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Current strategies in the management of heart failure in children

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The management of heart failure in the adult setting has evolved into a subspecialty area within cardiology, and a similar trend has emerged in larger pediatric centers in developed nations. The impetus for this is the recognition of the multidisciplinary needs of these pediatric patients, and the intensity of outpatient and inpatient care required. Heart failure is a progressive disease at some point in the spectrum of the diseases it may reach a level at which medical therapy alone is inadequate to preserve end-organ function, in which case surgical options such as mechanical circulatory support (MCS) and heart transplantation become necessary to sustain life. Heart transplantation (HTx) has now been established as the standard of care for children with end-stage dilated cardiomyopathy (DCM), with an obvious survival benefit of HTx in a child with decompensated, stage D heart failure. However, it has been shown that ambulatory patients who are stable can be at risk of death as well, and some of these patients will also accrue an early survival advantage from transplantation. It is however difficult to predict which ambulatory patients will deteriorate, and benefit most from transplantation, making the timing of transplant listing a challenge in this setting. Donor organ scarcity makes this determination both an individual as well as a societal priority, so that transplantation is made available at the right time, to the correct recipients. Amongst all patients listed for heart transplantation, infants have the highest wait list mortality, ranging from 23% to 31%. This is understandable when one considers that infants face scarcity of donor organs and that infants with congenital heart disease (CHD) continue to represent a significant proportion (54%) of pediatric patients undergoing heart transplantation, while being poor candidates for mechanical circulatory support as a bridge to transplant. Furthermore, for at least some infants, early transplant mortality remains high. Nevertheless, despite this high acuity and fragility, it is well-recognized that infant recipients have superior long-term outcomes compared to other age groups. This combination of high wait list and early post-transplant mortality juxtaposed with excellent long-term outcomes in those who survive the post-operative period frequently leaves transplant teams with a significant dilemma: should an available donor heart be given to the infant most likely to die without the transplant or the one most likely to survive after transplantation? Thus for optimal organ allocation, we must consider combined waitlist and early post-transplant mortality. In this talk, the speaker will explore the current medical management of pediatric heart failure, and explore the strategies to identify patients who would benefit from timely listing for HTx.

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