

Pediatric Cardiology

Proceedings of the Second World Congress

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With 308 Illustrations



Springer-Verlag New York Berlin Heidelberg Tokyo

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Library of Congress Cataloging-in-Publication Data

Main entry under title:

Pediatric Cardiology

Proceedings of the Second World Congress of
Pediatric Cardiology, held in New York City, 2-6 June
1985.

Includes bibliographies and index.

1. Pediatric cardiology—Congresses. I. Doyle, E.F.
(Eugenie F.) II. World Congress of Pediatric Cardiology.
(2nd : 1985 : New York, N.Y.) [DNLM: 1. Cardiovascular
Diseases—in infancy & childhood—congresses.

WS 290 P3713 1985]

RJ421.P425 1986 618.92'12 85-24990

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plus \$0.20 per page is paid directly to CCC, 21 Congress Street, Salem, MA 01970, U.S.A.
Special requests should be addressed directly to Springer-Verlag, New York, 175 Fifth Avenue,
New York, NY 10010, U.S.A.

ISBN 0-387-96204-2/1986 \$0.00 + .20

Typeset by Kingsport Press, Kingsport, Tennessee.

Printed and bound by Halliday Lithograph, West Hanover, Massachusetts.

Printed in the United States of America.

9 8 7 6 5 4 3 2 1

ISBN 0-387-96204-2 Springer-Verlag New York Berlin Heidelberg Tokyo

ISBN 3-540-96204-2 Springer-Verlag Berlin Heidelberg New York Tokyo

Foreword

At a significant point in the life of an individual or an organization, it is normal that one reminisces and savors the qualities of the past. In doing so, one may learn of facts and factors that explain the present and even project into the future.

So it is with the Second World Congress of Pediatric Cardiology. We can at this time avail ourselves of a panoramic view, not only of the present but also an exposure of the past, and a glimpse of what lies ahead. When Dr. Jane Somerville and Professor Fergus Macartney proposed developing a World Congress of Pediatric Cardiology, the factors of vision and imagination were driving forces. These, with the aid both of hard work and dedication to purpose, led to the being of the First Congress.

The major success of that meeting was not without premonitory concerns as to the width of multinational acceptance of a concept that Pediatric Cardiology had come of age and a firm foundation for academic interchange existed. The Congress showed that much had been learned, and that there were many eager to share of accumulated knowledge and reflections of skills with the very many hundreds who came to the First Congress. The responses to the First Congress were so enthusiastic that the idea of having a continuum of World Congresses of Pediatric Cardiology was widely accepted. I do not know that the subject was even debated after the First Congress went into session.

The Second World Congress of Pediatric Cardiology has just been completed, and the record of its organization and of the many presentations are recorded in these Proceedings. We recognize that the factors of vision and imagination, hard work and dedication to purpose once again were qualities that moved the program forward by the organizing group consisting of Drs. Eugenie Doyle, Mary Allen Engle, Welton Gersony, William Rashkind, and Norman Talner. Each person with special talents and with coordination among themselves harnessed the momentum of the First Congress. They went further in adding a major thrust of energy. In doing so, they have projected the course of the concept of World Congress to even greater heights than had hitherto been known, experienced or imagined. The elements of

expansion of the organizing committee, not only in people but in cities of representation, shall remain an exemplary element in the Congress concept. Many of us are appreciative recipients of the fruits of labor of these individuals, and we shall long remain so. I congratulate the field of Pediatric Cardiology for having available such willing, dedicated and talented people.

The Proceedings of the Second Congress is of encyclopedic nature. It is the most comprehensive and up-to-date coverage of the many and broad facets of Pediatric Cardiology in its present state. It is, in effect, a reservoir of the State of the Art in 1985 and shall remain an important educational and reference work. Medicine is constantly progressing. As the Second Congress reflects advances since the time of the First, so it is properly to be anticipated that the Third Congress will build upon concepts and facts expressed in these Proceedings.

We have good reason to have great expectations for the next Congress. Nevertheless, at this time some reflection on issues broader than those related to the scientific and academic sides of Pediatric Cardiology are, in my opinion, in order. It is apparent that while the participants and audience of these Congresses represent broad international representation, the involvement is short of being geographically complete. Correction of this deficiency would provide many opportunities for improved recognition of world wide cardiovascular problems in children and, more important, improved understanding between peoples.

As physicians, we have untold and immeasurable potential opportunities as ambassadors of good will between peoples, regardless of variations in political views. The fruits of ever-widening good will would inevitably result in improvement in the health and happiness of the children everywhere. As indices of such improvement would be advances in prevention of immune, infectious and nutritional heart diseases. Hopefully, the Third World Congress will ever widen opportunities for sharing of ideas and the potential for greater understanding between people of all nations. In doing so, it will serve to give both the sick child and the well child an opportunity to grow up in a world at peace.

Jesse E. Edwards

Preface

The initial World Congress of Pediatric Cardiology was held in London in 1981. This represented the first time that an international meeting was, solely focused on the infant, child and adolescent with heart disease. The resounding success of these sessions created a wave of enthusiasm that dictated the planning of a Second World Congress. The United States was selected as the host country, and an organizing committee was established with New York City designated as the site for the Congress. This committee, consisting of pediatric cardiologists from New York, Philadelphia, and New Haven, in close collaboration with cardiovascular surgeons, pediatric cardiology nurses, technologists, and an international consultative committee, developed a broad-based program, which was presented at the Waldorf Astoria Hotel between June 2-6, 1985. The goal of the congress was to update all aspects of the discipline including: cardiovascular imaging; interventional catheterization procedures; electrophysiology, cardiovascular development, acquired cardiac disease, new methods in the management of congestive heart failure, modern cardiovascular nursing practice, and "state-of-the-art" surgical approaches, including cardiac transplantation. The basic format of the Congress consisted of morning plenary sessions and simultaneous afternoon presentations comprising all aspects of pediatric cardiology.

The material selected for presentation at this meeting bears strong witness to the rapid progress that has taken place in this field. Pediatric cardiology techniques and practices have evolved from conventional radiologic techniques to color Doppler ultrasonic imaging; from single-plane venous angiography to angled views; from simple repair of a ductus arteriosus to surgery for hypoplastic left heart syndrome and underdeveloped right ventricles; from the standard electrocardiogram to sophisticated electrophysiologic studies; and from the cardiac catheter solely as a diagnostic tool to its use as a therapeutic modality. In the area of acquired cardiac disease, rheumatic fever and rheumatic heart disease continue to constitute a major global threat to the child, although having largely disappeared in many regions of the world. At the same time, mucocutaneous lymph node syndrome has emerged as an international public health problem. Efforts to understand the pediatric

origins of systemic hypertension and premature atherosclerosis continue as part of a world wide emphasis on preventive medicine.

In publishing these proceedings, it is the hope of the organizers that we can provide the reader with a positive educational experience that reflects the flavor and excitement created by the distinguished participants in the Congress who represented fifty-five nations. Armed with enthusiasm gleaned from this endeavor, we look forward to the Third World Congress planned for Thailand five years hence.

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