



Guidelines

Annual Meeting DGPK, Weimar 2009

Guideline PDA – any news ?

Main subjects of interest

- ♥ When and how to close a duct ?**
- ♥ Is there an indication to close a silent duct?**



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Guideline PDA – what is new ?

Main subjects of interest

Target group

Patients beyond the preterm and newborn age



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Definition of the PDA categories

1	Silent duct	Very small duct, no murmur, without hemodynamic effect
2	Small duct	Atypical systolic murmur, no hemodynamic relevance
3	PDA with hemodynamic relevance	Systolic-diastolic murmur, with or without clinical signs of heart insufficiency
4	Large duct	Elevation of pulmonary pressure/resistance



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PDA categories: indication for closure

	Indications for PDA closure
1	No
2	Yes, beyond the first year of life
3	Yes, with diagnostic ascertainment
4	Yes, with hemodynamic testing, if necessary



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Background of therapeutic management

1	<ul style="list-style-type: none">• Diagnosis by accident• No (or extremely low) risk of infective endocarditis• No hemodynamic relevance
2	<ul style="list-style-type: none">• No intervention in the first year of life because of the chance of spontaneous closure and the risk of complications in small infants <p><i>Risks: invasive procedure, risk of intervention, sedation</i></p> <p><i>Benefit: curative procedure, no longterm follow up</i></p>



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Background for management

3	Closure when diagnosis is made
4	<p>In patients beyond the first six months of life:</p> <p>Check reactivity of the pulmonary vasculature in presence of pulmonary hypertension if:</p> <ul style="list-style-type: none">■ pulmonary/systemic arteriolar pressure $>2/3$■ pulmonary/systemic arteriolar resistance $>2/3$ <p>→ pharmacologic testing of reactivity of the pulmonary vasculature (oxygen, nitric oxide and/or prostaglandin)</p>



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Mode of PDA closure

Surgical closure

- in preterms and newborns
- during the first months of life

Interventional closure

- method of choice
- usually beyond mths of life



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Residual shunt after previous closure

Is there an indication for re-intervention of a residual shunt after
surgical or *interventional closure* ?

■ no, if the duct is without hemodynamic relevance

■ yes / (no) ?
uncertain because of the lack of data concerning this issue

■ Yes, in case of hemodynamic relevance