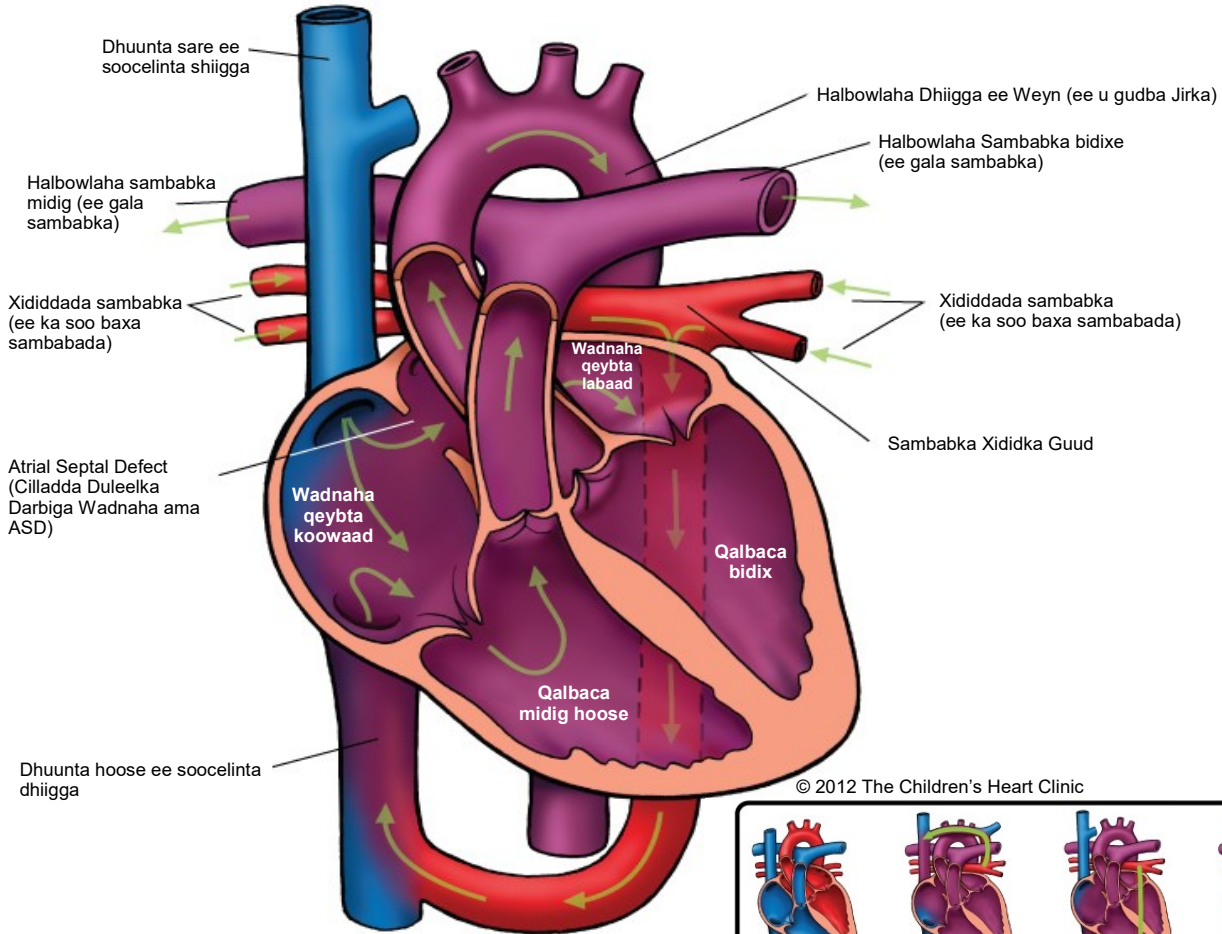
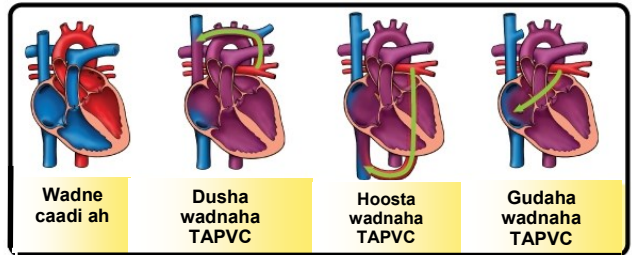


Total Anomalous Pulmonary Venous Connection (TAPVC) - Infracardiac
Iskuxirka Xididdada Sambabka Aan Caadiga Ahayn ama (TAPVC) - Hoosta wadnaha



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Ogeysiis:



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Iskuxirka Xididdada Sambabka Aan Caadiga Ahayn ama (TAPVC) Total Anomalous Pulmonary Venous Connection

Qaabka xididdada caadiga ah ee wadnaha, xididdada sambabka ayaa ogsajjiin ku dara dhiigga ka imaanaya sambabka qalbaca bidixda kore. In total anomalous pulmonary venous connection (wadarta waxa aan caadiga ahayn, iskuxirka xididdada sambabka aan caadiga ahayn ama TAPVC), xididdada sambabka si toos ah uguma xirna qalbaca bidix kore. Taa baddalkeeda, xididdada sambabka ayaa dhiigga ku shuba wadnaha dushiisa (qeybta sare), meel ka hooseysa wadnaha (qeybta hoose) ama godka xididka ama qalbaca midig (wadnaha). Xididdada sambabka ayaa yeelan kara heerar kala duwan oo ah xannibaad sababtoo ah dhererka kanaalka xididdada ama dhinaca beerka, taasoo keenta dhiigkarka sambabka. TAPVC waa xanuun ah ilaa 1% ka mid ah cilladaha wadnaha ee lagu dhasho. Nooca hoosta wadnaha wuxuu ku badan yahay laboodka marka loo eego dhediga (4: 1).

Noocyada:

- Dusha wadnaha: Xididdada sambabka ayaa dhiigga ku shubaya dhinaca midig ee sare ee superior vena cava (dhuunta weyn ee dhiiga kore ama SVC) oo wuxuu sii marayaa xididka toosan ee bidix iyo xididka bidix ee aan magaca lahayn. Noocan waxa uu yahay xisaab ahaan 50% TAPVC.
- Wadnaha hoostiisa: Iskuxirka xididka sambabka ee caadiga ah ayaa ku qulqulaya xididka albaabka ah, xididka dheeraadka, xididka beerka, ama inferior vena cava (dhuunta weyn ee dhiiga hoose ama IVC). Noocan waxa uu yahay xisaab ahaan 20% TAPVC.
- Wadnaha: Sambabka xididka caadiga ah waxa uu ku shubaa qalbaca midig kore oo wuxuu sii marayaa afar meelood oo kala duwan ama waxaa laga yaabaa in uu ku shubo qarka wadnaha. Noocan waxa uu yahay xisaab ahaan 20% TAPVC.
- Labada-xanuun: 10% ilmaha laga helo TAPVC waxay qabaan iskudaris ah xanuunka wadnaha ee qeybta sare, qeybta hoose ama gudaha.

Wiisiteynta/Calaamadaha Jirka:

Xannibaad ah Xididdada sambabka, ilmaha waxaa lagu arkayaa waxyaabaha soo socda:

- Midabka calaamadsan (midab buluug ah) iyo dhibaato naqaska ah ee xilliga umusha lagu jiro.
- Failure to thrive (Marka la guuleysan waayo ama FTT).
- Nooca wadnaha hoostiisa-calaamadaha ka sii daraya ee quudinta waxaa u sabab u ah isku yaraanshaha xididka sambabka caadiga ah ee cuntada ee ku jirta hungurimareenka.
- Qaylo dheer, bootin ah hal S2 oo caadi ah.
- Caadi ahaan guux ma jiro.
- Dildillaaca sambabka iyo beerweynaad (beerka oo barara).

Iyadoo aysan jirin xannibaad ah xididdada sambabka, ilmaha waxaa lagu arkayaa waxyaabaha soo socda:

- Koritaan gaabis ah iyo infakshanka soo noqnoqda ee ku dhaca neefmareenka ee dhallaanka.
- Midabka oo si khafiif ah u doorsooma laga soo bilaabo dhalashada.
- Congestive heart failure (Wadnaha dhiigga soo saari waaya ama CHF): neef boobsiis ah (neefsasho degdeg ah), naqaska oo ku dhega (neefsashada oo adkaata), wadne-garaac degdega (garaaca wadnaha oo boobsii ah), iyo beer-weynaad ayaa arkayaa.
- Foocsanaan iyo kacsanaan ah qalbaca midige ayaa la arkayaa.
- Kala-qeybsamid weyn oo ku go'an S2. Guux heerar ah II ilaa III/VI ayaa laga maqlayaa dhan-ka bidix ee xuduudka bidix ee xabadka. Korodhka qulqulka daboolka muruqa, guux ah bartanka dhiigga sare ayaa laga maqlayaa agagaarka hoose ee xabadka bidix.

Cilladsheegid:

- Raajada Xabadka. oo laga qaado xididka sambabka, wadnuhu in uu u muuqdo cabbir caadi ah ama xoogaa barar ah. Barar ah sambabka in uu jiro, oo waxaa laga yaabaa in lagu khaldo oofwareen. *Iyadoo uusan jirin* xannibaad ah xididdada sambabka, calaamadaha xididdada sambabka ee kordhay ayaa jiraya iyo wadne-weynaad ah heer dhexe ilaa heer daran (wadnaha oo weynaaday) oo waxaa sabab u ah fiditaanka midig ee qalbacyada kore iyo hoose.

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- EKG: Right ventricular hypertrophy (Unugweynaadka Qalbaca Midig Hoose ama RVH) haddii ay jirto ama aysan jirin xannibaad ah xididdada sambabka.
- Uultarasawanka wadnaha: Cilladsheegid. Astaamaha caanka ah waxaa ka mid ah RVH ciriirineysa left ventricle (qalbaca bidix hoose ama LV), xiriirka qalbacyada sare (duleelka darbiga ama labada darbi ama ASD) oo iska xiraya midig ilaa bidix iyadoo ay kordheyso qulqulka karaarka halbowlaha sambabka.
- Computed Tomography Angiogram (Sawirka Xididdada Gudaha ama CTA): Waxaa loo isticmaalaa si lagu xaqiijiyo goobta iskuxirka xididdada sambabka.

Maareynta/Daaweynta Caafimaadka:

- Daawada biyaha saarta (Lasix) ka hor iyo ka dib qalliinka lagu maareynayo dareeraha xad-dhaafka ah ee sambabbada.
- Tuubbagelin iyo qalabka naqaska ee dhallaanka lagu arko bararka sambabbada oo daran.
- Prostaglandin E (Daawada xinjirowga ama PGE) ayaa la siin doonaa ka hor qalliinka si loo ilaaliyo xididka dheeraadka ah ee dhallaanka qaba dhiigkarka sambabka ilaa iyo wakhtiga qalliinka.
- Qalliin ah hagaajin ayaa lagama maarmaan u ah nolasha ilmaha. Dhallaanka uu ku soo noqoto xanuunka xididdada sambabka xanniban, waa in qalliinka la sameeyo isla markiiba ka dib marka la ogaado xilliga dhallaanka cusub.
- La-socoshada takhasuska wadnaha oo ah 6 ilaa 12 bilood ayaa lagu talinayaa si loo qiimeeyo garaaca aan caadiga ahayn ee qalbaca ama xannibaadda xididdada sambabka.

Natijoyinka Mustaqbalka-Fog:

- Marar dhif ah, garaaca qalbaca midige ayaa laga yaabaa in uu soo baxo, oo waa in loo qaato daawo ama qalliinka hagaajinta garaaca wadnaha.
- 5 ilaa 10% ilmaha ayuu ku dhici karaa xididka sambabka ee xirma/dhuubta 6 ilaa 12 bilood qalliinka ka-dib.
- Ma jirto dhaqdhaqaaq loo diidayo haddii uusan jirin xidid ka sii xiran sambabka qalliinka ka dib.
- Haddii aan qalliinka la sameyn, 2/3 dhallaanka aan lahayn sambab xanniban waxa ay ku dhiman karaan intaysan gaarin 12 bilood. Dhallaanka qaba TAPVC wadnaha ka hooseysa mar dhif ah ayey qalliin la'aan noolaan karaan ilaa iyo inta ay ka gaarayaan 2 bilood.
- Korriinka iyo koboca maskaxeed ee la filayo waa caadi marka uusan jirin xanuun ah wadnaha oo lagu dhasho ama xanuun kale oo jira.