

Brief Comments

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

**EXPERT: Prof. Janusz Skalski, MD PhD,
pediatric cardiac surgeon**

Affiliation: *Department of Pediatric Cardiac Surgery, University
Children's Hospital of Krakow, Poland*

COMMENT

The thrombus is a serious problem in this case. Probably, interventional closure of atrial appendage should be considered? The existing thrombus is a potential threat for thromboembolic complications during labor.

**EXPERT: Prof. Bogusław Kapelak, MD PhD,
cardiac surgeon**

Affiliation: *Department of Cardiovascular Surgery and
Transplantation, John Paul II Hospital, Krakow, Poland*

COMMENT

Atrial appendage closure in this case, when thrombus inside, isn't indicated. Another problem is the size of left atrial appendage, which is enlarged in echocardiography. Devices used for this procedure may not be appropriate size. Detailed evaluation of the left atrial appendage size and morphology is recommended in other imaging modalities, applicable in pregnancy.

EXPERT: Dr Zbigniew Kordon, MD PhD, pediatric cardiologist

Affiliation: *Department of Pediatric Cardiology, University
Children's Hospital of Krakow, Poland*

COMMENT

In LTGA pathology right ventricle is the systemic chamber. Labor will be difficult, spontaneous childbirth may be fatal for this patient. The question is, why the atrial appendage and left atrium are enlarged? Tricuspid regurgitation may be the answer. Thrombi are not unusual finding in enlarged appendage. The well-being of mother and child should be our primal care. In my opinion the labor shouldn't be accelerated. Premature childbirth cause many complications for premature newborn. The patient needs special, multidisciplinary attention.

Medical Conclusion

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CONCLUSION

Rigorous monitoring of cardiac function (level of NT proBNP measured weekly) is recommended. Treatment should be maintained. Steroids administration in 28-40 week of pregnancy. Caesarean section preferred. Regular control in the Pathology of Pregnancy Clinic, evaluation of fetal dimensions, biophysical profile of the child.