

## "Red u neredu" dugotrajno normalno preživljenje kod adultne tetralogije Fallot s prirodnom palijativnom korekcijom – *ductus arteriosus persistens*

### "Order in disorder" long-time survival in adult Tetralogy of Fallot with natural palliative correction by patent ductus arteriosus

Ivan Sokol\*

Poliklinika Aviva, Zagreb,  
Hrvatska

Polyclinic Aviva, Zagreb,  
Croatia

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**\*ADDRESS FOR CORRESPONDENCE:** Poliklinika Aviva, Nemetova 2, HR-10000 Zagreb, Croatia.

Phone: +385-91-5119-563 / E-mail: [isokol@kbd.hr](mailto:isokol@kbd.hr)

**UVOD:** Tetralogija Fallot je jedna od najčešćih cijanotičnih kongenitalnih bolesti i prolongirano preživljenje bez kirurške intervencije je rijetko.

**PRIKAZ SLUČAJA:** Prikazujemo bolesnika u dobi od 42 godine s dijagnozom adultne tetralogije Fallot, acijanotične forme s perzistentnim duktus arteriosus. Bio je na kardiološkom pregledu u našoj poliklinici čak 12 godina nakon postavljene dijagnoze, kada mu je preporučena kardiokirurška operacija koju nije prihvatio. U međuvremenu se oženio, postao otac, cijelo vrijeme bez kardiološke kontrole, ali je bio na trajnoj antikoagulantnoj terapiji varfarinom u terapijskim razmjerima. Uspoređujući sadašnje ehokardiografske strukturalne promjene i hemodinamske procjene srčane funkcije s prethodnim prije 12 godina, očigledno je da ono nije rezultiralo značajnijom deterioracijom bilo u ehokardiografskim ili pak kliničkim parametrima.

**ZAKLJUČAK:** Je li perzistentni duktus arteriosus kao prirodno održan aorto-pulmonalni *shunt* samo nada ili definitivno rješenje? Je li normalno preživljenje kombinacija povoljnijih kliničkih stanja kao što je blaga plućna stenozna s desno-lijeve shuntom i veliki ventrikularni septalni defekt s lijevo-desnim shuntom što rezultira hemodinamski izjednačenim dvosmjernim shuntom bez kardijalne dekompenzacije? Osigurava li velika jašuća aorta alternativni put za plućni dotok arterijske krvi, stvarajući normalnu saturaciju kisika arterijske krvi? I konačno, omogućuje li taj prirodno kreiran "red u neredu" dugotrajno i bez komplikacija preživljenje našeg pacijenta?

**INTRODUCTION:** Tetralogy of Fallot is one of the most common forms of cyanotic congenital heart diseases and prolonged survival without surgical intervention is rare.

**CASE PRESENTATION:** We report a 42-year-old man with diagnosis of adult Tetralogy of Fallot, acyanotic form with patent ductus arteriosus. He was admitted to our polyclinic for heart examination 12 years after the diagnosis was made, when he was advised to undergo a surgical operation, what he did not accept. During that time he got married and became a father. He has undergone no cardiac examinations; however he has been receiving anticoagulant therapy with warfarin in therapeutic range. When comparing his echocardiographic structural and hemodynamic assessments made now with those made 12 years ago, it is evident that no significant deterioration, in clinical or echocardiographic parameters, has occurred.

**CONCLUSION:** Is patent ductus arteriosus, as naturally maintained aortopulmonary shunt in our patient, just hope or a definitive solution? Is his normal survival a combination of more favourable conditions – a mild pulmonary stenosis with right-to-left shunt and a large ventricular septal defect with left-to-right shunt - resulting in a hemodynamically equalized bidirectional shunt without cardiac decompensation? Does an overriding aorta provide an alternate pathway for arterial blood to reach the lungs creating normal arterial oxygen saturation? And finally, does naturally created "order in disorder" provide an opportunity to our patient for long time survival without complications?

#### LITERATURE

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