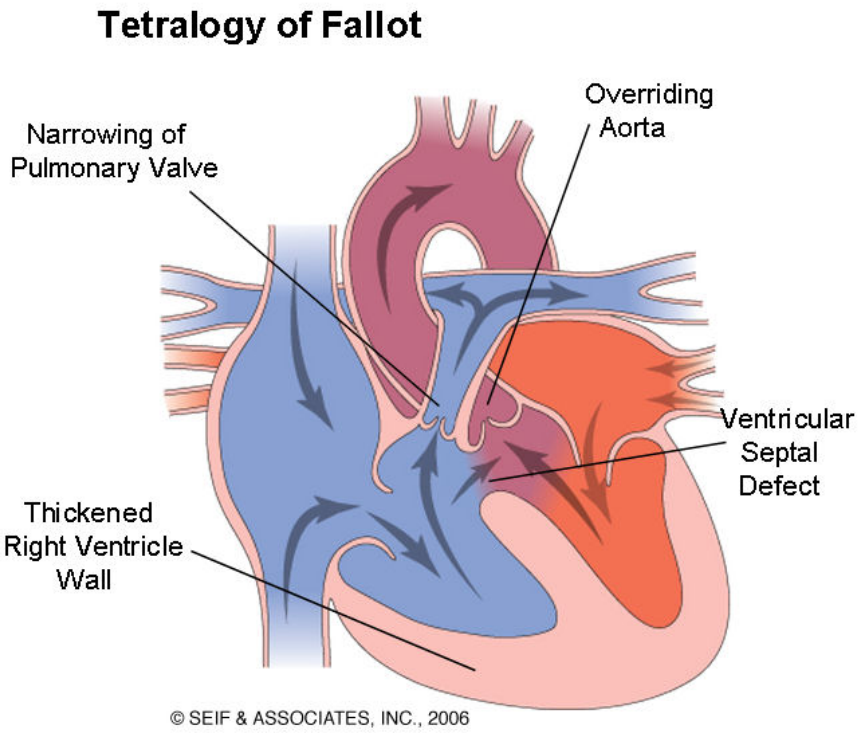
Tetralogy of Fallot
Key Points, Newborn

TETRALOGY OF FALLOT IS A SERIOUS AND COMPLEX TYPE OF CONGENITAL HEART DEFECT. IT CAUSES:

- Reduced blood flow to the lungs.
- Mixing of oxygen-rich and oxygen-poor blood inside the heart.
- Low levels of oxygen in the blood.



TETRALOGY OF FALLOT INVOLVES FOUR SPECIFIC HEART DEFECTS:

- Pulmonary stenosis: narrowing of the pulmonary valve and the area below the valve that causes decrease of blood flow from the right ventricle to the lungs.
- Ventricular septal defect (VSD) a hole in the wall that separates the left and right ventricles.
- Overriding aorta: a defect where in which the aorta sits atop of both the left and right ventricles between the left and right ventricles, over the VSD.
- Right ventricular hypertrophy: thickening of the right ventricle.
- *Cyanosis* (bluish tint of skin, lips, and nail beds) is a common sign of Tetralogy of Fallot. This happens when oxygen levels in the baby's blood are low.
- Most babies with Tetralogy of Fallot have a heart murmur. This is an abnormal heart sound that is caused by turbulence in blood flow which may be heard with a stethoscope.
- Doctors do not know what causes Tetralogy of Fallot.
- Babies who have other birth defects, such as DiGeorge Syndrome or Down syndrome, are more likely to have Tetralogy of Fallot.
- Some babies have a sudden drop in the oxygen level in their blood. This is called a Tetralogy "spell." When this happens, your baby may:
  - Have a hard time breathing
  - Be very tired and limp
  - Not respond to your voice or touch
  - Be very fussy
  - Have a seizure

IF YOUR BABY HAS A TETRALOGY SPELL, YOU SHOULD:

- Bring the baby's knees up tight against the bay's chest (the knee-chest position).
- Attempt to calm the baby.
- **Call 911** if your baby's symptoms do not immediately improve.

TESTS

- An echocardiogram is the test used most often to diagnose Tetralogy of Fallot.
- All infants and children with Tetralogy of Fallot must have surgery to repair the defects or to help improve their symptoms.

- Timing of surgery depends on the severity of pulmonary stenosis, cyanosis, and/or presence of congestive heart failure symptoms. Most infants have surgery within first year of age.
- With new advances in testing and treatment, most children who have Tetralogy of Fallot repaired with surgery survive to a healthy adulthood.

This information is courtesy of the National Heart, Lung, and Blood Institute.

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