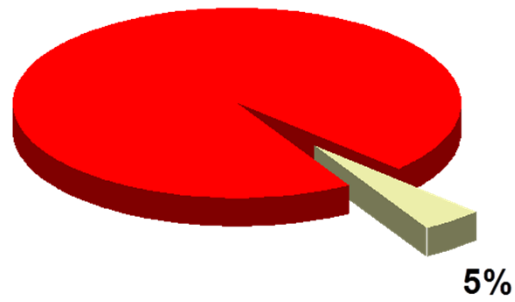
Mortalité observée



Troubles du rythme

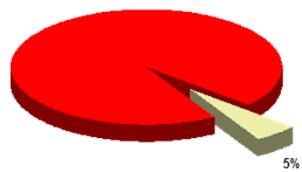


Reprise pour saignement

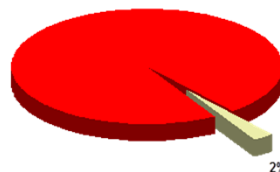


Morbidité

Bas débits



Incidents neurologiques



Troubles du rythme



Sepsis



Morbi-mortalité spécifique

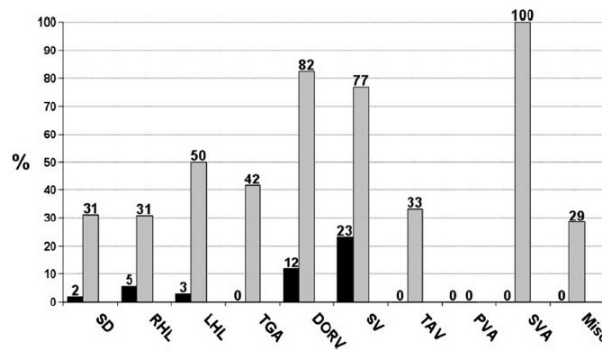


Figure 1.

Mortality and morbidity related to the main diagnosis. Results are expressed in percentage. Black column: observed mortality; grey column: morbidity (more than 2 days spent in the intensive care unit). SD: septal defects; RHL: right heart lesions; LHL: left heart lesions; TGA: transposition of the great arteries; DORV: double-outlet right ventricle; SV: single ventricle; TAV: thoracic arteries and veins; PVA: pulmonary venous anomalies; SVA: systemic venous return anomalies; Misc: miscellaneous.

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Facteurs de risque préopératoire

Preoperative factors

Sexe	Fisher's exact	NS
Age	t test	NS
NYHA class	Fisher's exact	0.001
Cyanosis	Fisher's exact	0.002
Cardiac rhythm	Fisher's exact	0.008
Patient status	Fisher's exact	0.021

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Facteurs de risque opératoire

Operatives factors

Type of procedure	Fisher's exact	0.05
Unexpected event	Fisher's exact	0.001
Aortic cross clamping duration	Fisher's exact	NS
ECC duration	Fisher's exact	0.001

Facteurs de risque postopératoire

Post-operative factors

Arrhythmias	Fisher's exact	0.001
Low cardiac output	Fisher's exact	0.001
Sepsis	Fisher's exact	0.001
Revision for bleeding	Fisher's exact	NS
Neurologic complication	Fisher's exact	NS

Décès : étiologie

Causes de décès :

- 6 bas débits
- 2 troubles du rythme
- 2 incidents peropératoires
- 1 saignement
- 1 embolique

Conclusions

La prise en charge des cardiopathies congénitales arrivées à l'âge adulte présente aujourd'hui des résultats très satisfaisants.

La qualité des résultats dépend certainement :

1. **Timing de prise en charge adéquate**
2. **Expérience DES équipes**
3. **Collaboration interdisciplinaire**
4. **Avancées technologiques**